



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

*Mayor's Office of Housing and Community Development
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Executive Summary

San Francisco is known for its innovative HIV/AIDS healthcare programs and has a large community of people living with HIV/AIDS (PLWHA). Within the last several decades, San Francisco's rising housing costs brought about an increase in the number of people becoming unstably housed or homeless. For vulnerable communities, including people living with HIV/AIDS, being unstably housed can lead to poor health outcomes.

Unfortunately, people living with HIV/AIDS still experience many obstacles and challenges in their daily lives, not the least of which stem from housing status. It has been noted that stably-housed persons living with HIV/AIDS are far more able to meet their healthcare needs than those who are unstably housed. Thus, this report details how HIV housing services within San Francisco have changed over the last few years; describes where services are progressing that improve housing systems, better meeting the needs of PLWHA; and highlights various goals and strategies that San Francisco seeks to achieve in order to improve access to housing services for PLWHA over the next five years. Those goals include maintaining current housing/ facilities; increasing new housing units; increasing resources for subsidies; expanding access to resources; and improving the efficiency and quality of the housing and service delivery system.

This report continues to serve as an advocacy tool highlighting several HIV housing trends, including the sustained decrease in the number of new HIV infections in San Francisco; an increase in requests from PLWHA for HIV housing services, with little to no increase in dedicated HIV housing development; and a global pandemic that has provided even more challenges in maintaining safe housing communities. For these reasons this plan aims to focus on augmenting sustained community partnerships in order to expand HIV housing available to PLWHA as well as improve the delivery of housing services so that PLWHA know how to access services, better understand how to manage service challenges and develop and achieve their own housing goals. At the time of this report, more than 800 applicants were requesting rental assistance through the Plus Housing program.

HUD's Housing Opportunities for Persons with AIDS (HOPWA) Program is the Federal funding source for most HIV housing services in San Francisco. HOPWA is transitioning to a formula-based funding model based on incidence of infection rather than the historical model based on cumulative AIDS cases. Thankfully, the City and County of San Francisco has provided replacement funding through general fund sources to sustain supportive HIV housing services and prevent PLWHA from experiencing evictions. A revised set of goals and objectives has been developed in partnership with several City of SF leaders, community providers and HIV community members in order to improve services and housing outcomes for PLWHA.

While trends have shown rising costs for households choosing to live in San Francisco, the housing landscape as a whole is ever changing and presents new opportunities to support PLWHA. MOHCD thanks Mayor London N. Breed and the Board of Supervisors for their support to ensure PLWHA are housed, directly improving their overall health.



City and County of SF Partnerships

MOHCD is proud to partner with the following City and County of San Francisco departments to ensure PLWHA receive quality housing services that support the best housing outcomes. Each City department meets as a group on a monthly basis.

Mayor's Office of Housing and Community Development (MOHCD):

The mission of the Mayor's Office of Housing and Community Development (MOHCD) is to coordinate the City's housing policy; to provide financing for the development, rehabilitation, and purchase of affordable housing in San Francisco; and to strengthen the social, physical, and economic infrastructure of San Francisco's low-income neighborhoods and communities in need.

Homelessness and Supportive Housing (HSH):

The Department that oversees homeless services in the City of San Francisco. HSH was officially launched on August 15, 2016 and combines key homeless serving programs from the Department of Public Health (DPH), Human Services Agency (HSA), Mayor's Office of Housing and Community Development (MOHCD), and Department of Children Youth and Their Families (DCYF).

Department of Public Health (SFDPH):

The San Francisco Department of Public Health strives to achieve its mission through the work of two Divisions - the San Francisco Health Network and Population Health and Prevention. The SF Health Network is the City's health system and has locations throughout the City including San Francisco General Hospital Medical Center, Laguna Honda Hospital and Rehabilitation Center, and over 15 primary care health centers. The Population Health and Prevention Division has a broad focus on the communities of San Francisco and is comprised of the Community Health and Safety Branch, Community Health Promotion and Prevention Branch, and the Community Health Services Branch.

Human Services Agency (HSA):

At the Human Services Agency, we are committed to delivering essential services that support and protect people, families, and communities. We partner with neighborhood organizations and advocate for public policies to improve well-being and economic opportunity for all San Franciscans.



Plan History and Methodology

The HIV Housing Plan has been presented as a supplement to the City's Five-Year Consolidated Plan¹, submitted to the US Department of Housing and Urban Development (HUD) to inform them of challenges in providing housing services for PLWHA as well as to explain how goals and strategies developed with each plan result in reducing those challenges and improving long-term housing outcomes.

Since the creation of the first HIV Housing Plan in 1994, groups of collaborators have contributed their experience and knowledge working with PLWHA in various types of settings such as social services, medical care, social/community engagement and housing. Following the initial 1994 plan, San Francisco published three subsequent HIV/AIDS Housing Plans: in 1998, 2007, and most recently in 2014.

In July 2019, the Mayor's Office of Housing and Community Development (MOHCD) partnered with Resource Development Associates (RDA) to strategically plan the creation of a revised HIV/AIDS Housing Plan for the City and County of San Francisco. MOHCD and RDA met with community stakeholders through several focus groups and community forums, taking requests/suggestions/notes, recording expressed needs from community members, and suggesting hopeful goals for inclusion.

In addition, a workgroup met on a monthly basis to develop a planning process resulting in this plan. Due to the onset of the COVID-19 pandemic the group sustained a year's pause in meeting.

The contributors to this 2020 plan are defined below:

1. HIV Housing Workgroup: comprised of community HIV advocates, HIV social service workers, medical case managers, HIV housing advocates, HIV service administrators, community stakeholders, etc.
2. Steering Committee: comprised of appointed City officials who advise on behalf of the services they provide to ensure partnership in actualizing the plan's strategies and goals.
3. Focus Groups: members of the 50 Plus HIV/AIDS Community and HIV Housing Service providers across San Francisco, among others, participated in a discussion to provide insight into the challenges of those currently living with HIV/AIDS. While these focus group members' voices can be heard throughout this plan, their concerns are specifically noted in the goals and strategies that will work to ensure fair policies and equitable service provision.

¹ 2020-2024 MOHCD Consolidated Plan
<https://sfmohcd.org/sites/default/files/Revised%202020-2024%20Consolidated%20Plan%20and%202020-2021%20Action%20Plan%20%28no%20Appendix%29.pdf>



4. Community Partner Networks: include the Long-Term Care Council Task Force, the HIV Advocates Networks, the HIV/AIDS Provider Network, the Getting to Zero Initiative, the HIV and Aging workgroup, the SF HIV Frontline Workers Organizing Group (FOG), and the SF Rent Board. These networks and collaboratives were consulted to discuss what they felt was needed in San Francisco's HIV Housing continuum.

Each of these community partners thoughts and ideas proved essential in progressing the legacy of previous HIV Housing plans. Ensuring frequent committee and community collaboration is key in improving current housing strategies and systems, because as the needs of the HIV community change, these community partners hear directly from those being served and have created innovative ways of gathering feedback.



Housing is Healthcare

Summary

For years, studies have shown that to prevent and treat HIV/AIDS in North America, we must end homelessness and housing instability for people living with and at risk of HIV infection.² In the earlier years of the AIDS epidemic, health care and housing providers figured out that without housing, the health of people living with AIDS deteriorated far more rapidly than for those who had stable homes, coining the term: "Housing is healthcare."

Decades later the phrase still rings true and has expanded meaning in the challenging work of ending homelessness for all people, including families, single adults, youth, and veterans. A body of research now exists on housing as healthcare outside of the realm of HIV, and makes a strong enough case that healthcare organizations have begun making significant investments in housing. As an example, Oakland-based Kaiser Permanente helps keep apartment buildings affordable and finds housing for homeless residents, providing funds through the company's \$200 million Thriving Communities Fund and through a second nationwide loan fund with Enterprise Community Partners.³

The significant challenges faced by PLWHA, as noted in the HIV Planning Council's Integrated HIV Plan, describes several trends amongst those living with HIV/AIDS. In San Francisco, persons of color make up 58.1% of the total population, with Asian residents alone making up over one-third (33%) of the City's total population. The nation's largest population of Chinese Americans live in the City of San Francisco, joined by a diverse range of Asian immigrants, including large numbers of Japanese, Vietnamese, Laotian, and Cambodian residents. A large number of Latino immigrants also reside in the region, including native residents of Mexico, Guatemala, El Salvador, and Nicaragua. Regionwide, 31.6% of residents were born outside the US and 41.7% of

² This Housing is Healthcare brief borrows extensively (and most gratefully) from "Evidence into Action: Housing is HIV Prevention and Care", the policy paper from the 2011 North American Housing and HIV/AIDS Research Summit, September 2011

https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/key_resources/housing_and_supportive_services/evidence_into_action_housing.pdf

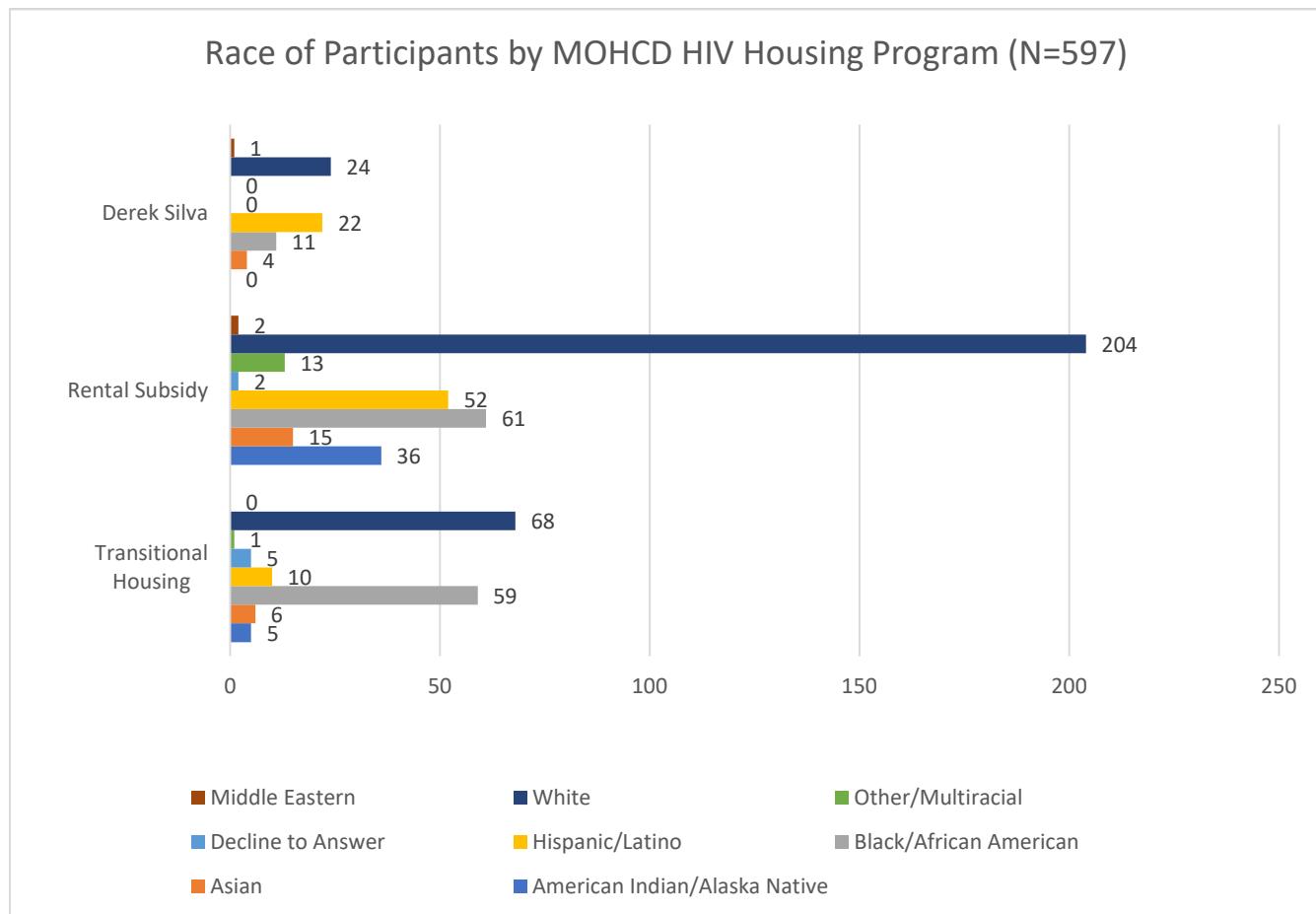
³ Fast Company: "This healthcare giant invests millions in affordable housing to keep people healthy", January 2019

<https://www.fastcompany.com/90291860/this-healthcare-giant-invests-millions-in-affordablehousing-to-keep-people-healthy>



residents speak a language other than English at home with over 100 separate Asian dialects alone spoken in SF.⁴

*The below charts display data of PLWHA that accessed services through MOHCD in 2020-2021 only.



