City and County of San Francisco
HIV/AIDS Housing Five-Year Plan

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Prepared For

Mayor's Office of Housing and Community Development
City and County of San Francisco

Prepared By

Learning for Action (LFA) in collaboration with:

- Mayor's Office of Housing and Community Development
- Department of Public Health
- Human Services Agency
- San Francisco AIDS Foundation

Learning for Action enhances the impact and sustainability of social sector organizations through highly customized research, strategy development, and evaluation services.

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Learning for Action
170 Capp Street, Suite C
San Francisco, CA 94110
(415) 392-2850
www.learningforaction.com

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Executive Summary

San Francisco has produced three previous HIV/AIDS Housing Plans: the San Francisco Five-Year HIV/AIDS Housing Plan (Department of Public Health 1994), the San Francisco Five-Year HIV/AIDS Housing Plan Update (San Francisco Redevelopment Agency 1998) and the Comprehensive HIV/AIDS Housing Plan (Department of Public Health, 2007).

In February 2014, the Mayor's Office of Housing and Community Development (MOHCD), the Department of Public Health (DPH), and the Human Services Agency (HSA) launched a strategic planning process to create a revised HIV/AIDS housing plan for the City and County of San Francisco. Together, members of MOHCD, DPH, and HSA along with Learning For Action (LFA) consulting staff formed a Steering Committee to oversee the strategy development process.

Community input was an integral part of the strategic planning. In May 2014, the Steering Committee invited representatives from various city agencies, the HIV Health Services Planning Council, the San Francisco HIV/AIDS Providers Network, community-based organizations serving people living with HIV/AIDS (PLWHA), and members of the Board of Supervisors to participate in a Stakeholder Council as part of the strategic planning process to develop the next iteration of the HIV/AIDS Housing Plan. The Stakeholder Council reflected a range of perspectives on HIV/AIDS housing, including housing providers, developers, and advocates for PLWHA among others. Throughout the Stakeholder Council process, 33 individuals representing 21 total agencies participated (see Appendix A and B).

The Stakeholder Council recognizes that the level of housing need for PLWHA is far greater than the resources available to meet that need. The plan contained in this document includes goals and objectives that the Council crafted in consideration of the resources that will realistically be available during the coming strategy cycle, but the Council emphasizes the need to continuously work to generate new resources and identify more effective and efficient approaches, such that we may be able to more quickly achieve our vision:

> *We envision a San Francisco where all people living with HIV or AIDS reside in safe, decent, affordable housing and are accessing the services and supports they need.*

Several notable trends have important implications for addressing the housing needs of individuals living with HIV and AIDS in San Francisco.

- **Housing in San Francisco has become increasingly expensive, exceeding the values established by HUD's Fair Market Rents (FMR) and making it difficult for subsidy programs to be implemented effectively.**
- **There are significant numbers of individuals who are aging while living with HIV/AIDS.** In San Francisco, 55% of men living with HIV/AIDS and 51% of women are over fifty years old, and 69% of HIV positive transgender individuals are more than forty years old.
- **Many of those who are newly diagnosed with HIV are homeless**. Among those individuals diagnosed with HIV infection from 2006-2012, between 9 and 14% were homeless.
- **As was the case when developing the 2007 plan, persons with HIV/AIDS are living longer and have more stable health status due to antiretroviral therapy.**

Some key insights emerging from the unmet needs analysis include the following:

- **The high number of PLWHA at-risk for being homeless (12,344 or 77.6% of total PLWHA in San Francisco), based on being low income (at or below 50% AMI) and not receiving any housing support, is more than ten times the number of subsidies currently available, 998**

(see Exhibits 1 and 2 below). This suggests the need for additional subsidies to support individuals with a high rent burden.

- **Among HIV+ homeless individuals, the estimates are highest for subpopulations with co-occurring disorders, disabling HIV/AIDS, and chronic homelessness.** Comparing and contrasting these subpopulations reveals that a higher proportion of individuals experience co-occurring disorders than either disabling HIV/AIDS or chronic homelessness. Close to half, 44.2%[1], of all HIV+ homeless individuals also negotiate co-occurring disorders (defined as mental health and/or substance use addiction co-morbidities).
- **Among HIV+ individuals at-risk for being homeless, estimates are highest for seniors and those not receiving care**. Current and future support services should tailor their efforts to meet the needs of these subpopulations, and expanding the supportive housing services available would be one mean of doing so.

Examining the time trends of financial support available for HIV/AIDS housing services suggests a discouraging outlook. Ryan White CARE and General Fund support have remained approximately the same since 2007. Given inflation, significant increases in housing costs and increasing costs of service delivery over time, plateaus in funding effectively amount to fewer resources available for HIV/AIDS housing. Support from HOPWA has decreased since 2010, HOPWA funding in 2014 mirrors that available in 2007 and 2008.

As a result, the overall number of subsidies available from all funding sources combined (i.e., HOPWA, CARE, General Fund) has declined by approximately 16% from 1190 slots in FY 02-03 to 998 slots in FY 14-15.[2]

Looking forward, a new HOPWA funding formula is on the horizon, although the timing and exact details of this formula has not yet been finalized as it depends upon Congressional action. One proposal for a new formula which has been endorsed by HUD bases the formula on persons living with HIV/AIDS rather than cumulative AIDS cases, and incorporates local housing costs and poverty rates into the formula. The combination of these factors would negatively impact San Francisco's allocation significantly. The projection released by the National AIDS Housing Coalition on December 8, 2014 indicated that this new formula could result in a reduction in HOPWA funding to San Francisco of as much as $2.7 million. The impact of this formula change in San Francisco has the potential to further reduce the number of HOPWA funded subsides as well as reductions in capital.

The strategic planning process also focused on system improvements to make the current array of programs and services more responsive to client needs and the current housing market. System change discussions focused on:

- Matching clients with the best housing program to meet their need.
- Developing a more agile system to respond to clients' changing housing and health needs, as well as other changes to their situations (e.g. income changes).
- Ensuring that the array of housing programs more proportionally matches the needs of the current HIV+ population.

The following goals and strategies represent the recommendations of the Stakeholder Planning Council regarding how resources (both financial and human/organizational) should be directed in responses to the needs and issues identified earlier in this document.

[1] Robertson et al. (2004). "HIV Seroprevalence Among Homeless and Marginally Housed Adults in San Francisco." *American Journal of Public Health.* Vol. 98 No 7.
[2] FY 02-03 source: Comprehensive HIV/AIDS Housing Plan, May 2007, San Francisco Dept. of Public Health.

Goal 1: Maintain current supply of housing/facilities dedicated to supporting PLWHA

- Strategy 1A: Focus HOPWA funds on operating and service costs.
- Strategy 1B: The City (joint effort between MOHCD and other City agencies) will work with providers to identify alternative funding sources for capital improvements.

Goal 2: Increase supply of housing/facilities dedicated to supporting PLWHA

- Strategy 2A: Expand available supportive housing through a master lease or scattered site models, or by subsidizing capital or operating cost of units in new developments.
- Strategy 2B: Explore and conduct cost modeling for creative approaches to increasing housing supply.

Goal 3: Increase resources available for subsidizing/making & keeping housing more affordable for PLWHA

- Strategy 3A: Revisit the balance of deep vs. shallow rental subsidies (including eligibility criteria for both) to ensure maximum efficiency of these resources.
- Strategy 3B: Expand emergency eviction prevention assistance programs (e.g., legal assistance, one-time back rent payment, one-time/short-term tenant-based shallow subsidies [e.g. RADCO, Glide], and/or temporary rent payment during residential and/or medical treatment).
- Strategy 3C: Maximize leverage of other housing support resources (e.g. VA, HSA, etc.).

Goal 4: Expanded access to services for PLWHA that help increase housing stability

- Strategy 4A: Increase access to mental health/substance abuse services in housing settings.
- Strategy 4B: Increase access to aging services for PLWHA.
- Strategy 4C: Increase access to other needed services for PLWHA (education, job training/placement, medical, etc.).

Goal 5: Improved efficiency and quality of the housing and service delivery system

- Strategy 5A: Increase mobility between levels of care to ensure optimum resource utilization.
- Strategy 5B: Create and operationalize a coordinated intake & referral system and case management system for housing and related support services.
- Strategy 5C: Develop a new Housing Access System to replace the current HIV Housing Referral List based on Housing Wait List workgroup recommendations.
- Strategy 5D: Improve and continually execute interdepartmental coordination with respect to advocacy for federal policy improvements on behalf of PLWHA.
- Strategy 5E: Ensure services and resources are culturally competent for emerging populations
- Strategy 5F: Improve coordination between efforts within the City of San Francisco designed to support PLWHA.

These goals and strategies, along with their objectives and metrics, are elaborated upon in the full report that follows.

