San Diego County
HIV/AIDS Housing Plan
Update 2009

July 2009

COUNTY OF SAN DIEGO
Department of Housing and Community Development

Building Better Neighborhoods

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Executive Summary

This Executive Summary includes a statement of the purpose behind this HIV/AIDS housing plan update, an overview of the needs assessment and planning process, and critical issues that were identified and recommendations that were developed by the Joint City/County HIV Housing Committee.

Many people living with HIV/AIDS, at some point during their illness, find themselves in need of housing assistance and support services. Extensive research has shown that stable housing promotes improved health, sobriety or decreased use of alcohol and illegal drugs, and, for some, a return to paid employment and productive social activities.[1] Stable housing is also shown to be cost-effective for the community as a whole, by decreasing the risk factors that can lead to HIV transmission.[2, 3]

In order to improve the ability of the San Diego community to establish and sustain housing and services to meet the needs of residents with HIV/AIDS, the County of San Diego, Housing and Community Development (HCD) funded the development of the update to the *San Diego County HIV/AIDS Housing Plan* in spring 2009. The plan was facilitated by Building Changes (formerly AIDS Housing of Washington), a national HIV/AIDS housing technical assistance provider based in Seattle. Building Changes worked closely with the Joint City/County HIV Housing Committee, comprised of people living with HIV/AIDS, advocates, representatives of organizations which provide housing and services to people living with HIV/AIDS, and other key stakeholders.

Overview of the Needs Assessment and Planning Process

The HIV/AIDS housing needs assessment conducted between February and June 2009 provided an opportunity for community members to give input, discuss, and identify critical issues and strategies for enhancing HIV/AIDS housing and services in San Diego County. Approximately 430 stakeholders from across the county participated in the process by completing surveys and/or taking part in consumer focus groups, interviews, or Joint City/County HIV Housing Committee meetings.

This plan includes research and context on demographic patterns, HIV/AIDS epidemiology, economic factors, housing and homelessness, and related systems of care impacting people living with HIV/AIDS; a summary of findings from client surveys, focus groups, and stakeholder interviews; and an array of critical issues and recommendations identified by the HIV Housing Committee that stakeholders must address and implement to meet the housing and services

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[1] National AIDS Housing Coalition. HIV/AIDS Housing: Improving Health Outcomes. Available online: http://www.nationalaidshousing.org/toolkit/health_outcomes.pdf.

[2] Schackman, et al, "The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States", Medical Care, Vol. 44, No. 11, p. 990, November 2006.

[3] Holtgrave, David R., et al. "Cost and Threshold Analysis of housing as an HIV Prevention Intervention," in the November 2007 Housing and HIV/AIDS Supplement to *AIDS and Behavior.*

needs of people living with HIV/AIDS in San Diego. An overview of regional HIV/AIDS resources, including HOPWA and Ryan White program funding, appears in the "HIV/AIDS Dedicated Resources" chapter. For greater detail on the findings of each aspect of the research, please see the "Context of HIV/AIDS, Housing, and Services in San Diego County," "Input from People Living with HIV/AIDS: Housing Survey and Focus Groups," and "Input from Providers and Other Stakeholders" chapters of the plan.

Critical Issues and Recommendations

The Joint City/County HIV Housing Committee met in May 2009 to discuss the findings of the needs assessment and planning process and then, based on these findings, identify the most critical issues for housing and related services for people living with HIV/AIDS in San Diego. The Committee met again in June 2009 to develop possible recommendations to address those issues. The discussions were facilitated, and the issues and recommendations documented, by Building Changes.

The critical issues that were identified are organized into three categories: Housing Issues, Support Services Issues, and Communication Issues. Specific recommendations were then developed by the HIV Housing Committee and by Building Changes in the same three categories, but not in a one-to-one relationship with the critical issues. The recommendations are listed in priority order within each category. For greater detail on each of these issues and recommendations, please read the "Critical Issues" and "Recommendations" chapters of the plan.

Stakeholders in the HIV/AIDS system in San Diego must continue to consult together to decide the sequence in which to act on recommendations, and to determine further specific action steps and assign responsibility for them. This group will also find it valuable to monitor the results of implementing recommendations, and to negotiate adjustments to changing circumstances.

Housing Issues and Recommendations

Critical Issues

Limited access to housing assistance programs

Housing is the most prevalent need among people living with HIV/AIDS. While there are now nearly 1,000 more people living with AIDS in San Diego than in 2004, the amount of Housing Opportunities for Persons with AIDS (HOPWA) funding has actually declined and the number of units dedicated to people living with HIV/AIDS has remained stagnant. Although San Diego County has a comprehensive housing continuum with a range of housing options, there is simply not enough housing assistance to serve every person living with HIV/AIDS who needs help.

Limited resources and incentives for affordable housing development

Development of housing that is affordable to people living with HIV/AIDS has become increasingly challenging. Currently, very limited funding options are available to housing developers. This is particularly evident in 2009, due to state credit and budget crises.

Leveraging other housing resources with HOPWA

Funding from the HOPWA program is a very valuable resource to communities, and providers receiving HOPWA funding have stretched the funding by leveraging it with other resources to meet the full needs of clients. Yet more leveraging of limited HOPWA resources is needed to meet the growing housing needs of people living with HIV/AIDS. There may be new opportunities for funding or partnerships through new federal stimulus programs.

Recommendations

1. Continue using HOPWA funding to preserve the existing housing continuum for people living with HIV/AIDS
2. Require HOPWA Tenant-Based Rental Assistance (TBRA) recipients to apply for and eventually transition to mainstream housing assistance programs for which they are eligible
3. The HIV Housing Committee will regularly review outcomes of HOPWA-funded housing models
4. Improve connections to affordable housing and homelessness systems and create informational flyer on HOPWA and HIV housing to share with potential new partners
5. Find ways to support people living with HIV/AIDS who are in danger of losing their stable housing because of evictions by their family members, friends, or roommates
6. Identify and consider new housing models

Support Services Issues and Recommendations

Critical Issues

Case management

Many people living with HIV/AIDS rely on case managers to help them access the resources they need. Our surveys showed that clients with case managers were much more likely to have developed housing plans and received housing assistance. However, focus group participants and other stakeholders indicated that case management services are inconsistent with respect to housing resources, with the quality of care varying widely based on the particular case manager assigned to the client.

Workforce development services

A key service that has been underutilized among people living with HIV/AIDS is employment and education training. Stakeholders believe that HIV/AIDS housing providers can do more to support their clients to access employment services, get job training and/or post-secondary education, and find and retain jobs. Some clients need these supports in order to benefit from mainstream employment and training resources.

Mental health and chemical dependency services

Mental health and chemical dependency services are crucial for helping many people living with HIV/AIDS attain housing stability, yet stakeholders reported difficulty getting appropriate services for consumers in need. Behavioral health services were cited by the HIV Housing Committee as not only a significant unmet need, but also among the most challenging services to fund and provide to clients.

Leveraging other support services resources with HOPWA

As stated in the Housing Issues section above, HOPWA is a limited resource that cannot meet all housing and service needs of people living with HIV/AIDS. Likewise, there may be new opportunities for funding or partnerships through new federal stimulus programs, or through competitive federal grants through the Ryan White program or the Substance Abuse and Mental Health Services Administration (SAMHSA).

Recommendations

1. Provide regular trainings on housing services for HIV case managers
2. Encourage HIV case managers and HOPWA providers to work with clients to create employment plans, as appropriate to the client's circumstances
3. Strengthen connections with mental health and chemical dependency providers and advocate for people living with HIV/AIDS to receive appropriate behavioral health services, particularly to promote housing stability for clients
4. Provide or coordinate with existing trainings on the workforce development and employment services system for HIV case managers and HIV housing provider staff

Communication Issues and Recommendations

Critical Issues

Information dissemination: Housing resources

People living with HIV/AIDS consistently noted that widespread dissemination and understanding of housing program information is lacking. In addition, service providers that focus on HIV services or housing, as well as those outside this system, do not feel they have complete and current information about program availability and eligibility.

Joint City/County HIV Housing Committee

The HIV Housing Committee includes funders, housing providers, service providers, and people living with HIV/AIDS. With such a diverse Committee, there inevitably are communication issues that require attention. First, Committee members want to see standardized member education about HIV housing issues and the HOPWA program. Second, the Committee needs to find ways to support the inclusion of more people living with HIV/AIDS to ensure that a range of voices are heard. Finally, the Committee needs to improve its communication with other relevant planning bodies, such as the Regional Continuum of Care Council and HIV Health Services Planning Council.

Recommendations

1. The HIV Housing Committee should consider ways to ensure all Committee members have access to information on the HIV housing system and the HOPWA program
2. The Committee should consider ways to solicit broader consumer input in the Committee and the HIV housing system
3. Host regular forums for consumers to get information on the HIV housing system
4. Coordinate common agenda with the HIV Health Services Planning Council, including advocacy and trainings
5. HCD staff will provide regular updates to the HIV Housing Committee regarding relevant developments in the homeless services, affordable housing, and HIV housing and services systems
6. Coordinate with other special needs housing and services providers to work with 2-1-1 to improve referrals for people in need of assistance
7. Provide trainings or presentations on aspects of HIV housing or related systems at each HIV Housing Committee meeting
8. Improve communication with the community regarding the use of HOPWA funding, especially the timeline and process for housing development

Context of HIV/AIDS & Housing in San Diego County

This section provides context related to the needs and challenges facing people living with HIV/AIDS in San Diego County, as well as factors affecting life within the state as a whole.

Population

The total population of San Diego County is currently estimated to be over 3.1 million. With a population of more than 1.3 million, the City of San Diego is the largest in the county, making it the second most populous city in California (second to Los Angeles). The county itself is divided into 19 jurisdictions; Chula Vista, Oceanside, Escondido, and Carlsbad comprise the most populous jurisdictions after the City of San Diego.[4] Between 2000 and 2008, the population of San Diego County has increased by approximately 12 percent.[5]

In 2008, half of the population of San Diego County identified as white. Approximately 30 percent identifies as Hispanic, ten percent as Asian/ Pacific Islander, and five percent as black. One half of one percent of the county's population identifies as American Indian.[6]

Epidemiology of HIV/AIDS in San Diego County

There are currently 6,676 people living with AIDS (PLWA) in the county. ***Table 1*** lists AIDS case statistics for San Diego County, California, and the United States.

Table 1
AIDS Case Statistics for San Diego County, California, and the United States

	Persons Living With AIDS	Cumulative Cases	Cases Reported in 2008	2008 AIDS Case Rate*
San Diego Co.	6,676	13,820	391	13.2
California State	66,360	152,318	3,267	8.8
United States	468,578	1,030,832	38,384*	12.7**

* AIDS case rate represents number of cases per 100,000 population.
**Reported cases and case rate for 2007 (most recent data available from CDC).

[4] "San Diego Association of Governments, "January 1, 2008 Estimates of Population and Housing by Jurisdiction," January 2008. Available online: http://www.sandag.org/uploads/publicationid/publicationid_485_637.pdf (Accessed February 2, 2009).
[5] Ibid.
[6] Ibid.

