



San Francisco Department of Public Health
Housing and Urban Health

Gavin Newsom
Mayor

Comprehensive HIV/AIDS Housing Work Group

Meeting 3 Minutes: Tuesday, November 7, 2006 2:00 PM – 4:00 PM, City Hall Room 278

Present:

Name	Title	Agency	Representing
Sherilyn Adams	Executive Director	Larkin Street Youth Services	Larkin Street Youth Services
Margot Antonetty	Director of Programs	DPH-HUH	DPH-HUH
Brian Basinger	Executive Director	AIDS Housing Alliance	AIDS Housing Alliance
Pablo Bravo	Director, Community Grants and Investments	Catholic Healthcare West	Philanthropic Sector
Lori Cook	Health Program Planner	DPH-HUH	DPH-HUH
Chris Harris	Senior Development Specialist	SFRA	SFRA
Bill Hirsh	Director	AIDS Legal Referral Panel	AIDS Legal Referral Panel
Billie-Jean Kanios	Program Manger, Preventive Health Services	Walden House	HAPN
Greg Kats	Deputy Director of Housing Programs	Human Services Agency	Human Services Agency
Shelagh Little	Consultant	Abbott Little	DPH-HUH
Wendy Phillips	Program Director, Richard Cohen Residence	Dolores Street Community Services	RCF-CI Collective
George Simmons	Senior Program Director, Assisted Housing and Health Programs	CCCYO	CCCYO
Mike Smith	Executive Director	AIDS Emergency Fund	HAPN
Amy Tharpe	Planning and Monitoring Director	MOH	MOH
Laura Thomas	TCWG Program Manager	Tenderloin Health	CARE Council
Steven Tierney	Deputy Director	San Francisco AIDS Foundation	San Francisco AIDS Foundation
Tony Ucciferri	Administrator, Section 8 Housing Department	SFHA	SFHA
Martin Uhrin	Special Programs Manager	SFHA	SFHA

Review of Meeting Topic and Goals

M. Antonetty introduced the topics and purposes of the meeting: 1) To report on the work of the data subcommittee to develop a model of unmet housing needs; 2) To review and discuss housing models now in place, their pros and cons; and 3) To discuss systemic issues that are preventing us from being as effective as possible in meeting the housing needs of persons with HIV/AIDS.

Public Comment

Michael Petrelis wanted to correct the way the minutes from the 10/3/06 meeting reflected his public comment. He said that he had specifically referenced the salary of Steven Tierney, Executive Director of the San Francisco AIDS Foundation, whom he had stated was paid \$150,000 annually. He reiterated that he felt the salary was too high, given the housing needs of persons with HIV/AIDS, and that he wants to see the issue of executive salaries put on the agenda for the Work Group.

Updates

L. Thomas was asked to provide an update on pending HRSA/CARE reauthorization. She stated that the election results would be critical and would determine whether there would be a “lame duck” session in Congress. If the Democrats take the House and Senate, the reauthorization would likely be pushed to next year when the Democrats can reshape the reauthorization bill. She further stated there was unlikely to be any appropriation for Ryan White in the near future unless there was an Omnibus Spending Bill.

Subcommittee Report

As chair of the data subcommittee, C. Harris provided an update regarding the subcommittee's activities and findings. The subcommittee met twice. Each member was responsible for researching specific data points that speak to the unmet housing needs of persons with HIV/AIDS in San Francisco. The goal of the subcommittee is to arrive at estimates of unmet need that will drive the recommendations of the Work Group. C. Harris distributed a draft report of the subcommittee's data and findings. She invited all to review it and provide questions and comment. The subcommittee would continue to meet over the next month to refine its estimates and respond to comments provided by the larger Work Group. B. Basinger also noted that the subcommittee had broached the idea of re-opening the Housing Wait List in order to have a better understanding of the housing needs of persons with HIV/AIDS in San Francisco. Finally, C. Harris stated that the work of the subcommittee included consulting with the Redevelopment Agency's attorney, Heidi Gewertz regarding: 1) Set-asides for PLWHAs in non-HOPWA developments (see below, “Discussion: Housing Types and Systems Change Ideas, “New Units”); and 2) the possibility of moving away from use of the Housing Wait List (HWL). On the HWL issue, H. Gewertz said that any significant change in the way the HWL is administered would require due process for those impacted, including a notice of the changes. It could potentially create vulnerability to equal access and civil rights claims if it is determined that the HWL had created an expectation of being housed for those it serves.

Discussion: Housing Types and Systems Change Ideas

S. Little facilitated an interactive discussion focused on the current spectrum of publicly funded housing options for persons living with HIV/AIDS in San Francisco. The purpose of this discussion was to highlight the strengths of, and challenges posed by, each model to see where the current spectrum potentially needed to be revisited. The following charts summarize the discussion.

Shallow Rent Subsidies

Examples: Catholic Charities, CARE subsidies, Second Start Program, San Francisco AIDS Foundation Partial Subsidy Program

Definition: Recipient is assisted with a fixed or “flat” amount of rental subsidy per month that does not fluctuate with income.

Pros	Cons
<ul style="list-style-type: none">• More people served (less expensive on a per-person basis because subsidy amount is lower)• More consumer choice, e.g. where one lives (in the case of tenant-based shallow subsidies)• When tied to program requirements, can promote returning to work, thinking about future.• Can make “below market rate” units truly affordable to low-income persons.• User friendly for landlords (direct payment to landlord) – this can mean greater choice for recipient.• Good for preventing homelessness.• Promote greater security, stabilization of health conditions, emotional wellness.• Tends to be funded through general fund – not subject to decisions at the federal level.	<ul style="list-style-type: none">• Doesn't help very low income persons.• Not always enough to afford housing other than SROs.• Doesn't adjust according to the recipient's circumstances.• Many recipients are still paying >30% of their income toward rent, even with the subsidy in place. This could erode support for the federal standard that persons should not pay more than 30% of income toward rent.• Not helpful for persons who do not have housing.• Not youth friendly.