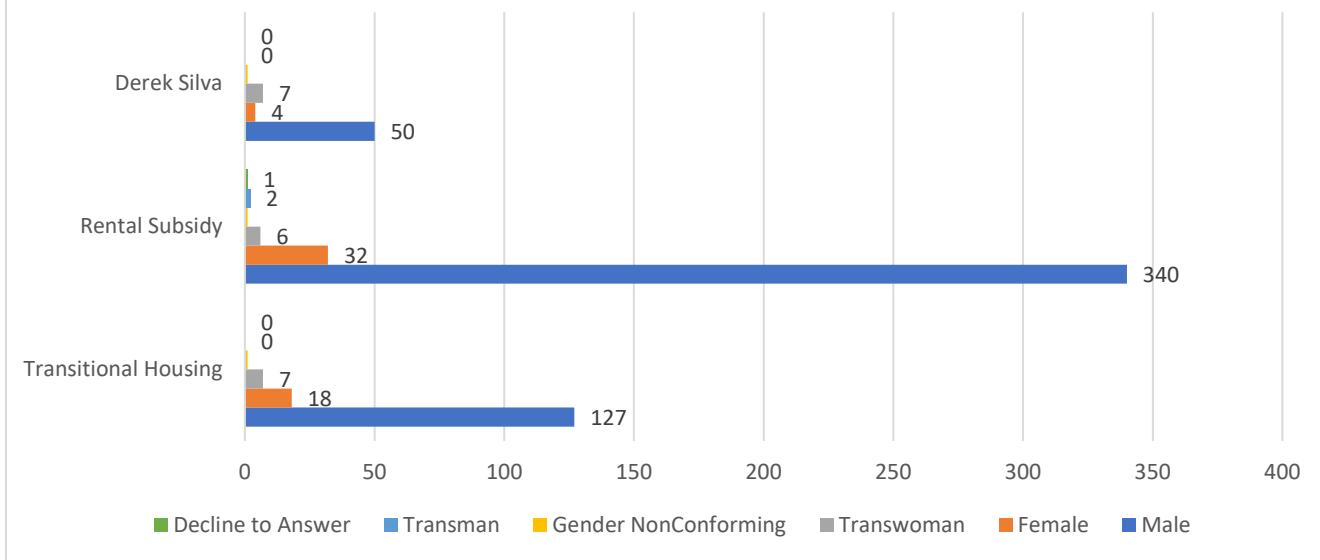
⁴ SF HIV Planning Council: Integrated HIV Plan 2014:

<https://www.sfhivplanningcouncil.org/Documents/docs/Integrated%20Plan/Final%202017-2021%20SF%20Integrated%20HIV%20Plan.pdf>

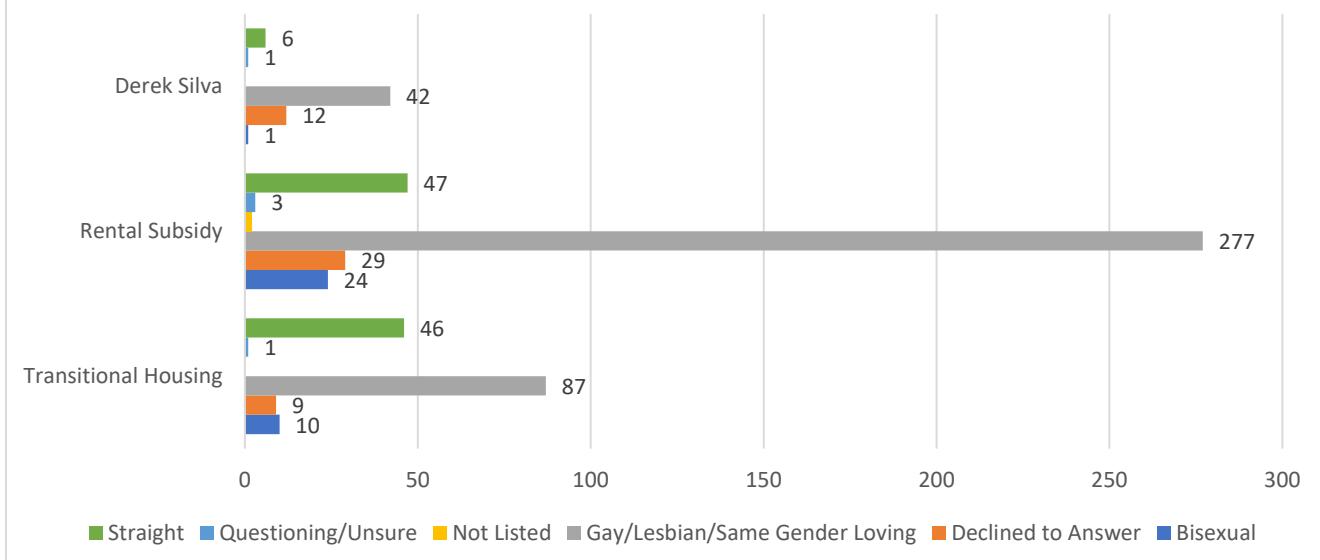


City and County of San Francisco
Mayor's Office of Housing and Community Development
2020-2025 HIV Housing Plan

Gender Identity of Participants by MOHCD HIV Housing Program
(N=597)



Sexual Orientation of Participants by MOHCD HIV Housing Program
(N=597)





Housing is critical to HIV care and control

Combination antiretroviral therapy (ART) can effectively manage HIV disease and dramatically reduce ongoing HIV transmission, yet even where ART is relatively easy to access, the ongoing AIDS crisis is marked by stalled prevention efforts and worsening HIV health disparities. These health inequities are driven by poverty, place, and other structural factors that shape and constrain individual behaviors.

According to a growing body of research, housing status has a direct, independent, and powerful impact on HIV incidence and on the health of people living with HIV/AIDS. Homelessness and unstable housing are consistently linked to greater HIV risk, inadequate HIV health care, poor health outcomes and early death. In fact, housing status is a stronger predictor of HIV health outcomes than demographics, mental health, substance use, or use of other services. Whatever factors make someone vulnerable to HIV infection, homelessness magnifies their risk. Whatever factors lead to disparities in care – for women, for youth, for sexual minorities, for people of color, for those who experience mental illness, addiction, violence, abuse or incarceration – housing instability amplifies these disparities in tragic and avoidable ways.

The published evidence on the effectiveness of housing assistance as HIV health care is in fact more substantial than the evidence for many widely accepted health care interventions. Yet housing supports are still considered an ancillary service rather than a core prevention and health care intervention. Given what we know about the impact of housing on HIV prevention and care, providing stable housing for people with or at high risk of HIV is a moral/human rights issue, a public health issue, and an issue of fiscal responsibility.

Why We Need AIDS Housing

1. Need: Persons living with HIV/AIDS (PLWHA) are significantly more vulnerable to becoming homeless during their lifetime.
2. HIV Prevention: Housing stabilization can lead to reduced risk behaviors and transmission.
3. Improved treatment adherence and health: Homeless persons with AIDS assisted with HOPWA housing support demonstrated significant reduction in HIV viral load.
4. Cost saving: Homeless or unstably housed PLWHA are more frequent users of high-cost hospital-based emergency or inpatient services, shelters, and the criminal justice system.
5. Discrimination and stigma: AIDS-related stigma and discrimination add barriers and disparities in access to appropriate housing and care along with adherence to HIV treatment.

From HOPWA (Housing Opportunities for Persons With AIDS) brochure, 2012



HIV and Health Inequities

The North American HIV epidemic is increasingly concentrated in low-income and marginalized communities, and housing need drives HIV-related health disparities. Members of racial, ethnic and sexual minorities continue to account for the majority of people living with HIV/AIDS, new HIV infections, new AIDS diagnoses, and AIDS deaths. According to San Francisco AIDS Foundation (SFAF) statistics, African Americans are disproportionately represented among new HIV infections. While Black San Franciscans are only 6% of the city's population, they represented 17% of new diagnoses in 2019. Furthermore, the five-year survival probability among people diagnosed with AIDS between 2006 and 2015 was 80% for African-Americans compared to 87% for whites, 91% for Latinos, and 91% for Asian/Pacific Islanders.⁵

However, U.S. research points to poverty, not race, as the most significant factor contributing to HIV-related health inequities. According to U.S. Centers for Disease Control and Prevention (CDC) surveillance data, heterosexual men and women in two dozen major U.S. cities living below the poverty line are twice as likely to have HIV infection as those living above it, and other social determinants of health, including homelessness, unemployment, and low education level, are also independently associated with HIV infection.

Lack of housing is a structural barrier to prevention and cure

We have the tools to end AIDS in the United States. HIV infection can be effectively managed with ART, and research shows that successful therapy also dramatically reduces ongoing HIV transmission. Yet there has been limited decline in the number of new HIV infections and large numbers of HIV-positive persons remain outside of care.

Housing instability, a key marker of extreme poverty, is both a cause and an effect of the ongoing AIDS crisis in North America. Rates of HIV infection among homeless persons are as much as 16 times higher than in the general population, and at least half of all persons living with HIV report experiencing homelessness or housing instability following diagnosis. Housing status is also a key determinant of worsening HIV health disparities. Among persons at greatest risk of HIV infection (e.g., men who have sex with men, persons of color, homeless youth, people who inject drugs, and impoverished women), those who lack stable housing are significantly more likely to acquire HIV over time. Even in communities of concentrated poverty, the rate of new HIV infections is almost twice as high for persons with a recent experience of homelessness, compared to those with stable housing.

Compared to their peers who are stably housed, persons living with HIV who lack stable housing are more likely to delay HIV care, have poorer access to regular care, are less likely to receive optimal ART, and are less likely to adhere to therapy. Homeless people with HIV experience worse overall physical and mental health than their housed counterparts, have lower CD4 counts

⁵ San Francisco AIDS Foundation demographic statistics:
<http://sfaf.org/hiv-info/statistics>



and higher viral loads, and are more likely to be hospitalized and use emergency rooms. Homelessness is independently associated with HCV/HIV co-infection, and the death rate due to HIV/AIDS is seven to nine times higher among homeless persons than in the general population.