Introduction

Strategic Planning and Stakeholder Council Process

In February 2014, the Mayor's Office of Housing and Community Development (MOHCD), the Department of Public Health (DPH), and the Human Services Agency (HSA) launched a strategic planning process to create a revised HIV/AIDS housing plan for the City and County of San Francisco, last updated in 2007. Together, members of MOHCD, DPH, and HSA along with LFA consulting staff formed a Steering Committee to oversee the strategy development process.

Community input was an integral part of the strategic planning. In May 2014, the Steering Committee invited representatives from various city agencies, the HIV Health Services Planning Council, the San Francisco HIV/AIDS Providers Network, community-based organizations serving people living with HIV/AIDS (PLWHA), and members of the Board of Supervisors to participate in a Stakeholder Council as part of the strategic planning process to develop the next iteration of the HIV/AIDS Housing Plan. The Stakeholder Council reflected a range of perspectives on HIV/AIDS housing, including housing providers, developers, and advocates for PLWHA among others. Throughout the Stakeholder Council process, 33 individuals representing 21 total agencies participated (see Appendix A and B).

The Stakeholder Council met once a month from June to October 2014 for a total of five meetings. LFA provided support with facilitation, development of meeting materials, and documentation of the meetings. LFA also led data collection, analysis, and synthesis efforts in advance of Stakeholder Council meetings. During each Stakeholder Council Meeting, the Steering Committee and LFA presented the Stakeholder Council with relevant data and/or planning updates. The Stakeholder Council used this data and their professional experiences to inform their recommendations about the content for the HIV/AIDS housing plan.

The Steering Committee also convened two additional Work Groups to complement the Stakeholder Council: the Unmet Need Work Group and the Waitlist Work Group. These Work Groups were made up of Steering Committee members, select Stakeholder Council members, and other professionals with relevant expertise (e.g., public and social sector staff working in the housing and HIV/AIDS fields). Both Work Groups held two meetings each to explore issues related to unmet housing and waitlist needs in greater depth.

Background HIV/AIDS Housing Planning in San Francisco

Update on Important Events Since 2007

San Francisco has produced three previous HIV/AIDS Housing Plans: the San Francisco Five-Year HIV/AIDS Housing Plan (Department of Public Health 1994), the San Francisco Five-Year HIV/AIDS Housing Plan Update (San Francisco Redevelopment Agency 1998) and the Comprehensive HIV/AIDS Housing Plan (Department of Public Health, 2007).

The 1994 Plan marked the first attempt at coordinated city-wide system planning at a time when new federal funding – Housing Opportunities for People with AIDS (HOPWA) and Comprehensive AIDS Resources Emergency (CARE) Act funding - was being introduced and/or increased. The most critical issue at the time was to establish priorities to guide funding allocation decisions.

By the 1998 Update, many of the goals articulated in the 1994 Plan had been accomplished through the combined efforts of the City and non-profit HIV/AIDS service and housing providers. Subsidy

programs had been expanded greatly; more than 100 Residential Care Facility for the Chronically Ill (RCFCI) licensed beds had been developed, as well as many new transitional and treatment beds; additional technical assistance resources for housing developers had been established; and a new centralized intake and wait list system had been developed.

By the mid-1990s, new medical therapies and extended life expectancies for PLWHA forced a re-examination of housing strategies. Consumers increasingly expressed preference for other affordable housing options offering lower levels of care and greater independence. Simultaneously, there were no new increases in federal funding for HIV/AIDS housing. Diminishing resources further necessitated a new statement of priorities.

Both the 1994 Plan and the 1998 Update resulted from strategic planning processes designed to identify and achieve shared priorities and system-wide goals. Many of the findings of the 1998 process remained salient in 2007. Therefore, the 2007 HIV/AIDS Housing Work Group did not attempt to revise or supplant these documents. The 2007 HIV/AIDS Housing Work Group opted instead to identify deficiencies in the current system and address them by developing specific, concrete goals that were actionable in the near term.

A 2014 review of the status of these specific goals from the 2007 Comprehensive HIV/AIDS Housing Plan found many successes were achieved. Some of these notable successes from the 2007 Tier 1 goals include the following:

- **2007 Recommendation:** Prevent the loss of housing for nearly 500 PLWHA living in CARE-subsidized units by moving the cost to the General Fund budget.
    - **2014 Outcome:** San Francisco began supporting the CARE-funded housing subsidy contracts through the General Fund in FY 07-08. No PLWHA lost their subsidy due to this funding transition.
- **2007 Recommendation:** Increase the supply of supportive and affordable housing available to PLWHA by 55 new units through a master lease model or by subsidizing operating cost of units in new developments.
    - **2014 Outcome**: At least 325 HIV+ individuals were placed in new housing units through HOPWA, Direct Access to Housing (DAH) and Shelter + Care (S+C). Details by program are listed below.
        - HOPWA:
            - 23 new HOPWA units in supportive and affordable housing since 2007.
        - Supportive Housing:
            - DAH provides permanent supportive housing to formerly homeless adults with special needs, including HIV/AIDS.
                - 770 new DAH units since 2007.
                - 1,573 clients moved into DAH units between 2007 and 2012. Of these clients, 243 (15.4% of the total) had a confirmed HIV/AIDS diagnosis via ARIES.
        - S+C provides permanent supportive housing. To be eligible, an individual must be homeless at intake and also have a have a certifiable disability related to mental health, substance (ab)use and/or disabling HIV/AIDS diagnosis.
            - 134 new S+C units since 01/01/07.
            - 782 clients moved into S+C units since 01/01/07. Of these clients, 159 clients (20.3% of the total) were placed with disclosed disabling HIV/AIDS.

        - Affordable Housing:
            - MOHCD provides affordable housing, including Below Market Rate (BMR), to broader population based on income levels. HIV status is not tracked for this housing program.
            - 1,876 new affordable housing units since 07/01/08.
            - 376 new Inclusionary/BMR units since 01/01/07.

- **2007 Recommendation:** Expand emergency eviction prevention assistance programs to serve up to 800 additional clients per year (e.g., legal assistance, one-time back rent payment, short-term tenant-based shallow subsidies, and/or temporary rent payment during residential treatment).
    - **2014 Outcome:** Over 1,000 additional clients are served annually through these services that have been developed since 2007:
        - AIDS Housing Alliance
            - 80 additional clients who are primarily PLWHA annually receive housing counseling and/or short-term rental subsidies to prevent eviction or homelessness though a General Fund contract that began in FY 12-13.
        - AIDS Emergency Fund's Eviction Prevention Program
            - Initially funded in 2008 by a $300K DPH grant and has been sustained through private revenue. Consistently over the years, serves 190 - 240 PLWHA annually facing eviction or with move-in opportunities with grants of $1000- $1500.
        - Housing Trust Fund:
            - Supports eviction prevention contracts beginning in FY 13-14, which serve the broad population in need of these services, including PLWHA.
                - At the Eviction Defense Collaborative 750 additional clients receive housing counseling/eviction prevention assistance, 195 clients receive rental assistance and 45 clients receive move in assistance.
                - At the San Francisco Housing Development Corporation, 18 additional clients now receive housing counseling/eviction prevention assistance.
                - An additional $1,000,000 for Eviction Prevention funding to serve the broad population, including PLWHA, was recently approved in the FY 14-15 GF budget.
        - General Fund:
            - Supports eviction prevention contracts beginning in FY 13-14, which serve the broad population in need of these services, including PLWHA.
                - Four community based organizations funded for total of $238,000.

Many of the issues and recommendations discussed in the 1998 Update remained relevant in 2007 at the time of the third planning process and continue to do so in 2014 at the time of the fourth planning process. On-going issues in 2014 that are similar to those noted in the 2007 Report, as well as many in the 1998 Update, include:

- 2014: Tenant-based subsidies are not meeting the need.
    - 2007 and 1998:
      The demand for tenant-based subsidies far exceeds the supply. However, not all clients requesting subsidies are successful in securing placement due to rising housing costs, landlord discrimination, and behavioral health obstacles.

- 2014: There is little mobility between different types of affordable and supportive housing and residential care facilities.
    - 2007 and 1998:
      PLWHA leaving or wishing to leave RCFCIs, treatment programs, youth programs and other systems of care often have difficulty identifying permanent housing because of the shortage of appropriate affordable housing options. The role of RCFCIs is to provide high-level care to those in greatest medical need and who may need such care periodically or on-going. As health conditions stabilize, providers must be able to identify alternatives for those able to succeed in more independent housing. PLWHA whose health has been stabilized often need help planning for gradual workforce re-entry and accessing new housing models that promote independence.
- 2014: The ongoing need for support services at housing sites to adequately support individuals with mental health or addiction comorbidities; including for those who may be removed from other housing options because of those issues.
    - 2007 and 1998:
      PLWHA with behavioral health issues need expanded access to supportive housing.
- 2014: The system is not set up to support individuals in housing or medical crises.
    - 2007 and 1998:
      Low-income, unsubsidized PLWHA may require access to short-term or shallow rental assistance to avoid eviction. Permanently housed PLWHA requiring a higher level of care often need temporary emergency housing assistance due to health deterioration and/or behavioral health needs.
- 2014: The Housing Wait List system needs to be revised.
    - 2007:
      The supply of housing available to those on the Housing Wait List is inadequate to meet the need, resulting in long waits for housing. Because of this, the Housing Wait List has been closed since 2001. Wait List policies must be revised to promote greater flexibility and responsiveness to changing health status.

