

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	Carry over	Supplemental/ Rescission	Total Resources	Obligations	Net Outlays
2023 Appropriation	499,000	260,721	-	759,721	645,998	416,909
2024 Annualized CR	499,000	113,723	-	612,723	476,562	433,690
2025 President's Budget	505,000	136,161	-	641,161	476,084	459,743
Change from 2024	6,000	22,438	-	28,438	(478)	26,053

PROGRAM PURPOSE

The Housing Opportunities for Persons with AIDS (HOPWA) program, authorized per the AIDS Housing Opportunity Act (42 U.S.C. 12901-12912), provides stable and permanent housing assistance and supportive services to one of the most vulnerable populations—low-income people with Human Immunodeficiency Virus (HIV). This population often faces housing instability as well as other life and medical challenges, including mental health and substance use issues as well as discrimination and stigma that create barriers to needed services. The goal of the program is to elevate housing as an effective structural intervention, ensure eligible families can obtain and maintain stable housing, increase their connections to care and support, help them become healthy and virally suppressed, and ultimately end the HIV epidemic in the United States.

BUDGET OVERVIEW

The 2025 President's Budget requests \$505 million for HOPWA, which is \$6 million more than the 2024 Annualized CR level. This includes:

- \$454.5 million for formula grants; 90 percent of HOPWA funding is distributed by formula to qualifying States and metropolitan statistical areas (MSA). The HOPWA formula allocates funds based on cases of people living with HIV/AIDS and is adjusted for an area's fair market rent and poverty rates. This formula helps ensure an equitable and nimble approach to funding communities based on current and evolving HIV epidemic burden.
- \$50.5 million for competitive grants; 10 percent of HOPWA funding is distributed through the award of Special Projects of National Significance (SPNS) by competitive selection of innovative model projects that address special issues or populations. In order to encourage innovation in addressing emerging needs and to ensure competitive grants can be made available to States, local governments, and non-profit organizations with a fair process for applicants in areas that do not qualify for a formula allocation, the Budget eliminates a provision that requires priority renewal of competitive grants funded in 2010 or prior years.

This program aligns to HUD 2022-2026 Strategic Objective 1A: *Advance Housing Justice* and 4C: *Integrate Health and Housing*.

JUSTIFICATION

Ending the HIV epidemic in the United States has long been an aspirational goal. Due to recent advances in science and continued investment in treatment and effective interventions, including the provision of housing and supportive services through the HOPWA program, this goal is finally within reach. Dozens of HIV antiretroviral medications are now available in the United States. These medications stop the HIV virus from replicating in the body, until the virus is no longer detectable in lab tests and a person with HIV can no longer spread HIV through sex.¹ Despite the availability of these medications, people with HIV who have low incomes often experience housing instability or homelessness, which limits their ability to access and maintain medication regimens. A recent national study showed 1 in 4 people with HIV (28 percent) were in need of shelter or housing services, and among those who needed housing services, 2 in 5 (40 percent) did not receive them.² The lack of stable housing renders it much more difficult for people with HIV to access, store, and maintain the medications that lead to viral suppression.

HOPWA, as the only Federal program dedicated to addressing the housing needs of low-income people with HIV, exists so that communities are better able to meet the needs of low-income people with HIV who are homeless or unstably housed. The HOPWA program provides stable housing, and that housing stability improves health outcomes, quality of life, and life expectancy for people with HIV, thereby serving as a structural intervention to end the national HIV epidemic.³

Equity

HIV disproportionately affects underserved communities. The HOPWA program aligns with the Administration's Priority of Advancing Equity through the Federal Government and the *National HIV/AIDS Strategy for the United States 2022–2025*.⁴ The HIV epidemic in the US continues to trend toward a more disproportionate impact on certain regions and demographics, as evidenced by the rate of new HIV diagnoses for men who have sex with men, transgender women, and Black/African American and Hispanic/Latino communities. Recognizing these disparities, in 2021, HUD introduced a phased technical assistance (TA) initiative for HOPWA Race, Gender, and LGBTQI+ Equity. This multi-year TA initiative is assisting HOPWA grantee communities in assessing their ability to measure and address equity and provides tools for grantee communities to improve their systems so that all low-income people with HIV have equitable access to HOPWA housing and services. The first cohort of eight communities completed their participation in the TA initiative in calendar year 2023; the second cohort of six communities will begin in calendar year 2024. In addition, the HOPWA program has included requirements for advancing equity in competitive funding opportunity notices since 2021 and has continued to make adjustments in ways that advance equity in HOPWA programs through subsequent competitive funding notices.

