

REVISED 1.2.07: This document has been developed by a subcommittee of the Comprehensive HIV/AIDS Housing Work Group. This document is for the purpose of discussion only. Please contact Lori Cook of the Department of Public Health with questions or comments: loraine.cook@sfdph.org.

Modeling Unmet Need for HIV/AIDS Housing in San Francisco

Executive Summary

San Francisco Board of Supervisors' Resolution 380-06 resulted in the formation of the Comprehensive HIV/AIDS Housing Work Group, a body convened by the San Francisco Department of Public Health and composed of representatives from other relevant City agencies, community stakeholders, and representatives from the Board of Supervisors. Issued on June 13, 2006, the resolution charged the group with establishing a comprehensive HIV/AIDS housing plan for San Francisco "to ensure that the existing housing stock [for people with HIV/AIDS] is preserved and expanded."

The Comprehensive HIV/AIDS Housing Work Group commenced its efforts in September 2006, bound, within a six month timeframe, to produce a series of specific, actionable recommendations for consideration by the Board of Supervisors. To better inform its recommendations, the Work Group formed a subcommittee to investigate the nature and extent of unmet housing need among persons living with HIV/AIDS in San Francisco based on research and analysis of existing data.

Subcommittee members conducted an extensive review of existing data related to housing status and need among persons living with HIV/AIDS in San Francisco. Through the course of its research, the subcommittee attempted to determine:

- Among San Francisco's HIV/AIDS population, how many people are currently homeless?
- Among currently homeless persons living with HIV/AIDS, which subpopulations are disproportionately affected? For example, among the currently homeless living with HIV/AIDS:
 - How many are adults living with dependent children?
 - How many have co-occurring diagnoses (e.g., mental health issues, substance abuse, chronic medical issues, etc.) or other special needs?
 - How many are chronically homeless?¹
 - How many are seniors (aged 50+) or youth (aged 18 or younger)?
 - How many were formerly incarcerated?
- How many low-income San Franciscan's with HIV/AIDS are at-risk of homelessness due to excessive rent burden, inappropriate living conditions, and/or pending funding cuts and policy changes at the Federal level?

This document captures the work of the subcommittee as reflected in the summary tables below. (NOTE: Detailed justification of these figures appears in subsequent sections of this report.)

SUMMARY CHART		
Currently Homeless with HIV/AIDS		
Estimated Range: 1,411 – 2,562		
Subpopulations Within Total Homeless with HIV/AIDS (NOTE: Categories are not mutually exclusive.)	Lower Bound Estimates	Upper Bound Estimates
Adults in Families		91
With Disabling HIV	121	418
With Disabling AIDS	103	352
With Co-occurring Disorders	917	1,665
Chronically Homeless	345	512
Youth (18 or Younger)	80	160
Seniors (50 and Older)	466	845
Formerly Incarcerated	151	274

¹ According to the U.S. Department of Housing and Urban Development, a "chronically homeless" person is defined as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years."

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At-Risk of Homelessness and HIV/AIDS+ Estimated Range: 6,108 - 11,911 (See calculations below.)		
Subcategory	Lower Bound Calculations	Upper Bound Calculations
Persons Living with HIV/AIDS (PLWHAs) At-Risk of Homelessness by Virtue of Being Low-Income	10,248	17,202
Less Those Known to be Homeless	(1,411)	(2,562)
Less Those Estimated in HIV/AIDS-designated Housing or Subsidized by CARE/HOPWA	(1,533)	(1,533)
Less Estimated in Public Housing, Section 8, Other Affordable Housing	(1,196)	(1,196)
Total Estimated At-Risk of Homelessness	6,108 (3,726 are estimated to have disabling HIV/AIDS)	11,911 (7,266 are estimated to have disabling HIV/AIDS)
Revised At-Risk Estimates Pending Cuts in Federal Funding Revised Estimated Range: 6,599 – 12,402		
Persons At-Risk Due to Potential Cuts in Federal Funding	491	
Total Estimated At-Risk of Homelessness, Including At-Risk Due to Pending Cuts	6,599	12,402