Current HIV/AIDS Housing Supply and Unmet Need

Important Trends and Implications for Housing

A detailed analysis of HIV/AIDS trends in San Francisco is beyond the scope of this plan. Individuals interested in such information can review the quarterly, semi-annual, and annual epidemiology reports from San Francisco's DPH.[3]

Several notable trends have important implications for addressing the housing needs of individuals living with HIV and AIDS in San Francisco.

- **Housing in San Francisco has become increasingly expensive, exceeding the values established by HUD's Fair Market Rents (FMR) and making it difficult for subsidy programs to be implemented effectively.** Subsidy programs are designed to help lessen the financial burden of housing costs for beneficiaries. In order to enroll in subsidy programs, potential participants must find a housing unit with a rental price that cannot exceed HUD's FMR. San Francisco's current housing market makes it extremely difficult to find an apartment at or under HUD's FMR value. Large gaps exist between HUD's FMR and the realities of the city's housing market: the average cost of a San Francisco studio apartment is $2,300, while the FMR for a studio apartment is $1,256.[4] Additionally, accompanying the rising housing market is an increase in the number of no-fault evictions from rent-control apartments. Most noticeably, during the period from March 1, 2013, through February 28, 2014, the number of Ellis Act unit withdrawals increased from 116 to 216 notices while owner/relative move-in eviction notices increased from 185 to 273. Many individuals who previously relied on such apartments are likely to be unable to afford and secure new housing in the city.

- **There are significant numbers of individuals who are aging while living with HIV/AIDS.** In San Francisco, 55% of men living with HIV/AIDS and 51% of women are over fifty years old, and 69% of HIV positive transgender individuals are more than forty years old.[5] Older HIV+ populations face health issues related to aging along with HIV disease. Much of the senior-specific housing (e.g. project-based Section 8 and federally funded senior projects) is targeted to those aged 62 and older. Older individuals with HIV need more health-related support as they age, but may not qualify for currently available services.

- **Many of those who are newly diagnosed with HIV are homeless**. Among those individuals diagnosed with HIV infection from 2006-2012, between 9 and 14% were homeless. Homeless persons newly diagnosed with HIV/AIDS are more likely, compared to the San Francisco HIV/AIDS population overall, to be women (including transgender women), African American, and injection drug users (IDU).[6] Services should be culturally competent to meet the needs of these individuals.

- **As was the case when developing the 2007 plan, persons with HIV/AIDS are living longer and have more stable health status due to antiretroviral therapy.** Among those who received a Stage 3 (AIDS) diagnosis between 2001-2012, 84% were alive five years later, compared to 79%

[3] See for instance, http://www.sfdph.org/dph/files/reports/RptsHIVAIDS/AnnualReport2012.pdf
[4] Sources: HUD FY 2015 and Priceonomics Data Analysis (Aug. 13, 2014)
[5] Source: San Francisco HIV Semi-Annual Surveillance Report (2013)
[6] Source: San Francisco HIV/AIDS Epidemiology Annual Report (2012)

who received the diagnosis between 1996-2000 and 40% who received the same diagnosis between 1990-1995.[7] As a result, facilities offering higher levels of care, such as RCFCIs, may experience a change in the type of demand for these services. RCFCIs may be needed for support during acute and temporary cases of illness, after which patients can return to independent living.

Current HIV/AIDS Housing Inventory

San Francisco provides targeted housing assistance at any point in time to 1,462 households impacted by HIV/AIDS. The term "targeted housing assistance" refers to housing either built or operated with support from HIV/AIDS-specific funding sources or tenant-based subsidy programs limited to PLWHA (i.e., being HIV positive is an eligibility requirement to qualify for the assistance). This number does not include other publicly financed housing services that may serve persons with HIV/AIDS who also meet other eligibility criteria.

This section details the following types of targeted housing assistance available to PLWHA in San Francisco:

- Subsidy programs;
- Supportive housing;
- RCFCIs;
- Other forms of non-permanent housing

Subsidy Programs

As previously mentioned, subsidy programs assist individuals in meeting the full cost of his/her rent. With "tenant-based" subsidies, the tenant receives a subsidy that can be applied to a housing unit of his/her choice, typically in the private housing market. With "project-based" subsidies, the unit itself is subsidized and available to qualifying tenants, most often through non-profit owned housing with permanent affordability restrictions. "Deep" subsidies pay the difference between a percentage of the tenant's income - regardless of the type or amount of income - and the contract rent. "Shallow" subsidies provide a fixed amount to make monthly housing expenses less burdensome to beneficiaries.

Existing subsidy programs comprise the most common way of providing housing to persons with HIV/AIDS in San Francisco. There are a total of 998 subsidy "slots" in San Francisco. Below, these slots are broken out by type and funding source.

Exhibit 1. Deep Subsidies, by Funding Source and Number

Funding Source	Number of Subsidies
HOPWA	240
General Fund	296
TOTAL	**536**

Exhibit 2. Shallow Subsidies, by Funding Source and Number

Funding Source	Number of Subsidies
HOPWA	86
General Fund	376
TOTAL	**462**

[7] Sources: HIV/AIDS Epidemiology Annual Reports (2005 and 2012)

Although the City has maintained level funding for HOPWA deep subsidies over the history of this program, the number of HOPWA deep subsidies has decreased from its original 265 to its current 240 because the City has had to increase the amount of the subsidies to account for rising rents, resulting in fewer overall subsidies.

In addition to the HIV-specific subsidies made possible through HOPWA and General Fund resources, other subsidies are available through Veterans Affairs Supportive Housing (VASH) and Section 8 that are open to individuals and families that meet their criteria, some of whom may also have HIV/AIDS, but not exclusively. The VASH program provides case management and rental assistance to homeless veterans referred from the Palo Alto VA Medical Center. In the 2014 calendar year, VASH provided 742 rental assistance vouchers. The Section 8 program provides rental subsidies for low-income households residing in privately owned units. The vouchers cover the balance remaining between 30% of a beneficiary's income and the rent price. In 2014, 9,500 individuals received Section 8 vouchers.

Supportive Housing

Supportive housing is implemented through a combination of different funding models:

- **Non-profit owned housing developed with HOPWA funding.** With scattered site housing, HOPWA funding provides initial capital for construction to create a dedicated unit that is set aside for a HOPWA eligible client. The supportive housing entity agrees to set aside this unit for 50-55 years. These dedicated HOPWA units are part of larger developments with a mixture of funding sources and populations served. In the case of Derek Silva Community, the entire building is dedicated to PLWHA. HOPWA capital funds can also be used for rehabilitation of existing facilities. In many cases, rehabilitation extends the agency's set aside commitment. Since its inception, HOPWA resources have supported a total of 309 units of non-profit housing reserved for PLWHA.
- **Master-leased housing in properties leased by the City & County of San Francisco from private owners.** Currently, supportive housing programs have been established in these properties that are funded through either DPH or HSA.
- **Set-asides units in nonprofit owned affordable housing that are funded by a specific City-funded source and reserved for the clients served by that funding source.** For example, the DAH Program provides operating support to units in exchange for reserving them for DAH-eligible clients.

Residential Care Facilities for the Chronically Ill (RCFCIs)

RCFCIs are state-licensed facilities for individuals who require 24-hour support, including assistance with daily living activities such as bathing and dressing. At intake, residents must demonstrate medical necessity in order to be eligible for a RCFCI referral. While most RCFCI programs are considered to be permanent housing, some short-term transitional referrals are available. There are a total of 113 RCFCI slots in San Francisco.

Other Forms of Non-Permanent Housing

Complementing the resources outlined above are transitional housing programs and emergency stabilization services. As the name implies, transitional housing services support individuals as they move from homelessness to permanent housing. Currently, the Brandy Moore House is the only HIV-specific transitional housing program in San Francisco. The house provides a communal residential experience with a total of 11 beds. Individuals receive case management and referral services for approximately six months. Brandy Moore House targets African Americans, but does not limit its support to this population.

A Woman's Place provides six transitional beds and five emergency shelter beds for women and transgender women with HIV/AIDS. A Woman's Place is the only 24-hour supportive residential services in San Francisco offering emergency shelter and long-term treatment programs to women and transgender women with special needs due to mental disabilities, sexual or domestic violence, drug and alcohol abuse, and HIV+/AIDS-related issues.

In addition, emergency housing and stabilization services for PLWHA are available through the Kinney Hotel. The building provides 21 rooms along with case management services to HIV-positive San Francisco residents who are currently, chronically, or at-risk of becoming homeless and whose income is less than or equal to 30% of San Francisco's area median income(AMI). Beneficiaries must be referred to the stabilization program by a network of providers serving PLWHA and can receive up to a maximum of 28 housing stabilization days per 12-month period.