¹ National Institute of Allergy and Infectious Disease. HIV Detectable=Untransmittable (U=U), or Treatment as Prevention. <https://www.niaid.nih.gov/diseases-conditions/treatment-prevention>. Published May 21, 2019.

² Dasgupta, S., Beer, L., Lu, J.-F., Weiser, J., Yuan, X., Nair, P., Banks, L., & Marcus, R. (2022). Needs for shelter or housing assistance among people with diagnosed HIV by jurisdiction: United States, 2015–2020. *AIDS*, 37(3), 535–540.

https://journals.lww.com/aidsonline/abstract/2023/03010/needs_for_shelter_or_housing_assistance_among.16.aspx.

³ Center for Disease Control and Prevention. Issue Brief: The Role of Housing Ending the HIV Epidemic. <https://www.cdc.gov/hiv/policies/data/role-of-housing-in-ending-the-hiv-epidemic.html#issue-brief-2>. Published December 2022.

⁴ The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC. <https://www.whitehouse.gov/wp-content/uploads/2021/11/National-HIV-AIDS-Strategy.pdf>

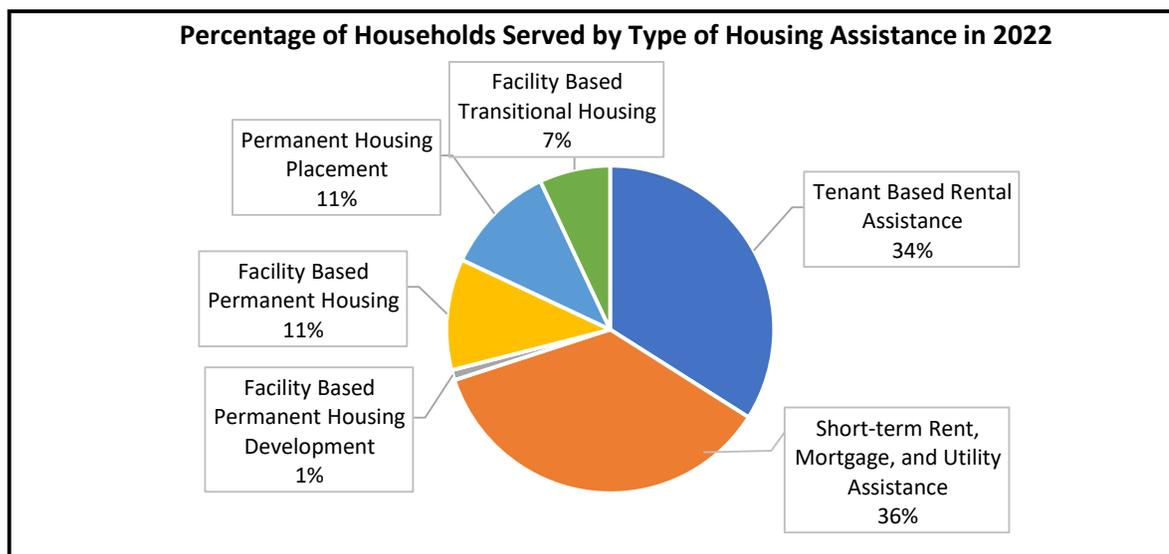
Funding Impact and Outcomes

HOPWA-assisted household numbers vary by community, depending on the types of assistance provided, funding levels, attrition levels, and grantee program design. At \$505 million, HUD estimates that communities will be able to provide access to affordable housing for approximately 46,100 economically vulnerable households living with HIV.⁵ In addition to affordable housing, an estimated 52,400 households will receive supportive services to ensure housing stability.

HOPWA supports a range of eligible activities that are flexible to meet local needs. In 2022, 75 percent of HOPWA funding was used for housing assistance, including:

- **Tenant-Based Rental Assistance:** Ongoing, long-term rental assistance.
- **Facility-based Housing:** Operation of Transitional and Permanent facility housing to assist individuals and households with significant health and life challenges that impede their ability to live independently.
- **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 new permanent housing.

The chart below shows the percentage of HOPWA households receiving the various types of housing assistance in 2022.



In addition to the 75 percent of HOPWA funding for housing assistance in 2022, 17 percent of funding was utilized for supportive services and six percent for grant administration:

⁵ The method used in calculating the projected household numbers is as follows: Three years of national (formula and competitive) HOPWA performance data is averaged to create a baseline for performance. The most recent cost per unit from the performance profile (2022) is adjusted based on internal projections from the Office of Policy Development and Research and applied to the baseline across multiple funding scenarios and housing activities. Household estimates reflect past HOPWA performance across eligible activities, projected appropriation scenarios, and rising costs per unit in upcoming fiscal years.

