

**Comprehensive HIV/AIDS Housing Work Group
Draft Recommendations • February 2007**

Guiding Principles

1. The Comprehensive HIV/AIDS Housing Work Group was formed for the purpose of making recommendations that would expand and improve housing options for PLWHAs. However, pending federal funding cuts and policy changes could result in loss of housing assistance for nearly 500 PLWHAs in San Francisco. As a first priority, any loss of housing that could follow from these changes at the federal level should be prevented. This may require that certain housing costs currently supported by the federal government be shifted to local funding sources.
2. The Comprehensive HIV/AIDS Housing Work Group acknowledges that the demand for appropriate, affordable housing in San Francisco exceeds the supply—not only among those living with HIV/AIDS. The recommendations below do not obviate the need to provide decent, safe, affordable housing for all San Franciscans.
3. The City of San Francisco views housing as healthcare and a key component to stabilization of health and behavioral health conditions.
4. Eviction prevention is necessary for all San Franciscans at risk of homelessness, especially those who are vulnerable due to health conditions. Preventing eviction is less costly and less destabilizing than re-housing for those who become homeless.
5. Increased capacity is needed across the board in every type of HIV/AIDS-related housing program and service. There are no services or programs that are underutilized. The lack of capacity across the continuum results in clients being “stuck” in settings not suited to their care needs.
6. The Comprehensive HIV/AIDS Housing Work Group supports efforts to increase in-home and community-based support for all persons in need of long-term care so that they can remain in their homes and out of institutions as much as possible.
7. The Comprehensive HIV/AIDS Housing Work Group supports development of a centralized, interactive web-based affordable housing search and application system to benefit all low-income San Franciscans in need of housing.
8. Guiding long-term efforts is the belief that the City should continue to explore new models/ideas for meeting the unmet housing need of people with HIV/AIDS.

Recommendations: Priority, Impact, and Cost

The Work Group arrived at each of the recommendations below by consensus, and the Work Group deems each recommendation to be of merit. The assignment of relative priority (High, Medium, Lower) is based on cost-effectiveness, likely impact (i.e., numbers served), and the speed with which the recommendation could be implemented.

HIGHER PRIORITY: Prevent homelessness for those at-risk due to pending federal funding cuts and policy changes.

Recommendations	Rationale	Impact	Implementation Cost
1. Prevent loss of housing for those currently living in federally (CARE) subsidized units when funding cuts and policy changes are phased in.	Pending federal funding cuts and policy changes would result in a loss of up to \$3.8 million in CARE funding for housing subsidies for PLWHAs.	Prevents homelessness for nearly 500 clients in CARE funded units.	\$3.8 million ¹

HIGHER PRIORITY: Increase supply of housing available to persons with HIV/AIDS.

Recommendations	Rationale	Impact	Implementation Cost
1. Expand tenant-based subsidy program(s) to make private market housing more affordable.	There are 2,431 active clients on the HWL. The list has been closed since 2001, and currently served clients enrolled in 1998. The HWL helps place approximately 40 clients annually. The vast majority of HWL clients are awaiting subsidies.	500 homeless and marginally housed clients housed.	\$3 million (200 deep subsidies and 300 shallow subsidies)
2. Increase the supply of supportive and affordable housing available to PLWHAs through new production and set-asides in new housing developments (when not prohibited by funding source restrictions). Priority access for high-need clients on the Housing Wait List and clients exiting RCF-CIs.	Some clients on the HWL and in RCF-CIs will not be successful in tenant-based subsidy programs (e.g. need a higher level of support due to behavioral health, other issues). There are a minimum of 900 homeless PLWHAs with co-occurring disorders.	55 homeless PLWHAs with co-occurring disorders housed.	\$1 million (55 slots) Assumes \$1,500 per month per slot in DAH-type housing.

¹ It is unknown at this time whether the cuts and policy changes will be phased in gradually to minimize the impact in any given year. \$3.8 million encompasses the full impact of pending cuts and policy changes.

HIGHER PRIORITY: Eviction prevention assistance.

Recommendations	Rationale	Impact	Implementation Cost
Increase access to emergency eviction prevention assistance (e.g., legal assistance, one-time back rent payment, short-term tenant-based shallow subsidies, and/or temporary rent payment during treatment).	There are a minimum of 6,000 PLWHAs who are at-risk of homelessness, more than 50% of whom are assumed to have disabling HIV/AIDS.	600 (UDC) persons per year provided legal assistance, back rent assistance, or temporary subsidy.	\$1 million

HIGHER PRIORITY: Systems change.

Recommendations	Rationale	Impact	Implementation Cost
1. Evaluate and potentially revise Housing Wait List (HWL) policies/procedures to allow for more frequent assessment of clients' eligibility and availability for placement, resulting in a more accurate and efficient list.	Current Wait List clients enrolled prior to 2001 and thus the nature and extent of current unmet housing need is not known.	More efficient, appropriate housing placement.	\$120,000 per year (Staffing and operations.)
2. Allow RCF-CIs and other project-based programs to accept referrals from other sources in addition to the HWL. Facilitate easier transfer between programs based on medical need.	RCF-CI care should be reserved for those who medically need it most, regardless of date enrolled on HWL. Current transfer system does not allow for easy transfers out when health status permits.	More cost-efficient use of resources (clients placed in RCF-CIs based on medical need).	Cost neutral.
3. After implementing the above changes, further study the feasibility of opening the HWL.	PLWHAs with more recent diagnoses have not been able to apply. Those whose medical conditions call for transfer to higher or lower level of care are not able to do so.	HWL would reflect current unmet housing needs of all PLWHAs.	(Included in #1 above.)

MEDIUM PRIORITY: Improved data collection to capture the unmet housing needs of PLWHAs.

Recommendations	Rationale	Impact	Implementation Cost
Require that housing providers <u>allow</u> clients to disclose HIV status on their applications.	Allows for assessment of marketing/outreach to PLWHAs and provides a barometer of unmet housing need.	Improved marketing and outreach practices; more accurate capturing of unmet housing need.	\$30,000 per year (Staffing and operations.)

MEDIUM PRIORITY: Improved marketing and outreach to PLWHAs.

Recommendations	Rationale	Impact	Implementation Cost
Design PLWHA marketing requirements for affordable housing providers.	Ensures representative participation by PLWHAs.	Improved utilization of “mainstream” affordable housing by PLWHAs.	\$30,000 per year (Staffing/operations for monitoring and compliance.)

LOWER PRIORITY: Economic security leading to housing stability.

Recommendations	Rationale	Impact	Implementation Cost
Improve housing stability by creating new opportunities for PLWHAs to earn income. For example, incent contractors to create appropriate employment opportunities for PLWHAs within current contracts.	There are a minimum of 6,000 PLWHAs who are at-risk of homelessness, more than 50% of whom are assumed to have disabling HIV/AIDS. Many can work but need flexible hours and income within the limits imposed by SSI.	Part-time employment and leadership opportunities for 100 disabled PLWHAs in non-profit agencies.	\$600,000 per year (stipends)

LOWER PRIORITY: Pilot new housing models that offer a spectrum of housing opportunities for PLWHAs at all stages of disability.

Recommendations	Rationale	Impact	Implementation Cost
Create a replicable model of a Community Land Trust tied to supportive employment that offers short-term housing, affordable homeownership, etc.	Provides affordable homeownership, which improves housing stability.	Responds creatively to greater range of housing needs. Supports self-sufficiency and homeownership as goals.	To vary according to model.