PLWHA may also utilize other transitional housing programs provided in San Francisco. HSA is the main provider of transitional housing services in the city, with support available to families and single women, single adults (including veterans), and youth. A variety of agencies offer short-term emergency services to support individuals experiencing a housing crisis.

Unmet Housing Need Among Persons Living with HIV/AIDS

It is well-known that the current supply of housing designated for PLWHA falls short of meeting demand. To assess the extent of this gap and to better understand the needs of specific sub-populations within the wider population of individuals living with HIV, the Steering Committee established a Work Group to examine unmet housing needs more closely. The Work Group included members from the Stakeholder Council along with staff from HSA, DPH, and community based organizations.

Mirroring the 2007 HIV/AIDS Housing Plan, the Work Group analyzed the needs of two main population categories: currently homeless HIV+ individuals and HIV+ individuals at-risk for becoming homeless. The Work Group's findings are summarized in the tables[8] below and detailed in the Appendix C and D. The tables list estimates for the number of HIV+ homeless individuals and HIV+ individuals at-risk for being homeless, as well as subpopulations within these two categories. Note, the subcategories are not mutually exclusive; for instance, an individual can be classified as both a senior *and* experiencing co-occurring disorders.

Some key insights emerging from the unmet needs analysis include the following:

- The high number of PLWHA at-risk for being homeless (12,344 or 77.6% of total PLWHA in San Francisco), based on being low income (at or below 50% AMI) and not receiving any housing support, is more than ten times the number of subsidies currently available, 998 (see Exhibits 1 and 2 above). This suggests the need for additional subsidies to support individuals with a high rent burden.

- Among HIV+ homeless individuals, the estimates are highest for subpopulations with co-occurring disorders, disabling HIV/AIDS, and chronic homelessness. Comparing and contrasting these subpopulations reveals that a higher proportion of individuals experience co-occurring disorders than either disabling HIV/AIDS or chronic homelessness. Close to half,

[8] It is important to note that these figures underestimate the true number of HIV+ individuals in San Francisco. Data in the unmet needs model include persons who have been diagnosed with HIV and reported to the health department. Individuals who are unaware of their HIV+ status as well as those diagnosed with an anonymous HIV test are not reflected in the data unless they also tested confidentially or entered care in San Francisco.

44.2%[9], of all HIV+ homeless individuals also negotiate co-occurring disorders (defined as mental health and/or substance use addiction co-morbidities).

- Among HIV+ individuals at-risk for being homeless, estimates are highest for seniors and those not receiving care. Current and future support services should tailor their efforts to meet the needs of these subpopulations, and expanding the supportive housing services available would be one mean of doing so.

[9] Robertson et al. (2004). "HIV Seroprevalence Among Homeless and Marginally Housed Adults in San Francisco." *American Journal of Public Health.* Vol. 98 No 7.

Exhibit 3. Estimated Number HIV+ Homeless Individuals

Population Segment	Estimate
HIV+ and Homeless	1,764
Subpopulations within HIV+ & Homeless:	
Adults in Families	64
Disabling HIV/AIDS	603
Co-Occurring Disorders (substance abuse or mental illness)	780
Chronically Homeless	547
Youth (aged 12-24)	297
Seniors (55 years old or older)	609

Exhibit 4. Estimated Number HIV+ Individuals At-Risk for Homelessness

Population Segment	Estimate
At-Risk (Low-income, earning at or below 50% AMI)	14,320
Subpopulations within total At-Risk:	
At-Risk (Low-income less those receiving housing support)	12,344
Not in Care	4,452
Individuals Timing Out of Disability	401
Youth (25 years old or younger)	54
Seniors (55 years old or older)	5,486
Formerly Incarcerated	396
SRO	2,054

Unlike the prior version of the housing plan, the 2014 Work Group agreed to propose a single estimate as opposed to lower and upper bound estimates. Some members of the Work Group expressed concerns that lower and upper bound estimates created unnecessary ambiguity. Practitioners may not know how to act on the two estimates in their work (for instance, is the lower estimate, upper estimate, or an average of the two the most informative way to use these figures when designing programs or completing proposals). Additionally, in 2014, obtaining sufficient data to create two estimates for each population segment was challenging. In many cases, available data permitted the rigorous calculation of a single estimate, but not two estimates.

The Work Group agreed to use many of the same subpopulations examined in 2007 with a few modifications.

- In 2007, formerly incarcerated individuals were included in both the currently homeless and at-risk for being homeless categories. In 2014, Work Group participants determined that including formerly incarcerated individuals in the at-risk for homelessness analysis only more accurately reflected the needs of HIV+ populations.
- The 2007 at-risk for homelessness model included both low-income individuals and individuals experiencing extreme rent burden. The 2014 unmet needs model used low-income exclusively (defined as individuals earning at or below 50% AMI). With the intense San Francisco housing market, all individuals in this category can also be considered to be experiencing extreme rent burden, obviating the need to create a separate extreme rent burden category.
- The 2014 unmet needs model included two new subpopulations: individuals not currently in care and individuals timing out of long-term disability.

Financial Resources

Financial support for HIV/AIDS housing services comes from four public sector sources: HOPWA Entitlement, HOPWA Competitive Funding, City and County of San Francisco General Fund, and Ryan White CARE Act. A summary of funding from each of these sources for the most recent fiscal year is listed in Exhibit 5.

Exhibit 5. Funding Allocations for HIV/AIDS Housing Services, FY 2014-15

Funding Source	Amount
HOPWA Entitlement (FY 2014-15)	$7.5M
HOPWA Competitive Funding[10] (or $1.4M over 3 years: 2013-16)	$467K
CCSF General Fund (FY 2014-15)	$6.7M
Ryan White CARE (FY 2014-15)	$1.2M

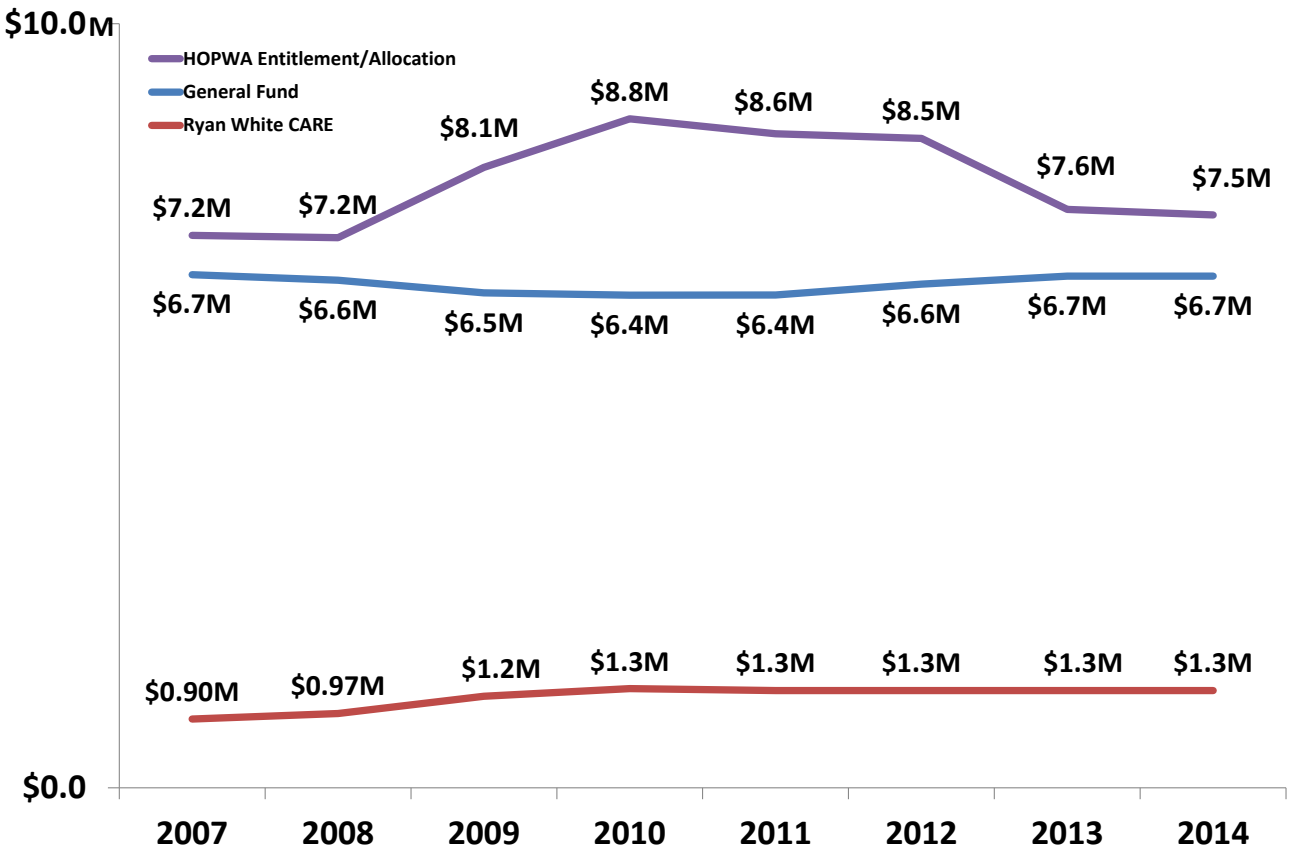
Examining the time trends of financial support available for HIV/AIDS housing services suggests a discouraging outlook. Ryan White CARE and General Fund support have remained approximately the same since 2007. Given inflation, significant increases in housing costs and increasing costs of service delivery over time, plateaus in funding effectively amount to fewer resources available for HIV/AIDS housing. Support from HOPWA has decreased since 2010, HOPWA funding in 2014 mirrors that available in 2007 and 2008.