HIV names-based reporting was introduced in San Diego in April of 2006; prior to that, HIV cases were reported with non-name-based codes. As such, statistics on the number of HIV cases reported in San Diego County prior to the reporting requirement change can no longer be used, and data on HIV rates and infection trends are currently unavailable.[7] As of December 31, 2008, 3,847 cases of HIV have been reported using names-based reporting in San Diego County.[8]

In comparison with the United States, San Diego County has both a smaller proportion of female and black cases, and a greater proportion of people with AIDS whose transmission category is Men who have Sex with Men (MSM). An individual diagnosed with AIDS in San Diego County is most typically male, white, aged 30 to 39 years, and has male sex partners. However, slow increases among other groups have emerged during recent years; these groups include Hispanics, women, people aged 40 or older, and those who have used injected drugs. Additionally, heterosexual sex as a mode of transmission has significantly increased in recent years across racial and gender lines; the largest increases in this risk category have been seen among women, blacks, and Hispanics.[9]

People of color compose the majority of cases diagnosed since 2000. Fifty-five percent of AIDS cases diagnosed between 2004 and 2008 were among persons of color, representing a 33 percent increase since the beginning of the epidemic.[10] Additionally, while the number of cases among blacks is proportionally lower in San Diego County than in the United States as a whole,[11] the case rate among blacks is approximately three times that of whites. Hispanics have the next highest case rate, about one and one half times that of whites.[12]

Geographically, the majority of AIDS cases are concentrated in the Central Region, a region defined by San Diego County's Health and Human Services Agency that includes the downtown area of San Diego. The second most frequent area of residence at time of diagnosis is the South Region, which includes the city of Chula Vista.[13]

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[7] County of San Diego Health and Human Services Agency, "2008 HIV/AIDS Epidemiology Report." Available online: http://www2.sdcounty.ca.gov/hhsa/documents/HAEUAnnualReport2008.pdf (Accessed February 10, 2009).

[8] County of San Diego Health and Human Services Agency, "Physician's Bulletin: HIV/AIDS Update 2008," December 2008. Available online: http://www2.sdcounty.ca.gov/hhsa/documents/PhysiciansBulletinDecember2008.pdf (Accessed February 11, 2009).

[9] County of San Diego Health and Human Services Agency, "2008 HIV/AIDS Epidemiology Report." Available online: http://www2.sdcounty.ca.gov/hhsa/documents/HAEUAnnualReport2008.pdf (Accessed February 10, 2009).

[10] County of San Diego, Health and Human Services Agency, Public Health Services "2009 HIV/AIDS Epidemiology Report." Available online: http://www.sdcounty.ca.gov/hhsa/programs/phs/documents/HAEU_AnnualReport2009.pdf (Accessed June 1, 2009).

[11] County of San Diego Health and Human Services Agency, "2008 HIV/AIDS Epidemiology Report." Available online: http://www2.sdcounty.ca.gov/hhsa/documents/HAEUAnnualReport2008.pdf (Accessed February 10, 2009).

[12] Ibid.

[13] Ibid.

Table 2 provides detailed AIDS case demographics for PLWA in San Diego County.

Table 2
AIDS Case Demographics in San Diego County as of December 31, 2008

Demographic Category	Cumulative AIDS Cases		Recently Diagnosed Cases, 2007-2008*	
	Number	Percent**	Number	Percent
Race/Ethnicity				
White	8,378	61%	273	42%
Black	1,750	13%	104	16%
Hispanic	3,287	24%	244	37%
Asian/Pacific Islander	305	2%	23	4%
Native American	100	<1%	8	1%
Total	13,820	100%	652	100%
Gender				
Male	12,720	92%	580	89%
Female	1,100	8%	72	11%
Total	13,820	100%	652	100%
Age Group in Years				
Under 19	128	1%	8	1%
20-29	2,245	16%	100	15%
30-39	6,105	44%	191	29%
40-49	3,778	27%	250	38%
Over 50	1,564	11%	103	16%
Total	13,820	100%	652	100%
Transmission Category				
Men who have Sex with Men (MSM)	10,025	73%	420	65%
Intravenous Drug Use (IDU)	1,224	9%	65	10%
MSM/IDU	1,405	10%	60	9%
Transfusion/Hemophilia	219	2%	0	0%
Heterosexual	840	6%	94	15%
Pediatric	65	<1%	3	<1%
Risk Not Reported/ Other	42	<1%	10	2%
Total	13,820	100%	652	100%

* Cases reported between January 1, 2007 and December 31, 2008.

** Percentages rounded to the nearest decimal.

Source: County of San Diego, Health and Human Services Agency, Public Health Services "2009 HIV/AIDS Epidemiology Report." Available online: http://www.sdcounty.ca.gov/hhsa/programs/phs/documents/HAEU_AnnualReport2009.pdf (Accessed June 1, 2009).

In 2008, a needs assessment of people living with HIV/AIDS (PLWHA) was conducted by the San Diego HIV Health Services Planning Council, for which 840 PLWHA were surveyed. According to the *2008 HIV/AIDS Needs Assessment*, an estimated 31 percent of PLWA surveyed had at least one unmet medical care need[14], and 46 percent of people living with HIV (PLWH) had an unmet need.[15] Estimates from the same year also point to blacks and injection drug users as subgroups of PLWA with higher rates of unmet need; for PLWH, women, blacks, and persons aged over fifty years reported higher rates of unmet need.[16]

Income, Housing, and Homelessness in San Diego County

Income and Poverty

The Area Median Income (AMI) in San Diego County for 2009 is $74,900, slightly higher than California's statewide median of $72,595. In 2007, approximately 11 percent of San Diego County's population was living below the federal poverty level, and an additional 17 percent were living below 200 percent of the federal poverty level.[17] Both black and Hispanic households are disproportionately affected by poverty in San Diego County, with blacks on average earning 72 percent of the median income, and Hispanics earning 74 percent of the median. The cities with the highest poverty rates in San Diego County are El Cajon (21%), San Marcos (15%), and Vista (14%).[18]

In the *2008 HIV/AIDS Needs Assessment*, 57 percent of PLWHA surveyed reported making $1,000 or less a month, including benefits. Over 65 percent of respondents were living in economic hardship, and well over 20 percent were living below the federal poverty level. [19]

Housing in San Diego County

Stable housing enables people living with HIV/AIDS to access and maintain life-saving medical care and treatments. Compared to those who were in stable housing, homeless people living with HIV/AIDS experience worse overall physical and mental health, are more likely to be

[14] Here, "unmet need" is defined as having not received one of the following in the past year: a viral load test, a CD4 count, or a prescription for antiretroviral therapy.
[15] The HIV Health Services Planning Council notes that these estimates should be considered indicative of an upper limit of unmet need.
[16] San Diego HIV Health Services Planning Council Priority Steering Committee, "2009 Key Data Findings: Unmet Need," January 2009. Available online: http://www.sdplanning.org/index.php?option=com_docman&task=cat_view&gid=36&Itemid=40 (Accessed March 11, 2009).
[17] Center on Policy Initiatives, "Earnings, Poverty and Income in San Diego County," August 2008. Available online: http://www.onlinecpi.org/downloads/2007povertyreport_4pg.pdf (Accessed February 19, 2009).
[18] Ibid.
[19] San Diego HIV Health Services Planning Council, *2008 HIV/AIDS Needs Assessment Survey of People Living with HIV/AIDS*, June 2008. Available online: http://www.sdplanning.org/index.php?option=com_docman&task=doc_view&gid=776&Itemid=40. (Accessed April 27, 2009).

hospitalized and use emergency rooms, and are less likely to receive medical treatment. Stable housing is significantly correlated with treatment success.[20]

Housing affordability continues to be a problem for residents across all areas of San Diego County. In terms of housing prices, the San Diego-San Marcos-Carlsbad metropolitan area is ranked as the tenth most expensive jurisdiction in the nation.[21] As the county's population continues to increase, it is estimated that approximately 35,000 new housing units will be needed to accommodate projected growth between 2003 and 2010.[22]

Median sales prices in the Southern California housing market dropped nearly 35 percent between December 2007 and December 2008, nearly three times the decrease seen on average across the nation. During the same time period, the purchase of foreclosed properties has accounted for nearly 56 percent of re-sales.[23] The city of San Diego has also seen steep declines in median home prices; fourth-quarter prices reported in 2008 were down 36 percent from 2007 fourth-quarter reports.[24]

San Diego County has a greater ratio of renters (44%) relative to homeowners than does the U.S. as a nation (33%).[25] A higher percentage of renters in the market tends to narrow the difference between the housing costs of renters and owners, making renting more costly (relative to homeownership) than elsewhere. ***Figure 1*** provides the percentage of homeowners and renters, as well as average monthly housing costs, for the United States, California, and San Diego County.

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[20] National AIDS Housing Coalition. HIV/AIDS Housing: Improving Health Outcomes. Available online: http://www.nationalaidshousing.org/toolkit/health_outcomes.pdf (Accessed: December 7, 2007).

[21] National Low Income Housing Coalition, *Out of Reach 2009*. Available online: http://www.nlihc.org/oor/oor2009/ (Accessed June 1, 2009).

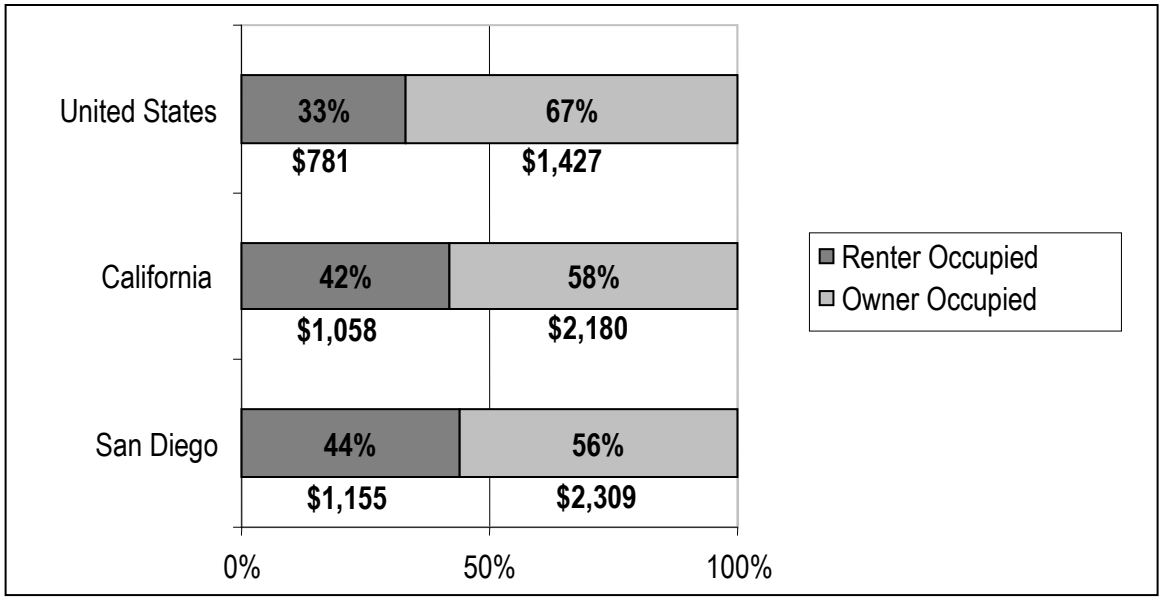
[22] County of San Diego Department of Housing and Community Development, "San Diego Urban County and HOME Consortium 2005-2010 Consolidated Plan," May 2005. Available online: http://www.sdcounty.ca.gov/sdhcd/docs/consolidated_plan.pdf. (Accessed March 11, 2009).