- **Supportive Services:** Grantees may use HOPWA funding for supportive services and 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, transportation, mental health services, substance use treatment, and employment training. These critical supportive services help sustain housing stability, promote better health outcomes, and increase beneficiaries' quality of life. This includes beneficiaries who transition to the unsubsidized private housing market or other affordable housing which does not provide supportive services, such as placement in the Housing Choice Voucher program.
- **Grant Administration:** Costs for general management, oversight, coordination, evaluation, and reporting on eligible activities do not include expenses directly related to carrying out eligible activities. Current requirements for grant administration state that grantees may not use more than three percent of the grant amount for its own administrative costs and each project sponsor receiving grants as a subrecipient may not use more than seven percent of the amounts received. HUD is seeking relief from these low grant administrative caps through a legislative proposal included in this Budget.

Performance Indicators and Other Evidence

HOPWA success is measured through annual performance reports prepared by grantees and submitted to HUD. Grantees report on key metrics related to housing stability, risks of homelessness, and access to care—all measures that impact health outcomes. HUD works with poor performers to address barriers in program design or implementation issues preventing the achievement of HOPWA performance standards. Performance data show that HOPWA-funded housing assistance and supportive services lead to improved program beneficiary outcomes with respect to housing stability and access to care and support. The 2025 Budget assumes this high level of outcomes to continue. Specifically, in 2022 (the most recent year for which data are available):

Housing Stability

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

Access to Care

Multiple studies have found that a lack of stable housing is one of the most significant factors limiting the use of antiretroviral medications, regardless of insurance, substance use, and other factors. The Ryan White HIV/AIDS Program data show that clients in unstable housing situations are less likely to be virally suppressed. In 2022, 78 percent of unstably housed Ryan White clients were virally suppressed, compared to 91 percent of stably housed Ryan White clients.⁶ Housing interventions improve stability and connection to care, providing the essential foundation for participating in antiretroviral treatment and achieving a suppressed or undetectable viral load.

⁶ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2022. www.hab.hrsa.gov/data/data-reports. Published December 2023.

Research shows that when people living with HIV attain and maintain an undetectable viral load, they have effectively no risk of sexually transmitting HIV.⁷

Cost Savings

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 people living with HIV—found that HOPWA housing assistance efficiently and effectively helped to improve the health outcomes of people living with HIV and their families. This study of HOPWA and other supportive housing programs for people living with HIV 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.⁸

Stable housing leads to cost savings by reducing transmission rates and thus driving down overall costs attributable to the U.S. HIV epidemic. Estimates indicate the direct costs of HIV medications are between \$22,000 and \$54,000 per person per year, depending on the severity of an individual's infection.⁹ Lifetime treatment costs per person are estimated to have a net present value of \$420,285.¹⁰

In a population-based study in San Francisco, people experiencing homelessness with HIV had a 27 times higher chance of death compared to those with housing.¹¹ In addition, homeless or unstably housed people living with HIV 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 those who are stably housed. Research conducted in Chicago showed that homeless people living with HIV had significantly improved medication adherence, health outcomes, and viral loads when provided HOPWA housing assistance, as compared to those who remained homeless or unstably housed. Moreover, substantial cost savings were achieved by reducing emergency care and nursing services for this population.¹²

⁷ 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.

⁸ Wolitski, R. J., Kidder, D. P., Pals, S. L., Royal, S., Aidala, A., Stall, R., Holtgrave, D. R., Harre, D., Courtenay-Quirk, C., & Housing and Health Study Team (2010). Randomized trial of the effects of housing assistance on the health and risk behaviors of homeless and unstably housed people living with HIV. *AIDS and behavior*, 14(3), 493–503. <https://doi.org/10.1007/s10461-009-9643-x>.

⁹ 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.

¹⁰ 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.

¹¹ 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.

¹² 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.

A recent study determined that people with HIV experience unmet housing needs for various reasons, including: not being able to find the information needed to get the service or they did not know the service existed (50 percent); the service did not meet their needs or they were not eligible (40 percent); and personal reasons, such as fear, embarrassment, or other personal barriers (21 percent).¹³

The need for shelter or housing assistance for people with HIV (and the barriers to receiving such vary substantially by jurisdiction) exceeds available HOPWA resources. The domestic HIV epidemic has evolved over the last 40 years and despite improvements in treatment and medical access, the epidemic is concentrated in disenfranchised and impoverished communities. Research shows that HIV prevalence is highest among people who are at or below the poverty level.¹⁴ HUD estimates that the number of low-income people living with HIV in the United States that are eligible for, but not currently accessing services under the HOPWA program, is approximately 372,177.¹⁵ In the eligible MSAs that include jurisdictions that are identified for the Federal Ending the HIV Epidemic initiative, an estimated 252,215 individuals were eligible for, but did not receive, HOPWA housing assistance in 2022. Of those individuals, an estimated 20,430 experienced homelessness in the 12 months before the data was collected.^{16, 17}

HOPWA performance profiles are generated for all agencies receiving HOPWA formula or competitive grants. The performance profiles, available at the national level and by individual grantee, are publicly available on the HUD Exchange Technical Assistance site for community awareness and to inform local planning.¹⁸ The profiles provide data on client outcomes and HOPWA eligible activities conducted by the grantee.

