

DRAFT 11.22.06 This document has been developed by a subcommittee of the Comprehensive HIV/AIDS Housing Plan Working Group. This draft 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

Charged with quantifying unmet housing need among San Francisco’s HIV/AIDS population, the subcommittee conducted an extensive search of available data. The following charts capture the subcommittee’s best estimates of need among those living with HIV/AIDS who are currently homeless or at-risk of homelessness. While based primarily on “proxy” measures, the subcommittee believes that these figures represent a responsible starting point from which the larger Work Group may develop recommendations for the San Francisco Board of Supervisors. Subsequent sections of this document detail the subcommittee’s model of unmet housing need and supporting data.

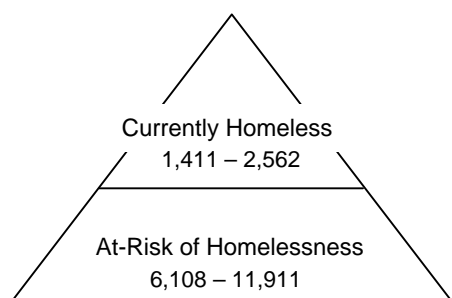
Currently Homeless with HIV/AIDS Estimated Range: 1,411 – 2,562 ⁱ		
Subpopulations Within Total Homeless with HIV/AIDS (categories below are not mutually exclusive)	Lower Bound Estimates	Upper Bound Estimates
With Disabling HIV ⁱⁱ	418	418
With Disabling AIDS	352	352
With Co-occurring Disorders ⁱⁱⁱ	917	1,665
Chronically Homeless ^{iv}	345	512
Youth (18 or Younger) ^v	80	160
Seniors (50 and Older) ^{vi}	466	845
Formerly Incarcerated ^{vii}	150	273

At-Risk of Homelessness and HIV/AIDS+ Estimated Range: 6,108 - 11,911 (See calculations below.)		
Subcategory	Lower Bound Calculations	Upper Bound Calculations
PLWHAs At-Risk of Homelessness by Virtue of Being Low-Income ^{viii}	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 ^{ix}	(1,533)	(1,533)
Less Estimated in Public Housing, Section 8, Other Affordable Housing ^x	(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)
At-Risk Due to Potential Cuts in Federal Funding ^{xi}	491	491
Total Estimated At-Risk of Homelessness, Including At-Risk Due to Pending Cuts	6,599	12,402

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At-Risk of Homelessness and HIV/AIDS+		
Estimated Range: 6,108 - 11,909 (Continued from previous page.)		
Subpopulations Within Total At-Risk Category	Estimate	
Extreme Rent Burden (Paying More than 50% of Income Toward Rent) ^{xii}	8,418 (5,135 are estimated to have disabling HIV/AIDS)	
Youth (18 or Younger) ^{xiii}	76	
Seniors (50 and Older) ^{xiv}	2,016	3,930
Formerly Incarcerated ^{xv}	654	1,274
Living in SROs ^{xvi}	1,199	2,013

Visualizing the Model



This model divides the unmet housing need in San Francisco’s HIV/AIDS population into two broad categories:

- **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.

The subcommittee developed this model to guide the collection of existing data measuring the city’s met vs. unfulfilled housing needs among persons living with HIV/AIDS. Rationale for the model—and relevant data collected by subcommittee members—appear in the subsections below.

Measuring Need Among the Currently Homeless

Through the course of its research (ongoing), 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 have co-occurring diagnoses (e.g., mental health issues, substance abuse, chronic medical issues, etc.) or other special needs?
 - How many are chronically homeless?^{xvii}
 - How many are seniors (aged 50+) or youth (aged 18 or younger)?
 - How many were formerly incarcerated?

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Subcommittee Findings

- Of those persons captured in the REGGIE^{xviii} system between March 1 – August 31, 2006:
 - Approximately 6% were homeless.^{xix}
 - 61% were living with disabling HIV or AIDS.^{xx}
 - Among those with disabling HIV, 9% (121/1285) were homeless.^{xxi}
 - Among those with disabling AIDS, 5% (103/1935) were homeless.^{xxii}
 - 10.6% of REGGIE clients were previously in jail/incarcerated.
 - REGGIE cannot offer sound data on the number of PLWA/HIV with co-occurring disorders.
- 65% of persons living in CCCYO assisted housing have co-occurring disorders—a potential proxy for prevalence among the homeless living with HIV/AIDS.
- Among Project Open Hand's (www.openhand.org) clients,^{xxiii} 14% (378/2663) are currently homeless (i.e., living in emergency housing, shelters, the street, parks, cars, or abandoned buildings). Results from a recent Open Hand client satisfaction survey indicate that 20% of those surveyed (n=1198) were living in unstable living situations at the time of response.