[23] Inman News, "California sales soar as prices plunge," January 22, 2009. Available online: http://www.inman.com/news/2009/01/22/california-sales-soar-prices-plunge (Accessed February 19, 2009).

[24] Inman News, "Median US home price falls 12.4%," February 12, 2009. Available online: http://www.inman.com/news/2009/02/12/median-us-home-price-falls-124 (Accessed February 19, 2009).

[25] U.S. Census Bureau, *2007 American Community Survey*. Available online: http://factfinder.census.gov (Accessed: June 5, 2008).

Figure 1
Percentage of Renter-Occupied Units and Owner-Occupied Units, With Selected Median Monthly Renter and Owner* Costs Noted, 2007



*Monthly owner costs shown are for housing units with a mortgage.
Source: U.S. Census Bureau, *2007 American Community Survey*. Available online: http://factfinder.census.gov (Accessed: June 5, 2008).

Recent estimates reveal that more than half of renters in San Diego County are cost-burdened,[26] paying more than 30 percent of their household income on rent. Upwards of 40 percent of homeowners throughout the county are similarly cost-burdened.[27]

Each year, the Department of Housing and Urban Development (HUD) sets a Fair Market Rent (FMR) for each jurisdiction in the nation. FMRs provide a starting point for analyzing trends in the renter market, and also serve as the index that the federal government uses for administering housing assistance.

[26] This is a conservative estimate, as it does not include utility payments, allowable in the calculation of cost burden.
[27] U.S. Census Bureau, "2005-2007 American Community Survey 3-Year Estimates." Available online: http://www.factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_submenuId=&_lang=en&_ts (Accessed February 19, 2009).

Table 3 lists the FMRs[28] set for San Diego County since 2007.

Table 3
2007-2009 Fair Market Rents* for One-Bedroom Unit in San Diego County

	2007 FMR for 1 BR	2008 FMR for 1 BR	2009 FMR for 1 BR
San Diego County	$993	$1,117	$1,168

* Typically, FMRs are set at the 40th percentile of rental costs for a given area. However, areas that meet certain criteria have FMRs set at the 50th percentile, in order to give low-income families a broader range of housing opportunities; San Diego County is an area with FMRs set at the 50th percentile.

Source: U.S. Department of Housing and Urban Development, "Fair Market Rents." Available online: http://www.huduser.org/datasets/fmr.html (Accessed: February 18, 2009).

As rents continue to outpace incomes, even FMRs are out of reach for many renters. In order to better illustrate the problem of affording rental housing in San Diego County, ***Table 4*** provides cost scenarios for individuals with varying incomes, using data generated by the National Low Income Housing Coalition. In addition, ***Table 5*** lists average monthly costs for a single adult living in San Diego County, including food, transportation, and health care; these statistics are provided on an annual basis by the Center on Policy Initiatives, a research and advocacy non-profit based in San Diego.

Table 4
Monthly Housing Affordability Scenarios for Individuals with Varying Incomes, San Diego

	Scenario One Individual receives SSI	Scenario Two Individual employed full-time at minimum wage	Scenario Three Individual earns 50% of the Area Median Income (AMI)
Has this much monthly income:	$907	$1,280	$3,121
Which is equivalent to this percentage of AMI:	15%	21%	50%
Based on income, affordable housing cost is:*	$272	$384	$936
A one-bedroom apartment might cost:**	$1,168	$1,168	$1,168
Which exceeds the affordable cost by:	$896	$784	$232

Source: National Low Income Housing Coalition, Out of Reach 2009. Available online: http://www.nlihc.org/oor/oor2009/ (Accessed April 27, 2009).

*Calculated at 30 percent of the individual's income; according to HUD's definition, housing cost is considered affordable only if it does not exceed 30 percent of household income.

**2009 Fair Market Rent established by HUD.

Notes: The amount listed for Supplemental Security Income (SSI) is the maximum for a single person 65 or younger living alone in 2009. The AMI established by HUD in 2009 for San Diego County is $74,900, equivalent to $6,242 per month. Minimum wage in 2009 is $8.00 per hour.

Table 5
Average Monthly Expenses for a Single Adult Living in San Diego County

Housing/ utilities	$870
Transportation	$404
Food	$211
Health care	$225
Miscellaneous	$206
Taxes	$460
Monthly Total	**$2,376**
Annual Total	**$28,510**

Source: Center on Policy Initiatives, "Making Ends Meet in San Diego 2008," February 2008. Available online: http://www.onlinecpi.org/article.php?list=type&type=305 (Accessed February 18, 2008).

Homelessness

Homelessness is especially dangerous for people living with HIV/AIDS. Effective treatment of HIV/AIDS requires a regular regimen of antiretroviral medications, which may be difficult to administer under conditions of homelessness or in emergency shelters. Many people living with HIV/AIDS may also be more susceptible to life-threatening infections if living on the street or in unsanitary conditions.

In addition, research indicates housing stability decreases the risk factors that can lead to HIV transmission. A 2006 study found that each prevented HIV infection saves $303,000 in lifetime medical costs.[29] Compared to the modest cost of providing housing for people living with HIV/AIDS, the cost savings from preventing HIV transmission are substantial.

In a study released in 2007, researchers compared the costs of providing rental assistance, case management, and related services to the treatment costs associated with new cases of HIV. The study found that if just one out of every 19 clients receiving housing support avoided HIV transmission, the intervention would be cost-saving. The housing intervention would be cost-effective if it prevented one HIV transmission for every 64 clients.[30]

According to point-in-time count research compiled by the Regional Task Force for the Homeless, a total of 7,582 homeless individuals were counted in San Diego County in 2008. This count

[29] Schackman, et al, "The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States", Medical Care, Vol. 44, No. 11, p. 990, November 2006.
[30] Holtgrave, David R., et al. "Cost and Threshold Analysis of housing as an HIV Prevention Intervention," in the November 2007 Housing and HIV/AIDS Supplement to *AIDS and Behavior.*

represents an area-wide increase of 9 percent since 2006.[31] Furthermore, the County's 2005-2010 Consolidated Plan estimates a need for over 3,800 beds for homeless individuals and 840 beds for homeless families and individuals throughout the county.[32] ***Table 6*** provides more specific information on San Diego County's homeless population, generated from the 2008 point-in-time count.

Table 6
Demographic Information from the 2008 San Diego Point-in-Time Homeless Count

	Number	Percent
Housing Status		
Street Population	3,856	51%
Transitional Housing	2,717	36%
Emergency Shelters	1,009	13%
Total	**7,582**	**100%**
Family Status		
Single Individuals	6,300	83%
Persons in Families with Children	1,282	17%
Total	**7,582**	**100%**
Regional Area		
San Diego City	4,094	54%
Inland North County	1,213	16%
Coastal North County	910	12%
South Bay	758	10%
East County	607	8%
Total	**7,582**	**100%**

Source: Regional Task Force on the Homeless, Inc., *Regional Homeless Profile 2008.* Available online: http://www.rtfhsd.org/pdf/rhp%201.13.09.pdf (Accessed June 3, 2009).

Most shelters and point-in-time counts do not keep data on the number of homeless people living with HIV/AIDS, but the U.S. homeless population has an estimated median rate of HIV prevalence at least three times higher than that of the general population (three percent versus one percent).[33] In the *2008 HIV/AIDS Needs Assessment,* 15 percent of people surveyed reported being homeless.[34]

[31] Regional Task Force on the Homeless, Inc., *Regional Homeless Profile 2008.* Available online: http://www.rtfhsd.org/pdf/rhp%201.13.09.pdf (Accessed June 3, 2009).

[32] County of San Diego Department of Housing and Community Development, "San Diego Urban County and HOME Consortium 2005-2010 Consolidated Plan," May 2005. Available online: http://www.sdcounty.ca.gov/sdhcd/docs/consolidated_plan.pdf. (Accessed March 11, 2009).

[33] Higher rates (8.5 to 62 percent) have been found in selected homeless sub-populations. John Song, M.D., M.P.H., M.A.T., *HIV/AIDS & Homelessness: Recommendations for Clinical Practice and Public Policy*, November 1999, National Health Care for

Housing and Services Needs for PLWHA in San Diego County

The *2008 HIV/AIDS Needs Assessment* highlights several specific areas of unmet need for PLWHA in San Diego County. In all, 840 consumers were surveyed for this needs assessment. HIV/AIDS medications, primary HIV medical care, case management, dental care, and permanent or ongoing assistance with housing and shelter were ranked as the top five most important services among consumers.[35]

In terms of unmet need, housing and shelter assistance was ranked first among respondents in terms of a service that they needed but could not get (15 percent of respondents indicated having an unmet need for housing or shelter). Furthermore, unmet need for housing and shelter throughout the county has more than doubled since 2006. Other services ranked highly in terms of unmet need include dental care, legal services, emergency utility payments, and transportation.[36] Housing and service needs for PLWHA in San Diego County are discussed further in the section "Input from People Living with HIV/AIDS."

In addition to the overall needs of PLWHA living in San Diego County, HIV Housing Committee members also expressed a special interest in the context of need for women, youth, and persons with mental health needs. The following sections summarize findings from the *2008 Needs Assessment* related to these specific subpopulations.

Women

Among the women surveyed for this needs assessment (n=127), top-ranked services in terms of importance included: HIV/AIDS medications (54%), primary HIV medical care (48%), case management (43%), and housing/shelter (43%). Housing and shelter was ranked first among the needs of women with HIV/AIDS in San Diego (17%). Other highly ranked service needs included transportation (13%), dental care (13%), and emergency utility payments (13%).

On average, women ranked support services like information and referral, emergency utility payments, and childcare higher than the total survey sample. The assessment also indicates a disparity in drug and alcohol treatment and referral service usage among women. Latina women ranked housing/shelter services as a higher priority service than other female consumers, and also indicated a higher need for information and referral services. African American women indicated a higher need for food assistance (home-delivered meals) and legal services than other

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the Homeless Council, Health Care for the Homeless Clinician's Network, p. 1. Available online: http://www.nhchc.org/Publications/HIV.pdf (Accessed: November 5, 2008).

[34] San Diego HIV Health Services Planning Council, *2008 HIV/AIDS Needs Assessment Survey of People Living with HIV/AIDS*, June 2008. Available online: http://www.sdplanning.org/index.php?option=com_docman&task=doc_view&gid=776&Itemid=40. (Accessed April 27, 2009).

[35] San Diego HIV Health Services Planning Council, *2008 HIV/AIDS Needs Assessment Survey of People Living with HIV/AIDS*, June 2008. Available online: http://www.sdplanning.org/index.php?option=com_docman&task=doc_view&gid=776&Itemid=40. (Accessed April 27, 2009).

[36] Ibid.

subpopulations. African American women also rank support services as higher priorities than medical services.[37]

Youth

Twenty-five youth were surveyed in this needs assessment, ranging in age from 13 to 24. Nearly all respondents (92%) were aged 20 to 24. Among those surveyed, the top-ranked services in terms of importance included: dental care (61%), transportation (52%), and counseling and/ or therapy (43%). Housing and shelter was ranked first among the unmet needs of youth with HIV/AIDS in San Diego (28%). Other highly ranked service needs included dental care (24%), emergency utility payments (24%), HIV/AIDS medications (24%), and legal services (24%).[38]

Mental Health

In 2001, it was estimated that nationwide, nearly half of people living with HIV/AIDS had a psychiatric disorder.[39] In San Diego County, 37 percent of consumers surveyed used counseling and therapy services, and 27 percent used psychiatric medications. Five percent of all consumers surveyed experienced an unmet need for counseling and therapy, and 4 percent experienced an unmet need for psychiatric medications.[40]

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[37] Ibid.

