

**DRAFT 11.7.06** 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: (415) 554-2768.

**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 chart below captures 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.

<b>Currently Homeless with HIV/AIDS<sup>1</sup></b>		
<b>Estimated Total #: Up to 1,785</b>		
<b>Subcategory</b>	<b>Number</b>	<b>Percent</b>
With Disabling HIV <sup>2</sup>	216	
With Disabling AIDS	389	
With Co-occurring Disorders <sup>3</sup>	Up to 1,060	
Chronically Homeless		

<b>At-Risk of Homelessness and HIV/AIDS+</b>	
<b>Estimated Total #: 5,734 (See Calculations Below)</b>	
<b>Subcategory</b>	<b>Calculations</b>
Living at Below 150% of Poverty Level <sup>4</sup>	15,300
Public Insurance or No Insurance <sup>5</sup>	10,248
Less Those Known to be Homeless	(1,785)
Less Those Estimated in HIV/AIDS-designated Housing or Subsidized by CARE/HOPWA <sup>6</sup>	(1,533)
Less Estimated in Public Housing, Section 8, Other Affordable Housing <sup>7</sup>	(1,196)
<b>Total Estimated At-Risk</b>	<b>5,734</b> (3,498 are estimated to have disabling HIV/AIDS)

<sup>1</sup> Homeless Persons with HIV/AIDS based on the following:

- 10.5% of homeless/indigent 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)
- The most recent homeless count in San Francisco (January 2005) counted 6,248 homeless persons (point-in-time). Research by HomeBase concluded that approximately 17,000 persons experience homelessness in San Francisco each year.

<sup>2</sup> 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.
    - Among those with disabling HIV, 9% (121/1285) were homeless.
    - Among those with disabling AIDS, 5% (103/1935) were homeless.
- Applying these numbers to the total number of persons living with HIV/AIDS in San Francisco:
  - 61% of 18,300 = 11,163. 5% = 558 9% = 1,004
  - 35.43% Disabling AIDS = 6,484 (216 homeless)
  - 23.62% Disabling HIV = 4,322 (389 homeless)

<sup>3</sup> 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.

<sup>4</sup> Low-Income (<150% of poverty): Based on 2005 Needs Assessment and applied to all PLWHA in SF.

<sup>5</sup> Insurance Type: 44% of persons with AIDS diagnosed between 1997 and 2005 had private insurance. Applied to 18,300 known PLWHA = 10,248 with public insurance or no insurance (proxy for low income).

<sup>6</sup> Known to be in publicly supported AIDS-designated housing or subsidized through CARE/HOPWA – based on all subsidy and capital programs.

<sup>7</sup> 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).

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## 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?<sup>8</sup>
  - How many are seniors (aged 55+) or youth (aged 18 or younger)?
  - How many were formerly incarcerated?

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<sup>8</sup> 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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### Subcommittee Findings

- Of those persons captured in the REGGIE<sup>9</sup> system between March 1 – August 31, 2006:
  - Approximately 6% were homeless.<sup>10</sup>
  - 61% were living with disabling HIV or AIDS.<sup>11</sup>
    - Among those with disabling HIV, 9% (121/1285) were homeless.<sup>12</sup>
    - Among those with disabling AIDS, 5% (103/1935) were homeless.<sup>13</sup>
  - 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](http://www.openhand.org)) clients,<sup>14</sup> 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 (ongoing), the subcommittee attempted to determine, among those San Franciscan housed and living with HIV/AIDS:

- How many require a different, more appropriate level of care (e.g., people living in RCFCl who, clinically, could live more independently)?
- How many lack but require in-home support?
- How many live in single room occupancy (SRO) situations?
- How many are living in overcrowded situations?
- 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?)

### 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.

<sup>9</sup> 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.

<sup>10</sup> 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.

<sup>11</sup> Disabling HIV/AIDS renders a person unable to perform one or more tasks of daily living (e.g., bathing, cooking, dressing, etc.)

<sup>12</sup> See Footnote 2.

<sup>13</sup> See Footnote 3.

<sup>14</sup> 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.

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- 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.<sup>15</sup> 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. 80% of the mothers are women of color who were late testers; 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.
- 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](http://www.progressfoundation.org)) estimates that, in its residential treatment settings, 8% of clients report HIV/AIDS status. The Foundation 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.<sup>16</sup>

## 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.)

<sup>15</sup> 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.

<sup>16</sup> **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.

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## 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 and should, generally, be considered lower bounds for unmet need.
- 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?
  - To what extent are HIV/AIDS persons living in non-HIV/AIDS funded/allocated housing units (e.g., Section 8, Direct Access to Housing units, etc.)?
  - 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?