

# Ryan White CARE Act and Housing in San Francisco

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# Potential Housing Changes

- Ryan White CARE Act
- Impact of Reauthorization
  - Funding levels for San Francisco
  - Legislative restrictions
- Impact of Proposed Housing Policy

# CARE Act Facts

- Delivers medical care, medications, and support services to uninsured and underinsured people living with HIV/AIDS.
- Led to significant decreases in HIV-related illnesses and deaths in the past 15 years.
- Serves over 500,000 people each year
- Passed in 1990 and reauthorized in 1996 and 2000 with broad bipartisan support

# CARE Act Facts

- Federal analyses show the CARE Act
  - increased the number of PLWH receiving care and treatment,
  - contributed to the decline of deaths, and
  - reached underserved groups, including the uninsured and the poor
- Local decision-making about funding priorities is key

# Current Housing Services

- Funded service in RWCA Title I and II
- Can pay for housing referral and short-term and emergency housing
- Policy 99-02 limited housing services:  
Short-term or emergency assistance is understood as transitional in nature and for purpose of moving or maintaining an individual or family in a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation.

# Housing Services in SF

- RWCA Title I pays for:
  - Emergency housing (SRO, limited time)
  - Transitional housing
  - Rental subsidies (similar to HOPWA subsidies)
  - Residential case management
- No limit on length of stay
- Transition to Section 8, other funds when available, but often not available

# Timeline for Reauthorization

- Expired on September 30, 2005
- Draft legislation introduced in the Senate this summer
- House scheduled to mark up mid-September
- May get caught in election cycle
- May not be completed until next year?

# History of Reauthorization

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- Past reauthorizations have made relatively minor changes
- Community recommendations support the current structure
- Current draft legislation proposes major changes
- Many political pressures/new constituencies affecting process

# Core Medical Services

- “Core Medical Services” defined –medical/health care only
- 75% of funds (after administrative 10%) must go to Core Medical Services
- Rest of funds to “Other Support Services”
- Barriers to medical care are often complex and require additional social services to address
- Housing is NOT listed in “Other Support Services”

# Impact on Housing

- May no longer be eligible service, in most conservative interpretation
- Will depend on HRSA's interpretation, unless clarifying language is added in report
- Will dramatically affect San Francisco funding levels for housing, residential case management, residential substance abuse treatment, among other services
- Would also limit funding for services that bring people into care: case management, benefits counseling, etc.

# Including HIV Data in Formula

- Current delays are due to disagreement on this issue
- Must include HIV data, but not all jurisdictions have it
- California just switched to name reporting
- Once name reporting begins, it takes at least **2-3 years** to get complete reporting
- California may be at a significant disadvantage, and lose resources, depending on final language

# Eliminating "Hold Harmless"

- The protection period is designed to protect systems of care from rapid destabilization caused by large cuts
- Other proposals may cause significant shifts in funding; a protection period would spread cuts over time and allow for planning
- Current draft: San Francisco loses 10% in first year, all protection ends after 3 years

# Impact on California

- Multiple proposals have the potential to create significant funding fluctuations (e.g. HIV reporting)
- Five of California's nine EMAs are currently protected by the "hold harmless" provision and would lose significant Title I funding – San Francisco could lose \$7 million
- Six of California's EMAs could lose **all** Title I funding, amounting to \$25 million in RWCA resources for the state

# Impact on Housing

- San Francisco will have a 10% - 50% reduction in federal funds for HIV care
- Less funding for all HIV health services, including housing
- Loss of services will be dependent on ability and political will to use General Fund for HIV housing

# Proposed Housing Policy

- Triggered by OIG findings in review of a SF substance abuse program
- HRSA sent consultant for technical assistance
- HRSA did not use consultant's recommendations
- Policy distributed in draft form earlier this year
- Has not yet been published for comment in Federal Register
- HRSA is holding, pending reauthorization

# Impact of Proposed Housing Policy

- Limits any CARE-funded housing to **24 months** total (vs. open-ended)
- Focus on requirement that housing be emergency or transitional
- Language on consistency with HUD requirements
- No waiver options
- Would cause significant disruption in San Francisco unless other funds are available

# Conclusions

- RWCA is a major funder of HIV housing services in San Francisco
- May no longer be able to fund existing services
- Level of funding will decrease dramatically
- Need to plan to move housing services to other funding streams to avoid leaving current residents homeless