

# **Findings and Recommendations of the Comprehensive HIV/AIDS Housing Work Group**



**San Francisco Board of Supervisors  
Budget and Finance Committee Presentation**

**Presented by the San Francisco Department of Public Health**

# Board of Supervisors Resolution # 380-06

In June 2006, San Francisco Board of Supervisors Resolution # 380-06 mandated the creation of a work group to develop a Comprehensive HIV/AIDS Housing Plan for the City.

# HIV/AIDS Housing Work Group

A total of 24 stakeholders agreed to join the Work Group, which met six times over the six month period beginning September 2006 and ending February 2007.

- Sherilyn Adams (Larkin Street Youth Services)
- Margot Antonetty (DPH - HUH)
- Brian Basinger (AIDS Housing Alliance)
- Pablo Bravo (Philanthropic Sector)
- Lori Cook (DPH - HUH)
- Chris Harris (San Francisco Redevelopment Agency)
- Boe Hayward (Supervisor Bevan Dufty's Office)
- Bill Hirsh (AIDS Legal Referral Panel)
- Billie-Jean Kanios (HIV/AIDS Provider Network)
- Greg Kats (Human Services Agency)
- Shelagh Little (Consultant to DPH-HUH)
- Jimmy Loyce (DPH - AIDS Office)
- Sara Malan (AIDS Legal Referral Panel)
- Rachele McManus (Supervisor Bevan Dufty's Office)
- Rodney Murphey (Catholic Charities CYO)
- George Simmons (Catholic Charities CYO)
- Mike Smith (HIV/AIDS Provider Network)
- Don Soto (HIV/AIDS Provider Network)
- Amy Tharpe (Mayor's Office of Housing)
- Laura Thomas (CARE Council)
- Steven Tierney (SF AIDS Foundation)
- Marc Trotz (DPH - HUH)
- Tony Ucciferri (SF Housing Authority)
- Martin Uhrin (SF Housing Authority)

Numerous consumers of HIV/AIDS services informed the Work Group's efforts via Public Comment at each meeting.

# Motivation for Comprehensive HIV/AIDS Housing Plan

- San Francisco's HIV/AIDS Housing Plan was last updated in 1998
- Demand for HIV/AIDS housing continues to exceed supply
- Pending federal funding and policy changes
  - CARE Act Reauthorization
    - 75% to Core Medical Services, 25% to Other Support Services
    - Large cut in overall award to San Francisco expected
  - HRSA / HAB Policy 99-02 – Amendment
    - Length of stay in CARE-supported housing limited to lifetime total of 24 months.
    - Implementation postponed indefinitely due to national response to proposed policy amendment. (Initially slated for implementation March 1, 2007.)

# Overview of HIV/AIDS Housing in San Francisco

A variety of programs provide housing for people living with HIV/AIDS (PLWHA).  
Funding sources for such programs include:

- Ryan White CARE Title I (Federal)
- HOPWA (Federal)
- San Francisco General Fund (Local)
- HUD - McKinney Vento (Federal)
- SAMHSA (Federal)
- AB2034 (State)
- Prop. 36 (State)
- Prop. 63 / MHSA (State)
- Low Income Housing Tax Credit Program (Federal / State)
- Private Contributions / Agency Fundraising

# CARE Title I Funded Housing

The San Francisco Department of Public Health (DPH) expends approximately \$6.3 million in CARE Title I funding annually for housing and housing related services along the following CARE subcategories:

- Emergency Housing
- Transitional Housing
- Residential Program and Subsidies
- Residential Case Management
- Long Term Residential Substance Abuse Treatment

# HOPWA Funded Housing

The U.S. Department of Housing and Urban Development (HUD) provides substantial funding through the Housing Opportunities for Persons with AIDS (HOPWA) program. Administered by the San Francisco Redevelopment Agency, HOPWA funds have been allocated as follows for FY 06-07:

- Capital Projects: \$338,337
- Support Services and Operating: \$3,252,383
- Rental Assistance: \$3,436,613

# Current HIV/AIDS Housing Inventory

Approximately 1,566 PLWHA receive dedicated housing assistance.

- 583 “Deep” Subsidies
  - Deep subsidies, also called “full” subsidies, cover the difference between 30% of a tenant’s income and the market rate of his/her unit.  
Average: \$855 / client / month
- 412 “Shallow” Subsidies
  - Shallow subsidies, also called “partial” subsidies, provide a flat rental subsidy per month. Average: \$272 / client / month
- 425 Dedicated units in non-profit owned housing
- 33 Dedicated units in master-leased housing
- 113 Beds in Residential Care Facilities for the Chronically Ill (RCF-CI)

Approximately 1,200 PLWHA live in other types of publicly subsidized units (e.g., public housing, supportive housing).