[38] Ibid.

[39] Eric G. Bing, MD, PhD, MPH, et al, "Psychiatric Disorders and Drug Use Among Human Immunodeficiency Virus Infected Adults in the United States," Arch Gen Psychiatry, Vol. 58, August 2001, p. 721.

[39] San Diego HIV Health Services Planning Council, *2008 HIV/AIDS Needs Assessment Survey of People Living with HIV/AIDS*, June 2008. Available online: http://www.sdplanning.org/index.php?option=com_docman&task=doc_view&gid=776&Itemid=40. (Accessed April 27, 2009).

HIV/AIDS-Dedicated Resources

This section provides an overview of the Housing Opportunities for Persons with AIDS (HOPWA), and Ryan White programs nationally and in San Diego County.

In San Diego County, the Housing Opportunities for Persons With AIDS (HOPWA) program and the Ryan White HIV/AIDS program are the primary federal resources used to promote housing and health stability for people living with HIV/AIDS. As people living with HIV/AIDS often need both housing and services, and access to services supports housing stability, it is important to coordinate services, funding, and planning between HOPWA and Ryan White programs.

Housing Opportunities for Persons With AIDS (HOPWA)

Housing Opportunities for Persons with AIDS (HOPWA), a program of HUD, provides funding for housing and housing-related services for people living with HIV/AIDS and their families. HUD's primary goals for the HOPWA program include: stable, decent, affordable housing; a reduced risk of homelessness; and increased access to care and support for recipients. Eligible metropolitan statistical areas (EMSAs) and states receive direct allocations of HOPWA funding when 1,500 cumulative cases of AIDS are reported to the Centers for Disease Control in a HUD-determined geographic region. HUD awards 75 percent of HOPWA formula grant funds to eligible states and qualifying cities. The remaining 25 percent of funds is allocated among metropolitan areas that have had a higher than average per capita incidence of AIDS.

Federally, ninety percent of HOPWA funds are awarded annually through formula grants, and the remaining 10 percent is awarded through a competitive grant program to state and local governments to design and implement Special Projects of National Significance, or long-term, comprehensive strategies for meeting the housing needs of people living with HIV/AIDS and their families. Competitive grants are made available each year under HUD's Notice of Funding Availability (NOFA) for application by governmental agencies or non-profits, offering additional potential HOPWA funding for the EMSA.

HOPWA formula and competitive grantees have the flexibility to provide a range of housing assistance, including:

- Housing information services and resource identification
- Project- or tenant-based rental assistance
- Short-term rent, mortgage, and utility payments to prevent homelessness
- Housing development
- Housing acquisition, rehabilitation or leasing
- Support services
- Administrative costs

HOPWA grantees may carry out eligible programs themselves, deliver them through any of their administrative entities, select or competitively solicit project sponsors, and/or contract with service providers.

HOPWA in San Diego County

The County of San Diego, Department of Housing and Community Development (HCD) administers the local HOPWA program for people living with HIV/AIDS in San Diego County. The City of San Diego is the entitlement jurisdiction for the HOPWA Program, and by agreement with the City, HCD administers the program. In each of the past 13 years, HCD has received more than $2 million in HOPWA funding. However, funding has not kept pace with the increasing number of people living with HIV/AIDS.

Table 7 demonstrates the percentage change in HOPWA funding since 2000, compared with the number of PLWA in San Diego County.

Table 7

Percent Change in HOPWA Formula Funding Compared with Percent Change in PLWA in San Diego County, 2000-2008

	2000	2002	2004	2006	2008	Total Percent Change (2000-2008)
HOPWA Funding	$2,214,000	$2,593,000	$2,683,000	$2,549,000	$2,646,000	--
Percent Change in HOPWA Funding Over Previous Year	2%	7%	<1%	-5%	4%	20%
People Living With AIDS	4,444	4,892	5,579	5,849	6,403	--
Percent Change in People Living With AIDS Over Previous Year	5%	5%	6%	5%	9%	44%

HCD received HOPWA formula funding totaling $2,549,000 to fund activities for FY 2007-2008. HOPWA-funded providers for this period were selected through a Request for Proposal (RFP) issued by HCD. Currently, the providers include:

- Being Alive
- KARIBU - Center for Social Support and Education (CSSE)
- Community Connection Resource Center (CCRC)
- Community Housing Works (CHW)
- County of San Diego Health and Human Services Agency (HHSA)
- County of San Diego Housing and Community Development (HCD)
- Fraternity House
- South Bay Community Services
- St. Vincent de Paul Village
- Stepping Stone
- Townspeople

Table 8 outlines FY 2007-2008 HOPWA Objectives and Accomplishments, as reported in the City of San Diego's Consolidated Annual Performance and Evaluation Report (CAPER).

Table 8
HOPWA Objectives and Accomplishments, FY 2007-2008

Activities	Objectives	Accomplishments
Tenant-Based Rental Assistance	80 households	102 households
Permanent Housing	83 units	87 units
Transitional Housing	83 beds	78 beds
Group Housing	43 beds	38 beds
Care Facility for Chronically Ill	20 beds	20 beds
Group Home for Recovering Addicts	20 beds	20 beds
Supportive Services	363 persons	389 persons
Information	11,800 persons	31,716 persons

Table 9 outlines one-year goals and funding allocations for the HOPWA program in San Diego for FY 2009, as identified in the annual action planning for the City's Consolidated Plan.

Additionally, on the following page, ***Table 10*** represents an inventory of units/subsidies that are dedicated to housing people living with HIV/AIDS in San Diego County. The housing inventory includes both units funded in part or completely through the HOPWA program, and units that do not include HOPWA funding. Please note: (*) in 2007, PACTO Latino ceased operations of Casa Del Sol and Casa Truax. HCD released a special RFP to identify a replacement provider, and St. Vincent de Paul Village was selected to continue the programs in PACTO Latino's absence. Also note: (**) in Townspeople's Wilson Ave. and 51st St. projects, four units and three units, respectively, are funded through HOPWA.

Table 9
HOPWA Objectives, Program Goals, and Funding Allocations, FY 2009

Program Area	Objective	One-Year Goals	Annual Funding Allocation
Housing Assistance	Decent Housing	• Provide Assistance for up to 80 participants • Ensure 100% of units meet HUD Housing Quality Standards • Ensure 100% of participants pay no more than 30% of monthly income toward rent • Provide funding for 100 emergency housing beds for persons with HIV/AIDS • Provide 17 permanent housing units in 3 apartment complexes in San Diego Region	$744,492
Transitional Housing	Decent Housing	• Provide funding to support up to 53 transitional housing beds • Provide funding for the operation of 20 Residential Care Facility beds for the chronically ill (RCFCI) • Ensure 100% of all transitional housing facilities meet Housing Quality Standards • Ensure all HOPWA program participants pay no more than 30% of monthly income on rent	$1,076,307
Supportive Services	Suitable Living Environment	• Increase public awareness of HOPWA funded programs by providing 3 educational training sessions throughout the County • Fund intensive case management services for up to 100 HOPWA program participants • Fund the coordination of residential services for 20 apartments in 3 complexes. Provide case management services fro 25 households in permanent housing units	$380,602
Information Referral	Decent Housing	• Serve 20,000 persons with improved access to housing Information and Referral services via the internet • Serve 500 clients in Information and Referral offices	$90,000

Source: San Diego Housing Commission, *City of San Diego Annual Action Plan, Fiscal Year 2009,* May 2008. Available online: http://www.sdhc.net/pdfdocs/AgencyAndCommunityPlans/ActionPlanFY09.pdf (Accessed June 30, 2009).

Table 10
HIV/AIDS-Dedicated Housing Resources

Agency/Program (Description)	2004 Unit/ Capacity Totals	2009 Unit/ Capacity Totals
Emergency Housing		
Center for Social Support and Education (emergency beds for up to 38 days)	126	*100*
Transitional Housing (for Ambulatory and Self-Sufficient Clients)		
St. Vincent de Paul Village/Josue Houses (five houses for self-sufficient clients)	26*	*38*
PACTO Latino/Casa Del Sol (for self-sufficient clients)	9*	*0*
PACTO Latino/Casa Truax (for self-sufficient clients)	8*	*0*
Transitional Housing (for Substance Use Recovery)		
Stepping Stone/Enya House (for clients sober for 60 days)	10	10
Stepping Stone/Central Avenue (includes sponsor-based Shelter Plus Care subsidy)	10-14	14
County AIDS Case Management (housing and recovery services for homeless)	100	100
Community Connection Resource Center (substance use and mental health)	0	*10*
Short-Term Rental Assistance		
Ryan White/Townspeople/Partial Assisted Rental Subsidy (PARS) (shallow subsidy)	275	275
Long-Term Rental Assistance		
HOPWA/County of San Diego Tenant-Based Rental Assistance	80	80
Center for Social Support and Education/Shelter Plus Care (tenant-based with supportive services)	18	18
Permanent Independent Housing		
Sierra Vista Apartments (2- and 3-bedroom apartments)	5	5
Paseo del Oro Apartments (for singles and families)	4	*5*
Shadow Hills (for families)	5	5
Sonoma Court Apartments (1- and 2-bedroom apartments)	2	2
Mariposa Apartments (2- and 3-bedroom apartments)	2	2
Spring Valley Apartments (studios and 1-bedroom apartments)	9	9
Mercy Gardens (studios and 1-bedrooms) – not including manager's unit	21	22
Sunburst Apartments (Consumers aged 18-24)	0	*3*
Permanent Supportive Housing		
Community Housing Works/Marisol Apartments (1-bedroom apartments)	21	*10*
Community Housing Works/Old Grove (1-bedroom apartments)	8	*4*
Townspeople/Wilson Avenue Apartments (1-bedroom apartments)	8	*8***
Townspeople/51st St. Apartments	0	*24***
Townspeople/ 34th St. Apartments (not in operations yet)	0	*TBD*
South Bay Community Services/La Posada (includes sponsor-based Shelter Plus Care subsidy)	12	12
Residential Care Facilities for the Chronically Ill (RCF-CI)		
Fraternity House, Inc./Fraternity House (for clients who need 24-hour care)	8	8
Fraternity House, Inc./Michaelle House (for clients who need 24-hour care; 6 beds for women with children)	12	12
Total Resources	**779-783**	**776**

* and **: See notes on page 15.

HOPWA Comparison Jurisdictions

In addition to collecting information pertinent to San Diego County's HOPWA administration, Steering Committee members also expressed an interest in seeing how other comparable HOPWA jurisdictions allocated their funding. Orange County, California; California State; and King and Snohomish Counties in Washington State were chosen for the purposes of this comparison. ***Figure 2*** outlines formula funding distribution for each of these jurisdictions. ***Tables 11*** through ***13***, summarize information on each jurisdiction in more detail by describing system coordination, leveraging of resources, and assessment of unmet need.

