

**Comprehensive HIV/AIDS Housing Work Group
Draft Recommendations**

Problem 1.

The need for dedicated affordable housing for persons with HIV/AIDS in San Francisco far exceeds the current supply, particularly in the subsidy and supportive housing categories.

Recommendation(s)	Impact	Cost of Implementation	Source of Funding	Relative Priority
Expand subsidy program(s) to provide improved access to private market housing. <i>What subsidy level(s)? How many slots? Priority populations?</i>				
Dedicate a percentage of new supportive housing coming on line to persons with HIV/AIDS (when not prohibited by funding source restrictions).		Cost Neutral(?)		
Create a replicable model of a Community Land Trust tied to supportive employment that provides a comprehensive spectrum of housing options for people at all stages of disability (e.g., short-term housing, affordable homeownership, etc.).				
Improve required marketing/outreach by affordable housing providers to the PLWHA community to achieve HIV/AIDS utilization goals.				

Problem 2.

Many PLWHAs are at risk of homelessness due to excessive rent burden and limitations on income caused by disability.

Recommendation(s)	Impact	Cost of Implementation	Source of Funding	Relative Priority
Improve housing stability by creating new opportunities for PLWHAs to earn income within the limits imposed by SSI. (e.g. Incent contractors to create appropriate employment opportunities for PLWHAs within current contracts.)		Cost Neutral (?)		

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Problem 3. Some clients living in RCF-CIs could live independently or in supportive housing but are constrained doing so because of the constraints of the HWL and the lack of placements to facilitate exits.

Recommendation(s)	Impact	Cost of Implementation	Source of Funding	Relative Priority
Create a dedicated source of subsidies and/or a set-aside in new or already-existing supportive housing to facilitate the out-placement of RCF-CI residents.				

Problem 4: The Housing Wait List system is backlogged and has been closed since 2001, thereby limiting available opportunities to those who applied prior to then.

Recommendations	Impact	Cost of Implementation	Source of Funding	Relative Priority
Assess current level of need in active clients still awaiting placement on HWL.				
Create a mechanism for re-certification of active clients and periodic purging of list.				
De-link RCF-CIs from the HWL (HWL no longer the referral source for those programs).		Cost Neutral		
Create dedicated source of new subsidies/set asides in new housing for high-need active clients in order to give the list more dynamic movement. <i>Need to assess permissibility of prioritizing homeless clients. Also need to decide how "homeless" will be defined and who will assess whether clients are homeless according to that definition.</i>				
Open the HWL more frequently to allow persons with more recent diagnoses and youth to enroll. (Or, switch from "first served" policy to Access Points policy?)				
Adapt HWL rules to allow for easier transfer into and out of RCF-CIs.		Cost Neutral		

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Problem 5: Pending federal funding and policy changes will negatively impact housing services available for PLWHAs in San Francisco.

Recommendations	Impact	Cost of Implementation	Source of Funding	Relative Priority
Determine what/how much funding can be utilized for all AIDS services and to replace funding no longer available for housing under HRSA (following appropriations). (Per HIV Health Services Planning Council)				
Protect those subject to new length-of-stay restrictions by 1) Requesting a grace period or “grandfathering” for current clients; 2) Determining the impact (who will be affected most immediately) and 2) Identifying an alternative source of funding for those who require subsidies for more than two years.				

Problem 6: Lack of targeted data gauging the degree of unmet housing need among PLWHAs.

Recommendations	Impact	Cost of Implementation	Source of Funding	Relative Priority
Create a dynamic system that captures the housing needs of PLWHAs over time. (E.g., require providers to <u>allow</u> PLWHAs to disclose their status should they choose, encourage a wider range of providers to use the Reggie system, etc.)				