Rental Assistance (Deep Subsidies)

Examples: Section 8, HOPWA

Definition: Recipient pays 30% of income toward rent (“tenant contribution”). The subsidy pays the difference between the full (“contract”) rent and the tenant contribution. Rental assistance can be either *tenant-based* (assistance is provided to the individual, who can use the subsidy in housing of his/her choice) or *project-based*, where the subsidy is affixed to a specific development (recipient cannot keep the subsidy when they leave).

Pros	Cons
<ul style="list-style-type: none"> • Most affordable to greatest number of people. • (Can be) tenant-based, giving recipient more choice. • Project-based units usually come with services attached. • Funding tends to be more stable. • Creates stability, which promotes access to services. • Increases sense of security. • Easier to start up – quicker and fewer start up costs. 	<ul style="list-style-type: none"> • Funding can be vulnerable. • No automatic link to services in some programs. • Limited choice of housing options: <ul style="list-style-type: none"> - Landlord discrimination - Sometimes must leave neighborhood of origin to get a subsidized unit. - Gap between FMR and market rate. • Not much leverage with landlords. • Lack of autonomy and control (annual re-certification and inspection requirements) • 30% requirement is high for some types of income. • Expensive: fewer people assisted than in shallow subsidy programs. • Not youth friendly. • Disincentive to work due to increased rent burden with increased income.*

***Other Comments:** One Work Group member felt that some PLWHA who receive SSI income in combination with a deep subsidy might fear returning to work because of the combination of reduced SSI income and higher rent burden. This was not a view shared by the entire Work Group.

New Units

Definition: Includes newly developed properties exclusively or partially for persons with HIV/AIDS, unit set-asides in developments*, and scattered-site or master leasing-type models.

Pros	Cons
<ul style="list-style-type: none"> • Not dependent on landlords/private market factors. • Creates new housing stock (in case of new developments). • Can package new units with supportive services. • Longer term solution. 	<ul style="list-style-type: none"> • (New developments) take longer to get on-line. • Lack of portability. • Non-profit housing not subject to rent stabilization. • Community siting issues, planning issues, NIMBY. • Cost of development. • Tenants don't get to choose where they want to live or who their neighbors are (potential greater exposure, in some cases, to substance abuse).

Other Comments: "New Units" take many forms, each with its own strengths and challenges. It is difficult to generalize these across the different types referenced above (new development, master lease, etc.).

***Regarding set-asides:** According to the attorney for the San Francisco Redevelopment Agency, Heidi Gewertz, federal Fair Housing law prohibits set-asides that target a specific disability unless a dedicated source of funding is used to create new units (e.g. HOPWA). Use of general fund (as opposed to federal funding) may not protect the City from fair housing claims.

Residential Care Facilities for the Chronically III (RCF-CI)	
Definition: Provides round-the-clock nursing care and supervision.	
Examples: Leland, Peter Claver, Richard Cohen, Larkin.	
Pros	Cons
<ul style="list-style-type: none"> • 24/7 medical care. • Intensive on-site services. • Prevents hospitalizations. • Greater sense of community/support than in hospital, lack of stigma. • Allows residents to stabilize medically at lower cost. • Allows for dying with dignity. • Accessible to those who are homeless. • Can stay as long as you need to. • Tend to be smaller. 	<ul style="list-style-type: none"> • Serves fewer people. • Very expensive because of required staffing. • No available exits if you get better and can leave. • Not all RCF-CI residents require this level of care – no other choice. • Prohibitive licensing requirements, regulations. • Setting is not appropriate for everyone – living in community/house rules difficult for some. • Spiritually taxing. • Link to HWL: HWL clients don't always need RCF-CI placement.
Other Comments: Seniors who can afford it may also access assisted living type housing, which can offer an alternative to the RCF-CI. However, there may be cultural competency issues for LGBT seniors in “mainstream” Assisted Living environments.	

Gaps
<ul style="list-style-type: none"> • Not all PLWHAs can succeed in housing with voluntary services because of behavioral health issues. • There is a need for respite housing, and options for discharges from hospitals and jail. • The intake process for permanent housing is lengthy, so you also need models that address immediate housing needs. • There need to be more opportunities for transfer within the system – the system is “clogged” because of the lack of capacity across all housing types. • No centralized source of info on openings. • Need options for undocumented persons. • Though goal is to provide as many opportunities for long-term stability as possible, there are places in the continuum for emergency housing (used as a vehicle for permanent placement) and transitional housing for youth, who are in a transitional phase of life.

This discussion was to also include a discussion of systems change ideas. However, the time allotted was not sufficient, so it was agreed the systems change discussion would be deferred to the December 5 meeting.

Work Group Member Presentations

On behalf of the AIDS Housing Alliance/SF, B. Basinger and AHA/SF Board Member Alan Martinez presented on a new housing model designed by AHA, still in its preliminary stages with model development to continue beyond the confines of the Comprehensive HIV/AIDS Housing Work Group. The model is premised on the creation of the world's first AIDS Community Land Trust. It proposes acquisition of two parcels in the Castro. The model would allow for zoning and height variances to create more housing opportunities. The model as presented includes below market rate commercial space for non-profit operated retail, and community uses on the lower floors including supportive services available to residents and the general community, and a continuum of housing types on the upper floors. Housing types include lower-threshold hostel-type temporary housing, co-housing type shared housing (private bedrooms with access to common kitchens) and limited equity below market ownership opportunities.

Next Meeting: Tuesday, December 5, from 2:00 PM – 4:00 PM, City Hall, Room 278