Figure 2

HOPWA Formula Funding Distribution by Activity Category

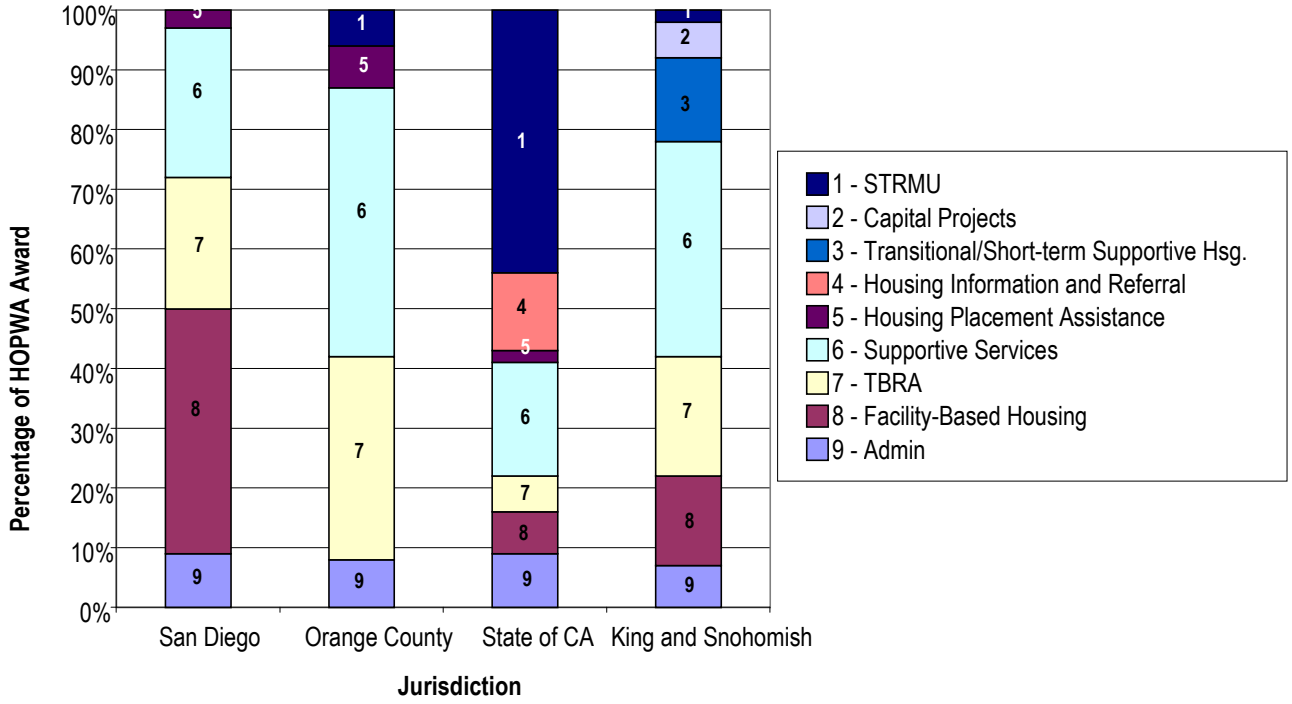

Table 11
HOPWA in California State

Program Information	
Grantee	Department of Health Services, Office of AIDS
2006 Formula Allocation	$2,929,000
Services Area	42 non- EMSA counties and 2 newly defined EMSAs (Kern and Fresno Counties)
Households Served, 07-08:	Housing Subsidy Assistance: 1,586 Supportive Services: 1,485 Housing Placement Assistance: 698
Key Program Features	
System Coordination	The HOPWA program is administered by county fiscal agents/non-profits representing the 42 counties (non-EMSAs), and coordinated with Ryan White administration. Planning bodies must include input from community/consumers, and the majority of sponsors participate in local Continuum of Care planning efforts.
Leveraging Resources	In 2007-2008, sponsors leveraged $347,328 for housing assistance and $1,962,241 for supportive services
Assessment of Unmet Need	Target populations for the State of California program include the undocumented community, persons with mental health and substance abuse issues, and persons exiting the prison system. Barriers to service delivery in rural areas is also an area of particular concern throughout the State program. Planning efforts are underway to get better data about unmet housing needs throughout California.

Table 12
HOPWA in Orange County, California

Program Information	
Grantee	City of Santa Ana
2006 Formula Allocation	$1,359,000
Services Area	Orange County, CA
Households Served, 07-08:	Housing Subsidy Assistance: 160 Supportive Services: 263 Housing Placement Assistance: 289
Key Program Features	
System Coordination	The Orange County HIV Planning Council coordinates services provided by the City of Santa Ana and the Ryan White program; the council features a Housing Sub-Committee that coordinates usage of HOPWA funds with other resources.
Leveraging Resources	Orange County utilizes Shelter + Care housing vouchers, private and in-kind donations for unit development.
Assessment of Unmet Need	Regional strategic planning processes have lead to the prioritization of developing permanent housing for PLWHA. Target populations include the undocumented, ex-offenders, women with children, and people with multiple diagnoses.

Table 13

HOPWA in King and Snohomish Counties, Washington

Program Information	
Grantee	City of Seattle Human Services Department
2006 Formula Allocation	$1,615,000
Services Area	King and Snohomish Counties
Households Served, 07-08:	Housing Subsidy Assistance: 211 Supportive Services: 300 Housing Placement Assistance: 15
Key Program Features	
System Coordination	Lead agencies (Lifelong AIDS Alliance in King Co. and Catholic Community Services in Snohomish Co.) determine eligibility and refer clients to the eight HOPWA service and housing providers in the area. Seattle Human Services Dept. collaborates with the King Co. Public Health Dept. to co-facilitate monthly meetings of the HIV/AIDS Housing Committee (a coordination body for Ryan White and HOPWA housing relief).
Leveraging Resources	Over $6 million leveraged in 2008 through federal, state, local governmental, and private funds (RW, HOPWA, HOME, HOPWA SPNS, Housing Trust Fund, Seattle Housing Levy)
Assessment of Unmet Need	An on-going needs assessment started in 2008, in partnership with the Seattle-King County Public Health HIV/AIDS Program (Ryan White Administrator), will be completed in 2009. Funding priorities include providing HOPWA capital to “housing first” projects to address needs of chronically homeless with HIV.

Ryan White HIV/AIDS Program

The Ryan White Program[41] is federal legislation that addresses the unmet health needs of persons living with HIV disease by funding primary health care and support services. In fiscal year 2008, Congress appropriated $2.2 billion for use under the Ryan White Program, which serves more than 500,000 people each year. [42] The Program is administered by the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, and is split into "Parts" (previously called "Titles," and arranged slightly differently, prior to the 2006 program reauthorization) with different focuses and eligibility.

Part A of the Ryan White Program funds services for people living with HIV/AIDS in "eligible metropolitan areas" (EMAs) with more than 2,000 reported AIDS cases in the previous five years, and "transitional grant areas" (TGAs) with 1,000-1,999 reported AIDS cases over the previous five years. Part B funds are awarded to all states by formula to provide primary healthcare and support services that enhance access to care for people living with HIV/AIDS and their families. Part B also supports AIDS Drug Assistance Programs (ADAPs) and, at the local consortia level, can fund community needs assessments and the organization and delivery of HIV services. Part C funds early intervention HIV services in outpatient settings and capacity development and planning grants, and Part D supports coordination of services to youth, women, and families living with HIV/AIDS through public and private nonprofit groups.

Two additional new components were added to the Ryan White Program during reauthorization; Part E covers General Provisions (including audits, privacy protections, and the severity of need index), while Part F consolidates these program components:

- Special Projects of National Significance (SPNS), which fund innovative models of care and support the development of effective delivery systems for HIV care. The SPNS Program is considered the research and development arm of the Ryan White Program.
- HIV/AIDS Education and Training Centers
- Dental Reimbursement Program
- Community-Based Dental Partnership Program

In addition to the programs described above, the Ryan White Program also provides funding through its Minority AIDS Initiative for activities targeted at mitigating the effects of HIV/AIDS on racial and ethnic minorities in the United States.

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[41] The program's full title is "Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006." Prior to this reauthorization, the Ryan White Program was referred to as the "Ryan White CARE Act."

[42] The Henry J. Kaiser Family Foundation, "HIV/AIDS Policy Fact Sheet: The Ryan White Program," June 2008. Available online: http://www.kff.org/hivaids/upload/7582_04.pdf (accessed June 2, 2009).

To meet the Ryan White Program's primary goals of increasing access to high-quality healthcare and eliminating disparities based on race, gender, and location, HRSA has established four key principles for Ryan White programming and funding. These key principles include:

- revising care systems, particularly through local planning, assessment, and outreach, to meet changing needs as new HIV/AIDS cases shift demographically and disproportionately impact traditionally underserved populations;
- ensuring access to quality HIV/AIDS care;
- coordinating Ryan White Program services with other healthcare delivery systems to fill gaps in care and maximize efficient use of resources and comprehensive coverage; and
- evaluating the impact of program funds, including documentation and assessment of program and client outcomes.

Although the Ryan White Program allows some flexibility in how grantees choose to allocate their resources, in 2005, HRSA outlined six core services, which do not include housing assistance, to be prioritized by all Part A and Part B grantees. The reauthorization of the Ryan White Program (the Ryan White HIV/AIDS Treatment Modernization Act of 2006) requires that Part A, Part B, and Part C grantees spend 75 percent of their funding in designated core medical services.[43] ***Table 14*** lists the core services defined under the reauthorization of the CARE Act.

Table 14
Reauthorized Ryan White CARE Act Core Services

Ambulatory Outpatient Medical Care	Medical Nutrition Therapy
AIDS Drug Assistance Programs	Hospice Services
Pharmaceutical Assistance	Home and Community-Based Health Services
Oral Health Care	Mental Health Services
Early Intervention Services	Substance Abuse Services
Health Insurance Premium	Medical Case Management
Home Health Care	

Source: Ryan White HIV/AIDS Treatment Modernization Act, U.S. Department of Health and Human Services Health Resources and Services Administration. Available online: http://hab.hrsa.gov/treatmentmodernization/ (Accessed: September 13, 2007).

The Ryan White Program is primarily oriented toward meeting the medical needs of people living with HIV/AIDS. However, since housing services are a treatment adherence service, the Ryan White Program allows short-term housing-related assistance as an eligible expenditure.[44]

[43] U.S. Office of National AIDS Policy, *Fact Sheet: The Ryan White HIV/AIDS Treatment Modernization Act of 2006.* Available online: http://www.whitehouse.gov/news/releases/2006/12/20061219-4.html (Accessed: September 14, 2007).

[44] Law and Policy: Policy Notice 08-01 The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs. HIV/AIDS Bureau, Health Resources and Service Administration, U.S. Department of Health and Human Services. March 19, 2008. Available online: ftp://ftp.hrsa.gov/hab/0801.pdf (Accessed: October 22, 2008).

The limit of 25 percent of Ryan White program funds that can be spent on support services (including housing) introduced under the 2006 reauthorization has raised concerns for many providers across the U.S. Although the limit applies to an entire state or EMSA Ryan White allocation and not any single program, agencies may make competing claims on the support services dollars. A typical housing subsidy often costs more per person than other services, and administrators may not want subsidies to "consume" the service dollars, putting housing assistance programs at particular risk – although research shows housing to be a necessary context for effective service delivery.

Table 15 lists housing-related services and assistance allocations for San Diego County, California, and the United States.

