

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
Office of Community Planning and Development
Housing Opportunities for Persons With AIDS (HOPWA)

SUMMARY OF RESOURCES

(Dollars in Thousands)

	Enacted/ Requested	Carryover	Supplemental/ Rescission	Total Resources	Obligations	Outlays
2020 Appropriation	410,000	128,073	65,000	603,073	363,186	317,727 ^{a/}
2021 Appropriation	430,000	239,887	-	669,887	415,998	439,083
2022 Request	450,000	253,889	-	703,889	475,389	459,009
Change from 2021	20,000	14,002	-	34,002	59,391	19,926

a/ Outlays differ from the Budget Appendix due to rounding.

PROGRAM PURPOSE

The Housing Opportunities for Persons With AIDS (HOPWA) program provides stable and permanent housing assistance and supportive services to the most vulnerable populations – low-income persons living with Human Immunodeficiency Virus (HIV) /Acquired Immune Deficiency Syndrome (AIDS), who may face homelessness or other life and medical challenges, including mental health and substance abuse issues as well as discrimination and stigma that create barriers to needed services (authorized per the AIDS Housing Opportunity Act (42 U.S.C. 12901-12912)).

BUDGET OVERVIEW

The 2022 President’s Budget requests \$450 million for HOPWA, which is \$20 million more than the 2021 enacted level. Ninety percent of the funding is distributed by formula to qualifying States and metropolitan areas, and the remaining funds will be distributed by competitive selection of innovative model projects that address special issues or populations through the award of Special Projects of National Significance. To encourage innovation in addressing emerging needs and to ensure competitive grants can be made available to States and local governments and private non-profit entities with a fair process for projects to serve areas that do not qualify for a formula allocation, the Budget eliminates a provision that requires priority renewal of competitive grants that provide permanent supportive housing. In addition, 2022 will be the first year of full formula modernization established by the Housing Opportunity Through Modernization Act (HOTMA) of 2016, Public Law 114-201.

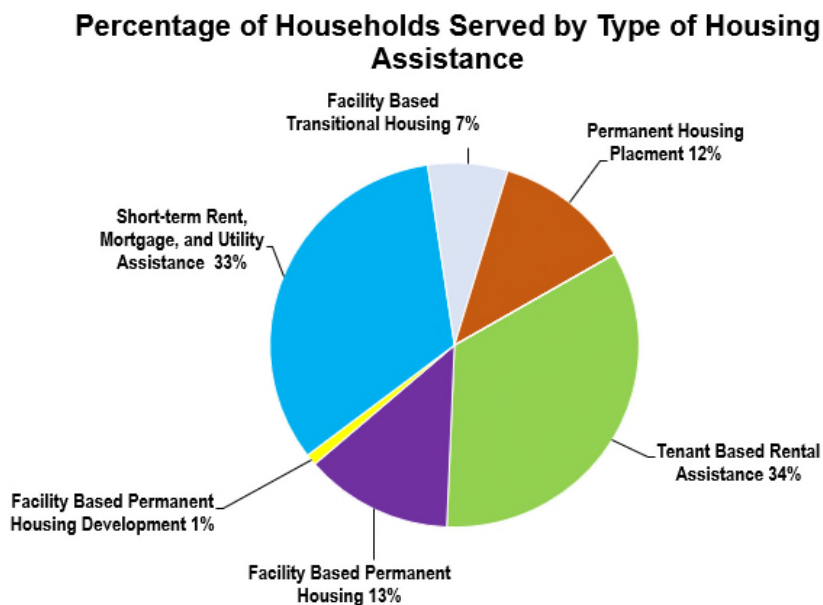
JUSTIFICATION

The HOPWA program helps to strengthen and broaden the Federal housing safety net for people in need. It focuses Federal resources on saving lives by meeting the housing needs of persons living with HIV/AIDS. HOPWA housing assists persons who are without stable housing arrangements. This includes not only households already experiencing homelessness but also those at risk of becoming homeless, by providing permanent or temporary housing assistance, short-term rent, mortgage and utility (STRMU) payments, and through the operation of housing facilities. These housing efforts help beneficiaries achieve housing stability, which helps enable them to reduce their risk for homelessness, reduce behaviors that may lead to the spread of HIV or other health complications, support their access to treatment and other healthcare, and reduce HIV transmission – a significant consideration for Federal HIV prevention efforts.

HOPWA-assisted households vary by community, depending on the type of assistance activities provided, funding levels, attrition levels, and grantee program design. At \$450 million, HUD estimates that communities will be able to provide access to affordable housing for approximately 56,355 economically vulnerable households living with HIV infection.¹ In addition to affordable housing, an estimated 60,896 households will receive supportive services and 131,475 households will receive housing information services to ensure housing stability.

