Ryan White CARE Act and Housing in San Francisco

Laura Thomas, MPH, MPP  
Director of Planning and Contracts  
Tenderloin Health  
Board of Directors, CAEER Coalition
Potential Housing Changes

- Ryan White CARE Act
- Impact of Reauthorization
  - Funding levels for San Francisco
  - Legislative restrictions
- Impact of Proposed Housing Policy
CARE Act Facts

- Delivers medical care, medications, and support services to uninsured and underinsured people living with HIV/AIDS.
- Led to significant decreases in HIV-related illnesses and deaths in the past 15 years.
- Serves over 500,000 people each year.
- Passed in 1990 and reauthorized in 1996 and 2000 with broad bipartisan support.
Federal analyses show the CARE Act increased the number of PLWH receiving care and treatment, contributed to the decline of deaths, and reached underserved groups, including the uninsured and the poor.

Local decision-making about funding priorities is key.
Current Housing Services

- Funded service in RWCA Title I and II
- Can pay for housing referral and short-term and emergency housing
- Policy 99-02 limited housing services:
  
  Short-term or emergency assistance is understood as transitional in nature and for purpose of moving or maintaining an individual or family in a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation.
Housing Services in SF

- RWCA Title I pays for:
  - Emergency housing (SRO, limited time)
  - Transitional housing
  - Rental subsidies (similar to HOPWA subsidies)
  - Residential case management

- No limit on length of stay

- Transition to Section 8, other funds when available, but often not available
Timeline for Reauthorization

- Expired on September 30, 2005
- Draft legislation introduced in the Senate this summer
- House scheduled to mark up mid-September
- May get caught in election cycle
- May not be completed until next year?
History of Reauthorization

- Past reauthorizations have made relatively minor changes
- Community recommendations support the current structure
- Current draft legislation proposes major changes
- Many political pressures/new constituencies affecting process
“Core Medical Services” defined – medical/health care only

75% of funds (after administrative 10%) must go to Core Medical Services

Rest of funds to “Other Support Services”

Barriers to medical care are often complex and require additional social services to address

Housing is NOT listed in “Other Support Services”
Impact on Housing

- May no longer be eligible service, in most conservative interpretation
- Will depend on HRSA’s interpretation, unless clarifying language is added in report
- Will dramatically affect San Francisco funding levels for housing, residential case management, residential substance abuse treatment, among other services
- Would also limit funding for services that bring people into care: case management, benefits counseling, etc.
Including HIV Data in Formula

- Current delays are due to disagreement on this issue
- Must include HIV data, but not all jurisdictions have it
- California just switched to name reporting
- Once name reporting begins, it takes at least 2-3 years to get complete reporting
- California may be at a significant disadvantage, and lose resources, depending on final language
Eliminating "Hold Harmless"

- The protection period is designed to protect systems of care from rapid destabilization caused by large cuts.
- Other proposals may cause significant shifts in funding; a protection period would spread cuts over time and allow for planning.
- Current draft: San Francisco loses 10% in first year, all protection ends after 3 years.
Impact on California

- Multiple proposals have the potential to create significant funding fluctuations (e.g. HIV reporting)
- Five of California’s nine EMAs are currently protected by the “hold harmless” provision and would lose significant Title I funding – San Francisco could lose $7 million
- Six of California’s EMAs could lose all Title I funding, amounting to $25 million in RWCA resources for the state
Impact on Housing

- San Francisco will have a 10% - 50% reduction in federal funds for HIV care
- Less funding for all HIV health services, including housing
- Loss of services will be dependent on ability and political will to use General Fund for HIV housing
Proposed Housing Policy

- Triggered by OIG findings in review of a SF substance abuse program
- HRSA sent consultant for technical assistance
- HRSA did not use consultant’s recommendations
- Policy distributed in draft form earlier this year
- Has not yet been published for comment in Federal Register
- HRSA is holding, pending reauthorization
Impact of Proposed Housing Policy

- Limits any CARE-funded housing to 24 months total (vs. open-ended)
- Focus on requirement that housing be emergency or transitional
- Language on consistency with HUD requirements
- No waiver options
- Would cause significant disruption in San Francisco unless other funds are available
Conclusions

- RWCA is a major funder of HIV housing services in San Francisco
- May no longer be able to fund existing services
- Level of funding will decrease dramatically
- Need to plan to move housing services to other funding streams to avoid leaving current residents homeless