A report on the newly-created San Francisco General Hospital HIV Pop-Up Clinic at Ward 86 provided 2019 data that 75% housed persons with HIV in SF are virally suppressed vs. 33% of homeless persons, and patients with more unstable housing have higher numbers of drop-in visits (and ER visits and hospitalizations).⁶ On a related note, SFAF reported that people who are virally suppressed have better health outcomes and do not transmit HIV, and the percentage of persons diagnosed with HIV who are experiencing homelessness is increasing: in 2017, 14% of people diagnosed with HIV did not have housing at the time of their diagnosis, compared to 9% in 2011.⁷

Stable housing also appears to improve survival. The San Francisco Department of Public Health (DPH) compared mortality over a five-year period for homeless people with AIDS who received supportive housing through the Department's Direct Access to Housing (DAH) program (70) and those who did not (606). There were two deaths among persons who received DAH supportive housing, and 219 deaths among those who were not housed. After adjusting for potentially confounding variables, supportive housing was independently associated with an 80% reduction in mortality.

Housing is HIV Prevention

Housing status also independently predicts behaviors that transmit HIV, after adjusting for other factors. Data gathered by the CDC from more than 8,000 persons with HIV show that, compared to stably housed persons with HIV and controlling for other factors, persons with HIV who lack stable housing are: 2.9 times more likely to engage in sex exchange; 2 times more likely to have unprotected sex with an unknown status partner; 2.3 times more likely to use drugs; and 2.75 times more likely to inject drugs. Furthermore, a review of the literature shows that housing instability itself magnifies HIV risk for vulnerable populations such as transgender persons, street-involved youth, and injection drug users.

Persons who improve their homeless or unstably-housed status reduce risk behaviors by as much as half, while persons whose housing status worsens are as much as four times more likely to engage in behaviors that can transmit HIV. Indigent women with a federal housing voucher were only half as likely to engage in risky sexual behaviors as a matched group of homeless

⁶ UCSF: "Where HIV Treatment is Failing the Homeless in San Francisco, A New Clinic Steps In", March 2019

<https://www.ucsf.edu/news/2019/03/413606/new-clinic-addressing-hiv-disparities-among-homeless-san-francisco>

⁷ San Francisco AIDS Foundation demographic statistics:

<http://sraf.org/hiv-info/statistics>



women, in part because housing appeared to protect against victimization by physical violence. Perhaps most importantly, housing assistance improves access and adherence to antiretroviral medications, which lowers viral load and can significantly if not entirely reduce the risk of transmission to a partner.

Housing Reduces Public Costs

Housing assistance for people living with HIV and other chronic illnesses not only improves health but is also a key cost containment strategy. People coping with homelessness are frequent users of expensive crisis services including shelters, jails, and avoidable emergency and hospital care. For the chronically ill, many with co-occurring conditions, housing instability translates into poor health outcomes, inappropriate health care utilization and mounting public costs.

A large-scale study commissioned by the Los Angeles Homeless Services Authority examined a wide range of public costs among over 10,000 homeless persons in Los Angeles County, including 1,000+ who were able to exit homelessness via supportive housing. The average public costs for impaired homeless adults decreased 79% when they were placed in supportive housing. Most savings in public costs came from reductions in outlays for avoidable crisis health services, with the greatest average cost savings realized among persons with HIV/AIDS who moved from homelessness into housing.

A 2011 published study of people living with HIV enrolled in the San Francisco Department of Public Health Direct Access to Housing (DAH) program showed that housing intervention dramatically reduces avoidable healthcare spending. An analysis of public healthcare utilization by HIV-positive residents (hospital, ER, inpatient, skilled nursing facility) two years before and two years after placement in the DAH low-threshold permanent supportive housing program revealed that the 13% of HIV positive residents who were “high users” (over \$50,000/year in healthcare costs) accounted for 73% of total healthcare costs for the group. While use of outpatient services (predominantly primary care) increased after placement in housing, use of expensive institutional care declined significantly. Median healthcare costs for high users dropped from \$100K/year per person prior to housing to under \$2K/year per person after placement. Significantly, net healthcare costs dropped dramatically for the group as a whole following entry into supportive housing, with cost reductions among high users of health care generating savings that more than offset housing costs for all HIV-positive residents.

These analyses demonstrate the cost effectiveness of housing assistance for persons with chronic illness even before considering the costs of HIV treatment failure and heightened HIV risk among people who are homeless. Per a 2015 AIDS United study, each HIV infection prevented through increased housing stability saves almost \$380,000 in lifetime medical costs.⁸

⁸ AIDS United: “Stable Housing - A Lifeline for People Living with HIV”, 2016
https://www.aidsunited.org/data/files/Site_18/AW2015-StableHousing_Web.pdf



A more recent estimate, from Peter Claver Community in San Francisco, estimates that figure at almost \$440,000.

Gaps Analysis in HIV Housing

Background

To develop its HIV/AIDS Housing Five-Year Plan, MOHCD, in collaboration with the San Francisco HIV Housing Workgroup, initiated a process in July 2019 to gather and review data on the inventory of HIV/AIDS housing resources and the level of need for housing assistance among City residents living with HIV/AIDS. To support this unmet need analysis, MOHCD contracted with Resource Development Associates (RDA) to compile, analyze, and interpret relevant data from City agencies and contracted not-for-profit providers. This section of the HIV/AIDS Housing Five-Year Plan reviews the indicators, data sources, methods, and results of this analysis.

HIV/AIDS Housing Trends in San Francisco

Recently published in the 2019 SFDPH HIV Epidemiology report, San Francisco's of people living with HIV currently makes up two percent of people living with HIV in the United States.⁹ As of December 2019, there were 15,908 people diagnosed and living with HIV in San Francisco; eighteen percent of new HIV diagnoses were in homeless people. In 2019, San Francisco had 166 new HIV infections, its lowest to-date record in three years (with 197 new HIV infections in 2018 and 227 in 2017 respectively).¹⁰

While in-depth analyses of HIV/AIDS trends and affordable housing trends in San Francisco are beyond the scope of this plan, other City agencies regularly publish reports that provide detailed data and analysis on these topics. The Department of Public Health (DPH) publishes annual HIV/AIDS epidemiology reports that detail trends among the populations of persons contracting, living with, and passing away from AIDS-related complications, and the Planning Department publishes regular housing inventory and cost trend reports. However, the following overarching factors affect the City's HIV/AIDS housing inventory:

Continued rise of housing costs in San Francisco and the Bay Area beyond federal subsidy limits. As has been the case for many years, housing costs in San Francisco continue to rise beyond the Fair Market Rate (FMR) established by the US Department of Housing and Urban Development (HUD)

⁹ 2019 SFDPH Epidemiology Report

https://www.sfdph.org/dph/files/reports/RptsHIVAIDS/AnnualReport2019_Indigo_20200908_Web.pdf

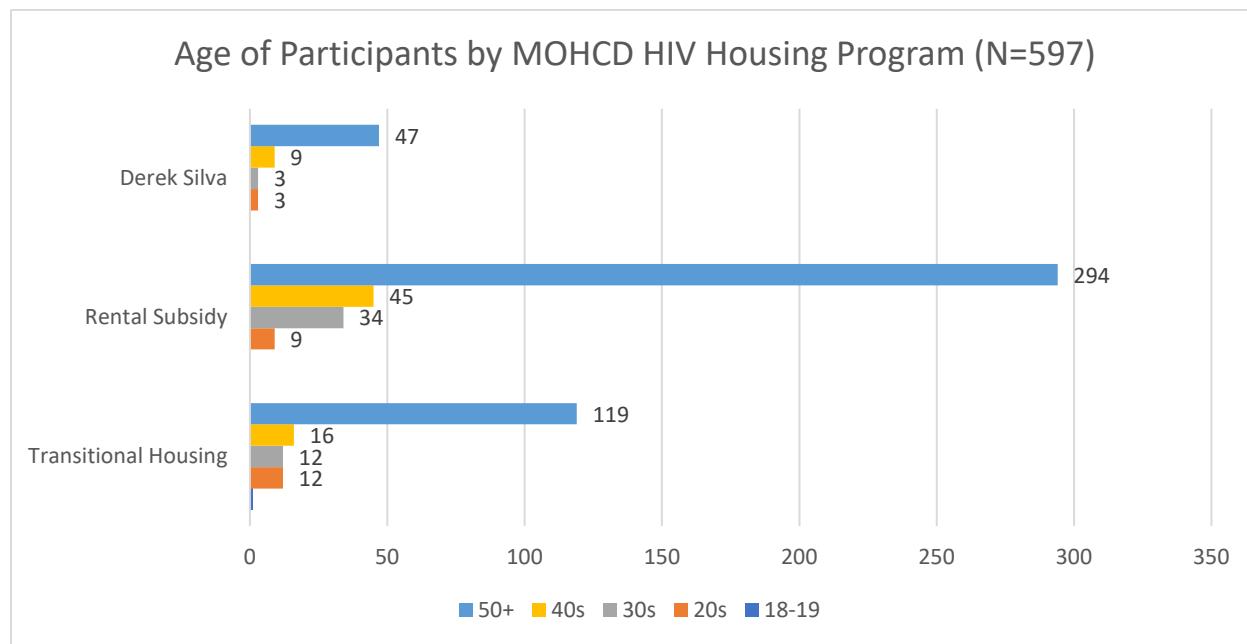
¹⁰ 2018 SFDPH HIV Epidemiology Report

<https://www.sfdph.org/dph/files/reports/RptsHIVAIDS/HIV-Epidemiology-Annual-Report-2018.pdf>



as well as the payment standards allowed by the San Francisco Housing Authority (SFHA). In addition, regional housing costs have also continued to rise dramatically. Because the price of rental housing is so expensive, and because the vacancy rate of affordable units is extremely low, it is difficult to leverage federal housing subsidies. The average cost of a studio apartment in San Francisco exceeded \$2,900 in 2019, which is \$900 more than FMR in 2019 (\$2,069) and \$700 more than the SFHA payment standard (\$2,215).¹¹

PLWHA living longer and aging while living with HIV/AIDS. As has been the case since the last five-year plan, many PLWHA are now living into their fifties, sixties, and beyond. At the same time, PLWHA of all ages are living longer with more stable health due to effective antiretroviral treatments. As a result, facilities that provide housing or residential services for PLWHA are experiencing increasing lengths of stay with decreasing turnover, lowering their capacity to serve new clients.



Methods and Data Sources

To assess the unmet need for HIV/AIDS housing, RDA developed a set of indicators and calculation methodology informed by:

- MOHCD staff expertise in HIV/AIDS housing;
- Recommendations from the HIV Housing Workgroup;
- Prior HIV/AIDS Housing Five-Year Plans;
- Extant City-wide datasets; and,
- Limitations in the available data.

¹¹ Rent data from Zillow Research, FMR and payment standards from the SFHA.



MOHCD, RDA, and the HIV Housing Workgroup collaborated to first identify and then obtain the most relevant and up-to-date data. In cases where multiple sources represented the same indicators with different values, MOHCD and RDA selected the option that best aligned to counting methods for other indicators. Several City agencies—including MOHCD, the Department of Homelessness and Supportive Housing (HSH), and the Department of Public Health (DPH)—provided data for this effort. Where possible, the RDA team reviewed relevant academic research literature and publicly available reports to identify and/or corroborate these values.

MOHCD submitted de-identified data to RDA, and the RDA team inventoried, compiled, cleaned, and analyzed these data to describe the HIV/AIDS housing inventory, housing placement and turnover rates, and the extent of need unmet by current HIV/AIDS housing assistance. Indicators and sources are listed in the table below.