Housing Assistance and Housing Development

The below chart shows percentage of households receiving different types of HOPWA housing assistance:



- Tenant-Based Rental Assistance: Ongoing long-term rental assistance.
- Facility-based housing: Both Transitional and Permanent facility housing to assist individuals and households with significant health and life challenges that impede their ability to live independently.
- Facility-based housing development: expected development of facility-based housing that will become operational the same year as the development year.
- Short-term Rent, Mortgage, and Utility Assistance: Homeless prevention services providing short-term assistance to address an immediate crisis and prevent households from becoming homeless by maintaining occupation in their current residence.
- Permanent Housing Placement: One-time support for first month rent and deposits to secure permanent housing.

Supportive Services and Housing Information Services

¹ The method used in calculating the projected household numbers is as follows: To obtain projected cost per unit, a 4.46 percent housing cost inflation rate provided by the Office of Policy Development and Research for 2021 and a 5.96 percent inflation rate for 2022 was applied to the current per unit cost of \$4,568.85, as reported for 2019.

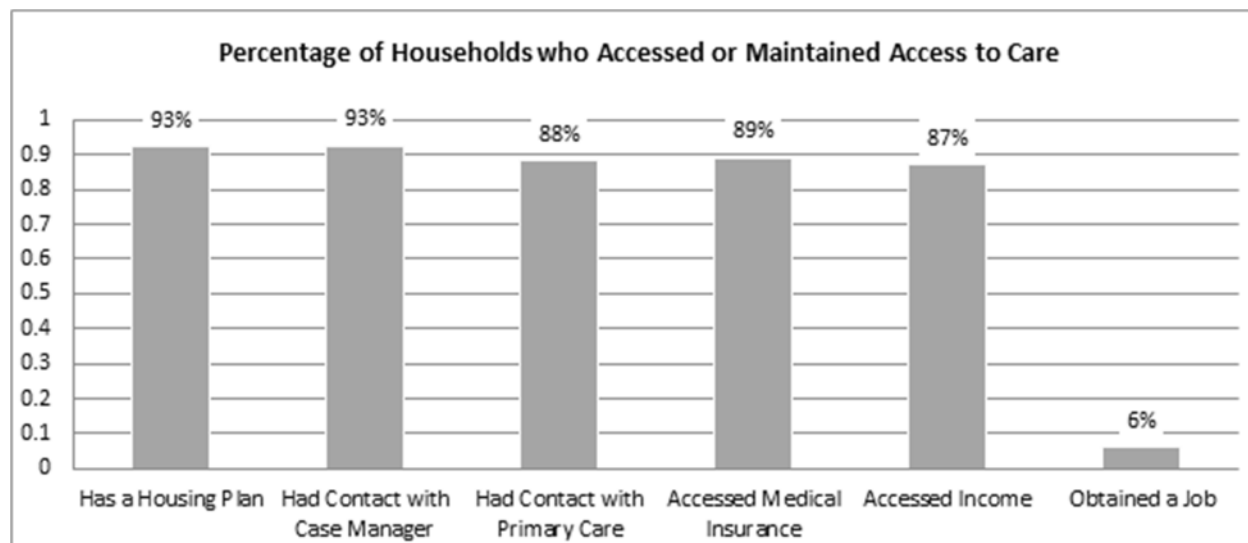
In addition to housing assistance, grantees are able to use HOPWA funding for supportive services as well as housing information services; these activities focus on improving housing access and stability for HOPWA-assisted households. The delivery of supportive housing often requires partnerships between HOPWA grantees and project sponsors consisting of local networks of non-profit, faith-based, and housing and homeless assistance organizations. Eligible supportive services include housing case management, mental health services, substance abuse treatment, or employment training. These critical supportive services help sustain housing stability, promote better health outcomes, and increase beneficiaries’ quality of life. They also promote self-sufficiency efforts for those able to transition to the unsubsidized private housing market or other affordable housing which does not provide supportive services, including placement in public housing.² HOPWA-funded housing information services often include grantee participation in planning bodies to increase housing stock for low-income persons living with HIV, housing search support staff, and development of housing search websites and tools to assist households in finding appropriate fair market rent units.