Table 15
Ryan White Program Housing-Related Services and Assistance Allocations, FYs 2004 & 2007

San Diego Co.		California		Total U.S.	
2004	**2006**	**2004**	**2006**	**2004**	**2006**
$899,022	$684,443	$531,752	$811,757	$42,629,085	$38,707,155

U.S. Department of Health and Human Services, "The HIV/AIDS Program: Grantee Allocation and Expenditure Reports." Available online: http://hab.hrsa.gov/reports/data2b.htm (Accessed July 30, 2009).

In addition, on December 6, 2006, HRSA published a proposed policy amendment imposing a retroactive 24-month lifetime cap, per individual, on emergency and temporary housing assistance received under the Ryan White Program, and requiring certification or documentation of the necessity of housing services for purposes of medical care by a case manager, social worker, or other licensed healthcare professional(s). After temporarily withdrawing the policy in the wake of opposition from community-based HIV/AIDS and housing organizations, HRSA reinstated it as final in March 2008.[45] This legislation places an increased demand on HOPWA and other affordable housing assistance sources.

[45] Final Policy Notice on the Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-Term or Emergency Housing Needs (HRSA HIV/AIDS Bureau (HAB)) Policy Notice 99-02 Amendment 1 (73 Federal Register 10260, February 26, 2008). Available online: http://edocket.access.gpo.gov/2008/E8-3607.htm (Accessed: October 15, 2008).

Input from People Living with HIV/AIDS

This section includes an analysis of the findings from the consumer survey and consumer focus groups conducted as part of the San Diego County HIV/AIDS Housing Plan Update 2009 needs assessment and planning process. Overall, 359 consumer surveys were received, and 27 consumers from three different area agencies participated in focus groups led by Building Changes.

Survey Methodology

A self-administered, paper questionnaire (see Appendix 2) was delivered to health and social services locations and provided to clients by agency staff. Agency staff collected completed questionnaires and shipped them to the researchers. Overall, 359 surveys were collected from ten participating agencies. ***Table 16*** details the agencies and number of consumers that participated in the survey.

This survey instrument used a combination of yes/no, multiple choice, and open-ended questions addressing demographic characteristics, needs, and service utilization, especially related to housing. Cornerstone Strategies, Inc., a research firm in Bellingham, Washington collected survey data between April and May 2009, and processed and analyzed data during May and June.

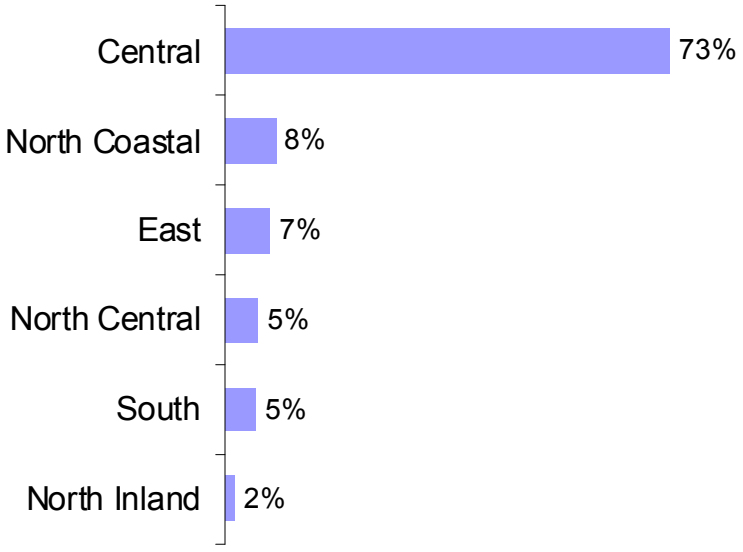
Table 16
Participating Agencies

Agency	Number of surveys
Being Alive	101
VA San Diego Healthcare System	84
Townspeople	51
County of San Diego HHSA, County Office of AIDS Coordination	27
St. Vincent de Paul / Josue House	24
Stepping Stone	22
Center for Social Support and Education	16
County of San Diego Department of Housing and Community Development	15
North County Health Services, HIV/AIDS Community Case Management Program	11
CASA	7
Unknown	1
Total	**359**

Geography of Survey Sample

Almost three quarters (73%) of survey respondents reported home zip codes which correspond to the Central region of San Diego.[46] All other regions were represented by less than 10 percent of the survey sample.

Figure 3
Regional Distribution of Survey Participants (n=338)



Demographics

Respondents ranged in age from 21 to 77 years, with a mean and median age of 46 years. A large majority of survey respondents were male (94%). Five percent of respondents were female and less than 2 percent were transgender.

HIV Status

Respondents were asked whether they were HIV-positive with symptoms, without symptoms, or had AIDS. The sample was fairly evenly split between these categories, with 35 percent reporting HIV with symptoms, 34 percent reporting HIV without symptoms, and 32 percent stating that their doctor had told them they have AIDS.[47]

Researchers also asked, "how old were you when you found out you had HIV or AIDS?" Age of diagnosis ranged between seven and 62 years, with a mean of 34 and a median of 33. At the time the survey was taken, most respondents had been diagnosed for about 12 years.

Mental Health

Forty-four percent of respondents reported seeing a counselor, therapist, or psychologist in the past year, while 35 percent had seen a psychiatrist for medication. Only 8 percent of respondents had stayed in a group home for people with mental health issues.

Incarceration

Forty-one percent of respondents had ever been to jail or prison. At the time of the survey, these 129 respondents had been released between less than one and 30 years ago, with a mean of about six years and a median of three years.

Language

Three hundred thirty-six English and 23 Spanish surveys were completed. Respondents were asked what language they spoke at home: English (89%), Spanish (7%), or Tagalog/Filipino (<1%). Three percent of respondents wrote in that they spoke both English and Spanish at home, and less than one percent spoke another language.

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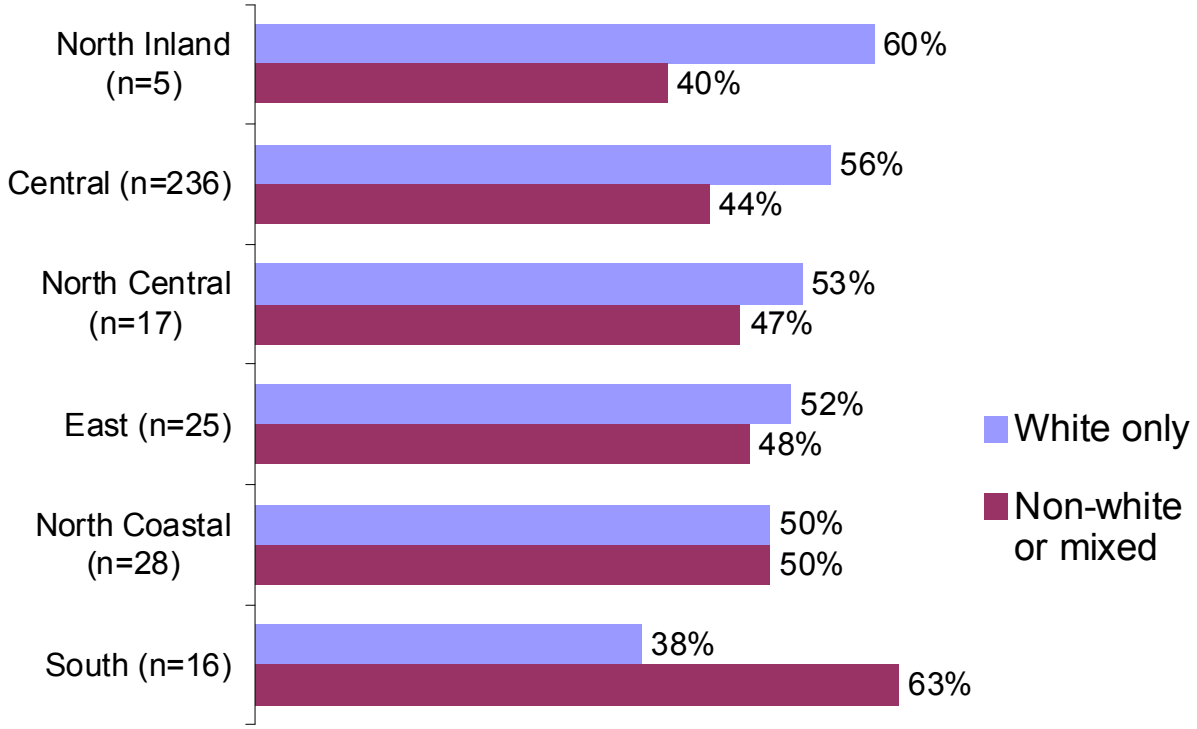
[46] Regions designated by the San Diego County Department of Health and Human Services.

[47] Two respondents answered "No, I do not have HIV or AIDS. I am HIV-negative," and were removed from the sample.

Race & Ethnicity

Respondents were asked to best describe their ethnic identity by checking all that apply: white (58%); black/African American (22%); Hispanic/Latino (21%); American Indian/Alaskan Native/Native Hawaiian (3%); and Asian or Pacific-Islander (3%). Racial/ethnic categories were condensed into white only (non-Hispanic) and respondents who selected one or more non-white race/ethnicity (including Hispanic) for comparison between regions. The North Inland and Central regions have much higher proportions of whites than the South region; however, it should be noted that the sample sizes in all but the Central region are quite small and may not adequately represent the race/ethnicity distribution.