Table 1. Indicators for Calculating Unmet HIV/AIDS Housing Need among San Francisco PLWHA

Indicator	Definition
A.1 # Homeless or unstably housed PLWHA	Living in an SRO, on the street, in a shelter, or in a car
A.2 # Severely rent-burdened PLWHA	Paying at least 50% of income toward rent. May include some SRO residents also captured within A.1
A. Estimated need for HIV/AIDS housing resources	A.1 + A.2
B.1 # Dedicated subsidies	Includes full/standard subsidies and shallow/partial subsidies
B.2 # Dedicated permanent units	Includes all permanent capital units, including transitional housing units and units in permanent residential care facilities for PLWHA
B.3 Annual turnover availability rate	The portion of units and subsidies that become available each year to new tenants. Rising rents mean that as subsidies are vacated, only a portion of them can be re-allocated to new tenants.
B. Total units and subsidies available annually	(B.1 + B.2) x B.3
C. Annual Unmet HIV/AIDS Housing Need	A – B

Need for HIV/AIDS Housing Resources

This section describes an estimate of the City-wide demand for housing assistance resources among San Francisco residents living with HIV/AIDS. It almost goes without saying that the available housing designated for PLWHA falls significantly short of the need; indeed, the overall



supply of affordable housing pales in comparison to the overall demand among all of the City's low-income as well as moderate-income residents. Although it can be assumed that nearly all low-income households in San Francisco affected by HIV/AIDS could benefit from some form of housing assistance, it is also reasonable to assume that resources are unable to scale to that level.

This plan attempts to describe the level of need among those PLWHA who are most significantly impacted by the cost of housing. Specifically, this plan describes housing assistance "need" to include households or individuals who are either a) *unstably housed or experiencing homelessness* (lacking a fixed, regular, or adequate nighttime residence) or b) *severely rent-burdened* (paying at least 50% of their income toward housing costs).

Including both PLWHA households that are *severely rent-burdened* and those that are either *unstably housed* or *experiencing homelessness*, this plan estimates that a total of **2,560** households need housing assistance resources of some form.

Figure 1: Households in Need of HIV/AIDS Housing Resources (2019)

Category	Households
Severely Rent-Burdened	170
Unstably Housed or Homeless	2,390
TOTAL	2,560

Severely Rent-Burdened

When a household's total income is at or below 50% of the area's median income (AMI), that household is considered *low-income*. When a household pays up to 30% of its total income toward housing costs, HUD and other state and local agencies consider housing to be *affordable* for that household; however, many low-income households are not living in affordable housing. A household is considered *cost-burdened* when housing costs are between 30% and 50% of total income, and a household is considered *severely rent-burdened* if housing costs exceed 50% of total income.

National research indicates that approximately half of all households across the US are *cost-burdened*.¹² Given the cost of housing today in San Francisco, it is reasonable to assume that nearly all *low-income* PLWHA households in San Francisco are also *cost-burdened*. It is commonly understood that most low- and moderate-income households in San Francisco are struggling to afford and remain in their housing, in general. Under the housing crisis of 2019, it is neither feasible nor realistic to provide housing assistance using a standard that includes nearly all households. While prior plans have used estimates of *low-income* households affected by HIV/AIDS, the 2020 plan uses the higher threshold of *severely rent-burdened*. Instead, this plan

¹² <https://www.apartmentlist.com/rentonomics/cost-burden-2019/>



uses the higher standard of *severely rent-burdened* to estimate the number of housed PLWHA who need housing assistance. MOHCD's data reflects that there are **170** *severely rent-burdened* PLWHA households in San Francisco.¹³

Unstably Housed or Homeless

This report assumes all PLWHA who are homeless or unstably housed need housing assistance. The RDA and MOHCD teams reviewed publicly available data and consulted with the HIV Housing Work Group and DPH experts to identify the best source for an estimate of unstably housed and homeless PLWHA in San Francisco and determined that the Medical Monitoring Project (MMP) provided the best estimate. MMP considers participants to be homeless or unstably housed if they report that they are living in an SRO, on the street, in a shelter, or in a car. According to MMP data from 2016, there were an estimated **2,390** homeless or unstably housed PLWHA living in San Francisco.¹⁴

Availability of HIV/AIDS Housing Resources

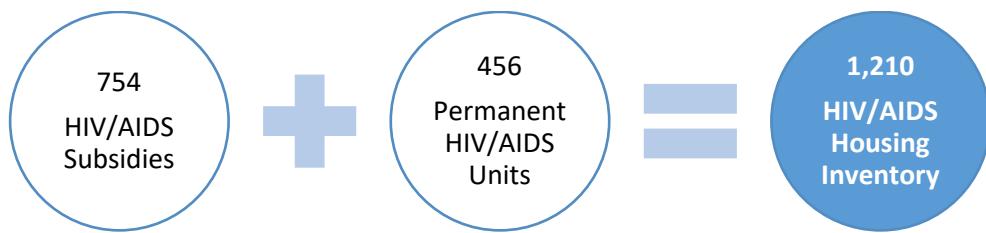
In San Francisco, HIV/AIDS housing resources are limited by the available funding. Each year, a portion of these resources become available to new households due to attrition or death. Because the cost of housing is rising, not all housing resources that turn over will become available to new households. This plan estimates that there are **28** project-based/capital units that will become available each year to new HIV/AIDS households, assuming constant funding for HIV/AIDS housing resources.

HIV/AIDS Housing Inventory

PLWHA may qualify for and receive any type of housing assistance resource in San Francisco, but there are dedicated resources for PLWHA: *permanent units* and *subsidies*. While funding for permanent housing units dedicated for PLWHA primarily comes from HUD's Housing Opportunities for Persons with AIDS (HOPWA) Program, housing assistance subsidy programs for PLWHA may be funded through HOPWA, Section 8, or the City's General Fund. The City currently provides dedicated housing resources for up to **1,215** households affected by HIV/AIDS, described in the sections below.

¹³ Some households may be counted twice, e.g. an SRO household may be counted as both *unstably housed* as well as *severely rent-burdened*.

¹⁴ This figure may underestimate the true number of PLWHA who are homeless or unstably housed in San Francisco because it only counts individuals who have been diagnosed and also reported to the health department. Individuals who are unaware of their HIV+ status are not reflected in the data.



Subsidy Programs

Housing subsidy programs assist individuals in meeting the full cost of rent. Subsidies may be either *tenant-based* (the subsidy follows the individual to a unit of their choosing, mostly in the private market) or *project-based* (the subsidy is for the unit itself, mostly in the non-profit housing market). Additionally, subsidies may be either *full or standard* (derived from the difference between the tenant's monthly income and the monthly rent), or *shallow or partial* (fixed, moderate monthly amounts). MOHCD administers HIV/AIDS subsidies directly to residents, and also funds local AIDS service organizations (ASOs)—the San Francisco AIDS Foundation (SFAF), the Q Foundation and Catholic Charities (CC)—to administer them. In addition to the 624 existing subsidies in 2019, at the time of writing in December 2019, the Q Foundation was approved to administer 130 individuals with some form of rental assistance, either through emergency rental assistance, on-going partial subsidies or on-going full rental subsidies. This additional rental assistance is counted in the total below. The City currently provides **754** rental subsidies to PLWHA, which is 24% fewer than the 998 available five years ago.

Table 2: HIV/AIDS Housing Assistance Subsidies, 2019

Subsidy Type	Agency	Quantity
Full or standard	MOHCD (<i>full</i>)	186
	SFAF (<i>standard</i>)	244
SUBTOTAL		330
Shallow or partial	SFAF (<i>partial</i>)	15
	SFAF (<i>shallow</i>)	90
	CC (<i>shallow</i>)	89
SUBTOTAL		194
New Q Foundation subsidies		130
TOTAL SUBSIDIES		754

Funding for all HIV/AIDS subsidies remained relatively flat over the previous five years but the cost for rental housing in San Francisco consistently rose. As subsidies “turned over” through attrition, new subsidy amounts needed to increase. As a result, the total number of subsidies available steadily declined during this period.

To demonstrate how rising costs affect the number of subsidies available, the following charts



illustrate that costs for SFAF subsidies increased each year between FY 14/15 and FY 19/20, and, as a result, the number of subsidies available for new households decreased.¹⁵ These trends indicate that planning for future housing assistance for PLWHA in San Francisco should account for continued attrition as housing costs continue to rise.

Figure 2: SFAF Subsidy Costs by Type,
FY 14/15 to FY 19/20

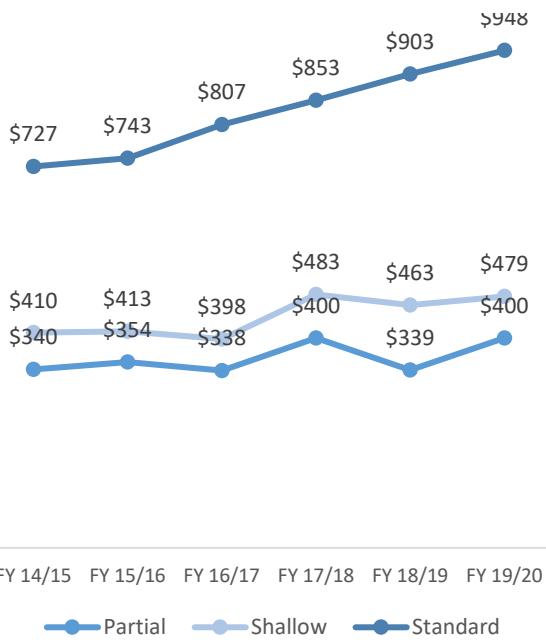
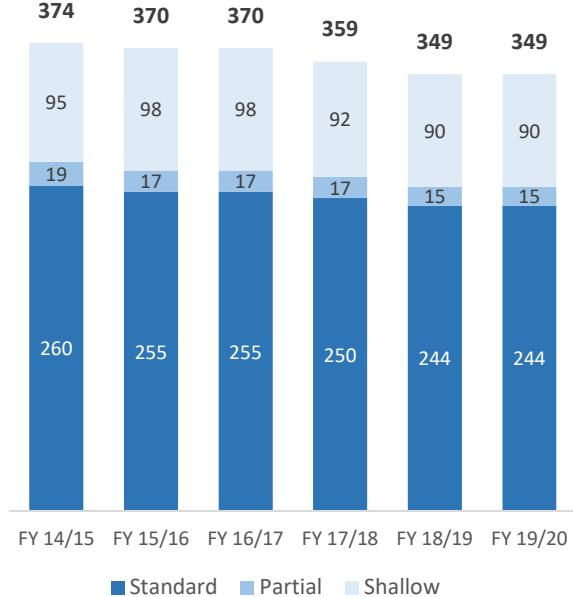


Figure 4: SFAF Subsidies by Type,
FY 14/15 to FY 19/20



Permanent Capital Units

Targeted, permanent units are available to PLWHA in San Francisco through independent living associations (ILA), licensed Substance Use Treatment (SA), permanent supportive family housing units (PSH), transitional housing (TH), and Residential Care Facilities for the Chronically Ill (RCFCIs). Most permanent units for PLWHA in San Francisco are managed by non-profit providers in mixed-population sites or developments that braid HOPWA funds with other sources. Typically, HOPWA funding provides for both the capital construction costs as well as the dedication costs to set aside units for qualifying PLWHA. There are **456** permanent units dedicated for PLWHA in San Francisco, indicating a high rate of retention or replacement of the 464 units that were available five years ago.

- *ILAs* are privately-owned homes or complexes that provide housing for adults with disabling health conditions, serving residents that do not need medication oversight, are able to function without supervision, and live independently.

¹⁵ Data were collected in October of 2019, so estimates for FY 19/20 are incomplete.



- Licensed SA units are 23. Licensed Substance Use treatment (SA) units are housing units that are provided as part of in-patient substance abuse treatment and must only be made available to persons living with HIV/AIDS.
- PSH units are long-term housing provided to families or households affected by HIV who need access to services in addition to housing. These units are managed by non-profit providers and include onsite services such as case management, referrals to external services, and support groups. PSH programs may be open to any age, dedicated for transition-age youth (TAY), or dedicated for older adults.
- TH services support individuals as they move from homelessness to permanent housing. Residents of TH facilities receive case management and referral services for short or moderate stays typically lasting 6–12 months.
- 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 placements are available.