At-Risk of Homelessness and HIV/AIDS+ Estimated Range: 6,108 - 11,909		
Subpopulations Within Total At-Risk Category (NOTE: Not all categories are mutually exclusive.)	Estimate	
Extreme Rent Burden (Paying More than 50% of Income Toward Rent)	8,418 (5,135 are estimated to have disabling HIV/AIDS)	
Youth (18 or Younger)	76	
Seniors (50 and Older)	2,016	3,930
Formerly Incarcerated	654	1,274
Living in Single Room Occupancy (SRO) Hotels	1,199	2,013

Limitations

The subcommittee quickly discovered that no single data source fully describes the unmet housing need among persons with HIV/AIDS in San Francisco. For example, while some databases capture housing status, they only speak to the experiences of those persons served under specific programs and/or funding sources. In response to this lack of consolidated data, the subcommittee based its findings primarily on “proxy” measures, such as data from academic research and San Francisco’s Reggie system. While best estimates of unmet housing need, the subcommittee believes that its findings represent a responsible starting point from which the Comprehensive HIV/AIDS Housing Work Group may develop recommendations for the San Francisco Board of Supervisors.

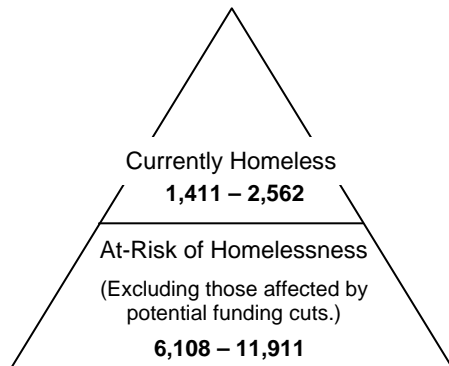
Modeling Unmet Need for Housing

Since the beginning of the AIDS epidemic, San Francisco has systematically collected health status and demographic information on impacted persons. Less is known, however, about housing status among persons with HIV/AIDS. Specifically, it is unknown exactly how many people with HIV/AIDS are currently homeless or at-risk of homelessness based on factors such as housing status, income, and degree of rent burden.

Certain databases, such as the Reggie system and the Housing Wait List (HWL), provide a limited amount of information about the persons captured in those systems. Other programs can produce aggregate data on their clients. However, there is no single database or program that tracks housing information for all persons living with HIV/AIDS in San Francisco. At best, existing data can inform

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estimates, with more conservative methods of estimating informing “lower bound” numbers, and more inclusive methods of estimating informing “upper bound” figures.



This report provides estimates of the number of persons living with HIV/AIDS who are homeless and at-risk of homelessness according to the following definitions:

- **Currently Homeless:** Those living in shelters / emergency housing, cars, abandoned buildings, parks, on the street, those who are “couch surfing.”
- **At-Risk of Homelessness:** Those who are rent burdened, living in inappropriate living situations (e.g., doubled-up / overcrowded situations) and people already in housing who require financial assistance to stabilize their living situation.

Those in the “at-risk of homelessness” category constitute the majority of San Franciscans living with HIV/AIDS; however, those who are currently homeless have the greatest need for housing if they are to stabilize and improve their health outcomes. Further detail on each of these categories (characteristics and subpopulations), and data used to support the estimates, appear in subsequent sections of this report.

Measuring Need Among the Currently Homeless

Through the course of its research, the subcommittee attempted to determine:

- Among San Francisco’s HIV/AIDS population, how many people are currently homeless?
- Among currently homeless persons living with HIV/AIDS, which subpopulations are disproportionately affected? For example, among the currently homeless living with HIV/AIDS:
 - How many are adults living with dependent children?
 - How many have co-occurring diagnoses (e.g., mental health issues, substance abuse, chronic medical issues, etc.) or other special needs?
 - How many are chronically homeless?
 - How many are seniors (aged 50+) or youth (aged 18 or younger)?
 - How many were formerly incarcerated?

Subcommittee Findings

SUMMARY CHART		
Currently Homeless with HIV/AIDS		
Estimated Range: 1,411 – 2,562		
Subpopulations Within Total Homeless with HIV/AIDS (NOTE: Categories are not mutually exclusive.)	Lower Bound Estimates	Upper Bound Estimates
Adults in Families	91	
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The subcommittee arrived at these estimates by posing the “homelessness question” in two different ways:

- What percentage of San Francisco’s homeless population is impacted by HIV/AIDS?
- What percentage of persons with HIV/AIDS in San Francisco are homeless?