Figure 4
Distribution of Ethnicity by Region

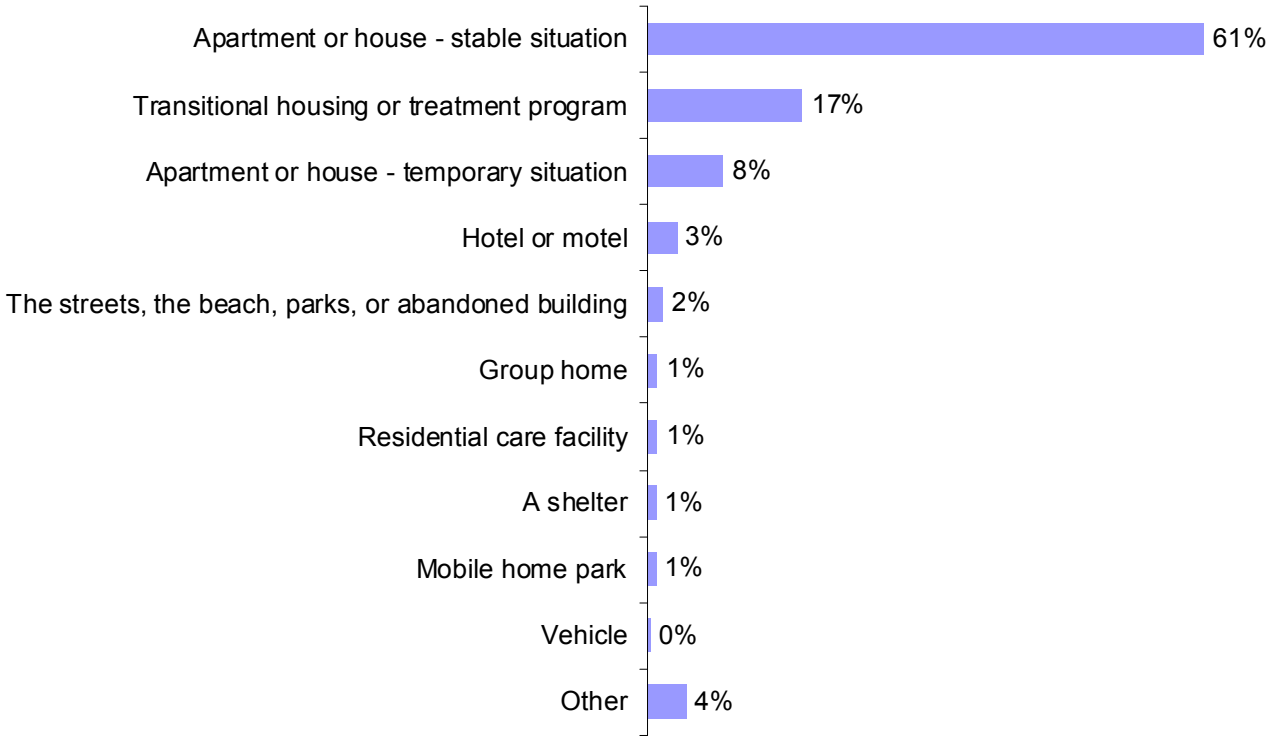


Housing

Housing Type and Situation

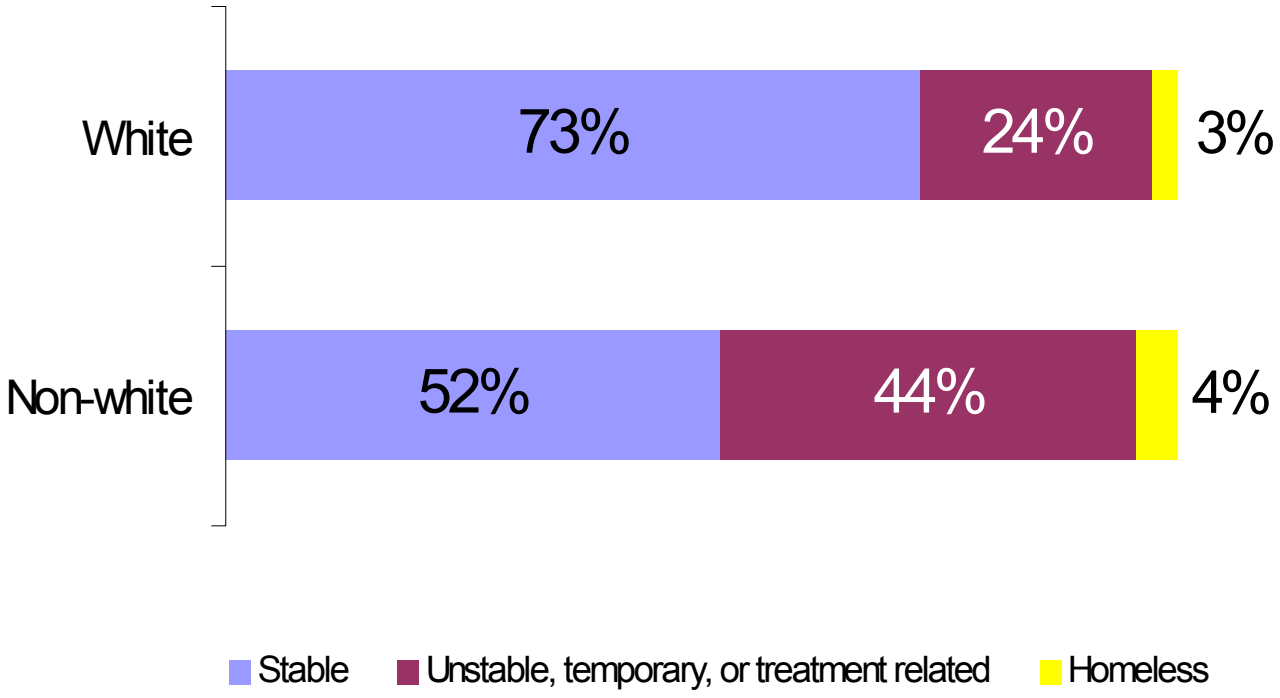
More than half of respondents (61%) reported that their current type of housing was a stable situation in an apartment or house. The next most common type of housing was transitional housing or treatment program (17%), followed by a temporary situation in an apartment or house (8%).

Figure 5
Type of Housing Situation (n=348)



The above categories are condensed into stable, unstable, or homeless to allow comparison between groups.[48] Though no gender differences were detected (table not shown), there are significant racial differences. Whites are much more likely to be in stable housing than non-whites (73% compared to 52%).

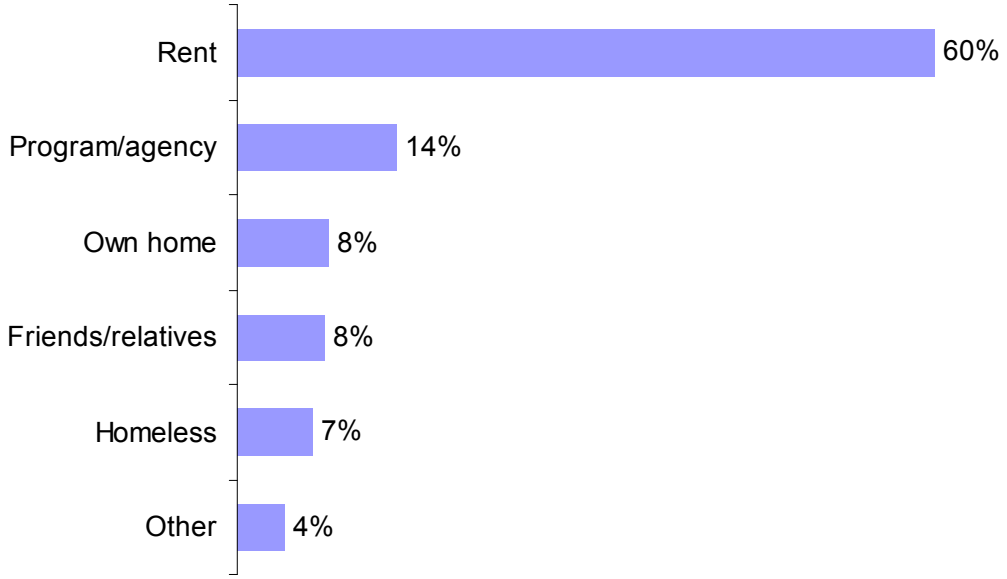
Figure 6
Comparison of Type of Housing and Ethnicity



[48]Stable=apartment or house – stable situation, mobile home; Unstable=apartment or house – temporary situation, transitional or treatment program, group home, hotel; Homeless=a shelter, the streets, beach, park or abandoned building, car. We acknowledge that these groups are less than precise, but maintain the usefulness of the comparison.

Respondents were also asked about their housing situation, and the responses mirrored housing type (above). Sixty percent of the sample rented their housing units at the time of the survey, followed by 14 percent who lived in program or agency housing. Smaller proportions of survey respondents owned their home, stayed with friends or relatives, or had another housing situation.

Figure 7
Respondent Housing Situation (N=340)



Housing Density

Household sizes ranged from one to 30 people. The mean household size is two and half and the median is two people. Housing units included studios (13%), one and two-bedroom units (32% and 30% respectively), and three or more bedroom units (26%). The mean and median number of bedrooms is about two per household.[49]

To measure how crowded housing situations are, the number of people is divided by the number of rooms in each household. Excluding the 60-bedroom, 100-person household, housing density ranges from one to nine people per room, with a mean and median of about one. Most respondents did not share a bedroom, suggesting that though long-term housing stability may be an issue, over-crowded housing was not a common problem for this sample of people living with HIV/AIDS.

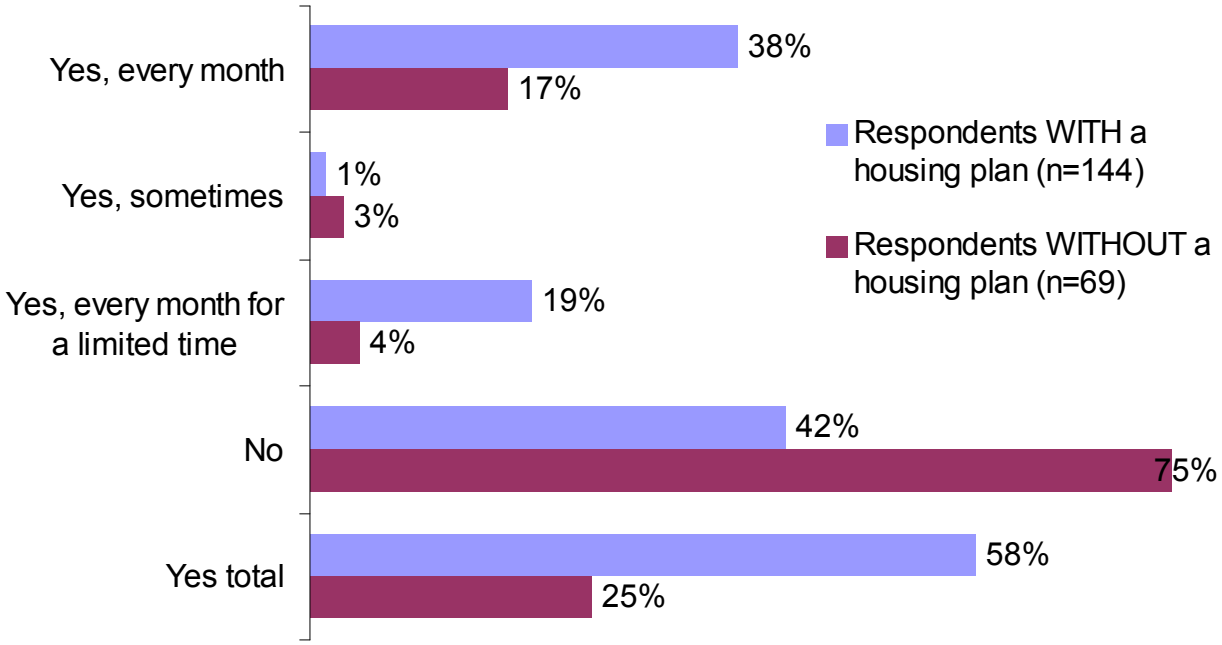
[49] A group home with 60 residents living in 100 bedrooms was excluded from these summary statistics.

Housing Assistance & Case Management

The majority of respondents had a case manager (75%) and a housing plan (65%). These variables were highly correlated with each other; respondents with a case manager were significantly more likely to have a housing plan than respondents without a case manager (68% compared to 8%).