As a result, the overall number of subsidies available from all funding sources combined (i.e., HOPWA, CARE, General Fund) has declined by approximately 16% from 1190 slots in FY 02-03 to 998 slots in FY 14-15.[11]

[10] HOPWA Competitive Funds are allowed to be used over a three-year time period. The $467K amount reflects the approximate amount available during each of 2013-16 fiscal years.

[11] FY 02-03 source: Comprehensive HIV/AIDS Housing Plan, May 2007, San Francisco Dept. of Public Health.

Exhibit 6. Financial Allocations for HIV/AIDS Housing Services, 2007-2014

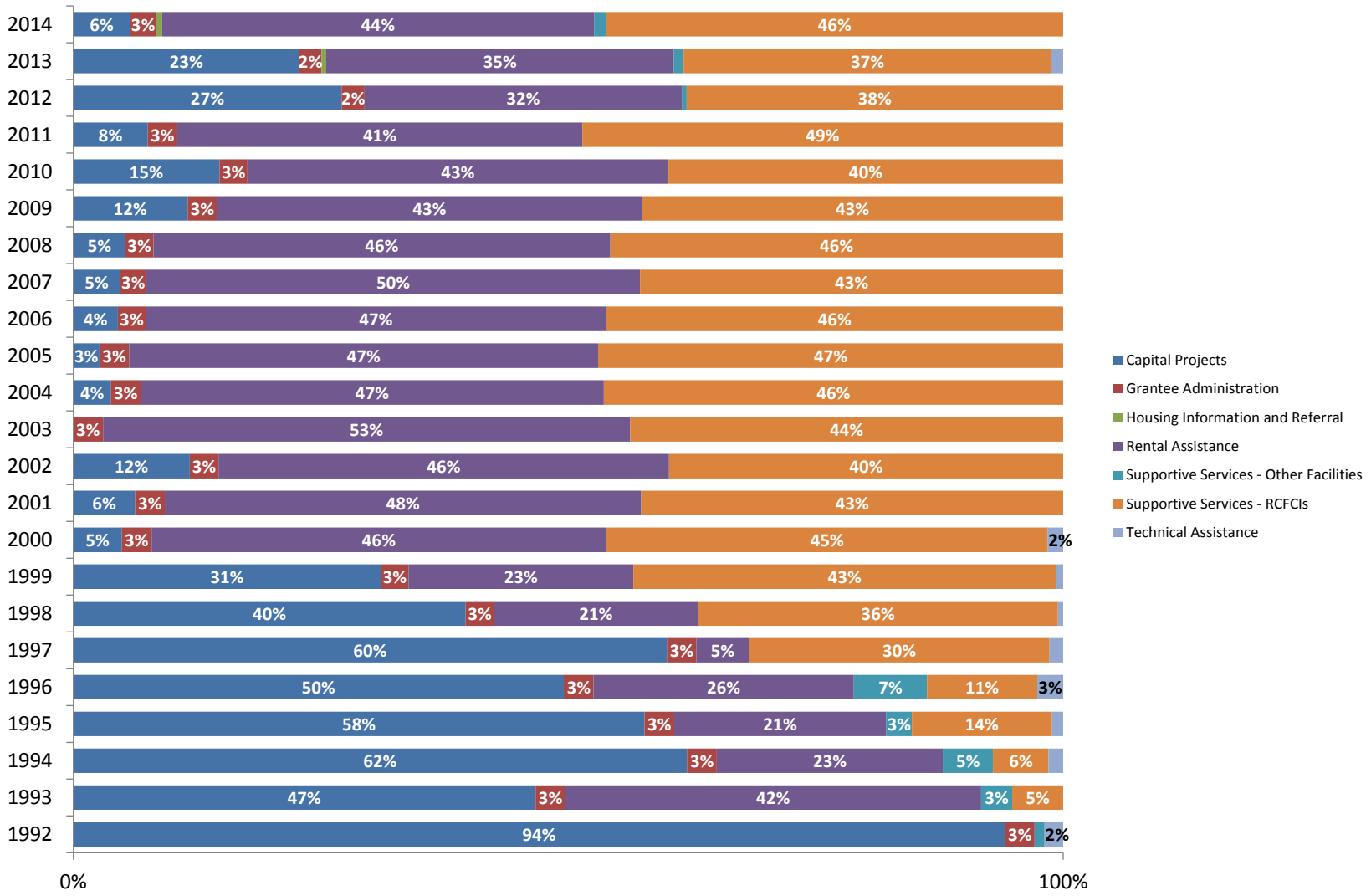


Looking forward, a new HOPWA funding formula is on the horizon, although the timing and exact details of this formula has not yet been finalized as it depends upon Congressional action. One proposal for a new formula which has been endorsed by HUD bases the formula on persons living with HIV/AIDS rather than cumulative AIDS cases, and incorporates local housing costs and poverty rates into the formula. The combination of these factors would negatively impact San Francisco's allocation significantly. The projection released by the National AIDS Housing Coalition on December 8, 2014 indicated that this new formula could result in a reduction in HOPWA funding to San Francisco of as much as $2.7 million. The impact of this formula change in San Francisco has the potential to further reduce the number of HOPWA funded subsides as well as reductions in capital.

In addition to understanding overall funding levels, it is important to appreciate the different types of housing services that financial resources have supported. Exhibit 7 on the following page summarizes the proportion of resources directed to capital projects, grantee administration, housing information and referral, rental assistance, supportive services, and RCFCIs.

Notably, in recent years a smaller proportion of HOPWA funds have been used to support capital projects, in comparison to other HIV/AIDS housing services such as rental assistance and RCFCIs. For much of the 1990s, the opposite was true. From 1992 and 1998, between 40%-94% of HOPWA resources were dedicated to capital projects. By 2014, this percentage had decreased to 6%. Based on current commitments, financial reserves for capital projects are exhausted. Insufficient funds currently exist to support new capital projects.

Exhibit 7. HOPWA Funding Action Plan History, 1992 to 2013



Since 1992, the expenditures for capital projects have ranged from $500- $2.9 million, with an average project expenditure of $668,503. Approximately 80% of expenditures are less than $1M. In 1992, planned capital expenditures were 94% of the allocation, in 2014 it was 6%. For the period of 1992 through 2002, capital expenditures averaged 42% of the allocation, between 2003 and 2014 it was 9.3%.

Systems Change Issues

The strategic planning process also focused on system improvements to make the current array of programs and services more responsive to client needs and the current housing market. System change discussions focused on:

- Matching clients with the best housing program to meet their need.
- Developing a more agile system to respond to clients' changing housing and health needs, as well as other changes to their situations (e.g. income changes).
- Ensuring that the array of housing programs more proportionally matches the needs of the current HIV+ population.

HIV Housing Referral List

The HIV Housing Referral List (HHRL) provides referrals to most of the current inventory of housing and subsidy opportunities for PLWHA in San Francisco. Those enrolled on the HHRL are referred, contingent upon eligibility, to a range of specific tenant-based subsidy programs, non-profit owned supportive housing, sites, and RCFCIs. The HHRL is not a housing program; it is a referral mechanism. In all, 21 housing programs accept referrals from the HHRL.

The HHRL was first established as the Housing Wait List in 1995 in an attempt to provide equitable access to a variety of housing options for PLWHA. It is not "weighted" according to need; enrollees are served on a first-come, first-served basis according to their application date. The HHRL was administered by the San Francisco AIDS Foundation until July 2001, when the list's administration was transferred to DPH's Housing & Urban Health section.

The HHRL has been closed to new applicants since November 2001 due to the sheer volume of individuals on the list. The 2007 Report indicated that as of August 2006, there were 7,452 clients on the HHRL. In 2011, a recertification process was completed to update the Wait List to assess who of the remaining clients were still in the San Francisco area and seeking housing as well as to provide updated contact and income information. As a result of this recertification process the updated list contained 127 remaining clients, all of whom retained their original Wait List order.

As of August 26, 2014, there are 18 clients in active status that are seeking housing on the HHRL. However, none of these active clients currently meet the housing program criteria for their selected housing type; for example, their incomes are too high or they are not San Francisco residents.