Research estimates that 17,000 persons experience homelessness in San Francisco each year.² According to another research study, 8.3% of homeless adults in San Francisco are HIV positive.³ This information yields the “lower bound” estimate of HIV/AIDS among the homeless population in San Francisco: **8.3% of 17,000 = 1,411.**

Approaching the calculation slightly differently yields a higher estimate. According to the HIV Services Planning Council, approximately 18,300 persons in San Francisco are HIV positive.⁴ Also according to the HIV Services Planning Council, 14% of persons San Franciscans with AIDS are homeless.⁵ Assuming that persons who are HIV+ are at least as like as those with AIDS to be homeless,⁶ the subcommittee calculated the following “upper bound” estimate: **14% of 18,300 = 2,562.**

Homeless Subpopulations

Adults in Families

According to First Five, there are approximately 2,700 people in homeless families in San Francisco.⁷ Of those, approximately 582 reside at the city’s emergency shelters for homeless families.⁸ Assuming that approximately 40% of family shelter clients are adults,⁹ 233 adults reside in shelters with their children. Another 65 mothers and their children reside at domestic violence shelters.¹⁰ An estimated 1,560 family members (760 children, 800 adults) reside in single room occupancy (SRO) hotels.¹¹

233 Adults in Families in Emergency Shelters
65 Adults in Families in Domestic Violence Shelters
+ 800 Adults in Families in SROs
1,098 Adults in Homeless Families

Knowing, based on previously referenced research, that 8.3% of homeless persons in San Francisco have HIV/AIDS, **8.3% of 1,098 = 91 Homeless Adults with HIV/AIDS in Families**

Disabling HIV and Disabling AIDS

For disabling HIV/AIDS information, the subcommittee relied heavily on data provided by the Reggie system, a standardized client registration system for HIV-related services in San Francisco. The system provides a centralized registration and information referral system for non-profit and government organizations providing health care and social services to low-income persons living with HIV/AIDS. It is important to note, however, that Reggie does not capture the HIV/AIDS services “universe” in San Francisco. For example, only those agencies contracted by the HIV

² Fagan, Kevin and Todd Wallack. “Money well spent? The city can’t tell.” *San Francisco Chronicle*. October 31, 2006. <http://sfgate.com/cgi-bin/article.cgi?file=/c/a/2006/10/31/MNGD9M1QV41.DTL>.

³ Robertson, Marjorie, PhD, et al. “HIV Seroprevalence Among Homeless and Marginally Housed Adults in San Francisco.” *American Journal of Public Health* (July 2004).

⁴ San Francisco HIV Health Services Planning Council. *Trends and Data Review* presentation. Priority Setting / Resource Allocation Summit. August 24, 2006.

⁵ 2006-2009 Comprehensive HIV Health Services Plan, San Francisco HIV Services Planning Council (December 2005).

⁶ Based on the subcommittee’s analysis of Reggie data for the period March 1 – August 31, 2006.

⁷ Coalition on Homelessness, San Francisco. “How many people are homeless and who are they?” *Fact Sheet on Homelessness*. www.cohsf.org/eng/resources/factsheets/hfs.php.

⁸ Human Services Agency. “Other Informational Links: Fact Sheet.” http://www.sfhsa.org/files/Housing_Homeless/HousingFirstFactsheet.doc.

⁹ Ward, Cindy. Homeless Family Programs Manager, Human Services Agency. January 2, 2007.

¹⁰ Human Services Agency. Ibid.

¹¹ Human Services Agency. Ibid.

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Health Services Branch of the Department of Public Health are required to input data into the Reggie system. This means that Reggie does not fully capture / reflect all services / clients covered by Housing Opportunities for Persons with AIDS (HOPWA) or other funding streams. This limitation notwithstanding, Reggie is one of the most comprehensive “snapshots” available of persons living with HIV/AIDS in San Francisco. Among other indicators, Reggie tracks clients’ housing and health status, informing the subcommittee’s lower and upper bound calculations based on data from the period March 1 – August 31, 2006:

Lower Bound

The actual numbers of clients tracked by Reggie were used as the basis for lower bound figures. The data shows that 24.3% of clients tracked had disabling HIV and 36.3% had disabling AIDS.