Evidence-based Outcomes

HOPWA demonstrates improved program beneficiary outcomes with respect to access to care and support and better health outcomes resulting from increased housing stability. HUD works with any poor performers to address barriers in program design or implementation preventing the achievement of HOPWA performance standards. In 2019:

- 98 percent of clients receiving tenant-based rental assistance achieved housing stability.
- 96 percent placed in a permanent housing facility achieved housing stability.
- 68 percent of clients receiving transitional or short-term housing facilities assistance achieved housing stability.

Access to Care: HOPWA data shows high levels of connection to care. The infographic below shows 2019 reporting data.



² HUD data from the most recent reporting year 2020 show 2,071 households exiting to private housing from tenant-based rental assistance and 1,058 households exiting to other subsidized housing, which is similar to recent past years.

Figure 1: Evidence-Based Findings on HIV and Housing

- **Need:** Persons living with HIV are significantly more vulnerable to experiencing homelessness during their lifetime.
- **HIV Prevention:** Housing stabilization can lead to reduced behaviors that may lead to HIV transmission or other health complications.
- **Improved treatment adherence and health:** Persons living with HIV and experiencing homelessness provided HOPWA housing support demonstrated improved medication adherence and health outcomes.
- **Reduction in HIV transmission:** Stably housed persons demonstrated reduced viral loads resulting in significant reduction in HIV transmission.
- **Cost savings:** Persons living with HIV experiencing homelessness or housing instability have more frequent interactions with high-cost hospital-based emergency or inpatient service providers and expensive crises systems such as shelters and jails.
- **Discrimination and stigma:** AIDS-related stigma and discrimination add to barriers and disparities in access to appropriate housing and care along with adherence to HIV treatment.

Multiple studies have found that the lack of stable housing is one of the most significant factors limiting the use of antiretrovirals, regardless of insurance, substance abuse, and other factors. Ryan White HIV/AIDS Program data show that clients in unstable housing situations are less likely to be virally suppressed. In 2017, only 71 percent of their unstably housed clients were virally suppressed, compared with 86 percent of all Ryan White clients.³ Housing interventions improve stability and connection to care, providing the essential foundation for participating in antiretrovirals treatment and achieving a suppressed or undetectable viral load. Research shows that when people living with HIV attain and maintain a suppressed or undetectable viral load, they have effectively no risk of sexually transmitting HIV.⁴

Moreover, HOPWA assistance safeguards the national investment in HIV care. The HUD-CDC joint Housing and Health study – a peer-reviewed, multi-site randomized trial undertaken to examine the health, housing, and economic impacts of providing HOPWA assistance to homeless and unstably housed persons living with HIV/AIDS – found that HOPWA housing assistance efficiently and effectively helped to improve the health outcomes of persons living with HIV/AIDS and their families. This study of HOPWA and other supportive housing programs for persons living with HIV/AIDS found that housing was associated with 41 percent fewer visits to emergency departments, a 23 percent reduction in detectable viral loads, and a 19 percent reduction in unprotected sex with partners whose HIV status was negative or unknown.⁵

Stable housing also leads to cost savings by reducing transmission rates and thus driving down overall national costs attributable to HIV/AIDS. Estimates indicate the annual direct costs of HIV medications at between \$22,000 and \$54,000 per person per year, depending on the severity of an

³ Griffin A, Dempsey A, Cousino W, Avery L, Phillips H, Egwim E, et al. (2020) Addressing disparities in the health of persons with HIV attributable to unstable housing in the United States: The role of the Ryan White HIV/AIDS Program. *PLoS Med* 17(3): e1003057.

⁴ Rodger AJ, Cambiano V, Bruun T, et al. (2019) PARTNER Study Group. Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. *Lancet* 393(10189): 2428-2438.

⁵ Kidder, Daniel. (2009). The Housing and Health Study: Background, Methods, and Outcomes. Presentation at National AIDS Housing Coalition Conference.

individual's infection.⁶ Lifetime treatment costs per person are estimated to have a present value of \$420,285.⁷

In a recent population-based study in San Francisco, people experiencing homelessness at HIV diagnosis had 27 times higher odds of death compared to those with housing.⁸ In addition, homeless or unstably housed persons living with HIV/AIDS have been shown to be more likely to demonstrate frequent and prolonged use of high-cost, hospital-based emergency or inpatient services, as compared to persons living with HIV/AIDS who are stably housed. Research conducted in Chicago showed that homeless persons living with HIV/AIDS had significantly improved medication adherence, health outcomes, and viral loads when provided with HOPWA housing assistance, as compared to persons who remained homeless or unstably housed. Moreover, substantial cost savings were achieved by reducing emergency care and nursing services for this population.⁹