Given that the original list is essentially exhausted, it is a crucial time to conduct a current housing needs assessment of low-income HIV+ individuals and plan for how to move forward most effectively and efficiently to meet these housing needs.

A Housing Wait List Work Group of the Housing Plan Stakeholder Council was tasked to provide an advisory recommendation regarding a housing pipeline for PLWHA. The Work Group further assessed the inadequacies of the current HHRL system and developed recommendations for a revised, modernized system.

The Work Group noted several inadequacies of the current wait list system, including:

- The vision that created the original list is no longer valid in the current housing market.
- Individuals referred by the HHRL would not always meet the eligibility criteria of the specific HIV housing programs they were referred to.

- The content of the referral list applications is based on clients' self-report and may not accurately reflect an individual client's actual needs.
- It is not an agile system:
    - The list does not update as individuals' conditions changes (e.g. income, health status).
    - The list does not allow for mobility across levels of care.
    - The list does not address the need for rapid re-housing.
    - Transition Age Youth (TAY) have not been served well by the list, especially in terms of the need to exit TAY-specific programs and access adult housing programs.

The overall recommendations from the Work Group indicated that a new housing pipeline/access system needs to:

- Align with HIV housing programs' eligibility criteria.
- Match individuals' need and eligibility with referral at an appropriate type of housing program.
- Have agility to meet changes in individuals' need and eligibility over time:
    - e.g. there is mobility across levels of care.
- Be responsive to individuals in crisis (housing-related, medical-related).
- Be responsive to full age range from youth to mature population.
- Not be siloed, but be connected to other housing programs and agencies that serve other program eligibility criteria:
    - e.g. homeless, low-income, disability, age-specific (youth, seniors), family size, etc.
- Not try and be a "one-size fits all."
    - May have different pathways depending on type of housing program and who is served by program.
- Have a method of needs prioritization developed to achieve the above goals.
- Use a web-based housing portal. Some of the functions identified include:
    - Offers single-point of entry for all housing programs (not just HIV-funded).
    - Assesses eligibility for housing program and provides pathway to application and/or wait list process for housing programs.
    - Has ability to assess severity of need for prioritization and appropriate housing program referral.
    - Allows for real-time updates.
    - Communicates with system account holders/applicants through email.
- Have an outreach and marketing component, especially in reaching homeless populations.
- Meet all fair housing, security, confidentiality, HIPAA, and related regulatory requirements.
- Is sufficiently resourced, including administrative support and sustaining web-based housing portal.

Housing Mobility

A consistent need identified in the last two three housing plan processes and again currently is to have a system that has the ability to move a client in a timely and seamless fashion into the appropriate level of care.

In the changing course of the HIV epidemic there is now a strong understanding that individuals who may need a certain level of care in the immediate term may not necessarily need that level of care permanently. For example, a client may need a higher level of care at an RCFCI until he or she stabilizes and then would be more suitable to be transitioned to a supportive housing program. Or a resident of a supportive housing program could graduate to successful independent living. This same resident could find themselves a few years later with medical issues that require hospitalization followed by then needing care at an RCFCI.

The current referral system is primarily based on referral list policies. The original policy that continues to be followed is that a referral to a housing program is on a first-come first-served basis

according to application date. No new applicants have been able to get onto the referral list after it closed in 2001. An unintended consequence of these policies has made it challenging to move clients out of a housing program into which they have been placed. To address this issue, waivers have been granted to enable RCFCIs to accept eligible clients outside of the referral list process who are in need of these services when there are no eligible referral list client seeking this care. It still remains challenging to place any clients currently in an RCFCI into a lower level of care when appropriate.

The result of the current system is that:

- not all clients are matched with the level of housing program that best matches their current need, and
- openings in housing programs for new referrals are reduced due to limited mobility of the existing residents.

The housing and homeless provider community in San Francisco is currently looking at the need for housing mobility across levels of care to address these challenges on a larger system level.

Any redesign to the access system for HIV-funded housing programs needs to address the mobility needs of the clients it serves. Additionally, it should be included in the greater housing mobility discussion and implementation at the City-wide level.

Proportion of Housing Programs Should Match Current Need

The Housing Wait List Work Group also indicated that the current array of HIV-specific housing programs is not in proportion to meet the needs of the current HIV+ populations served. The Work Group did not recommend a specific proportion, but provided the following guidance.

The Work Group:

- recommends that the Stakeholder Council address this issue in their planning process to ensure the array of housing programs more proportionally matches the needs of the current HIV+ population served.
- noted that the proportion is especially important to assess because there are no new resources on the horizon; instead there are potential HOPWA reductions.
- recommends reviewing the cost effectiveness analysis of the housing programs and the updated unmet need report to assess the current proportion.
- indicated that the proportion of housing programs needs to be responsive to the changing needs of the populations served and the changing environment.

HIV/AIDS Housing Work Group Recommendations

Guiding Principles

The Stakeholder Council adopted a set of "Guiding Principles" to serve as a basis for developing goals and strategies in response to the unmet needs and systems change issues identified earlier in this document.

1. The demand for appropriate, affordable housing in San Francisco exceeds the supply—not only among those living with HIV/AIDS. The strategies recommended in this plan do not obviate the need to provide decent, safe, affordable housing for all San Franciscans.

2. The Stakeholder Council and, to a large extent, the City agencies serving PLWHA view housing as healthcare and a key component to the stabilization of health and behavioral health conditions.

3. Eviction prevention is necessary for all San Franciscans at-risk of homelessness, especially those who are vulnerable due to health conditions. Preventing eviction is less costly and less destabilizing than re-housing for those who become homeless.

4. Increased capacity is needed across the board in every type of HIV/AIDS-related housing program and service. There are no services or programs that are underutilized. The lack of capacity across the continuum results in clients being "stuck" in settings not suited to their care needs.

5. In-home and community-based support should be prioritized for all persons in need of long-term care so that they can remain in their homes and out of institutions as much as possible.

6. The City should continue to explore new models, ideas, and funding sources for meeting the unmet housing need of people with HIV/AIDS.

Vision and Purpose

The Stakeholder Council recognizes that the level of housing need for PLWHA is far greater than the resources available to meet that need. The plan contained in this document includes goals and objectives that the Council crafted in consideration of the resources that will realistically be available during the coming strategy cycle, but the Council emphasizes the need to continuously work to generate new resources and identify more effective and efficient approaches, such that we may be able to more quickly achieve our vision:

> *We envision a San Francisco where all people living with HIV or AIDS reside in safe, decent, affordable housing and are accessing the services and supports they need.*

Goals, Strategies, and Objectives

The following goals, strategies, and objectives represent the recommendations of the Stakeholder Planning Council regarding how resources (both financial and human/organizational) should be directed in responses to the needs and issues identified earlier in this document.

Goal 1: Maintain current supply of housing/facilities dedicated to supporting PLWHA

- Strategy 1A: Focus HOPWA funds on operating and service costs
  - Objective 1Ai: Continued effective operation of all HOPWA-funded facilities

- Strategy 1B: The City (joint effort between MOHCD and other City agencies) will work with providers to identify alternative funding sources for capital improvements
  - Objective 1Bi: General Funds allocated to capital improvements as a result of joint advocacy efforts
  - Objective 1Bii: Increased number of providers, supported by technical assistance through MOHCD, have Capital Needs Assessments that can be used for capital campaigns or other private fundraising efforts
  - Objective 1Biii: Biannual assessment of usage of HIV/AIDS housing funds

Goal 2: Increase supply of housing/facilities dedicated to supporting PLWHA

- Strategy 2A: Expand available supportive housing through a master lease or scattered site models, or by subsidizing capital or operating cost of units in new developments
  - Objective 2Ai: Clear understanding of the cost-effectiveness of various housing strategies, such as building permanent affordable housing compared to providing subsidies for existing housing
  - Objective 2Aii: Complete analysis to identify how much new housing is required to meet the needs of PLWHA
  - Objective 2Aiii: New resources secured to support increased housing/facilities (e.g. state programs, Prop 41)
  - Objective 2Aiv: At least one HIV/AIDS agency serves as an access point for HSA-funded housing programs

- Strategy 2B: Explore and conduct cost modeling for creative approaches to increasing housing supply
  - Objective 2Bi: Plan with recommendations about additional creative approaches to pursue (based on progress made on Strategy 2A) is produced by December 2016; plan should ensure that no proposed approaches contribute to unwanted displacement of PLWHA populations
  - Objective 2Bii: City and communities work together to link communities to existing rental subsidy programs based on needs they have identified (look at San Mateo County model for guidance)

Goal 3: Increase resources available for subsidizing/making & keeping housing more affordable for PLWHA