New reporting variables on prescribed HIV medication and improved viral load are being implemented in 2023 to collect high-level data on improved health outcomes for clients in HOPWA-funded permanent housing. The HOPWA program is also measuring success for competitive SPNS grants through an HIV Housing Care Continuum Model that connects health measures such as viral suppression with HOPWA housing assistance received. This is a new reporting form. The first reports for year 1 of 3 were submitted to HUD in calendar year 2023 and will continue to be submitted annually by all HOPWA SPNS grantees, including grantees awarded under the new 2023 HOPWA NOFO.¹⁹

¹³ Dasgupta, S., Beer, L., Lu, J.-F., Weiser, J., Yuan, X., Nair, P., Banks, L., & Marcus, R. (2022). Needs for shelter or housing assistance among people with diagnosed HIV by jurisdiction: United States, 2015–2020. *AIDS*, 37(3), 535–540.

https://journals.lww.com/aidsonline/abstract/2023/03010/needs_for_shelter_or_housing_assistance_among.16.aspx.

¹⁴ Pellowski, J. A., Kalichman, S. C., Matthews, K. A., & Adler, N. (2013). A pandemic of the poor: social disadvantage and the U.S. HIV epidemic. *The American psychologist*, 68(4), 197–209.

<https://doi.org/10.1037/a0032694>.

¹⁵ HUD. 2022. HOPWA Performance Profile - National Program YTD Summary.

https://files.hudexchange.info/reports/published/HOPWA_Perf_NatlComb_2021.pdf.

¹⁶ Center for Disease Control and Prevention. Issue Brief: The Role of Housing in Ending the HIV Epidemic.

<https://www.cdc.gov/hiv/policies/data/role-of-housing-in-ending-the-hiv-epidemic.html#issue-brief-2>

¹⁷ Centers for Disease Control and Prevention. Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2020 Cycle (June 2020–May 2021). HIV Surveillance Special Report 29. <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published July 2022.

¹⁸ <https://www.hudexchange.info/programs/hopwa/hopwa-performance-profiles/>

¹⁹ https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps/fy23_hopwa

Stakeholders

The Office of HIV/AIDS Housing continues to elevate housing as an effective structural intervention in ending the HIV/AIDS epidemic by aligning program efforts to complement and support efforts by other Federal HIV programs and considering recommendations raised by stakeholders.

In particular, the National HIV/AIDS Strategy (2022-2025), a roadmap for ending the HIV epidemic in the United States by 2030, 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 have contributed to the development of the Federal Implementation Plan. Closely aligned and complementary to it is the Ending the HIV Epidemic Initiative (EHE), which currently provides resources solely to the programs of the Department of Health and Human Services. EHE is focused on leveraging the powerful data and tools now available to reduce HIV infections in jurisdictions hardest hit by the epidemic. The Office of HIV/AIDS Housing has engaged in planning and data sharing discussions with the Department of Health and Human Services 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.

Office of HIV/AIDS Housing leadership also represents HUD in quarterly Presidential Advisory Committee on HIV/AIDS meetings. The Office of HIV/AIDS Housing contributes HOPWA and housing-related information and receives advice, information, and recommendations on program design, policies, and research to improve housing and health outcomes for people living with HIV, including considering common needs and co-morbidities experienced by people with HIV to promote effective housing and care models.

Operational Improvements

The Office of HIV/AIDS Housing continues to work collaboratively on operational improvement initiatives across all Community Planning and Development program offices, with a goal of streamlining processes including grantee risk analysis, monitoring, grant making, and tracking. In addition, the program office continues efforts on a HOPWA data strategy to streamline the flow of quality data between systems and processes from planning, through the drawing of grant funds, accomplishment reporting, and grant close out. This effort includes continuing to work with the systems contractors to identify improvements to the current data collection functionality to enhance the quality of data received from grantees.