National HIV Strategy

The HIV National Strategic Plan (2021-2025), released in early 2021, is a roadmap for ending the HIV epidemic in the United States by 2030. It is the nation's third consecutive five-year national HIV strategy and aims to reduce new HIV infections by 90 percent by 2030. Representatives from the Office of HIV/AIDS Housing are members of the Federal Steering Committee and are contributing to the development of the Federal Implementation Plan. Closely aligned and complementary to it is the Ending the HIV Epidemic Initiative, which is currently focused on leveraging the powerful data and tools now available to reduce HIV infections in jurisdictions hardest hit by HIV/AIDS. The Office of HIV/AIDS Housing has engaged in planning and data sharing discussions with HHS and the 57 targeted states and counties to ensure HOPWA data and resources are accessible and available to strengthen and broaden the Federal housing safety net for people in need in support of this initiative.

Modernization of the HOPWA Formula

The Housing Opportunity Through Modernization Act (HOTMA) of 2016, Public Law 114-201, updated the statutory formula used to distribute 90 percent of HOPWA funding to better reflect the nature of the epidemic that has been transformed by advances in HIV care, and by the simultaneous migration of the virus disproportionately into communities of poverty. The new formula targets available resources more closely to those communities that have a higher burden of the housing needs of people living with HIV/AIDS. This change shifted resources from the early epicenters of the disease (primarily metropolitan areas) to the south and more rural areas of the country, thus advancing housing equity as a means to improving housing choices and greater economic opportunity in these higher impact communities. The formula has been phased in during a five-year stop-loss/stop-gain period to help avoid volatile shifts in funding to communities all at once; the provision to phase in the new formula ended in 2021, making 2022 the first year of full implementation of the modernized HOPWA formula. The Department has been providing extensive technical assistance to