- Strategy 3A: Revisit the balance of deep vs. shallow rental subsidies (including eligibility criteria for both) to ensure maximum efficiency of these resources
    - Objective 3Ai: Explore the concept of replacing 'shallow' and 'deep' subsidies with a single category of long term, need-based subsidies that vary based on eligibility criteria
    - Objective 3Aii: Deep subsidies are maintained for current recipients
    - Objective 3Aiii: Shallow subsidies targeted at situations where it will prevent homelessness (can't pay rent due to a short-term income loss, etc.)
    - Objective 3Aiv: Explore the possibility of offering flexible, long-term subsidies to people timing out of disability benefits
    - Objective 3Av: New resources identified for subsidies (e.g. federal funds, foundation grants, etc.)
    - Objective 3Avi: Examine how rental subsidies can be coordinated with affordable housing programs to ensure people don't lose their affordable housing

- Strategy 3B: Expand emergency eviction prevention assistance programs (e.g., legal assistance, one-time back rent payment, one-time/short-term tenant-based shallow subsidies [e.g. RADCO, Glide], and/or temporary rent payment during residential and/or medical treatment)
    - Objective 3Bi: Data on potential and/or cost-effectiveness of subsidy for rapid re-housing
    - Objective 3Bii: Increased access to money management services/support

- Strategy 3C: Maximize leverage of other housing support resources (e.g. VA, HSA, etc.)
    - Objective 3Ci: Increased capacity of case managers/intake personnel to identify and/or provide access to other housing support resources

Goal 4: Expanded access to services for PLWHA that help increase housing stability

- Strategy 4A: Increase access to mental health/substance abuse services in housing settings
    - Objective 4Ai: Increased availability of housing options with supportive services for individuals with mental health and/or addiction comorbidities
    - Objective 4Aii: Improve capacity/effectiveness of existing support services providers
    - Objective 4Aiii: Increased availability of roving mental health/substance abuse services for housing settings

- Strategy 4B: Increase access to aging services for PLWHA
    - Objective 4Bi: Increased collaboration/coordination with aging services providers (including DAAS)

- Strategy 4C: Increase access to other needed services for PLWHA (education, job training/placement, medical, etc.)
    - Objective 4Ci: Increased availability of roving support services
    - Objective 4Cii: Increased flexibility of services targeted at PLWHA
    - Objective 4Ciii: Increased Targeted Case Management available for youth LWHA

Goal 5: Improved efficiency and quality of the housing and service delivery system

- Strategy 5A: Increase mobility between levels of care to ensure optimum resource utilization
  - Objective 5Ai: Recommendations produced by December 2015 about redesign of RCFCIs to serve those for whom they are licensed (should address elderly populations)
  - Objective 5Aii: Transition and exits options for residents of RCFIs are financially feasible and include appropriate support services (e.g. needs-based rental subsidies and case management)

- Strategy 5B: Create and operationalize a coordinated intake & referral system and case management system for housing and related support services
  - Objective 5Bi: Improved consistency in status definitions for service eligibility across agencies and providers
  - Objective 5Bii: Improved functionality of the City's short-term rental subsidies (e.g. move-in grants)

- Strategy 5C: Develop a new Housing Access System to replace the current HIV Housing Referral List based on Housing Wait List workgroup recommendations.
  - Objective 5Ci: Recommendations for System finalized by June2015 (including eligibility and/or prioritization criteria, description of major System attributes);
  - Objective 5Cii: Implement new Housing Access System, including coordination with MOHCD Affordable Housing Data Portal implementation phases by December 2015, with appropriate marketing.

- Strategy 5D: Improve and continually execute interdepartmental coordination with respect to advocacy for federal policy improvements on behalf of PLWHA
  - Objective 5Di: Continue and/or solidify efforts to adjust FMR in San Francisco
  - Objective 5Dii: Re-allocation of funding formula for HOPWA to include high cost of housing in the formula; and maintain local control wherever possible

- Strategy 5E: Ensure services and resources are culturally competent for emerging populations
  - Objective 5Ei: Resources are available for undocumented immigrants and/or asylum seekers
  - Objective 5Eii: Increased access to bilingual case managers
  - Objective 5Eiii: Increased capacity of providers to understand needs and cultural preferences of immigrants from different parts of the world

- Strategy 5F: Improve coordination between efforts within the City of San Francisco designed to support PLWHA
  - Objective 5Fi: public housing developments are accessible to PLWHA

Monitoring Dashboard

This HIV/AIDS Housing Plan lays out a roadmap for MOHCD, HSA, DPH, and their partners to advance objectives in five areas that are critical to improving the housing stability of PLWHA. In order to effectively navigate this road map, it is necessary to establish and adhere to a monitoring process that captures and processes real-time data on progress and impact of the plan. The components of effective strategic plan monitoring include:

1. A well-constituted monitoring body with a clear charge;
2. A sense of ownership and responsibility on the part of MOHCD, HSA, DPH, and their partners for the success of the plan;
3. A steady, reliable supply of Strategic Plan performance data; and

4. A decision-making process for adjusting strategies in response to changing circumstance.

The HIV/AIDS Monitoring Dashboard, presented in Exhibit 8 below, represents the City and County of San Francisco's proposed metrics to measure progress towards the goals, strategies and objectives articulated by the full Stakeholder Council.

Exhibit 8.

HIV/AIDS Housing Plan Monitoring Dashboard	
Goal 1	**Metric(s)**
Maintain current supply of housing/facilities dedicated to supporting PLWHA	Continued operation of facilities dedicated to supporting PLWHA.
Goal 2	
Increase supply of housing/facilities dedicated to supporting PLWHA	50 new affordable rental units developed within 5 years.
Goal 3	
Increase resources available for subsidizing/making & keeping housing more affordable for PLWHA	Fund 25 additional rental subsidies to bring total number to 265, the original baseline number of HOPWA-funded subsidies.
Goal 4	
Expanded access to services for PLWHA that help increase housing stability	Designate an agency to serve as an HIV housing access point for eligible HSA programs.
Goal 5	
Improved efficiency and quality of the housing and service delivery system	Create and maintain an HIV Housing Access system in coordination with MOHCD's Affordable Housing Data Portal.

Appendix

A) Stakeholder Council Meeting Dates & Objectives

The section below lists the date of each Stakeholder Council Meeting as well as a summary of objectives for each meeting.

June 13, 2014

During this meeting, the group reviewed the Overview of Stakeholder Council Role and Expectations, discussed the current HIV/AIDS housing inventory, and brainstormed needs and opportunities in the landscape of providing HIV/AIDS housing.

July 11, 2014

The Stakeholder Council reviewed a data summary and a status report on the goals of the 2007 HIV/AIDS Housing Plan, both of which were developed by MOHCD, HSA, DPH, and LFA. The group also brainstormed strategies and objectives for the Plan.

August 8, 2014

The Stakeholder Council heard updates on the strategic planning process from LFA and MOHCD, reviewed the guiding principles for the Council, and discussed draft goals, strategies and objectives.

September 12, 2014

The two Work Groups shared updates on their progress to-date. The Stakeholder Council then reviewed the draft Plan.

October 3, 2014

The Stakeholder Council reviewed the results of the Unmet Needs analysis and discussed additional revisions to the draft goals, strategies, and objectives.

B) Stakeholder Council and Work Group Members

Stakeholder Council Member	Organizational Affiliation
Adam Taylor	Office of Scott Weiner, Board of Supervisors
Aidan Poile	Tenderloin Neighborhood Development Corporation
Bevan Dufty	Mayor's Office - Housing Opportunity, Partnerships & Engagement (HOPE)
Bill Hirsh	AIDS Legal Referral Panel
Bobby Fisher	San Francisco AIDS Foundation
Brian Basinger	AIDS Housing Alliance
Brian Cheu	Mayor's Office of Housing and Community Development
Bruce Ito	Mayor's Office of Housing and Community Development
Channing Wayne	HIV Health Services Planning Council
Chris Harris	Positive Health Program, UCSF/SFGH
Chris Simi	Mayor's Budget Office
Ellen Hammerle	Catholic Charities CYO
Enrique Guzmán van Dyken	Department of Public Health
Jeff Bialik	Catholic Charities CYO
Joyce Crum	Human Services Agency
Leah Hilsey	Tenderloin Neighborhood Development Corporation
Lara Sallee	San Francisco AIDS Foundation
Leo Chyi	Mayor's Budget Office
Margot Antonetty	Department of Public Health
Michael Smithwick	Maitri Compassionate Care
Mike Smith	AIDS Emergency Fund
Patricia Sisson	Tenderloin Neighborhood Development Corporation
Perry Lang	Black Coalition on AIDS
Rachel Frederick-Vijay	Mercy Housing California
Rodney Murphy	Dolores Street Community Services
Scott Turner	API Wellness Center
Shane Balanon	Human Services Agency
Sharon Christen	Mercy Housing California
Sherilyn Adams	Larkin Street Youth Services
Tere Brown	Catholic Charities CYO
Teresa Yanga	Mayor's Office of Housing and Community Development
Vidal Antonio	Mission Neighborhood Health Center
Wendy Philips	Dolores Street Community Services