Table 3: Dedicated HIV/AIDS Units, 2019

Unit Type	Quantity
ILA	304
Licensed-SA	23
PSH	5
TH	11
RCFCI	113
TOTAL	456

Turnover Rate for HIV/AIDS Housing Resources

MOHCD manages and tracks data on 630 of these 1,215 units and subsidies; those data reflect that 46 new HIV/AIDS housing placements occurred between August 2016 and August 2019.

However, not all units or subsidies that are vacated will turn over to new households. The inventory of units and subsidies declined from 1,462 to 1,215 over the last five years. As previously mentioned, the total slots that can be turned over to new households decreased due to relatively flat funding for HIV/AIDS housing and dramatically increased housing costs. As a result, this plan assumes an estimated **28** units will turn over due to participant exit to the program (deceased or have moved out of San Francisco).



Unmet Need for HIV/AIDS Housing



Cost of HIV/AIDS Housing Resources

Subsidy Costs. Records obtained from MOHCD, the San Francisco AIDS Foundation (SFAF), and Catholic Charities provided average subsidy costs. At the time these data were collected in 2019, there were 624 HIV/AIDS subsidy slots in use across these organizations, at an average annual cost of \$9,765 across all subsidy types. As discussed in earlier sections, the total number of subsidies and costs fluctuate as rents increase, so the following table illustrates average costs at a point-in-time.

Table 4: Subsidy Costs, 2019

Type	Agency	Quantity	Avg Monthly	Avg Annual	Annual Total
Full or Standard	MOHCD	186	\$1,148	\$13,776	\$2,562,336
	SFAF	244	\$894	\$10,728	\$2,617,632
Partial or Shallow	SFAF – partial	15	\$347	\$4,164	\$62,460
	SFAF – shallow	90	\$424	\$5,088	\$457,920
	CC – \$250	19	\$250	\$3,000	\$57,000
	CC – \$400	70	\$400	\$4,800	\$336,000
TOTALS		624	\$814	\$9,765	\$6,093,348

Cost of Permanent Units. Permanent units for PLWHA have both upfront costs to set aside the unit for PLWHA as well as ongoing operating costs. According to MOHCD data, the cost to dedicate a unit of housing for PLWHA is about \$25,000, and the cost to construct a single new unit of housing is around \$700,000. These costs to construct or set aside a unit of housing for PLWHA are one-time costs. In order to more effectively compare the relative costs of HIV/AIDS subsidies with the costs of operating permanent units set aside for PLWHA, this plan estimates those ongoing costs.

For the purposes of estimating annual costs, this plan assumes that PLWHA living in permanent set-aside units receive disability benefits (SSDI) and live in a project-based voucher (PBV) studio



or one-bedroom unit. Data from the Social Security Administration reflect that the average monthly SSDI payment for a recipient in San Francisco is \$1,234. SFHA uses fixed payment standards to determine maximum allowable rent for PBV residents, and the combined average payment standard (maximum allowable rent) between PBV studios and PBV one-bedroom units is \$2,417. PBV tenants pay 30% of their income toward rent, and the SFHA pays the difference up to the maximum allowable rent.

Table 5: Operating Costs for a Permanent Set-Aside Unit, 2019

Monthly Income	SDI Payment	\$1,234
Tenant's Rental Cost	30% of income	\$370
Total Monthly Rent	Average SFHA Payment Standard for studios & one bedrooms	\$2,417
City's Monthly Cost	Difference between payment standard and tenant's share	\$2,047
ANNUAL COST FOR A PERMANENT SET-ASIDE UNIT		\$24,564

Because HOPWA subsidies are funded by incidence of infection per eligible metropolitan statistical area and San Francisco's rate of HIV infection is dramatically decreasing, HUD has communicated an expected decline in funding after 2022. This places a heavy burden on MOHCD as the administrator of various HOPWA housing assistance programs. MOHCD is challenged to creatively maintain subsidies and rental assistance through partnerships with community-based organizations and through the City and County of San Francisco's General Funds.

COVID-19 has created a budget deficit for the City and County; this deficit has strained the ability to earmark dollars for rental assistance but, thanks to several HIV housing advocates and the SF Board of Supervisors, some Federal funding has been moved to account for the decrease in HOPWA funding.

At the finalization of this plan, COVID-19 had caused a noticeable exodus of wealthy community members. In 2020 there was a dramatic rise in tenants 'breaking their leases,' resulting in increased availability of units to choose from, with lower rental rates, for households receiving government subsidy assistance like HOPWA and Section 8.¹⁶ The pandemic has caused many challenges, as well as the opportunity to house more vulnerable populations. An increase in private landlord partnership, possibly through master-leasing of units, is a strategy we hope to be able to repeat five years from now in the next plan.

¹⁶<https://sanfrancisco.cbslocal.com/2020/06/18/bay-area-rental-prices-dropping-as-exodus-from-region-continues/>



Goals and Strategies for the Future

Guiding Principles

As follow-up to the guiding principles from the 2014 plan, the HIV Housing Workgroup has agreed on the following principles to foster goals; strategies that meet the needs; and system changes to provide housing for people living with HIV/AIDS (PLWHA) in the next 5-year period (2020–2025).

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 HIV Housing Workgroup and, to a large extent, the agencies serving PLWHA view housing as healthcare and a key component to the stabilization of health and behavioral health conditions. When people living with HIV/AIDS are unstably housed they are at greater risk of death and more likely to engage in behaviors that transmit the virus to others.
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 those who become homeless. Furthermore, when PLWHA lose their housing they are forced to leave SF; they lose their community, their healthcare, and the city loses its diversity.
4. Increased capacity is needed across the board in every type of HIV/AIDS-related housing program and service. There are no housing 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. As much as possible, 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.
5. 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 City and County of San Francisco recognizes that the need for improved and additional housing and supportive services for PLWHA is constant. The plan outlined in this document was written to include goals and objectives that are based on the needs of the PLWHA community and that are achievable with the partnership of various City officials and community members.



Goals, Strategies and Objectives

The following goals, strategies, and objectives represent the recommendations of the HIV Housing Workgroup regarding how resources (both financial and organizational) should be directed. They are reflective of the Getting to Zero Initiative's Strategic Plan to reduce HIV infections by ensuring stable housing for PLWHA.

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

- Strategy 1A: Ensure the City (joint effort between MOHCD and other City agencies) will work with providers to identify alternative funding sources for capital improvements and operating support for HIV Housing, including scattered sites and RCFCIs
 - Objective 1Ai: Increase the number of organizations providing services to unstably housed HIV+ individuals, supported by technical assistance through MOHCD
 - Objective 1Aii: Ensure biannual reporting of usage of HIV/AIDS dedicated housing funds, including HOPWA and General Funds (utilize dashboard as a formal system to track funds)

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

- Strategy 2A: Expand available supportive housing through master leasing or scattered site model
 - Objective 2Ai: Partner with HSH to equitably prioritize PLWHA who are experiencing homelessness for housing through the Coordinated Entry System.
 - Objective 2Aii: Develop streamlined access point for disabled HIV/AIDS diagnosed households.
- Strategy 2B: Explore and conduct cost modeling to increasing housing supply
 - Objective 2Bi: Provide recommendations for approaches to expand supportive housing (based on progress made on Strategy 2A); recommendations should ensure that no proposed approaches contribute to unwanted displacement of PLWHA populations

Goal 3: Increase resources available for subsidizing, creating, and 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: Ensure eviction prevention and shallow subsidies are targeted at situations where it will prevent homelessness (can't pay rent due to a short-term income loss, etc.)
 - Objective 3Aii: 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 3Aiv: Partner with the Housing Authority to increase subsidy options for people living with HIV/AIDS, such as the Housing Choice Voucher (Section 8) program, etc.



- Objective 3Avi: Ensure people exiting RCFCIs have affordable housing options, ensure a pathway to a subsidy
- 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, Q Foundation], and/or temporary rent payment during residential and/or medical treatment)
 - Objective 3Bi: Obtain data on potential and/or cost-effectiveness of subsidy for rapid re-housing
 - Objective 3Bii: Increase access to money management services/support

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

- Strategy 4A: Leverage other housing support resources (e.g. VA, HSA, etc.)
 - Objective 4Ai: Ensure awareness and capacity of case managers/intake personnel to provide access to all housing support services and resources across the City and County
- Strategy 4B: Ensure access for PLWHA to mental health/substance abuse services
 - Objective 4Bi: Increase availability of housing options with supportive services for individuals with mental health and/or addiction comorbidities at all HIV housing sites
 - Objective 4Bii: Increase availability of roving mental health/substance abuse services for HIV housing settings
- Strategy 4C: Ensure access to aging services for PLWHA
 - Objective 4Ci: Increase collaboration/coordination with aging services providers (including DAAS) and HIV advocacy groups including the Getting to Zero Initiative
- Strategy 4D: Increase access to other needed services for PLWHA (education, job training/placement, medical, etc.)
 - Objective 4Di: Increase focused case management services for PLWHA, including support service planning, care coordination and money management within a housing setting
- Strategy 4E: Ensure housing services are provided through a racially equitable lens
 - Objective 4Ei: Provide yearly data reporting on all SF HIV housing programs and services to reflect progress on provision of services to racially diverse communities.
 - Objective 4Eii: Ensure opportunities for clients to provide feedback on services rendered through Racial Equity focused questions relating to services

Goal 5: Improve 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: Complete strategic assessment of the RCFCI model with possible cost-effective alternatives such as transitional housing vs. permanent supportive housing for individuals no longer in need of RCFCI level care.



- Objective 5Aii: Ensure transition and exit options for residents of RCFCIs are financially feasible and include appropriate support services (e.g. needs-based rental subsidies and case management)
- Objective 5Aiii: Ensure assisted/residential care facilities are operating at a cost-effective model to ensure good stewardship of funds
- Strategy 5B: Enhance and improve the coordinated intake & referral system and case management system for housing and related support services for PLWHA
 - Objective 5Bi: Improve consistency in HIV status definitions (disabled vs. non-disabled) for service eligibility across agencies and providers
 - Objective 2Aii: Identify at least one HIV/AIDS agency to serve as an access point for general HIV rental assistance questions.
 - Objective 5Biii: Increase the ability to provide housing assistance to Plus Housing applicants through defined pathways specific to housing status (e.g. less competition amongst RCFCI exits, transitionally housed and Stably housed participants)
- Strategy 5C: Improve and continually execute inter-agency coordination with respect to advocacy for federal policy improvements on behalf of PLWHA
 - Objective 5Ci: Re-allocation of HOPWA modernization (HOTMA) funding formula to include high cost of housing; and maintain local control wherever possible
- Strategy 5D: Ensure services and resources are culturally appropriate for emerging populations
 - Objective 5Di: Ensure housing assistance is available for undocumented immigrants and/or asylum seekers
 - Objective 5Dii: Increase access to bilingual case managers
 - Objective 5Diii: Increase capacity of providers to understand needs and cultural preferences of immigrants from different parts of the world
 - Objective 5Div: Ensure all HIV housing service providers are trained in harm reduction strategies to help facilitate problem solving between housing providers and clients
- Strategy 5F: Improve coordination of housing services between efforts within the City of San Francisco designed to support PLWHA
 - Objective 5Fi: Ensure affordable housing developments are accessible to PLWHA

HIV/AIDS Housing Plan Monitoring Dashboard

This HIV/AIDS Housing Plan lays out a roadmap for MOHCD, HSA, DPH, and their partners to advance objectives in four 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 the impact of the plan. The components of effective strategic plan monitoring include collaboration within the HIV service community and the following:

- A well-constituted monitoring body with a clear charge;
- A sense of ownership and responsibility on the part of City elected officials, MOHCD, HSA,



DPH, and their partners for the success of the plan

- A steady, reliable supply of Strategic Plan performance data; and
- A decision-making process for adjusting strategies in response to changing circumstance

Goals, Strategies and Objectives

The following goals, strategies, and objectives represent the recommendations of the HIV Housing Workgroup regarding how resources (both financial and organizational) should be directed. They are reflective of the Getting to Zero Initiative's Strategic Plan to reduce HIV infections by ensuring stable housing for PLWHA.