- Among those with disabling HIV, 9.4% (**121/1285**) were homeless.
- Among those with disabling AIDS, 5.3% (**103/1935**) were homeless.

Upper Bound

Applying these numbers to the total number of persons living with HIV/AIDS in San Francisco provided the basis for upper bound calculations:

- Disabling HIV:
 - 18,300 PLWHAs in SF x 24.3% = 4,446.9 persons with disabling HIV
 - **4,446.9 with disabling HIV x 9.4% = 418 homeless persons with disabling HIV**
- Disabling AIDS:
 - 18,300 PLWHAs in SF x 36.3% = 6,642.9 persons with disabling AIDS
 - **6,642.9 with disabling AIDS x 5.3% = 352 homeless persons with disabling AIDS**

NOTE: The following chart summarizes health status among those clients tracked by Reggie from March 1 – August 31, 2006, cross-referencing housing status. Of all the clients for whom housing status was tracked, 63% (3323/5274) rented or owned the house, apartment, or flat in which they lived; Reggie cannot discern how many of these persons receive subsidies. For the purposes of this report, all categories other than “rented or owned” were classified as falling under “homeless” (emergency housing, shelter, streets) or “marginally housed.”

Homeless and Marginally Housed by Health Status SFDPH/AIDS Office: Reggie Database 3/1/06-8/31/06						
Current Living Situation Expressed as % of all persons in each health status category	AIDS Diagnosis UDC=788	Disabling AIDS UDC=1,935	Disabling HIV UDC=1,285	HIV Symptomatic (Not AIDS) UDC=342	HIV Asymptomatic UDC=461	HIV Disease Stage Unknown UDC=341
Homeless Categories						
Emergency Housing	1.8	2.2	4.3	1.8	1.3	1.8
Shelter	0.8	0.9	1.6	0.6	1.1	1.2
Street	1.1	2.2	3.5	2.3	0.7	1.2
SUBTOTAL	3.7	5.3	9.4	4.7	3.1	4.2
Marginally Housed/At-Risk						
Drug/Alcohol Treatment	4.1	4.1	7.5	9.1	4.3	5.3
Hospital	3.2	2.4	1.2	0.6	0.4	0.3
Jail/Incarcerated	2.9	2.4	2.8	2.6	5	11.1
Family/Friend-No Rent	7.1	4.4	4.3	10.2	13.9	9.1
SRO	4.3	14.4	19.4	5.6	3.9	5.6
SUBTOTAL	21.6	27.7	35.2	28.1	27.5	31.4

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Co-Occuring Disorders

Reggie does not reliably track the number of persons with HIV/AIDS who also have co-occurring disorders such as substance abuse or mental illness. However, it is known that 65% of persons living in Catholic Charities CYO (CCCYO)-assisted housing have co-occurring disorders—a potential proxy for prevalence among homeless living with HIV/AIDS. Applying this number to our upper and lower bound estimates of homeless persons with HIV/AIDS, we arrive at a range estimate for homeless PLWHAs with co-occurring disorders:

- Lower Bound: 65% of 1,411 = 917
- Upper Bound: 65% of 2,562 = 1,665

Chronically Homeless

According to the *San Francisco Plan to Abolish Chronic Homelessness*, there are approximately 3,000 homeless persons in San Francisco who meet the federal definition of chronically homeless.¹² This is in keeping with the national estimate that 10-20% of homeless persons meet the definition of chronically homeless.¹³ Among San Francisco's homeless population, the rate of seroprevalence among the chronically homeless (11.5%) is higher than for the homeless population overall (8.3%). **11.5% of 3,000 = 345** (lower bound estimate).

An alternate means of calculating this number is to start with the number of PLWHAs in San Francisco (18,300), of which 14% are assumed to be homeless (14% of 18,300 = 2,562). Twenty percent (20%) of this number—based on the above referenced National Alliance to End Homelessness upper figure—would be **512** chronically homeless PLWHAs.