Measuring Need Among Those At-Risk of Homelessness

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

- 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 in 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 single room occupancy (SRO) situations?
- Among persons living with HIV/AIDS and at-risk of homelessness, which subpopulations are disproportionately affected (seniors, youth, formerly incarcerated, etc.)?
- How many are at risk of homelessness due to an extreme rent burden (pay >50% of income toward rent)?

Subcommittee Findings

- Of those persons captured in the REGGIE system between March 1 – August 31, 2006:
 - 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.
 - 11.7% (115/5274) lived in an SRO; REGGIE cannot discern how many of these persons receive subsidies.
 - Among persons living in Catholic Charities (CCCYO) assisted housing, the average length of stay is three years and the average income is \$788.
- Among Project Open Hand's clients, 4% (106/2663) currently live in SRO settings.
- The San Francisco Housing Authority indicated that 1,044 Section 8 applicants “self-declared” HIV/AIDS status.^{xxiv} There are 30,334 persons on the Section 8 waitlist.
- Based on data from HOPWA-Special Projects of National Significance (SPNS):
 - Rita de Cascia provides 20 Section 8 beds and support services to 90 HIV/AIDS positive mothers and 117 children; approximately 5% of the children have HIV/AIDS.
 - CCCYO's Second Start Program provides 115 shallow subsidies to previously homeless clients. Subsidies go toward rent and provide case management, advocacy, and other services.

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- **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.
- **Among Non-HIV/AIDS Allocated Units:**
 - The Progress Foundation (www.progressfoundation.org) estimates that, in its residential treatment settings, 8% of clients report HIV/AIDS status. 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.
 - Baker Places, Inc. estimates that it provides support services to 37 HIV/AIDS positive clients living in units not supported by HIV/AIDS-specific funding; these clients are spread out among the Star, Camelot, and Empress Hotels.^{xxv}

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, does not give a clear picture of whether one type of subsidy is “better” or more effective than another.
- 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?

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- 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?

ⁱ The subcommittee explored two different methods of calculating the number of homeless persons with HIV/AIDS in San Francisco.

a. Percentage of homeless persons living with HIV/AIDS:

- 8.3% of homeless adults in San Francisco are HIV+. Robertson, Marjorie, PhD, et al. "HIV Seroprevalence Among Homeless and Marginally Housed Adults in San Francisco." *American Journal of Public Health* (July 2004)
- Research by HomeBase concluded that approximately 17,000 persons experience homelessness in San Francisco each year.
 - ❖ $8.3\% \text{ of } 17,000 = 1,411$

a. Percentage of persons living with HIV/AIDS who are homeless:

- Fourteen percent of people diagnosed with AIDS in the San Francisco EMA are homeless. 2006-2009 Comprehensive HIV Health Services Plan, San Francisco HIV Services Planning Council (December 2005).
- Based on data in the REGGIE system, persons who are HIV+ appear at least as likely to experience homelessness as persons with an AIDS diagnosis.
 - ❖ $14\% \text{ of } 18,300 = 2,562$

ⁱⁱ Homeless Persons with Disabling HIV/AIDS based on the following:

- Of those persons captured in the REGGIE system between March 1 – August 31, 2006:
 - 61% were living with disabling HIV or AIDS. Specifically, 24.3% 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.
- Applying these numbers to the total number of persons living with HIV/AIDS in San Francisco:
 - Disabling HIV:
 - $18,300 \text{ PLWHAs in SF} \times 24.3\% = 4,446.9 \text{ persons with disabling HIV}$
 - $4,446.9 \text{ persons} \times 9.4\% = 418 \text{ homeless persons with disabling HIV}$
 - Disabling AIDS:
 - $18,300 \text{ PLWHAs in SF} \times 36.3\% = 6,642.9 \text{ persons with disabling AIDS}$
 - $6,642.9 \text{ persons} \times 5.3\% = 352 \text{ homeless persons with disabling AIDS}$

NOTE:: REGGIE is a standardized client registration system for HIV-related services in the San Francisco area. The system provides a centralized registration and information referral system for non-profit and government organizations providing health and social services to low-income persons living with HIV / AIDS. REGGIE does not capture the HIV/AIDS services universe in San Francisco. For example, only those agencies contracted by the HIV 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 HOPWA or other funding streams.

ⁱⁱⁱ Homeless Persons with HIV/AIDS and Co-occurring Disorders: 65% of persons living in Catholic Charities-assisted housing have co-occurring disorders—a potential proxy for prevalence among the homeless living with HIV/AIDS.