Goal 1

To maintain current supply of housing/facilities (32) dedicated to supporting PLWHA

Metric: Continued operation of 32 facilities dedicated to supporting PLWHA

Goal 2

Increase supply of housings units dedicated to supporting PLWHA by adding 35 new units over the next 5 years

Metric: Increase in the development of affordable rental units for PLWHA by 35 units within 5 years

Goal 3

Increase resources available for subsidizing, creating and keeping housing more affordable for PLWHA

Metric: Increase the total number of rental subsidies dedicated to PLWHA (456) by 30% within the next 5 years.

Goal 4

Expand access to services for PLWHA that help increase housing stability.

Metric: Expand the total number of PLWHA (409) served through MOHCD HIV housing service programs by 30% within the next 5 years.

Goal 5

Improve efficiency and quality of the housing and service delivery system

Metric: Create and maintain an HIV housing access system in coordination with MOHCD's DAHLIA Housing Portal



COVID-19 and HIV Housing

In the early Spring of 2020, the world became aware of a growing pandemic that has claimed many lives (as of this plan's finalization, over 2.5 million people have died from COVID-19¹⁷). COVID-19 is respiratory disease that is transmitted mostly through respiratory droplets when a person coughs, sneezes, talks or breathes.¹⁸ Prevention efforts have brought about strict social distancing requirements and the need to adhere to Personal Protective Equipment (PPE) and face covering protocols. An immediate challenge within the housing setting was to ensure individuals are able to obtain PPE and cleaning supplies, maintain a 6-foot distance from one another, and that common spaces are sanitized and cleaned frequently.

San Francisco has done well in reducing transmission by educating the public and making information available and highly accessible on COVID-19. Currently the San Francisco Department of Public Health is urging San Franciscans to make an appointment to receive a vaccine. Frequent testing and social isolation/quarantining once someone tests positive are strong prevention and control methods. What has been expressed by many PLWHA as most challenging during the pandemic is the reduction in quality of life. Particularly for individuals 60 years of age and above, social isolation can be difficult. PLWHA residing in nursing and assisted care facilities follow strict safety protocols that have been necessary as these are congregate settings, housing some of the most immunocompromised communities.

In April 2020, the US Congress enacted the CARES Act legislation and awarded metropolitan areas throughout the US with monies to fund COVID-19 prevention strategies and assist Americans with economic challenges brought on due to loss of employment¹⁹. Fund uses were restricted to purchasing PPE and other materials needed to limit transmission. Additionally, they provided financial assistance to those who lost employment due to COVID-19 business closures, potentially affecting their rent payment ability. Rental assistance and moratoriums on evictions have been enacted to safeguard individuals housed from becoming evicted and/or homeless.

The San Francisco Eligible Metropolitan Statistical Area (EMSA) was awarded approximately \$1 million dollars (July 2020) in an effort to fund the above-mentioned prevention strategies directly related to COVID-19. These funds were granted to MOHCD to administer to various non-profits serving those living with HIV/AIDS.

Since July 2020, transportation assistance, utility assistance, food assistance, rental assistance, PPE and prevention/education tools have been provided for PLWHA participating in MOHCD's HIV Housing programs through MOHCD. DPH has been a supportive partner by ensuring

¹⁷ COVID-19 Global Data: <https://ourworldindata.org/grapher/cumulative-covid-deaths-region?tab=chart&stackMode=absolute&time=2020-01-11.latest®ion=World>

¹⁸ WHO COVID-19 Information: https://www.who.int/health-topics/coronavirus#tab=tab_1

¹⁹ HUD CARES ACT: <https://www.hudexchange.info/news/cares-act-supplemental-award-information-for-hopwa-grantees/>



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frequent testing to reduce COVID-19 outbreaks and coordinating appointment scheduling for eligible individuals to receive a vaccine.

The COVID-19 pandemic is still providing challenges but without this crucial funding from HUD, many more PLWHA could possibly be affected. Data tables and award descriptions for the CARES HOPWA award for San Francisco can be found in the Appendices.

As with any health crisis, information and oversight is often changing; all CARES award recipients are required to provide quarterly reporting to ensure proper use and non-duplication of Federal funding for clients.



Conclusion

San Francisco has faced many challenges through the HIV/AIDS epidemic and continues to find communities mobilizing to ensure people living with HIV/AIDS are supported. Although San Francisco has been successful at reducing HIV infections, the need for HIV Housing assistance programs like HOPWA is still high. San Francisco continues to value client feedback and welcomes partnership to provide better services and to support underserved communities.

A special thank you to Mayor London N. Breed and the Board of Supervisors for their continued advocacy, dedication and support in developing housing and improving the quality of life for PLWHA.

If you are interested in learning how you can support goals and objectives of this plan, please contact the Mayor's Office of Housing and Community Development at 415-701-5253 or plushousingsf@sfgov.org.



Glossary of Terms

MOHCD – Mayor’s Office of Housing and Community Development

HSH – Department of Homelessness and Supportive Housing

HSA – Human Services Agency

SSDI – Social Security Disability Income

PPE – Personal Protective Equipment (any type of barrier - *cloth mask, N95 mask, eye shields, gloves, face shields* - that protect against transmission of respiratory diseases)

COVID-19 – a newly emerged (2019-2020) coronavirus largely affecting a person’s respiratory system that is highly contagious through respiratory droplets

Capital unit – unit of housing historically built with housing development funds specifically

Project-based subsidy – subsidy that is attached to the unit and does not follow the tenant when they exit

Tenant-based subsidy – subsidy that follows the tenant in whichever eligible unit they move into

Rental subsidy – form of rental assistance made towards a household’s monthly rent payment

Deep/Full subsidy – largest amount of assistance provided as a subsidy (tenants typically only pay 30% of income towards monthly rent, subsidy pays the remaining amount)

Partial subsidy – subsidy pays typically 50% or less of a tenant’s monthly rent payment

HUD – Housing Urban Development (a Federal US Government cabinet division responsible for public housing policy development and execution)

PLWHA – People Living with HIV/AIDS

HOPWA – Housing Opportunities for People with HIV/AIDS (Federal funding source for rental assistance to PLWHA)



End Notes

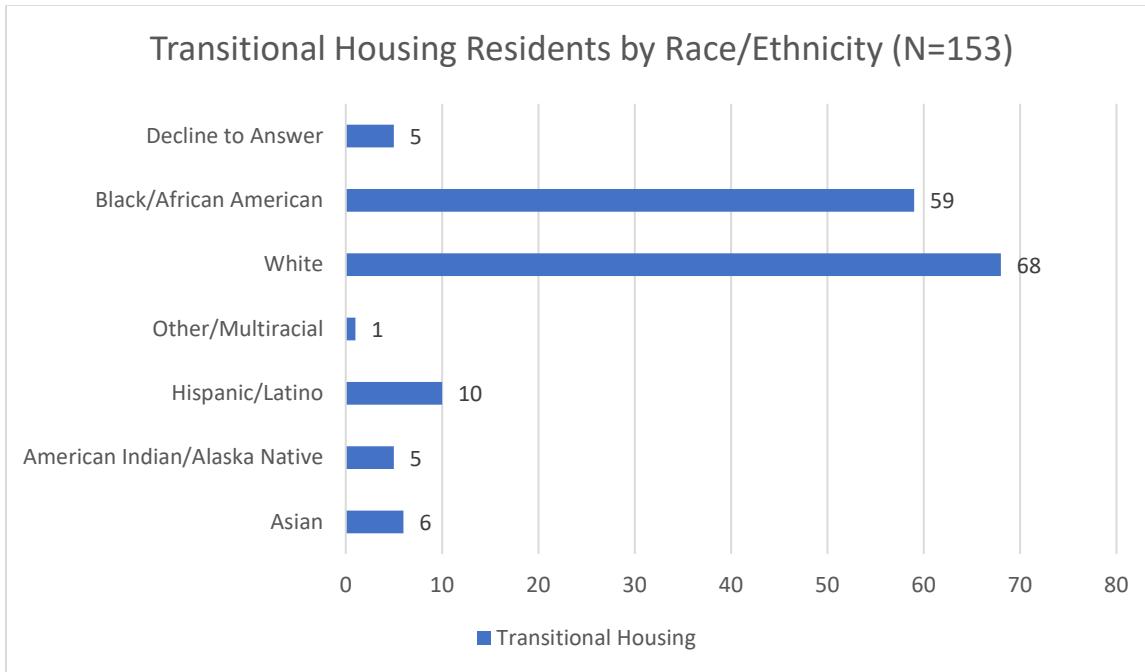
- Getting to Zero Progress Report - <https://www.aidsmap.com/news/dec-2015/san-francisco-reports-progress-getting-zero-hiv-prevention-and-treatment-effort>
- CARES HOPWA Award for San Francisco - <https://sfmohcd.org/sites/default/files/Amendment%20to%202020%20Action%20Plan%20for%20Public%20Review.pdf>
- San Francisco Needs Assessment of Homeless/Unstably Housed PLWHA - <https://www.sfhivplanningcouncil.org/Documents/docs/2017%20Summit/9%20-%20Community%20Needs%20Assessment/Homeless%20Needs%20Assessment%20Presentation%20v3.pdf>
- Los Angeles County HIV Residential Services Assessment - <http://publichealth.lacounty.gov/dhsp/Presentations/HOPWA-HIVResidentialSvcs7-21-08.pdf>
- 2016-2020 Washington D.C. Consolidated Plan HOPWA - <https://dhcd.dc.gov/sites/default/files/dc/sites/dhcd/publication/attachments/FY2017-2021%20DHC%20final%20Consolidated%20Plan.pdf>
- 2020 HIV Infection Statistics: Florida - <https://worldpopulationreview.com/state-rankings/hiv-statistics-by-state>
- 2019 Miami Consolidated Plan - <http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/documents/2019AnnualActionPlanhopwacaresActSubAmend8-25-20.pdf>
- SF HIV Epidemiology Report 2019 - <https://www.sfdph.org/dph/comupg/oprograms/HIVepiSec/HIVepiSecReports.asp>
- Los Angeles County Comprehensive HIV/AIDS Plan - <http://publichealth.lacounty.gov/dhsp/Reports/Publications/LAC-Comprehensive-HIV-Plan2017-2021.pdf>
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- National Healthcare for the Homeless Council: "Housing is Health Care", August 2019 <https://nhchc.org/wp-content/uploads/2019/08/Housing-is-Health-Care.pdf>
- World Economic Forum: "Why Housing is Healthcare", June 2015 <https://www.weforum.org/agenda/2015/06/why-housing-is-healthcare/>