SUMMARY OF RESOURCES BY PROGRAM

(Dollars in Thousands)

Budget Activity	2023 Budget Authority	2022 Carryover Into 2023	2023 Total Resources	2023 Obligations	2024 Annualized CR	2023 Carryover Into 2024	2024 Total Resources	2025 President's Budget
Formula Grants	449,100	207,782	656,882	601,821	449,100	55,061	504,161	454,500
Competitive Grants	49,900	52,737	102,637	44,177	49,900	58,460	108,360	50,500
Technical Assistance	-	7	7	-	-	7	7	-
DOJ VAWA RB Competitive Grants	-	195	195	-	-	195	195	-
Total	499,000	260,721	759,721	645,998	499,000	113,723	612,723	505,000

Note: The 2022 Carryover Into 2023 includes \$151.4 thousand in funds recaptured during 2023 (\$30.2 competitive grants and \$121.2 DOJ Violence Against Women grants).

Distribution of Funds by Jurisdiction

The distribution of HOPWA formula funds for 2023, 2024 (Annualized CR), and 2025 (requested) appropriations are shown below. 2025 allocations are estimates based on available data and will change when updated HOPWA formula data (the number of people living with HIV from the Centers for Disease Control and Prevention, Fair Market Rents, the poverty rate from the American Community Survey, and others) are calculated at the time of the 2025 appropriation.

Estimated HOPWA Formula Funding by Jurisdiction				
(Dollars in Thousands)				
State	HOPWA Formula Jurisdiction	2023 Appropriation	2024 Annualized CR	2025 Pres. Budget
AL	Alabama	\$4,252	\$4,252	\$4,351
AL	Birmingham	\$1,760	\$1,760	\$1,788
AR	Arkansas	\$1,413	\$1,413	\$1,453
AR	Little Rock	\$1,037	\$1,037	\$1,057
AZ	Arizona	\$609	\$609	\$633
AZ	Phoenix	\$5,447	\$5,447	\$5,499
AZ	Tucson	\$1,044	\$1,044	\$1,054
CA	Anaheim	\$3,590	\$3,590	\$3,609
CA	Bakersfield	\$1,080	\$1,080	\$1,110
CA	California	\$5,020	\$5,020	\$5,132
CA	Fresno	\$990	\$990	\$1,033
CA	Los Angeles	\$24,018	\$24,018	\$24,184
CA	Oakland	\$3,723	\$3,723	\$3,761
CA	Riverside	\$4,510	\$4,510	\$4,637
CA	Sacramento	\$2,005	\$2,005	\$2,070
CA	San Diego	\$6,241	\$6,241	\$6,370
CA	San Francisco	\$7,411	\$7,411	\$7,259
CA	San Jose	\$1,798	\$1,798	\$1,801
CA	Santa Rosa	\$519	\$519	\$522
CO	Colorado	\$1,227	\$1,227	\$1,259
CO	Denver	\$4,037	\$4,037	\$4,053
CT	Bridgeport	\$1,147	\$1,147	\$1,134
CT	Connecticut	\$313	\$313	\$311
CT	Hartford	\$1,385	\$1,385	\$1,370
CT	New Haven	\$1,290	\$1,290	\$1,274
DC	District of Columbia	\$12,770	\$12,770	\$12,842
DE	Delaware	\$400	\$400	\$412
DE	Wilmington	\$951	\$951	\$956
FL	Cape Coral	\$800	\$800	\$808
FL	Deltona	\$746	\$746	\$753
FL	Florida	\$5,197	\$5,197	\$5,254
FL	Ft Lauderdale	\$8,050	\$8,050	\$8,064
FL	Jacksonville	\$3,029	\$3,029	\$3,113
FL	Lakeland	\$910	\$910	\$930
FL	Miami	\$14,075	\$14,075	\$14,273
FL	North Port	\$775	\$775	\$778