Youth

Based on estimates provided by Larkin Street Youth Services (LSYS), approximately 4,000 youth experience homelessness in San Francisco annually. Based on HIV testing conducted by LSYS, 2% - 4% of homeless youth served by LSYS test positive (approximately 250 tested annually). Therefore:

- Lower Bound: 2% of 4,000 = 80 currently homeless and at risk of contracting HIV
- Upper Bound: 4% of 4,000 = 160 currently homeless and at risk of contracting HIV

NOTE: LSYS cautions that this might not fully capture the unmet future housing need due to the pervasiveness of high-risk behaviors among youth.

Seniors

According to the *2005 HIV/AIDS Epidemiology Annual Report*, 33% of persons with HIV/AIDS were 50+ years old at the end of 2005.¹⁴ Applied to the upper and lower bound estimates of homeless persons with HIV/AIDS cited above:

- Lower Bound: 33% of 1,411 = 466
- Upper Bound: 33% of 2,562 = 845

¹² Ten Year Planning Council. *San Francisco Plan to Abolish Chronic Homelessness*. www.ich.gov/slocal/plans/sanfrancisco.pdf.

¹³ National Alliance to End Homelessness

¹⁴ San Francisco Department of Public Health, HIV Seroepidemiology Unit. *2005 HIV/AIDS Epidemiology Annual Report*. www.sfdph.org/PHP/HIVSeroUnit.htm

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Formerly Incarcerated

Reggie tracks clients with histories of incarceration. Based on persons captured in the Reggie system between March 1 – August 31, 2006, 10.7% were formerly incarcerated. Applying this percentage to the upper and lower bound estimates of homeless persons with HIV/AIDS:

- Lower bound: 10.7% of 1,411 = 150
- Upper bound: 10.7% of 2,562 = 273

Measuring Need Among Those At-Risk of Homelessness

Through the course of its research, the subcommittee attempted to determine, among housed San Franciscans living with HIV/AIDS:

- How many are at risk for homelessness based on being low-income?
- How many are currently living in publicly subsidized housing—both in HIV/AIDS-specific housing and in other affordable housing programs—versus private market housing?
- How many could better stabilize their health and housing with outside financial support? (E.g., how many could avoid eviction with the help of an emergency, time-limited subsidy?)
- How many live in SROs?
- Among those at-risk of homelessness, which subpopulations are disproportionately affected (e.g., seniors, youth, formerly incarcerated, etc.)?
- How many are at-risk of homelessness due to excessive rent burden (i.e., pay more than 50% of income toward rent)?

Subcommittee Findings

At-Risk of Homelessness and HIV/AIDS+		
Estimated Range: 6,108 - 11,911		
(See calculations below.)		
Subcategory	Lower Bound Calculations	Upper Bound Calculations
Persons Living with HIV/AIDS (PLWHAs) At-Risk of Homelessness by Virtue of Being Low-Income	10,248	17,202
Less Those Known to be Homeless	(1,411)	(2,562)
Less Those Estimated in HIV/AIDS-designated Housing or Subsidized by CARE/HOPWA	(1,533)	(1,533)
Less Estimated in Public Housing, Section 8, Other Affordable Housing	(1,196)	(1,196)
Total Estimated At-Risk of Homelessness	6,108 (3,726 are estimated to have disabling HIV/AIDS)	11,911 (7,266 are estimated to have disabling HIV/AIDS)
Revised At-Risk Estimates Pending Cuts in Federal Funding		
Revised Estimated Range: 6,599 – 12,402		
Persons At-Risk Due to Potential Cuts in Federal Funding	491	
Total Estimated At-Risk of Homelessness, Including At-Risk Due to Pending Cuts	6,599	12,402

The subcommittee looked at the number of PLWHAs who are at-risk of homelessness due to being low-income in two ways:

- Using Reggie income data, and
- Using the number of persons on public insurance as a proxy for being-low income and, therefore, unable to afford market rate housing.