Appendix: MOHCD HIV Program Client Data Tables

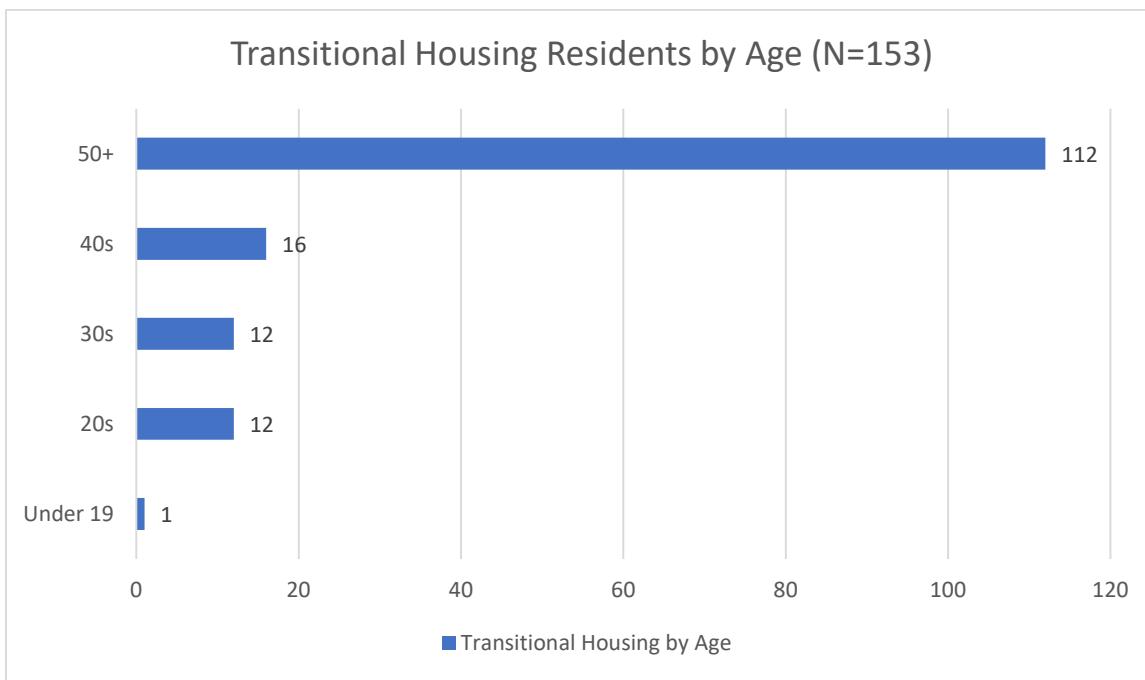
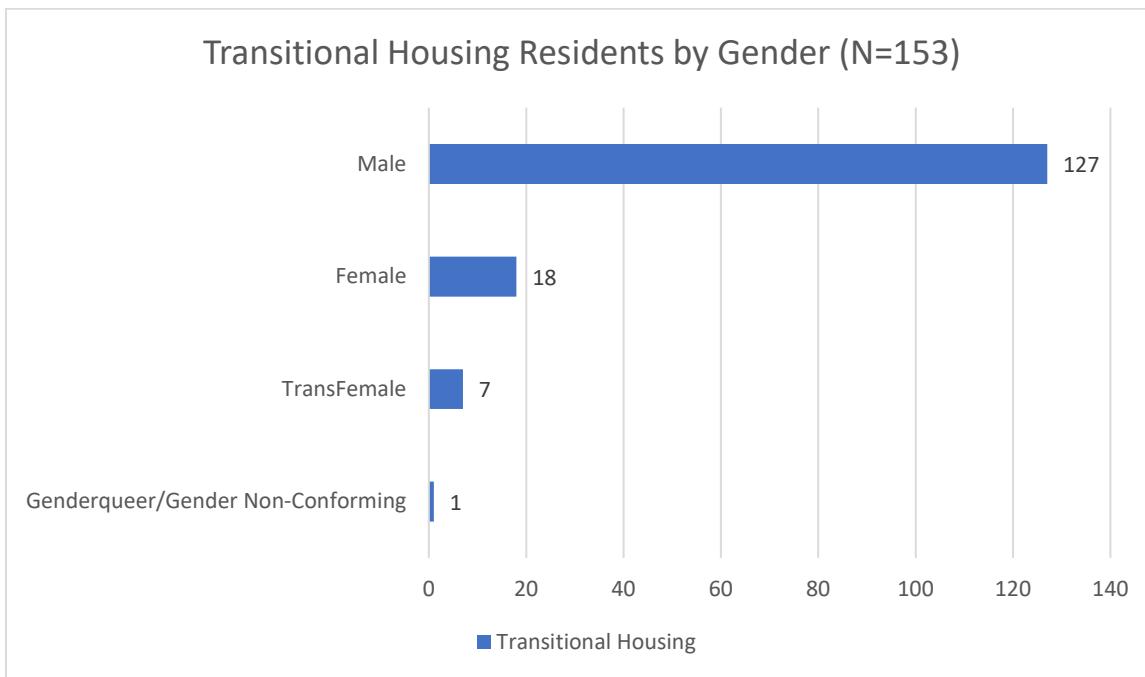
The following information display various data about people living with HIV/AIDS being served by MOHCD's HIV Housing programs. The data was obtained through MOHCD and is for the year 2020-2021.

Transitional Housing (Programs include: Brandy Moore House, Peter Claver, Leland House, Richard Cohen, Larkin Street Assisted Care, Maitri)



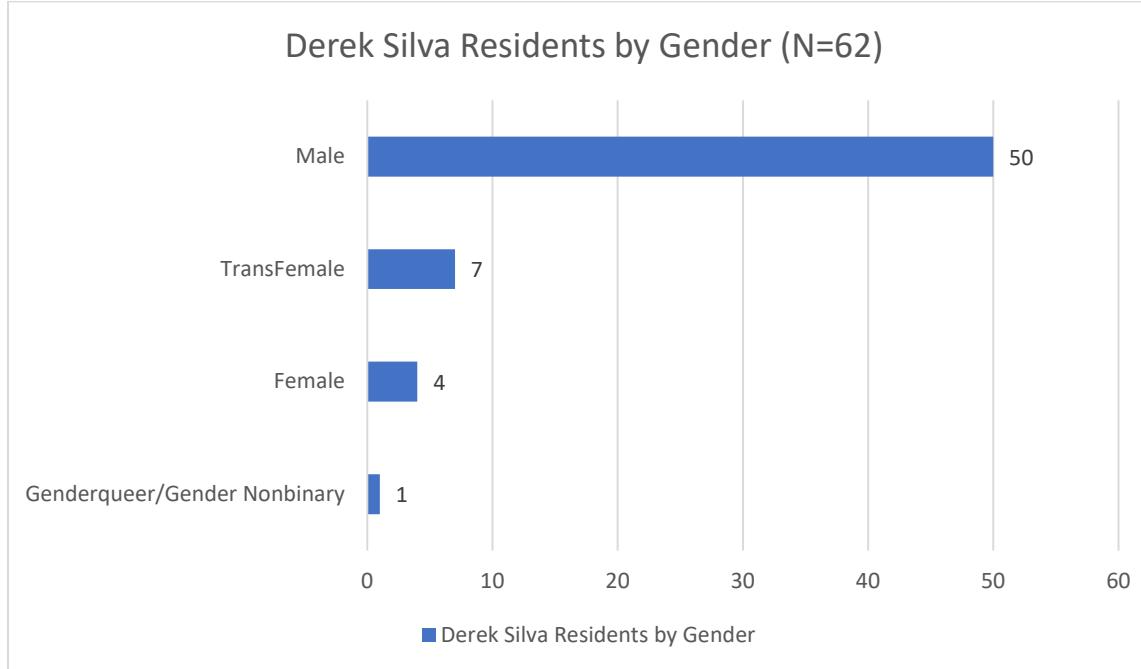
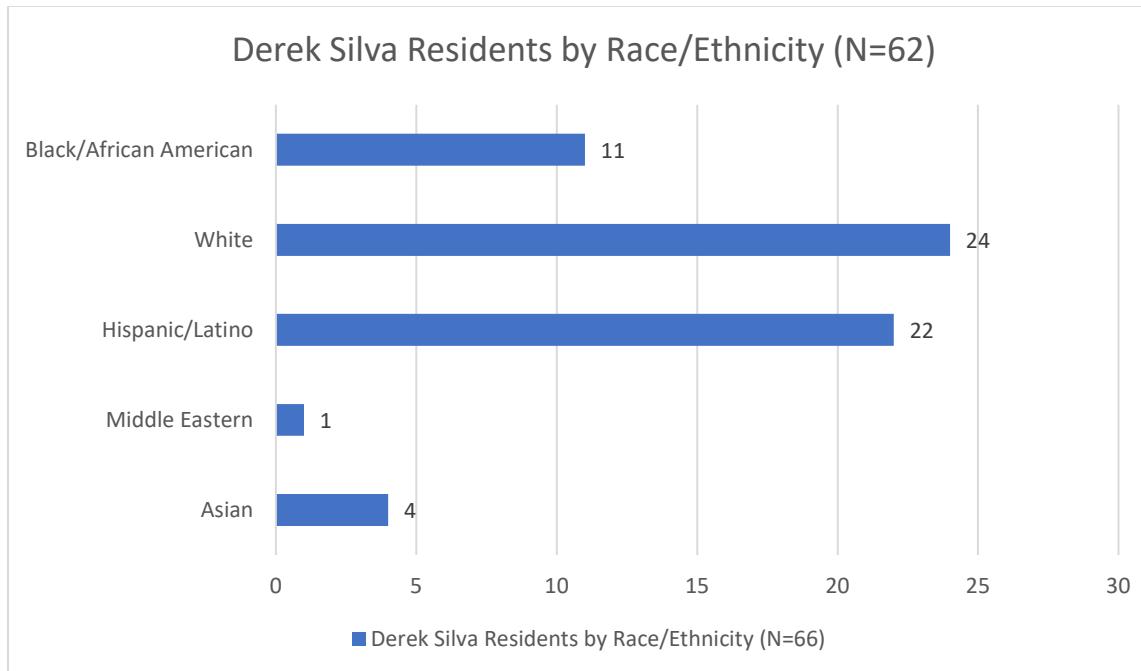