- Lower Bound: 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. This is in keeping with the national estimate that 10-20% of homeless persons meet the definition of chronically homeless (National Alliance to End Homelessness). 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%). $11.5\% \text{ of } 3,000 = 345$ (lower bound).
- Upper Bound: The other way 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 (2,562); see endnote i-b. Twenty percent (20%) of this number would be 512 chronically homeless PLWHAs.

^v Based on estimates provided by Larkin Street Youth Services (LSYS). An estimated 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). These estimates translate to a potential of 80 (lower bound) to 160 (upper bound) youth who are currently homeless and at risk of contracting HIV. LSYS cautions that this might not fully capture the unmet future housing need due to the pervasiveness of high risk behaviors among youth.

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^{vi} Based on the percentage of persons with HIV/AIDS who were 50+ years old at the end of 2005 (33%) (*HIV/AIDS Epidemiology Annual Report, 2005*).

- Lower Bound: $1,411 \times 33\% = 466$
- Upper Bound: $2,562 \times 33\% = 845$

^{vii} Based on persons captured in the REGGIE system between March 1 – August 31, 2006, 10.7% were formerly incarcerated. Lower bound= 10.7% of 1,411 = 150. Upper bound = 10.7% of 2,562 = 273.

^{viii} The subcommittee looked at the number of PLWHAs who are at-risk of homelessness due to being low-income in two ways. A total of 94% of clients in REGGIE were earning 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 (a) market rate housing – including shared and rent controlled housing and (b) most publicly supported affordable housing, based on income and eligibility requirements. 94% of 18,300 = 17,202. This was considered 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 low income. 56% of persons with AIDS diagnosed between 1997 and 2005 had public or no insurance. Applied to 18,300 known PLWHAs: $18,300 \text{ PLWHAs} \times 56\% = 10,248$ with public insurance or no insurance (proxy for low income). This was considered the “lower bound.”

^{ix} Known to be in publicly supported AIDS-designated housing or subsidized through CARE/HOPWA – based on all subsidy and capital programs.

^x Based on 8% of all non-city capital program units (2,575) and 3% of public housing and Section 8 (33,000 units in all).

^{xi} 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.

^{xii} Based on information contained in the 2005 Needs Assessment (Harder + Co.). 46% of the study’s respondents earned incomes at approximately poverty level (\$9,570) and paid an average monthly rent of \$416 (more than 50% of income). 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.

^{xiii} Based on the number of HIV+ youth served in Larkin Street Youth Services’ specialized housing program. These youth are considered at-risk for homelessness due to the unmet need for housing that is an appropriate exit from youth services upon aging out of the youth system.

^{xiv} Based on the percentage of persons with HIV/AIDS who were 50+ years old at the end of 2005 (33%) (*HIV/AIDS Epidemiology Annual Report, 2005*).

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

^{xv} 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.

^{xvi} Estimated based on persons captured in REGGIE system between March 1 – August 31, 2006. Of all persons reporting living situation, 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 are in SROs but subsidized, and how many are in SROs without subsidies.

^{xvii} 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.”

^{xviii} REGGIE is a standardized client registration system for HIV-related services in the San Francisco area. The system provides a centralized registration and information referral system for non-profit and government organizations providing health and social services to low-income persons living with HIV / AIDS. **NOTE:** REGGIE does not capture the HIV/AIDS services universe in San Francisco. For example, only those agencies contracted by the HIV 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 HOPWA or other funding streams.

^{xix} This should be considered a lower bound, as additional homeless persons may be represented in less obvious REGGIE categories. For example, among those captured in the “Living with Family / Friend / No Rent” category, REGGIE does not distinguish between those who are “couch surfing” vs. living stably.

^{xx} Disabling HIV/AIDS renders a person unable to perform one or more tasks of daily living (e.g., bathing, cooking, dressing, etc.)

^{xxi} See Footnote 2.

^{xxii} See Footnote 3.

^{xxiii} Project Open Hand provides nutrition services to people living with HIV/AIDS and other critical illnesses (e.g., breast cancer) and to seniors. To receive Open Hand services, critically ill clients must be homebound and either be in acute condition / terminally ill / bed bound.

^{xxiv} Disclosing HIV/AIDS status is not a requirement of the Section 8 program; therefore, the actual number of HIV/AIDS positive applicants is likely higher.

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^{xxv} **NOTE:** The number of HIV/AIDS positive tenants in the Star (54 units), Camelot (53 units), and Empress (89 units) Hotels is likely higher than the figure presented by Baker Places, as it works with / maintains files only on those clients who voluntarily access support services; Baker's number should be considered a lower bound.