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During the period March 1 – August 31, 2006, a total of 94% of clients in Reggie earned less than \$25,000 per year. It is assumed that this is an accurate estimate of whether an individual may be at risk of homelessness by virtue of not being able to afford:

- Market rate housing – including shared and rent controlled housing, and/or
- Most publicly supported affordable housing, based on income and eligibility requirements.

The resulting calculation: **94% of 18,300 = 17,202** provided an estimate of the “upper bound.”

However, due to the limited universe of clients represented in Reggie, the subcommittee also looked at insurance type as a proxy for being low-income. Between 1997 and 2005, 56% of persons with an AIDS diagnosis had public or no insurance. Applied to 18,300 known PLWHAs: **18,300 PLWHAs x 56% = 10,248** with public insurance or no insurance (proxy for low-income). This was considered the “lower bound.”

Once the subcommittee established upper at lower bounds for the at-risk population, the subcommittee reduced these estimates by the number of PLWHAs estimated to be:

- Homeless (accounted for in the homeless category above) or
- Served by existing HIV/AIDS housing and non-HIV/AIDS-specific housing.

The number served in HIV/AIDS housing was obtained from funded programs (**1,533**), while the number served by non-HIV/AIDS specific affordable housing programs was estimated based on reports by affordable/specialized housing providers. For example, The Progress Foundation estimates that, in its residential treatment settings, 8% of clients report HIV/AIDS. Progress estimates that prevalence is actually higher (11-12% total), given that some clients may choose not to disclose their status, or they are undiagnosed / do not know their status. Approximately 3% of persons in public housing and in Section 8 units are assumed to be occupied by persons with HIV/AIDS, based on the percentage of current public housing/Section 8 wait list applicants who voluntarily self-disclosed HIV status on their applications. The San Francisco Housing Authority indicated that 1,044 out of 30,334 Section 8 applicants “self-declared” HIV/AIDS status. The San Francisco Housing Authority oversees 33,000 units of affordable housing.

8% of 2,575 = 206
3% of 33,000 = 990

Total number of persons with HIV/AIDS served in non-HIV/AIDS specific affordable housing:
206 + 990 = 1,196

Having arrived at an estimate of the number of persons who are currently housed but at risk of homelessness, the subcommittee wanted also to represent (i.e., “add back”) those who are currently living in assisted housing who are at-risk of homelessness due to pending federal budget cuts and policy changes (**491**). The number of “at-risk” are those receiving CARE-funded rent subsidies. Due to pending changes in the federal funding allocation formula that will reduce San Francisco’s funding allocation—and pending policy changes regarding allowable uses of funds—it is unlikely that CARE will continue to fund these rental subsidies.

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At Risk Subpopulations

At-Risk of Homelessness and HIV/AIDS+ Estimated Range: 6,108 - 11,909	
Subpopulations Within Total At-Risk Category (NOTE: Not all categories are mutually exclusive.)	Estimate
Extreme Rent Burden (Paying More than 50% of Income Toward Rent)	8,418 (5,135 are estimated to have disabling HIV/AIDS)
Youth (18 or Younger)	76
Seniors (50 and Older)	2,016 3,930
Formerly Incarcerated	654 1,274
Living in SROs	1,199 2,013

Extreme Rent Burden

According to a 2005 needs assessment of persons receiving CARE Act funded services in San Francisco, 46% of respondents earned incomes at approximately poverty level (\$9,570) and paid an average monthly rent of \$416 (more than 50% of income).¹⁵ Applied to all PLWHAs, this would equate to **8,418** PLWHAs (46% of 18,300) with an extreme rent burden. Extreme rent burden is an additional means of determining the number of PLWHAs who at risk of homelessness by virtue of their income. It is approximately midway between the upper and lower bounds established above.

Youth

Youth who are currently served in transitional housing beds for youth with HIV/AIDS are assumed to be at-risk for homelessness upon aging out of those programs due to the lack of available placements. Currently, a total of **76** youth are served in such transitional programs.¹⁶

Seniors

According to the *2005 HIV/AIDS Epidemiology Annual Report*, 33% of persons with HIV/AIDS were 50+ years old at the end of 2005.¹⁷ Applied to the upper and lower bound estimates of at-risk persons with HIV/AIDS cited above:

- Lower Bound: 33% of 6,108 = 2,016
- Upper Bound: 33% of 11,911 = 3,930

Formerly Incarcerated

Based on persons captured in the REGGIE system between March 1 – August 31, 2006, 10.7% were formerly incarcerated.

