



HUD Policy Brief

Understanding the Impact and Potential for Health Centers



Housing Opportunities for Persons with AIDS (HOPWA) and HOPWA Modernization

Introduction

Health centers are increasingly addressing the social determinants of health for their patient population through partnerships and linkages to local housing and service resources to improve health outcomes for patients. Many resources exist through partner federal, state and mainstream infrastructures that should be part of a health center’s “toolbox”. With the passage of the *Housing Opportunity Through Modernization Act in 2016*,ⁱ updating the US Department of Housing and Urban Development (HUD)’s Housing Opportunities for Persons with AIDS (HOPWA) program, health centers are well positioned to add another “tool” that provides resources for housing and supports focused on individuals with HIV and AIDS. HOPWA offers an opportunity for health centers to serve as key partners in linking eligible individuals to housing and services.

HUD recognizes that homelessness and housing instability are linked to poor health outcomes for people living with HIV/AIDS. These individuals are more likely to delay or drop out of care and are often unable to obtain and maintain medication regimens compared to people that are stably housed. Housing stability is one of the strongest predictors for accessing and maintaining HIV care and is an effective HIV health interventionⁱⁱ.

Background: The HOPWA Program

The HOPWA program was established in 1990 through the AIDS Opportunity Act, a part of the Cranston-Gonzales National Affordable Housing Act. The program is administered by HUD’s Office of HIV/AIDS Housing (OHH) and is the only federal program dedicated to the housing needs of those living with HIV/AIDS and their families. The program was established to provide housing assistance and support services to low income individuals living with HIV/AIDS.

Funding

HOPWA is funded through two mechanisms:

- 1. Formula Grants:** Ninety percent (90%) of the allocated HOPWA funds are dedicated to what HUD defines as formula grantees, including states and cities within metropolitan statistical areas or jurisdictions, which either administer the funds themselves or sub-contract with local agencies. Health Centers can partner with these local grantees and agencies.
- 2. Competitive Grants:** Ten percent (10%) of the funds fall under competitive grants which can be awarded to state and local governments and non-profit organizations. Competitive grants are only awarded when funds are available after formula contracted grants are renewed. This means for each community funds can be administered by a range of entities from local HIV/AIDS service providers to city and state housing and community development departments or public health departments, and/or partnerships with health centers.

For more information on HOPWA funding and a list of current grantees go to: <https://www.hudexchange.info/programs/hopwa/>

Eligible Activities

The HOPWA program supports two major activities:

- ***Housing Support***- which includes tenant-based rental assistance; permanent housing projects; transitional/short-term housing projects; and short-term rental, mortgage, and utility assistance.
- ***Support Services***- which include case management; behavioral health; meals and nutrition; transportation; employment assistance; benefits assistance; and housing information.

To be eligible for housing and services under the HOPWA program, individuals and their families must qualify as low-income (at or below 80 percent of area median income) and have an HIV/AIDS medical diagnosis.

Each community determines how funding is allocated through the local jurisdiction's consolidated planning process, documented in their Consolidated Plan. This process requires local jurisdictions to assess local affordable housing and community development needs. It also allows for a community-wide planning process not only for HOPWA but for all HUD Community Planning and Development (CPD) block grant programs including the Community Development Block Grant (CDBG) program, Home Investment Partnership (HOME) programs, and the Emergency Solutions Grant (ESG) program.

Recent Changes: HOPWA Modernization

Since the HOPWA program was created, the HIV epidemic has changed dramatically. At the time of and in the years following the program's establishment, HIV very quickly led to AIDS and often loss of life. Thanks to many advancements in medicine, having an HIV diagnosis does not necessarily mean a rapid progression to AIDS. People with HIV can live long and healthy lives. This however, does not guarantee that people living with HIV will not face health and financial crisis. With the support of housing and services, individuals and families can overcome the crisis and achieve stability.