# Important Trends

- Estimated 18,300 PLWHA in San Francisco.
- PLWHA are living longer and are in more stable health.
- San Francisco has a growing senior population with HIV/AIDS.
- As many as 14% of San Franciscans newly diagnosed with AIDS are homeless.
- Approximately 65% of homeless persons with HIV/AIDS are dually diagnosed with substance abuse issues, mental illness, physical disabilities, and/or chronic medical conditions.

# HIV/AIDS Housing Work Group Recommendations

# Tier 1 Goals

- Protect those at-risk of homelessness due to federal funding cuts and policy changes.
- Increase housing supply for PLWHA.
- Increase eviction prevention assistance.
- Make current system more user-friendly and responsive to changing health needs.

# Tier 1: Recommendation #1

Prevent loss of housing for nearly 500 PLWHA living in CARE subsidized units by moving the cost to the General Fund.

Cost: \$3.8 million

# Tier 1: Recommendation #2

Provide 500 new tenant-based subsidies to make private market housing more affordable to PLWHA who are currently homeless or at risk of homelessness.

Cost: \$3 million (200 deep subsidies and 300 shallow subsidies)

# Tier 1: Recommendation #3

- Increase the supply of supportive and affordable housing available for PLWHA by 55 new units.
- Provide priority access for high-need persons on the Housing Wait List (HWL), those able to exit RCF-CIs (Leland House, Cohen Residence, Peter Claver Community, Maitri and Larkin-Assisted Care), and consumers aging out of youth programs.

Cost: \$1 million

# Tier 1: Recommendation #4

Expand emergency eviction prevention assistance programs, serving up to 800 additional clients annually.

- Legal aid
- One-time back rent payment
- Short-term tenant-based shallow subsidies
- Temporary rent payment during residential treatment

Cost: \$1 million

# Tier 1: Recommendation #5

Revise HWL policies and procedures to allow for more frequent assessment of clients' eligibility and periodic updating of the HWL, resulting in a more accurate and efficient list.

Cost: \$120,000 (staffing and operations)

# Tier 1: Recommendation #6

- After drawing from all eligible clients on the HWL, allow RCF-CIs and other project-based programs to accept referrals from other sources.
- Facilitate easier transfer between programs based on medical need.
- Modify HWL policies to support movement of RCF-CI clients to more independent housing.

Cost: Cost neutral. A system of care that provides care at appropriate levels is more cost-effective.

# Tier 1: Recommendation #7

Re-open the HWL for new enrollment after implementing the above streamlining measures; Recommendations #5 and #6.

Cost: Cost neutral

# Tier 2 Goal

Improve affordable housing marketing and outreach to PLWHA to maximize access to existing mainstream housing resources.

## Tier 2: Recommendation #1

Develop marketing requirements to ensure appropriate representation of PLWHA in mainstream affordable housing.

Cost: \$30,000 per year (staffing and operations for monitoring and compliance)

## Tier 2: Recommendation #2

Improve data collection of PLWHA's utilization of mainstream affordable housing by developing procedures that allow clients to disclose their HIV status.

Cost: Cost neutral

# Tier 3 Goals

- Promote opportunities for greater economic security, leading to housing stability.
- Pilot new housing models that offer a spectrum of housing opportunities, including home ownership, for PLWHAs at all stages of disability.

## Tier 3: Recommendation #1

Create 100 new employment opportunities for PLWHA receiving disability benefits. Such opportunities would improve housing stability and keep earnings within the limits imposed by SSI.

Cost: \$600,000 per year (stipends)

## Tier 3: Recommendation #2

Create an innovative Community Land Trust model tied to supportive employment, short-term housing, and affordable homeownership opportunities. Such a model would improve housing stability while decreasing dependence on disability benefits.

Cost: Varies — model and project dependent

# Recommendation Costs

<b>Tier 1</b>	<b>\$8,920,000</b>
<b>Tier 2</b>	<b>\$30,000</b>
<b>Tier 3</b>	<b><u>\$600,000</u></b>
<b>TOTAL</b>	<b>\$9,550,000</b>

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<http://www.sfdph.org/Meetings/otherMeetings.htm#HIVAIDSHousingGrp>