

**HEALTH COMMISSION**  
**City and County of San Francisco**  
**Resolution No. 10-06**

**OPPOSITION TO HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)  
POLICY THAT RESTRICTS TRANSITIONAL HOUSING FUNDED UNDER THE RYAN  
WHITE CARE ACT TO 24 MONTHS**

WHEREAS, despite San Francisco's system of care having built a strong record of reducing both AIDS deaths and new AIDS cases, San Francisco still has the highest per capita prevalence of people living with AIDS and the third highest number of total AIDS cases in the country; and

WHEREAS, over one-third of people with HIV/AIDS in San Francisco earn below the poverty level and 40 percent are uninsured; and

WHEREAS, San Francisco has the highest rate of homelessness in the country and faces a severe shortage of affordable housing; and

WHEREAS, the three counties that make up the San Francisco Eligible Metropolitan Area (EMA) under Title I of the Ryan White CARE Act – San Mateo, San Francisco and Marin – are the second, third and fourth least affordable counties in terms of housing in the entire country, leaving 30 percent of CARE Act clients in the San Francisco EMA either homeless or living in sub-standard or unstable housing, including shelters, and causing the percentage of persons homeless at the time of AIDS diagnosis to increase from 3 percent to 18 percent since 1992; and

WHEREAS, the Housing and Urban Health Division (HUH), which coordinates programs and funding streams to respond to the complex housing needs of CARE Act clients with multiple barriers to care, currently has a waiting list of over 2,000 eligible people with HIV/AIDS requesting housing in San Francisco; and

WHEREAS, the challenges associated with getting people into care, keeping them in care and maintaining combination therapy are enormous without adequate, stable housing and many of the CARE Act clients served in transitional housing would be chronically homeless without these services; and

WHEREAS, the Health Resources and Services Administration recently proposed that transitional housing for San Franciscans living with HIV/AIDS funded under Title I of the Ryan White CARE Act be limited to 24 months, without the possibility of extensions in cases of severe need; and

WHEREAS, such restrictions contradict recommendations from consultants, hired by HRSA to review housing policies in the San Francisco EMA, that policies regarding length of stay allow flexibility based on target population, treatment regimen, and agency, program and system capacity while recognizing extreme circumstances and external factors that play a role in an agency's ability to transition clients to permanent housing; and

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**Resolution No. 10-06 (continued)**

WHEREAS, HRSA initially agreed that lack of stable, affordable housing must be taken into account when implementing a length of stay policy and suggested that extensions be available under special circumstances; and

WHEREAS, the Department of Public Health has already requested technical assistance from HRSA's HIV/AIDS Bureau to help the EMA fully assess the impact of a change in HRSA's length of stay policy, maximize existing resources to ensure access to affordable housing for CARE Act clients and minimize harm to those whose transitional benefits expire; now, therefore, be it

RESOLVED, that the Health Commission opposes HRSA's proposal that transitional housing for San Franciscans living with HIV/AIDS funded under Title I of the Ryan White CARE Act be limited to 24 months, without the possibility of extensions; and, be it

FURTHER RESOLVED, that the Health Commission urges HRSA to follow the recommendation of the consultants it hired to review housing policies in the San Francisco EMA by developing a length of stay policy that gives EMAs flexibility based on the population being served and system capacity; and, be it

FURTHER RESOLVED, that the Health Commission urges HRSA to grant the Department's request for technical assistance to help effectively implement any new policy in order to ensure a smooth transition.

I hereby certify that the Health Commission at its meeting of May 16, 2006, adopted the foregoing resolution.

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Michele M. Seaton  
Secretary to the Health Commission