- Lower bound= 10.7% of 6,108 = 654
- Upper bound = 10.7% of 11,911 = 1,274

¹⁵ Harder + Company. *2005 Comprehensive HIV/AIDS Health Services Needs Assessment Final Report*. www.sfcarescouncil.org.

¹⁶ Data from Larkin Street Youth Services.

¹⁷ San Francisco Department of Public Health, HIV Seroepidemiology Unit. *2005 HIV/AIDS Epidemiology Annual Report*. www.sfdph.org/PHP/HIVSeroUnit.htm.

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Living in SROs

Private SROs that do not offer tenants rights, and in some cases, access to reliable basic services such as heat, hot water, elevator services and basic security, are not seen as appropriate environments in which to stabilize the health of persons with living with HIV/AIDS. Persons with HIV/AIDS living in such environments are viewed as “marginally housed” and thereby at risk of homelessness; however, other SROs are operated by non-profit owners that ensure tenant rights and a range of on-site supportive services. Unfortunately, existing data does not distinguish between SRO housing environments.

Based on persons captured in the Reggie system between March 1 – August 31, 2006, 11.7% reported living in an SRO. This percentage was applied to all persons estimated to be at-risk of homelessness based on being low income.

- Lower Bound: 11.7% of 6,108 = 1,199
- Upper Bound: 11.7% of 11,911 = 2,013

It is unknown how many of these persons subsidized versus unsubsidized.

Other Issues

Research revealed other issues that the Comprehensive HIV/AIDS Housing Work Group should consider when shaping final recommendations for the San Francisco Board of Supervisors. These issues include:

- Preserving current resources vs. developing a broader, more visionary approach to HIV/AIDS housing in San Francisco
- Opportunities for transfer within the HIV/AIDS continuum of care / housing
- Incentives to motivate transfers / exits to more appropriate levels of care
- Help with placement
 - Problems with client presentation
 - Unwillingness of some landlords to house subsidized persons
 - Substance use may make some clients incapable of undertaking the housing search / lease signing without case management support
- Deep vs. shallow subsidies
- Developing appropriate housing for those with co-occurring disorders (e.g., harm reduction vs. “clean and sober” models—or a combination of both)
- Dynamic nature of HIV/AIDS population (e.g., growing senior component, youth aging out of certain programs / funding sources, etc.)

Summary of Additional Findings and Data Gaps

Based on subcommittee research:

- There are no exact measures of HIV/AIDS housing needs in San Francisco. Most data serve as proxies only.
- Housing works. Based on data obtained in CCCYO satisfaction surveys, subsidies—shallow and deep—help improve health outcomes and client stability. Data captured here, however, do not give a clear picture of whether one type of subsidy is “better” or more effective than another.
CCCYO’s ’05-’06 Client Satisfaction Survey results indicate that:
 - 86% of deep subsidy clients indicated that their health remained stable or improved because of financial assistance. 92% reported better access to food, healthcare, and other services because they had stable housing.
 - 94% of shallow subsidy recipients reported that their health remained stable or improved because of financial assistance. 96% reported better access to food, healthcare, and other services because they had stable housing.

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- Many gaps exist between existing data and data needed to accurately indicate unmet need for housing among San Francisco's HIV/AIDS population. Several subcommittee questions, for example, remain unanswered:
 - How many persons living with HIV/AIDS are actually homeless? How many are inappropriately housed (including the rent burdened)?
 - What is the unmet need for housing among subcategories of the HIV/AIDS population?
 - Within the city's HIV/AIDS population, how many people have co-occurring disorders? How many of those are homeless?
 - Among San Franciscans considered chronic, high users of emergency services, how many have HIV/AIDS?
 - Among those HIV/AIDS positive persons who are housed (e.g., renting apartments, living in SRO hotels), how many are subsidized? How many require placement in a more appropriate level of care?
 - How many lack but require in-home support?
 - How many are living in overcrowded situations?