Housing Wait List Work Group Member	Organizational Affiliation
Brandon Flannery	Tenderloin Neighborhood Development Corporation
Brian Basinger	AIDS Housing Alliance
Bobby Fisher	San Francisco AIDS Foundation
Bruce Ito	Mayor's Office of Housing and Community Development
Ellen Hammerle	Catholic Charities CYO
Enrique Guzmán van Dyken	Department of Public Health
George Simmons	Catholic Charities CYO
Lara Sallee	San Francisco AIDS Foundation
Margot Antonetty	Department of Public Health
Michael Smithwick	Maitri Compassionate Care
Shane Balanon	Human Services Agency
Sherilyn Adams	Larkin Street Youth Services
Tim Koehler	Mercy Housing California

Unmet Housing Needs Work Group Member	Organizational Affiliation
Brian Basinger	AIDS Housing Alliance
Bruce Ito	Mayor's Office of Housing and Community Development
Celinda Cantu	Department of Public Health
Enrique Guzmán van Dyken	Department of Public Health
George Simmons	Catholic Charities CYO
Lara Sallee	San Francisco AIDS Foundation
Megan Owens	Human Services Agency

C) Unmet Needs: Number of HIV+ Homeless Individuals

Numerical Value	Variable	Source
Number of HIV+ Homeless Individuals in San Francisco		
29,400	number of homeless individuals	Homeless Point in Time Count & Survey(2013) Megan Owens, Local Homeless Coordinating Board Policy Analyst, Human Services Agency (HSA) (2014)
6%	% of homeless individuals who are HIV+	Point in Time (2013)
	(29,400 x 6.0%) =	
1,764	number of HIV+ homeless individuals	

Subpopulation:	Adults in Families	
127	number of adults residing in homeless family shelters with children	Cindy Ward, Manager, Family, Youth & Prevention Services, Human Services Agency (2014)
6%	% of homeless individuals who are HIV+	Point in Time (2013)
	(127 x 6.0%) =	
8	number of HIV+ adults residing in homeless family shelters with children	
137	mothers and their children reside at domestic violence shelters	Carol Sacco, Associate Director, Department on the Status of Women (2014)
6%	% of homeless individuals who are HIV+	Point in Time (2013)
	(137 x 6.0%) =	
8	number of HIV+ mothers and their children residing at domestic violence shelters	
800	adults of families in SROs	Cindy Ward, HAS (2007)
6%	% of homeless individuals who are HIV+	Point in Time (2013)
	(800 x 6.0%) =	
48	HIV+ adults of families in SROs	
	(8+ 8 + 48) =	
64	homeless adults with HIV/AIDS in families	

Subpopulation:	Disabling HIV and Disabling AIDS	
15,901	number of HIV+ individuals	San Francisco Department of Public Health (SFDPH), HIV Epidemiology Section, 2013 HIV Epidemiology Annual Report
3.79%	% of individuals with disabling HIV/AIDS that are homeless	SFDPH, HIV Health Services Section, ARIES data (2013-14)
	(15,901 x 3.79%) =	
603	homeless individuals with disabling HIV/AIDS	
Subpopulation:	Co-Occurring Disorders (mental health and/or addiction co-morbidities)	
29,400	number of homeless individuals	Point in Time (2013)
6%	% of homeless individuals who are HIV+	Point in Time (2013)
44.2%	estimated % of individuals with co-occurring disorders	Marjorie Robertson et al. "HIV Seroprevalence Among Homeless and Marginally Housed Adults in San Francisco." *American Journal of Public Health*. Vol. 98 No 7. (2004)
	(29,400 x 6% x 44.2%) =	
780	homeless HIV+ individuals with co-occurring disorders	
Subpopulation:	Chronically homeless	
29,400	number of homeless individuals	Point in Time (2013) Megan Owens, HSA (2014)
6%	% of homeless individuals who are HIV+	Point in Time (2013)
31%	% chronically homeless	Point in Time (2013)
	(29,400 x 6% x 31%) =	
547	chronically homeless HIV+ individuals	

Subpopulation:	Youth	
2,965	number of homeless youth (aged 12-24)	Larkin Street Youth Services (2013-14)
10%	rate of HIV seroprevalence among youth	Larkin Street Youth Services (2013-14)
	(2,965 x 10%) =	
297	HIV+ homeless youth	
Subpopulation:	Seniors	
29,400	number of homeless individuals	Point in Time (2013)
6%	% of homeless individuals who are HIV+	Point in Time (2013)
34.50%	% of HIV+ individuals aged 55+	Maree Kay Parisi, SFDPH (2014)
	(29,400 x 6.0% x 34.5%) =	
609	HIV+ homeless seniors	

D) Unmet Needs: Number of HIV+ Individuals At-Risk for Homelessness

Numerical Value	Variable	Source
Number of HIV+ Low-income San Francisco residents at risk for homelessness		
90.06%	% ARIES clients earning at or below 50% AMI	ARIES (2013-14)
15,901	number of HIV+ individuals	SFDPH 2013 HIV Epidemiology Annual Report
	(90.06% x 15,901) =	
14,320	number of HIV+ Low-income San Francisco residents at-risk for homelessness	

Subpopulation:	Individuals Served by Existing Housing Services	
14%	% of S+C and DAH residents disclosing HIV+ status	Enrique Guzmán van Dyken, Health Program Planner, Housing & Urban Health Section, SFDPH (2014) Shane Balanon, Special Programs Manager, HSA (2014)
1707	DAH units	Enrique Guzmán van Dyken, SFDPH (2014) Shane Balanon, HSA (2014)
729	S + C units	Enrique Guzmán van Dyken, SFDPH (2014) Shane Balanon , HSA (2014)
	(1,707 + 729) =	
2,436	total DAH and S+C units	
	(14% x 2,436) =	
334	S+C and DAH units occupied by HIV+ individuals	
759	individuals enrolled in HOPWA	Bruce Ito, Sr. Community Development Specialist - Mayor's Office of Housing and Community Development (2014)
703	individuals enrolled in DPH-funded subsidies	Enrique Guzmán van Dyken, SFDPH (2014)
15,901	number of HIV+ individuals	SFDPH 2013 HIV Epidemiology Annual Report
837,442	number of San Francisco Residents	Census (2013)
	(15,907 / 837,442) =	
1.9%	HIV prevalence in San Francisco	
19,110	number of individuals living in units leased under Section 8	Performance Audit of the San Francisco Housing Authority, San Francisco Budget and Legislative Analyst, June 3, 2013
	1.9% x 19,110 =	
363	number of individuals living in Section 8 units that are HIV +	
	(334 + 759 + 703 + 363) =	
	total number of individuals served by existing housing	

2,159	services	
Subpopulation:	At-risk for being homeless less those receiving other housing support	
14,320	low-income HIV+ individuals	
1,976	total number of individuals served by existing housing programs and services	
	(14,320 - 1,976) =	
12,344	at-risk of homelessness	
Subpopulation:	Not in care	
28%	% of HIV+ Individuals Not In Care (public or private)	Status of the HIV/AIDS Epidemic San Francisco - SFDPH Applied Research, Community Health, Epidemiology and Surveillance Branch,- Presented to HIV Health Services Council on July 28, 2014
15,901	number of HIV+ individuals	SFDPH 2013 HIV Epidemiology Annual Report
	(28% x 15,901) =	
4,452	number of HIV+ individuals not in care	
Subpopulation:	HIV+ Individuals Maxing out of Disability	
18%	HIV+ individuals with FTDI	Office of Supervisor Scott Wiener and Hampton Smith, Budget and Legislative Office, , Board of Supervisors (2014)
14%	% of HIV+ individuals aged 62+	Maree Kay Parisi, SFDPH (2014)
15,901	number of HIV+ individuals	SFDPH 2013 HIV Epidemiology Annual Report
	(18% x 14% x 15,901) =	
401	HIV+ individuals maxing out of disability support	
Subpopulation:	Youth	
54	number of HIV+ youth served by transitional housing beds	Larkin Street Youth Services (2013-14)
Subpopulation:	Seniors	
35%	% of HIV+ individuals aged 55+	Maree Kay Parisi, SFDPH (2014)
15,901	number of HIV+ individuals	SFDPH 2013 HIV Epidemiology Annual Report
	(35% x 15,901) =	

5,486	HIV+ seniors at-risk for being homeless	
Subpopulation:	Formerly Incarcerated	
3.21%	% formerly incarcerated among ARIES participants	ARIES (2013-14)
12,344	HIV+ at-risk of homelessness	
	(3.21% x 12,344) =	
396	formerly incarcerated HIV+ individuals	
Subpopulation:	SRO Residents	
18,500	Estimated number of people living in the 530 buildings classified as SROs by the Planning Department	San Francisco's Single-Room Occupancy (SRO) Hotels: A Strategic Assessment of Residents and Their Human Service Needs (2009)
11.1%	HIV prevalence among SRO residents	Marjorie Robertson et al. "HIV Seroprevalence Among Homeless and Marginally Housed Adults in San Francisco." *American Journal of Public Health*. Vol. 98 No 7. (2004)
	(18,500 x 11.1%) =	
2,054		