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

Estimated HOPWA Formula Funding by Jurisdiction				
(Dollars in Thousands)				
State	HOPWA Formula Jurisdiction	2023 Appropriation	2024 Annualized CR	2025 Pres. Budget
FL	Orlando	\$5,545	\$5,545	\$5,675
FL	Palm Bay	\$580	\$580	\$580
FL	Port St Lucie	\$821	\$821	\$822
FL	Tampa	\$5,269	\$5,269	\$5,327
FL	West Palm Beach	\$3,552	\$3,552	\$3,670
GA	Atlanta	\$14,691	\$14,691	\$15,393
GA	Augusta-Richmond County	\$1,005	\$1,005	\$1,028
GA	Georgia	\$6,457	\$6,457	\$6,665
HI	Hawaii	\$307	\$307	\$308
HI	Honolulu	\$748	\$748	\$733
IA	Iowa	\$982	\$982	\$1,008
IL	Chicago	\$12,531	\$12,531	\$12,759
IL	Illinois	\$2,522	\$2,522	\$2,561
IN	Indiana	\$2,160	\$2,160	\$2,198
IN	Indianapolis	\$2,363	\$2,363	\$2,443
KS	Kansas	\$793	\$793	\$800
KY	Kentucky	\$1,393	\$1,393	\$1,428
KY	Louisville	\$1,575	\$1,575	\$1,625
LA	Baton Rouge	\$2,233	\$2,233	\$2,269
LA	Louisiana	\$3,527	\$3,527	\$3,602
LA	New Orleans	\$3,919	\$3,919	\$3,959
MA	Boston	\$3,735	\$3,735	\$3,682
MA	Cambridge	\$2,444	\$2,444	\$2,420
MA	Massachusetts	\$385	\$385	\$381
MA	Springfield	\$834	\$834	\$827
MA	Worcester	\$800	\$800	\$793
MD	Baltimore	\$7,238	\$7,238	\$7,253
MD	Frederick	\$1,847	\$1,847	\$1,867
MD	Maryland	\$609	\$609	\$604
MI	Detroit	\$3,577	\$3,577	\$3,593
MI	Michigan	\$2,506	\$2,506	\$2,539
MI	Warren	\$1,379	\$1,379	\$1,411
MN	Minneapolis	\$3,014	\$3,014	\$3,062
MN	Minnesota	\$448	\$448	\$455
MO	Kansas City	\$2,176	\$2,176	\$2,196
MO	Missouri	\$1,178	\$1,178	\$1,209
MO	St Louis	\$3,130	\$3,130	\$3,192
MS	Jackson	\$1,603	\$1,603	\$1,614
MS	Mississippi	\$2,636	\$2,636	\$2,722
NC	Charlotte	\$3,667	\$3,667	\$3,752
NC	Durham	\$1,066	\$1,066	\$1,104
NC	Fayetteville	\$861	\$861	\$879
NC	Greensboro	\$1,257	\$1,257	\$1,274

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

Estimated HOPWA Formula Funding by Jurisdiction				
(Dollars in Thousands)				
State	HOPWA Formula Jurisdiction	2023 Appropriation	2024 Annualized CR	2025 Pres. Budget
NC	North Carolina	\$4,062	\$4,062	\$4,127
NC	Wake County	\$1,657	\$1,657	\$1,706
NC	Winston-Salem	\$832	\$832	\$846
NE	Nebraska	\$848	\$848	\$867
NJ	Camden	\$1,336	\$1,336	\$1,380
NJ	Jersey City	\$2,572	\$2,572	\$2,598
NJ	Lakewood Township	\$2,220	\$2,220	\$2,262
NJ	New Jersey	\$1,890	\$1,890	\$1,877
NJ	Newark	\$5,828	\$5,828	\$5,895
NJ	Paterson	\$2,104	\$2,104	\$2,124
NM	Albuquerque	\$696	\$696	\$690
NM	New Mexico	\$727	\$727	\$721
NV	Las Vegas	\$3,538	\$3,538	\$3,688
NV	Nevada	\$538	\$538	\$540
NY	Albany	\$813	\$813	\$811
NY	Brookhaven Town	\$2,596	\$2,596	\$2,616
NY	Buffalo	\$1,014	\$1,014	\$1,022
NY	New York	\$3,325	\$3,325	\$3,286
NY	New York City	\$45,931	\$45,931	\$45,622
NY	Rochester	\$1,126	\$1,126	\$1,132
NY	Syracuse	\$479	\$479	\$479
OH	Cincinnati	\$1,902	\$1,902	\$1,917
OH	Cleveland	\$2,357	\$2,357	\$2,375
OH	Columbus	\$2,530	\$2,530	\$2,553
OH	Dayton	\$727	\$727	\$728
OH	Ohio	\$2,218	\$2,218	\$2,239
OK	Oklahoma	\$574	\$574	\$599
OK	Oklahoma City	\$1,357	\$1,357	\$1,399
OK	Tulsa	\$801	\$801	\$825
OR	Oregon	\$735	\$735	\$748
OR	Portland	\$2,117	\$2,117	\$2,124
PA	Allentown	\$629	\$629	\$627
PA	Bensalem Township	\$989	\$989	\$1,004
PA	Harrisburg	\$577	\$577	\$576
PA	Pennsylvania	\$2,483	\$2,483	\$2,503
PA	Philadelphia	\$8,577	\$8,577	\$8,556
PA	Pittsburgh	\$1,410	\$1,410	\$1,410
PR	Puerto Rico	\$2,627	\$2,627	\$2,588
PR	San Juan Municipio	\$6,430	\$6,430	\$6,360
RI	Providence	\$1,478	\$1,478	\$1,498
SC	Charleston	\$1,173	\$1,173	\$1,179
SC	Columbia	\$1,892	\$1,892	\$1,899
SC	Greenville	\$869	\$869	\$894