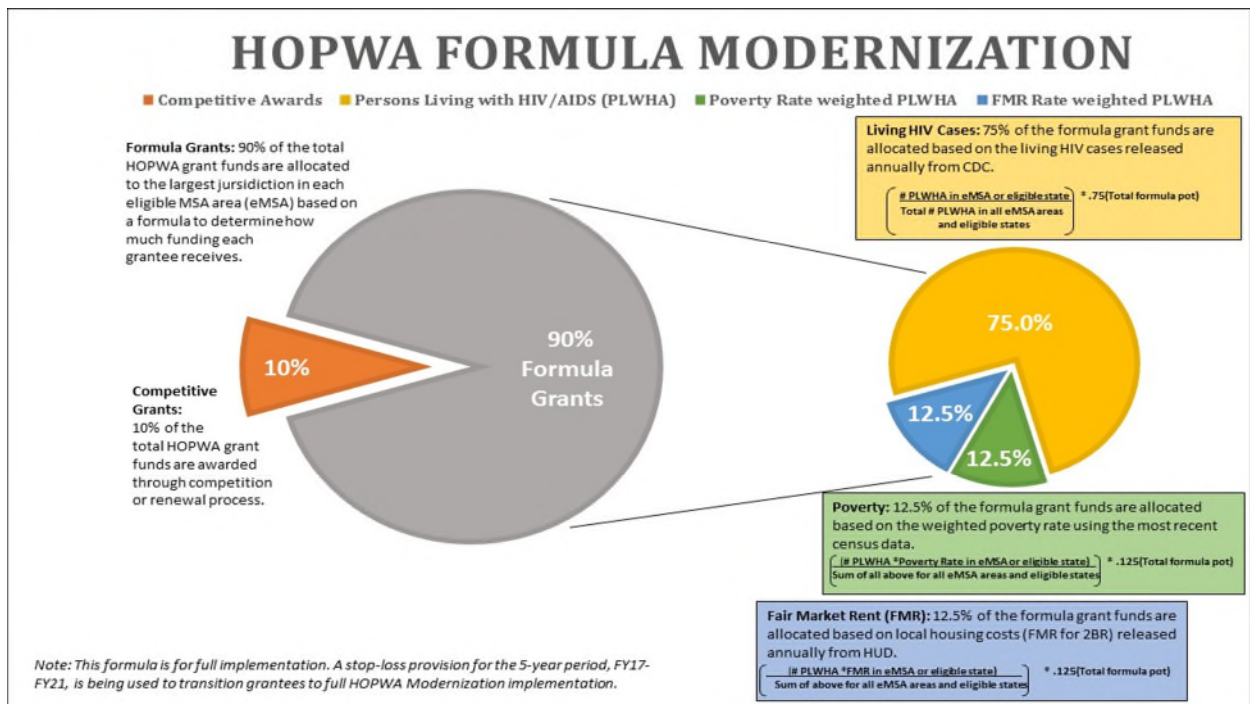
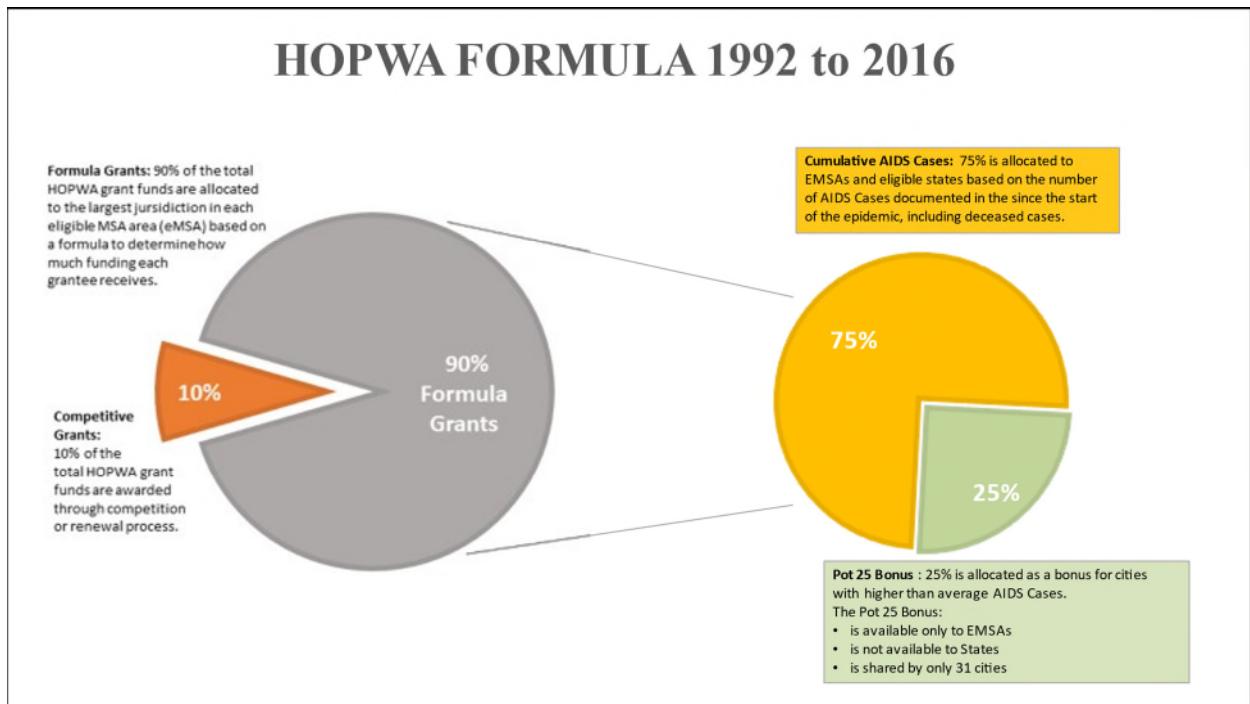
⁶ Schackman, B.R., Fleishman, J.A., Su, A.E., Berkowitz, B.K., Moore, R.D., Walensky, R.P., Becker, J.E., Voss, C., Paltiel, A.D., Weinstein, M.C., Freedberg, K.A., Gebo, K.A., Losina, E. (2015). The lifetime medical cost savings from preventing HIV in the United States. *Medical care*, 53(4), 293–301.

⁷ Bingham, A., Shrestha, R.K., Khurana, N., Jacobson, E.U., Farnham, P.G. (2021). Estimated Lifetime HIV-Related Medical Costs in the United States. *Sexually Transmitted Diseases*, 48, 299-304, updated to 2019 dollars.

⁸ Spinelli, M. A., Hessol, N. A., Schwarcz, S., Hsu, L., Parisi, M. K., Pipkin, S., Scheer, S., Havlir, D., & Buchbinder, S. P. (2019). Homelessness at diagnosis is associated with death among people with HIV in a population-based study of a US city. *AIDS (London, England)*, 33(11), 1789–1794.

⁹ Sadowski, L., Kee, R., VanderWeele, T., Buchman, D. (2009). Effect of a housing and case management program on emergency department visits and hospitalization among chronically ill homeless adults. *Journal of the American Medical Association (JAMA)*, 301(17), 1771-1778.

highly impacted communities of HOPWA formula modernization. The infographics below depict the original HOPWA formula and the modernized HOPWA formula.