From 1992 until 2016 the HOPWA program was operating under the original statute and regulation. On July 29, 2016, Public Law 114-201 *Housing Opportunity Through Modernization Act (HOTMA)* was signed into law and included the modernization of the HOPWA award formula.ⁱⁱⁱ This update reflects the changing nature of the epidemic and now accounts for the number of people living with HIV/AIDS within a jurisdiction funded by the HOPWA program.

Changing Demographics Means Resources in New Communities

In the early 1990's the AIDS epidemic was concentrated in large urban areas, in the state of California and on the East Coast. HOPWA funding allocations did not reflect the changing demographic of those living with HIV in rural areas and the southeast.^{iv} The Modernization formula now takes into account the updated HIV demographic data and will begin to reallocate resources accordingly. Changes implemented in Fiscal Year 2017 will be a phased plan over five (5) years with existing grantees remaining eligible for HOPWA funds. In addition, new communities are allocated funding based on a new baseline of 2,000 living HIV/AIDS cases, as opposed to the previous baseline of 1,500 that only accounted for cumulative AIDS cases. This change can mean an influx of housing resources for those living with HIV/AIDS that were not previously available.

The Office of HIV/AIDS Housing within HUD has established values to guide Modernization implementation including:

1. No person should become homeless as the result of HOPWA Modernization;
2. All funds should be used to meet the needs of eligible households, with no funds recaptured from grants;
3. Grantees should ensure their project designs meet the changing needs of the modern HIV epidemic, with the goal of positive health outcomes and reduced viral loads for HOPWA-assisted households.^v

Health Center Connections

Understanding the HOPWA program and how it works in your local community adds another tool to the Social Determinants of Health toolbox for health centers. Some specific steps health centers can take to better connect their patients living with HIV/AIDS to HOPWA housing and support services include:

For more information on HOPWA visit <https://www.hudexchange.info/programs/hopwa/>

- Learn who administers HOPWA funding in your community and understand the types of housing support and other support services available.
- Understand the local process to connect people living with HIV/AIDS to HOPWA resources.
- Participate in your local consolidated planning process by providing data and evidence based practices to ensure HOPWA funds are directed towards the important connections between housing and healthcare sectors and to programs that support improving health outcomes for people living with HIV/AIDS.
- Link and leverage health supports with HOPWA funded housing supports to achieve positive health outcomes for people living with HIV/AIDS.
- Support efforts to connect Ryan White AIDS Program^{vi} funded health activities with HOPWA programming including data sharing efforts to identify and address service gaps, improve quality and reduce duplication of services, and foster evaluation of program outcomes as outlined in [the joint letter from OHH and HRSA HIV/AIDS Bureau \(HAB\) on August 29, 2017](#).

About CSH

CSH has been the national leader in supportive housing for over 25 years. We have worked in 48 states to help create stable, permanent homes for individuals and families. This housing has transformed the lives of over 200,000 people who once lived in abject poverty, on our streets or in institutions. A nonprofit Community Development Financial Institution (CDFI), CSH has earned a reputation as a highly effective, financially stable organization with strong partnerships across government, community organizations, foundations, and financial institutions. Our loans and grants totaling over \$700 MM have been instrumental in developing supportive housing in every corner of the country. Through our resources and knowledge, CSH is advancing innovative solutions that use housing as a platform for services to improve lives, maximize public resources, build healthy communities and break the cycle of intergenerational poverty. Visit us at csh.org to learn more.

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ⁱ <https://www.congress.gov/bill/114th-congress/house-bill/3700/text>

ⁱⁱ SNAPs/OHH In Focus: World AIDS Day 2017, December 1, 2017.

ⁱⁱⁱ HOPWA IN Focus: HOPWA Formula Modernization, October 19, 2016

^{iv} <https://www.hudexchange.info/programs/hopwa/formula-modernization/>

^v HOPWA In Focus: Modernization Next Steps, June 13, 2017

^{vi} <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program>