Estimated HOPWA Formula Funding by Jurisdiction				
(Dollars in Thousands)				
State	HOPWA Formula Jurisdiction	2023 Appropriation	2024 Annualized CR	2025 Pres. Budget
SC	South Carolina	\$2,975	\$2,975	\$2,992
TN	Memphis	\$3,497	\$3,497	\$3,593
TN	Nashville-Davidson	\$2,389	\$2,389	\$2,422
TN	Tennessee	\$2,238	\$2,238	\$2,303
TX	Austin	\$2,670	\$2,670	\$2,762
TX	Dallas	\$9,605	\$9,605	\$9,865
TX	El Paso	\$1,100	\$1,100	\$1,138
TX	Fort Worth	\$2,576	\$2,576	\$2,652
TX	Houston	\$13,293	\$13,293	\$13,528
TX	San Antonio	\$3,075	\$3,075	\$3,127
TX	Texas	\$7,548	\$7,548	\$7,643
UT	Salt Lake City	\$933	\$933	\$945
UT	Utah	\$353	\$353	\$361
VA	Richmond	\$2,010	\$2,010	\$2,044
VA	Virginia	\$1,632	\$1,632	\$1,660
VA	Virginia Beach	\$3,058	\$3,058	\$3,118
WA	Seattle	\$3,717	\$3,717	\$3,818
WA	Washington	\$1,576	\$1,576	\$1,613
WI	Milwaukee	\$1,448	\$1,448	\$1,466
WI	Wisconsin	\$1,086	\$1,086	\$1,107
WV	West Virginia	\$807	\$807	\$858
Total Formula		\$449,100	\$449,100	\$454,500
Total Competitive		\$49,900	\$49,900	\$50,500
Total Appropriation		\$499,000	\$499,000	\$505,000

LEGISLATIVE PROPOSALS AND GENERAL PROVISIONS

Appropriations Language Changes

The 2025 President's Budget includes the following continuing proposals:

- **Four Year Period of Availability:** The Department requests a four-year period for all 2025 HOPWA funds, to update the prior standard of a two-year period of availability for formula funds and a three-year period of availability for competitive funds. This modification to the period of availability for HOPWA funding will help ensure that funds designated for the program go toward the housing and supportive service needs of families living with and experiencing risk of HIV. This period of availability proposal was included in the 2024 President's Budget.
- **Removal of Priority Renew/Replace Provision:** The Department requests deletion of the priority renewal and replacement provision for permanent supportive housing competitive grants. Current appropriations language requires expiring competitive permanent supportive housing grants to be renewed or replaced before new competitive grants can be awarded. This restriction on new competitive projects leads to limited opportunities for

funding new grants in communities which are now more severely impacted by the epidemic than the current permanent supportive housing grants.

The Department has requested the removal of the priority renewal language in each year of the President's Budgets since 2020. In 2021, the appropriations account language was revised to include an option for renewal-eligible grantees (only) to "replace" their grant with other grant activities. Despite the option to replace existing models, only 19 percent of grantees eligible in the 2021, 2022, and 2023 cycles elected to submit replacement grants, with the remaining grantees continuing to renew their grants as first designed and implemented twenty or more years ago. Unfortunately, the provision that allowed for competitive grantees to apply for a "replacement" option increased workload and grant management responsibilities without fully addressing the programmatic mission concern of ensuring best practices in communities experiencing HIV outbreaks.

The Department is again requesting removal of priority renewal and replacement language. Removal of this mandate will:

1. 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
2. Ensure that States that do not meet the population or demographic requirements to qualify for formula allocations still receive fair access to HOPWA funds.

As with formula modernization, removal of this provision would ensure corresponding modernization for HOPWA competitive funding. 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-capacity grantees in higher-need areas.

Currently, 78 HOPWA competitive grants receive priority for renewal or replacement, some of which have been in place for more than 20 years. Of the 78 renewal grants, 19 are anticipated to be eligible for renewal or replacement in 2025, with an estimated \$19.2 million needed to satisfy renewal/replacement demand.