Operational Improvements

The Office of HIV/AIDS Housing continues to work collaboratively on initiatives across all Community Planning and Development (CPD) program offices to streamline processes including grantee risk analysis, monitoring, grant making, and tracking. In addition, the program office continues efforts on a HOPWA data strategic planning project to streamline the flow of quality data between systems and processes: from planning, through the drawing of grant funds, and to accomplishment reporting. This effort includes continuing to work with the systems contractors on improvements to the current data collection functionality to enhance the quality of data received from grantees. These efforts strengthen HUD's internal institutional capacity to deliver on mission. By increasing the data quality and systems integration, we are increasing capacity to identify best practices in both program design and financial integrity in the implementation of our programs and to identify and work with other grantees to address program deficiencies.

SUMMARY OF RESOURCES BY PROGRAM

(Dollars in Thousands)

Budget Activity	2020 Budget Authority	2019 Carryover Into 2020 ^{a/}	2020 Total Resources	2020 Obligations	2021 Appropriation	2020 Carryover Into 2021	2021 Total Resources	2022 President's Budget
Formula Grants	369,000	92,217	461,217	278,944	387,000	182,273	569,273	405,000
Competitive Grants	41,000	35,849	76,849	35,815	43,000	41,034	84,034	45,000
Technical Assistance	-	7	7	-	-	7	7	-
CARES Act Formula Grants	53,700	-	53,700	37,510	-	16,190	16,190	-
CARES Act Competitive Grants	10,000	-	10,000	9,617	-	383	383	-
CARES ACT Technical Assistance	1,300	-	1,300	1,300	-	-	-	-
Total	475,000	128,073	603,073	363,186	430,000	239,887	669,887	450,000

a/ The 2019 Carryover into 2020 includes \$7 thousand of technical assistance recaptures.

Distribution of Funds by Grantee

The distribution of HOPWA funds for the 2020, 2021, and 2022 (requested) appropriations are shown below. 2022 fully implements, without the stop loss/stop gain provision, formula modernization per the Housing Opportunity Through Modernization Act (HOTMA) of 2016, Public Law 114-201.

Estimated HOPWA Formula Funding by Grantee (Dollars in Thousands)				
State	HOPWA Formula Grantee	2020 Actual	2021 Actual	2022 Estimate
AL	Alabama	\$2,514	\$2,823	\$3,758
AL	Birmingham	\$1,444	\$1,541	\$1,639
AR	Arkansas	\$918	\$1,031	\$1,231
AR	Little Rock	\$558	\$627	\$914
AZ	Arizona	\$394	\$442	\$541
AZ	Phoenix	\$3,027	\$3,399	\$4,667
AZ	Tucson	\$750	\$842	\$916
CA	Anaheim	\$2,530	\$2,841	\$3,221
CA	Bakersfield	\$632	\$709	\$883

Estimated HOPWA Formula Funding by Grantee (Dollars in Thousands)				
State	HOPWA Formula Grantee	2020 Actual	2021 Actual	2022 Estimate
CA	California	\$3,978	\$4,467	\$4,919
CA	Fresno	\$636	\$714	\$846
CA	Los Angeles	\$19,812	\$20,734	\$21,952
CA	Oakland	\$3,078	\$3,234	\$3,428
CA	Riverside	\$3,292	\$3,607	\$3,858
CA	Sacramento	\$1,499	\$1,627	\$1,737
CA	San Diego	\$4,691	\$5,253	\$5,645
CA	San Francisco	\$7,067	\$7,041	\$7,326
CA	San Jose	\$1,440	\$1,553	\$1,656
CA	Santa Rosa	\$448	\$455	\$478
CO	Colorado	\$723	\$811	\$1,073
CO	Denver	\$2,567	\$2,882	\$3,649
CT	Bridgeport	\$959	\$975	\$1,026
CT	Connecticut	\$266	\$272	\$286
CT	Hartford	\$1,179	\$1,217	\$1,284
CT	New Haven	\$1,105	\$1,133	\$1,194
DC	District of Columbia	\$11,072	\$11,174	\$11,730
DE	Delaware	\$314	\$336	\$358
DE	Wilmington	\$802	\$824	\$869
FL	Cape Coral	\$648	\$672	\$710
FL	Deltona	\$585	\$612	\$648
FL	Florida	\$4,324	\$4,473	\$4,723
FL	Ft Lauderdale	\$7,114	\$7,088	\$7,186
FL	Jacksonville	\$2,611	\$2,601	\$2,693
FL	Lakeland	\$705	\$754	\$802
FL	Miami	\$11,572	\$11,925	\$12,580
FL	North Port	\$623	\$644	\$680
FL	Orlando	\$4,319	\$4,587	\$4,872
FL	Palm Bay	\$461	\$487	\$517
FL	Port St Lucie	\$705	\$723	\$762
FL	Tampa	\$4,177	\$4,378	\$4,637
FL	West Palm Beach	\$3,214	\$3,203	\$3,226
GA	Atlanta	\$22,795	\$22,712	\$12,680
GA	Augusta-Richmond County	\$1,046	\$1,042	\$903
GA	Georgia	\$3,869	\$4,344	\$5,748
HI	Hawaii	\$268	\$270	\$284
HI	Honolulu	\$654	\$664	\$699
IA	Iowa	\$715	\$800	\$859
IL	Chicago	\$10,571	\$10,915	\$11,520
IL	Illinois	\$1,954	\$2,157	\$2,311
IN	Indiana	\$1,591	\$1,737	\$1,856
IN	Indianapolis	\$1,596	\$1,792	\$2,095
KS	Kansas	\$607	\$642	\$682
KY	Kentucky	\$892	\$1,001	\$1,237
KY	Louisville	\$964	\$1,083	\$1,416
LA	Baton Rouge	\$2,543	\$2,534	\$2,025
LA	Louisiana	\$2,218	\$2,491	\$3,099