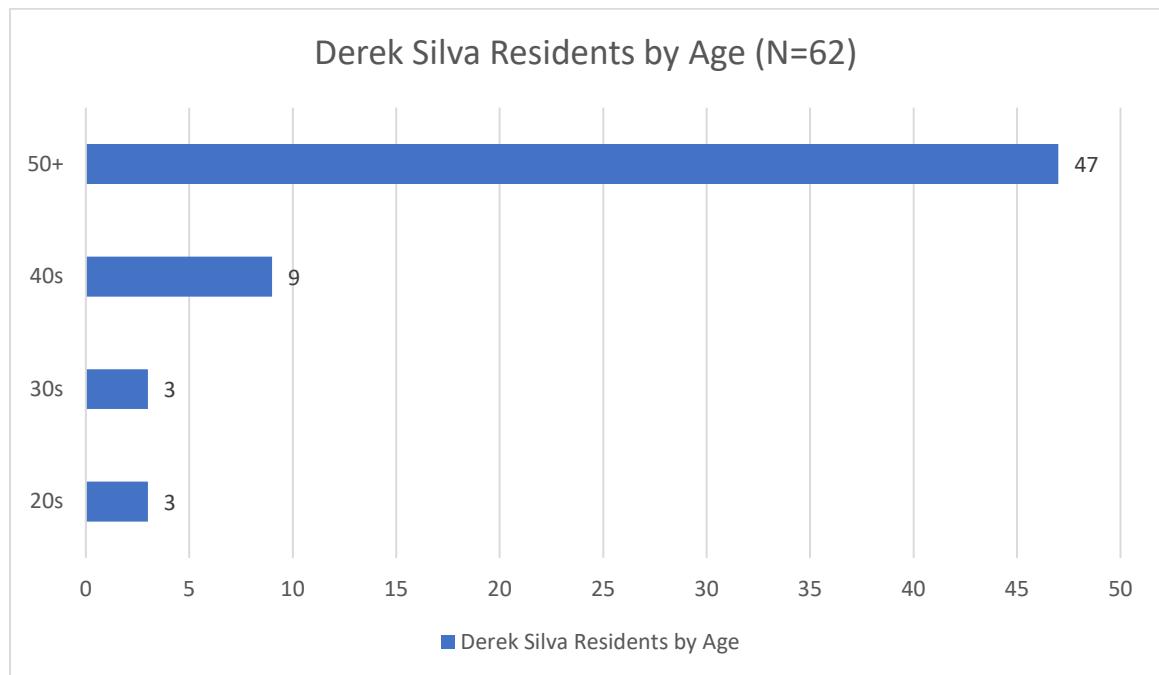
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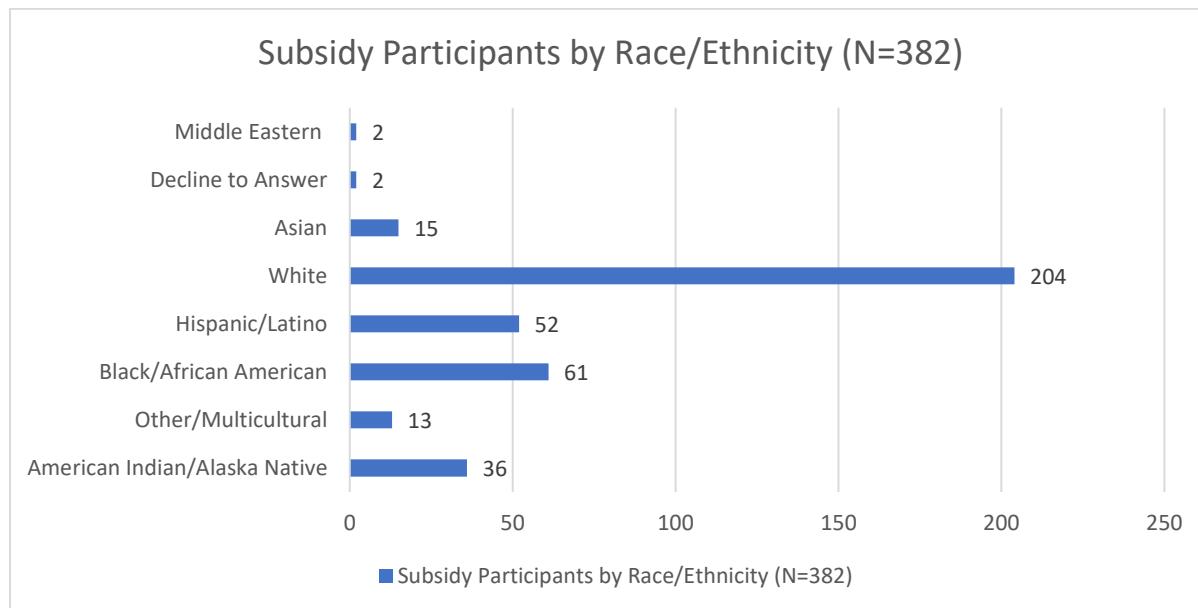
Derek Silva Community





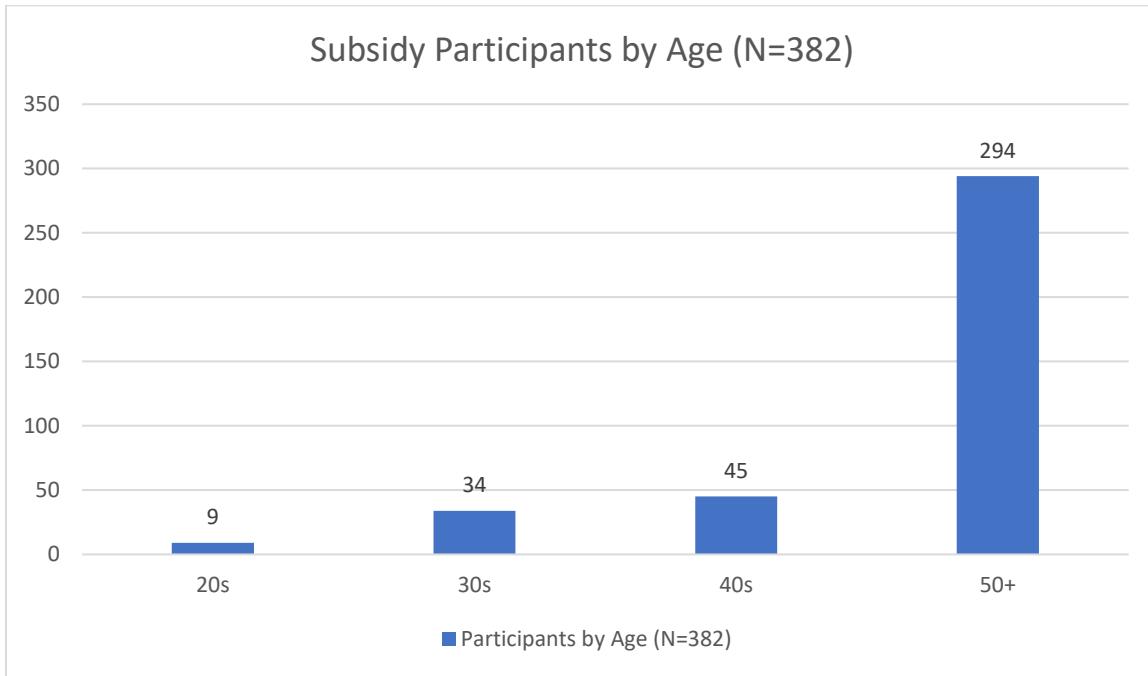
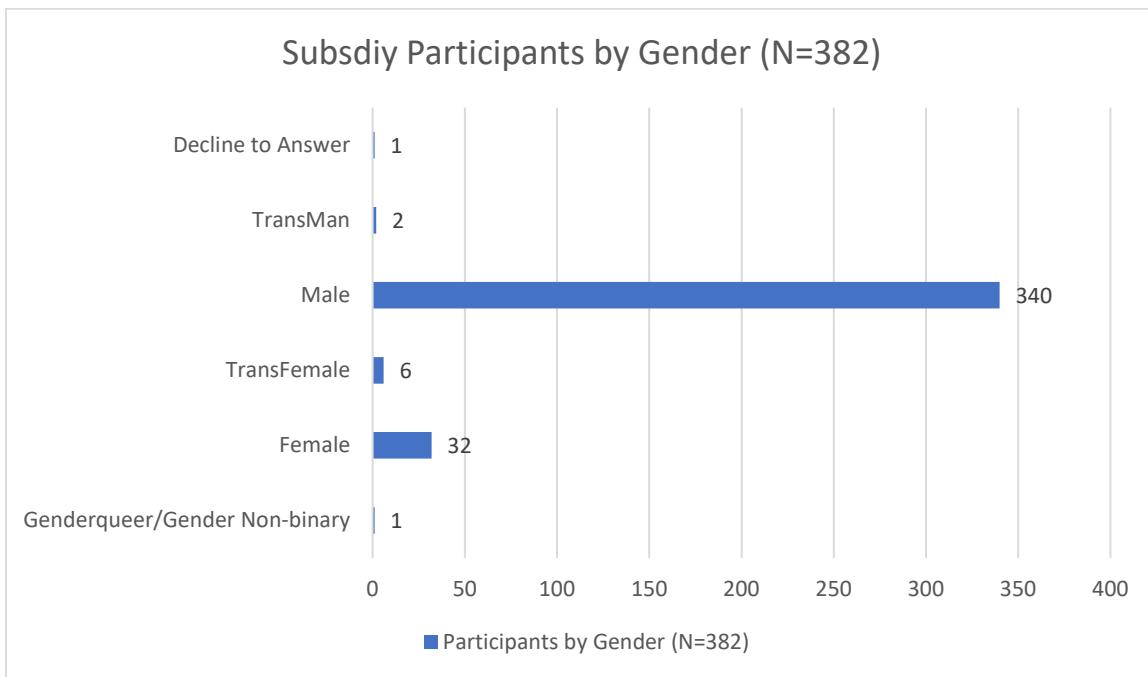
Subsidy Rental Assistance:

Tenant Based Rental Assistance (TBRA – HOWPA Deep Subsidy, Second Start (Vocational Rehab Partial Subsidy), QPLUS (Q Foundation Subsidy)





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HUD CARES HOPWA Funding Award – San Francisco (with service explanation):

After HUD's award announcement that funding from the recently passed CARES act would help support HOPWA participants in San Francisco who were adversely affected by COVID-19, MOHCD reached out to all current HOPWA grantees. MOHCD asked each program manager and their teams to speak with all participants being served through each HOPWA program and ask how they had been adversely impacted by COVID-19 and what resources could be helpful and supportive during this crisis. Through several meetings by phone and by video conference each grantee communicated to MOHCD the needs that HOPWA participants requested due to COVID-19. The graphs and descriptions below capture the available CARES funding, the proposed uses and descriptions of that use

HOPWA Entitlement:

San Francisco	\$910,304
San Mateo	\$118,179
	\$1,028,483

Proposed Use	\$ Amount	Notes
PPE	\$240,000	Provides funding for subgrantees to purchase Personal Protective Equipment (PPE) for staff and residents.
Nutrition Services	\$80,000	Provides funding to provide meals, groceries, delivery of food to tenants. May also provide funding to supplement food pantry services currently being provided by subgrantees.
Infection Control	\$ 200,685.00	Provides funding for prevention and education to residents in alignment with the COVID-19 prevention efforts of the City and County of SF/DPH.
Rental Assistance	\$ 200,685.00	Provides funding to assist tenants due to income loss related to COVID-19, meant to



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		allow for increase in monthly subsidy as well as utility overages.
Administrative Costs	\$54,618	These funds will be redistributed as a reserve pool for any overages unforeseen as the crisis changes.
	\$910,304	

HOPWA Competitive

Proposed Use	\$ Amount	
PPE	\$10,000	Provides funding for subgrantees to purchase Personal Protective Equipment (PPE) for staff and residents.
Nutrition Services	\$54,964	Provides funding to provide meals, groceries, delivery of food to tenants. May also provide funding to supplement food pantry services currently being provided by subgrantees.
Rental Assistance	\$80,000	Provides funding to assist tenants due to income loss related to COVID-19, meant to allow for increase in monthly subsidy as well as utility overages.
Administrative Costs	\$14,496	up to 6% is allowed, as opposed to regular 3%
	\$159,460	

Brief Description of Funding Activities, Work Progress and Accessibility of Assistance:



Type of Activity and Funding Amount:

- (\$10,000) **Personal Protective Equipment (PPE)** – Project Sponsor will purchase PPE for staff and project participants in order to limit the transmission of COVID-19. PPE can include face masks, disposable gloves, face shields/eye protection, cleaning/sanitizing equipment, air purifying respirators, isolation gowns. (reference: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>)
- (\$54,964) **Nutrition Services** – In order to ensure food security, project sponsor will purchase grocery cards, reimburse participants transportation in the form of private car service to and from the grocery/markets, reimbursement for meal delivery.
- (\$80,000) **Rental Assistance** – Several project participants have unfortunately lost income or have experienced a dramatic decrease in their income sources due to COVID-19. Project sponsor will provide supplemental rental assistance to ensure participants do not become evicted due to their inability to pay rent. Rental assistance will be given to tenants in the form of subsidy increases up to the full rent in some cases, reimbursement to tenants for utility overages due to having to stay-at-home per city ordinances directly related to COVID-19.
- (\$14,496) **Administrative Costs** – Project sponsor will receive funding to offset any additional staffing charges related to COVID-19 that is required to meet the needs of participants.