Stakeholder and congressional concerns are limited to the 78 grantee communities subject to losing current guaranteed priority renewal or replacement opportunity. Specific concerns will be addressed in the competitive Notice of Funding Opportunity (NOFO) process including ensuring fair but competitive funding for States and territories that do not receive HOPWA formula funds, consideration for development projects where HOPWA renewal funds have been committed for longer terms, provision of technical assistance, and ensuring local formula grantees collaborate with renewal projects transitioning to a competitive process.

Legislative Proposals

The 2025 Budget supports the following new legislative proposals and will seek changes through the authorization process:

- Increasing the HOPWA Administrative Cap: To increase grantee capacity to administer HOPWA effectively, attract and retain a qualified staff in a highly competitive labor market, and address the costs associated with new HOPWA data reporting requirements, HUD is requesting an increase in the allowable Administrative Expenses Cap. The proposal would change the statutory language in 42 U.S.C. § 12905(g), which limits costs for administrative expenses to three percent of the grant amount for grantees and seven percent of the amount received by project sponsors. Under the proposal, HUD may authorize (1) grantees to use up

to six percent of grant funding received under the program for administrative purposes, and (2) project sponsors to use up to 10 percent of the subaward under the program for administrative purposes.

The HOPWA caps for the Administrative Expenses Budget Line Item limit HOPWA grantees' and project sponsors' ability to pay for oversight, data collection, and basic shared costs. Recent appropriations provided during the COVID pandemic recognized this issue by allowing a six percent administrative cap for grantees and 10 percent administrative cap for project sponsors in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. HOPWA grantees and project sponsors have raised concern about low administrative caps for many years, and a proposal to increase the caps was included with HOPWA formula modernization language in HUD legislative proposals starting in 2012. However, the administrative cap provision was not adopted by the Congress with the changes to the HOPWA formula program included in the Housing Opportunity Through Modernization Act of 2016 (HOTMA). Because of the impacts of the pandemic and process economic downturn, grantees and project sponsors have experienced very high staff turnover levels and decreasing provider capacity to carry out programmatic work; low administrative caps further exacerbate this issue.

- **Continued Eligibility and Adjusting HOPWA Formula Jurisdictions:** This proposal would extend HOPWA eligibility for up to four years to nine States currently projected to lose eligibility in 2026, as per The Housing Opportunity Through Modernization Act of 2016, Pub. L. 114-201 (July 29, 2016), Title VII, Sec 701. This proposal seeks to implement a phase-out period for each impacted State over a four-year period, with allocations decreasing by 10 percent each year, similar to the HOTMA modernization phase-in/out approach. This proposal would also permanently codify in statute the long-standing adjustments to grantee jurisdictions at (42 U.S.C. 12903(c)(2)(A), (B), and (C)).
- **Expanding Terms for HOPWA Short-Term Housing Assistance:** HUD proposes a change to allow HOPWA grantees flexibility in providing short-term housing payment assistance to (a) people who are currently experiencing homeless, instead of the statutory requirement that this activity be used only to prevent homelessness and (b) people assessed to require up to 24 months of rent or utilities payments, instead of the statutory requirement limiting the activity to 21 weeks in a 52-week period. These flexibilities will give communities the ability to address housing needs for those living with HIV who are currently homeless, especially when combined with other HOPWA activities and non-HOPWA resources and will also ensure people are able to receive assistance for longer durations when needed to achieve housing stability and prevent homelessness.

Stakeholder support is very high for this provision as it was developed in direct response to HOPWA grantee requests. Grantees have raised concerns that HOPWA Short-Term Housing assistance cannot assist people who are not currently housed, even when coupled with permanent housing placement from HOPWA or another source. They also report that 21 weeks is often too limited for establishing housing stability for high-risk households living with HIV.

The CARES Act included a provision that allowed HOPWA grantees the flexibility of providing assisted households with up to 24 months of rent, mortgage, and utility payments. Stakeholder response was overwhelmingly positive to this flexibility, as it worked to ensure housing stability for eligible households during the COVID-19 health and economic crises. The provision of short-term payment assistance represents the most-utilized HOPWA CARES Act activity.

General Provisions

The 2025 President's Budget re-proposes the following general provision:

Formula Grant Allocation Adjustments: This provision allows the Department to correct any past formula allocation errors as part of the next applicable formula allocation cycle. (Sec. 226)

APPROPRIATIONS LANGUAGE

The 2025 President's Budget includes the appropriations language listed below.

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.), \$505,000,000, to remain available until September 30, 2028.

Note.--A full-year 2024 appropriation for this account was not enacted at the time the Budget was prepared; therefore, the Budget assumes this account is operating under the Continuing Appropriations Act, 2024 and Other Extensions Act (Division A of Public Law 118-15, as amended). The amounts included for 2024 reflect the annualized level provided by the continuing resolution.