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Estimated HOPWA Formula Funding by Grantee (Dollars in Thousands)				
State	HOPWA Formula Grantee	2020 Actual	2021 Actual	2022 Estimate
LA	New Orleans	\$3,840	\$3,826	\$3,564
MA	Boston	\$3,089	\$3,248	\$3,443
MA	Lowell	\$1,803	\$2,024	\$2,251
MA	Massachusetts	\$350	\$366	\$388
MA	Springfield	\$694	\$727	\$770
MA	Worcester	\$651	\$694	\$738
MD	Baltimore	\$8,306	\$8,275	\$6,756
MD	Frederick	\$1,596	\$1,688	\$1,791
MD	Maryland	\$549	\$547	\$562
MI	Detroit	\$2,903	\$3,053	\$3,237
MI	Michigan	\$1,793	\$2,013	\$2,242
MI	Warren	\$870	\$977	\$1,214
MN	Minneapolis	\$1,733	\$1,946	\$2,716
MN	Minnesota	\$253	\$284	\$377
MO	Kansas City	\$1,734	\$1,829	\$1,940
MO	Missouri	\$893	\$984	\$1,053
MO	St Louis	\$2,322	\$2,607	\$2,846
MS	Jackson	\$1,434	\$1,429	\$1,424
MS	Mississippi	\$1,672	\$1,877	\$2,362
NC	Charlotte	\$2,860	\$3,030	\$3,216
NC	Durham	\$483	\$543	\$859
NC	Greensboro	\$534	\$600	\$1,105
NC	North Carolina	\$3,610	\$4,053	\$4,556
NC	Wake County	\$912	\$1,024	\$1,451
NC	Winston-Salem	--	\$710	\$743
NE	Nebraska	\$608	\$683	\$751
NJ	Camden	\$1,106	\$1,138	\$1,200
NJ	Jersey City	\$2,390	\$2,381	\$2,322
NJ	New Jersey	\$1,641	\$1,670	\$1,756
NJ	Newark	\$5,789	\$5,768	\$5,733
NJ	Paterson	\$1,756	\$1,804	\$1,901
NM	Albuquerque	\$528	\$556	\$590
NM	New Mexico	\$477	\$535	\$624
NV	Las Vegas	\$1,929	\$2,166	\$3,027
NV	Nevada	\$416	\$445	\$473
NY	Albany	\$693	\$717	\$758
NY	Brookhaven Town	\$2,173	\$2,266	\$2,397
NY	Buffalo	\$819	\$856	\$906
NY	New York	\$2,633	\$2,701	\$2,846
NY	New York City	\$43,641	\$43,482	\$44,378
NY	Rochester	\$976	\$1,003	\$1,057
NY	Syracuse	\$399	\$413	\$436
OH	Cincinnati	\$1,141	\$1,281	\$1,662
OH	Cleveland	\$1,580	\$1,774	\$2,086
OH	Columbus	\$1,412	\$1,585	\$2,233
OH	Dayton	\$483	\$542	\$645
OH	Ohio	\$1,638	\$1,832	\$1,968

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Estimated HOPWA Formula Funding by Grantee (Dollars in Thousands)				
State	HOPWA Formula Grantee	2020 Actual	2021 Actual	2022 Estimate
OK	Oklahoma	\$417	\$463	\$496
OK	Oklahoma City	\$894	\$1,004	\$1,179
OK	Tulsa	\$594	\$667	\$719
OR	Oregon	\$586	\$611	\$646
OR	Portland	\$1,717	\$1,797	\$1,903
PA	Allentown	\$487	\$531	\$567
PA	Bensalem Township	\$806	\$853	\$906
PA	Harrisburg	\$469	\$494	\$524
PA	Pennsylvania	\$2,152	\$2,170	\$2,278
PA	Philadelphia	\$7,278	\$7,474	\$7,879
PA	Pittsburgh	\$1,140	\$1,202	\$1,275
PR	Puerto Rico	\$2,204	\$2,284	\$2,413
PR	San Juan Municipio	\$6,152	\$6,130	\$5,860
RI	Providence	\$1,219	\$1,275	\$1,350
SC	Charleston	\$817	\$917	\$1,047
SC	Columbia	\$1,517	\$1,593	\$1,688
SC	Greenville	\$606	\$680	\$756
SC	South Carolina	\$2,322	\$2,529	\$2,701
TN	Memphis	\$3,501	\$3,488	\$3,170
TN	Nashville-Davidson	\$1,547	\$1,737	\$2,146
TN	Tennessee	\$1,582	\$1,776	\$1,968
TX	Austin	\$1,869	\$2,099	\$2,354
TX	Dallas	\$7,477	\$7,944	\$8,439
TX	El Paso	\$627	\$704	\$952
TX	Fort Worth	\$1,696	\$1,904	\$2,210
TX	Houston	\$10,316	\$10,885	\$11,546
TX	San Antonio	\$2,044	\$2,295	\$2,680
TX	Texas	\$4,981	\$5,593	\$6,621
UT	Salt Lake City	\$601	\$675	\$823
UT	Utah	\$251	\$273	\$292
VA	Richmond	\$1,336	\$1,500	\$1,812
VA	Virginia	\$1,225	\$1,375	\$1,548
VA	Virginia Beach	\$1,939	\$2,178	\$2,722
WA	Seattle	\$2,930	\$3,150	\$3,356
WA	Washington	\$1,216	\$1,301	\$1,385
WI	Milwaukee	\$978	\$1,099	\$1,290
WI	Wisconsin	\$781	\$877	\$950
WV	West Virginia	\$577	\$623	\$665
Total Formula		\$369,000	\$387,000	\$405,000
Total Competitive		\$41,000	\$43,000	\$45,000
Total Appropriation		\$410,000	\$430,000	\$450,000

LEGISLATIVE PROPOSALS AND GENERAL PROVISIONS

Appropriations Language Explanation

The 2022 President’s Budget has the following changes to appropriations language from the 2021 enacted bill:

Deletes the priority renewal provision for permanent housing competitive grants. Removal of this mandate will ensure the 10 percent of HOPWA funding designated by statute as “Competitive” is utilized for the intended purposes of developing new and innovative models to address disease trends and ensuring states that do not meet population or demographic requirements to qualify as a HOPWA formula jurisdiction still receive fair access to HOPWA funds. Currently 82 HOPWA competitive grants receive priority for renewal, some of which have been in place for more than 20 years. This situation limits opportunity for other communities to receive HOPWA funding via a competitive process to fund innovative programs and meet local need. Of the 82 renewal grants, 25 are anticipated to be eligible for renewal in 2022 at approximately \$24.7 million. Renewal grants based on outdated models are limited in demonstrating effectiveness to meet current need, and replacement grants to the same grantees in the same locations limit HOPWA dollars from reaching potentially higher-need, higher-capacity grantee areas.

APPROPRIATIONS LANGUAGE

The 2022 President’s Budget includes proposed changes in the appropriations language listed below. New language is italicized, and language proposed for deletion is bracketed.

For carrying out the Housing Opportunities for Persons with AIDS program, as authorized by the AIDS Housing Opportunity Act (42 U.S.C. 12901 et seq.), [~~\$430,000,000~~]*\$450,000,000*, to remain available until September 30, [2022] *2023*, except that amounts allocated pursuant to section 854(c)(5) of such Act shall remain available until September 30, [2023: Provided, That the Secretary shall renew or replace all expiring contracts for permanent supportive housing that initially were funded under section 854(c)(5) of such Act from funds made available under this heading in fiscal year 2010 and prior fiscal years that meet all program requirements before awarding funds for new contracts under such section: Provided further, That the process for submitting amendments and approving replacement contracts shall be established by the Secretary in a notice: Provided further, That the Department shall notify grantees of their formula allocation within 60 days of enactment of this Act] *2024. (Department of Housing and Urban Development Appropriations Act, 2021.)*