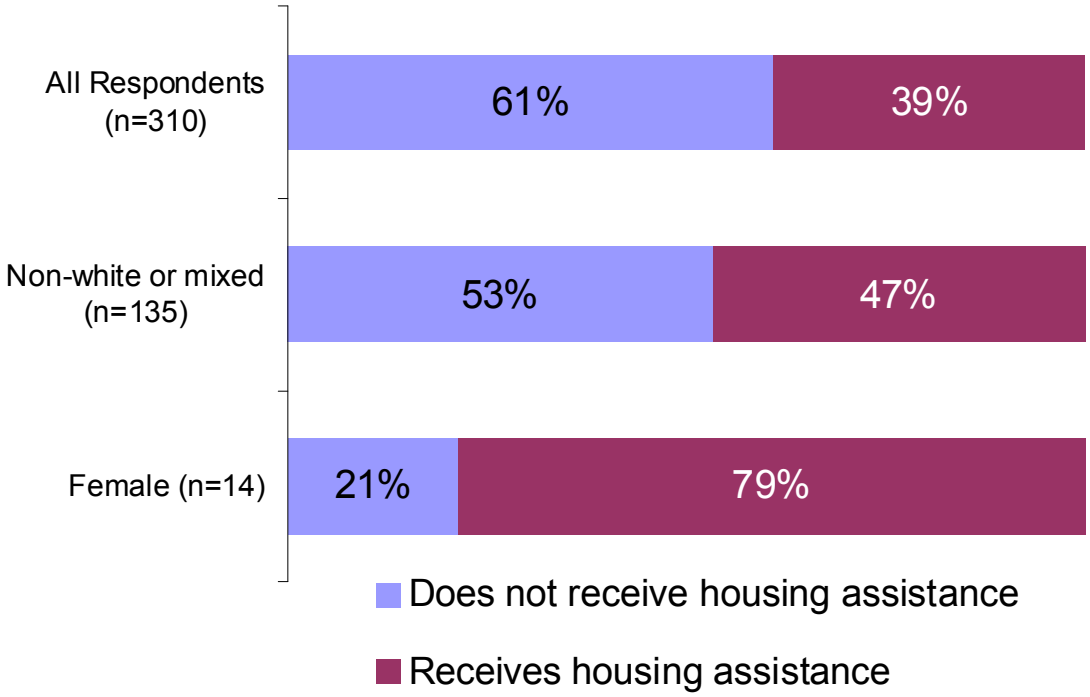
About one in four respondents (27%) reported ongoing monthly rental assistance. Smaller proportions of respondents received short-term housing assistance, such as monthly assistance for a limited time (11%), or occasional rental assistance (1%). ***Figure 8*** below demonstrates the relationship between having a housing plan and receiving housing assistance. Respondents with a housing plan were twice as likely to receive some type of housing assistance than those without a plan (58% compared to 25%).

Figure 8
Housing Assistance by Housing Plan Status



Women and non-whites were both significantly more likely to receive housing assistance than men and white-only respondents. The relationship between housing assistance and gender is so strong, its effects are seen even with such a small sample of women (n=14).[50] This may be due to women being more likely to head households with children, thus qualifying them for more types of assistance. Or, seeing how both racial minorities and women are more likely to receive housing assistance, this pattern may reflect gender and racial privileges; males and whites may generally need less assistance due to their increased economic opportunities.

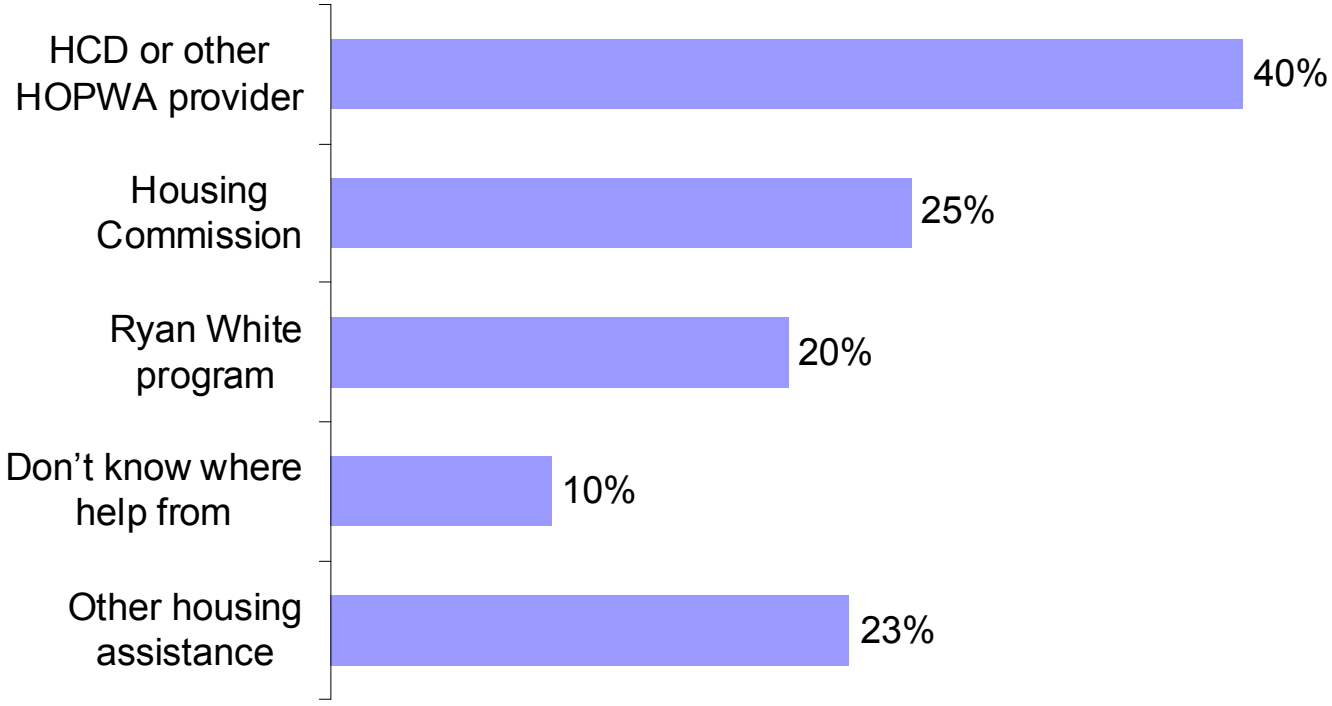
Figure 9
Housing Assistance, Race, & Gender



[50] There were too few transgender respondents to conduct comparative analysis (n=5).

Those who received housing assistance were asked which type(s) of assistance they received out of a short list of common subsidies. Respondents were also given space to write in other sources of housing assistance. Several respondents wrote in HOPWA or a specific HOPWA program. This HOPWA assistance was combined with assistance from the Department of Housing and Community Development (HCD), representing the most common category of housing assistance for this sample (40%). The next most common sources of assistance were the Housing Commission (25%) and the Ryan White program (20%).

Figure 10
Type of Housing Assistance (n=154)

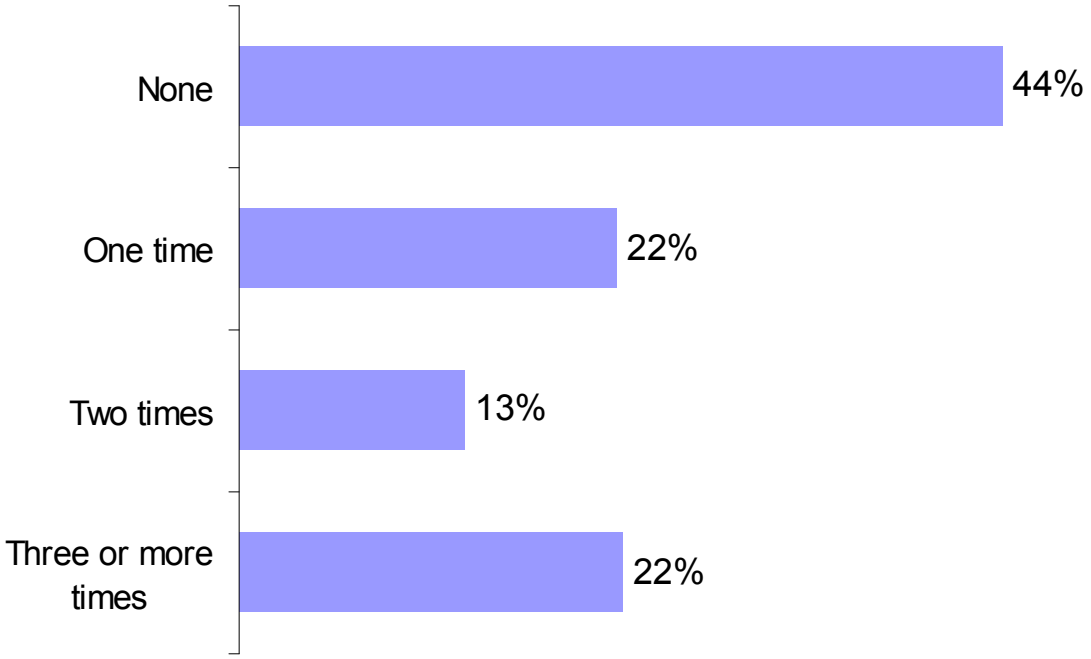


Twenty-three percent of respondents reported other housing assistance. The most common other type of assistance listed was Shelter Plus Care (n=8). Other specific sources reported were Family Health Services, MHS Center Star ACT, and EARP. Clients also listed general types of assistance, such as rental subsidy, security deposit, homeless shelter, and case management. Informal help was also mentioned, such as receiving loans from family and friends, staying with friends, or trading work for housing.

Homelessness & Housing Instability

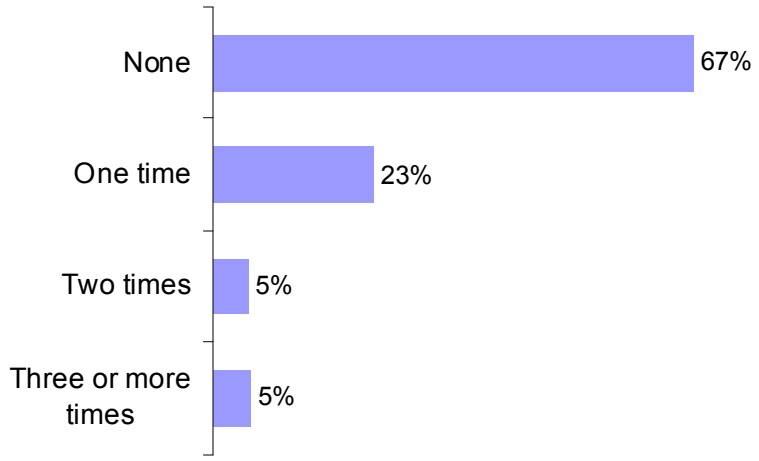
To gain an understanding of clients' housing stability, they were asked about moving, homelessness, and housing discrimination.

Figure 11
Number of Times Moved Past Three Years (n=342)



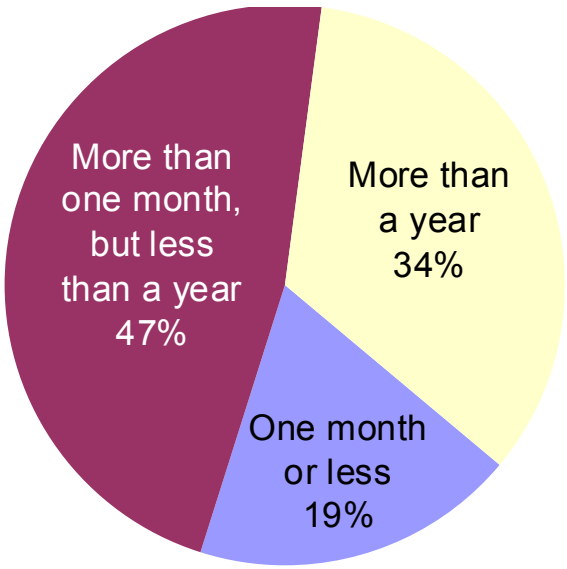
One in five respondents had moved three or more times in the past three years (22%). About one in three respondents had been homeless at least once in the past three years (33%).

Figure 12
Number Of Times Homeless Past Three Years (n=347)



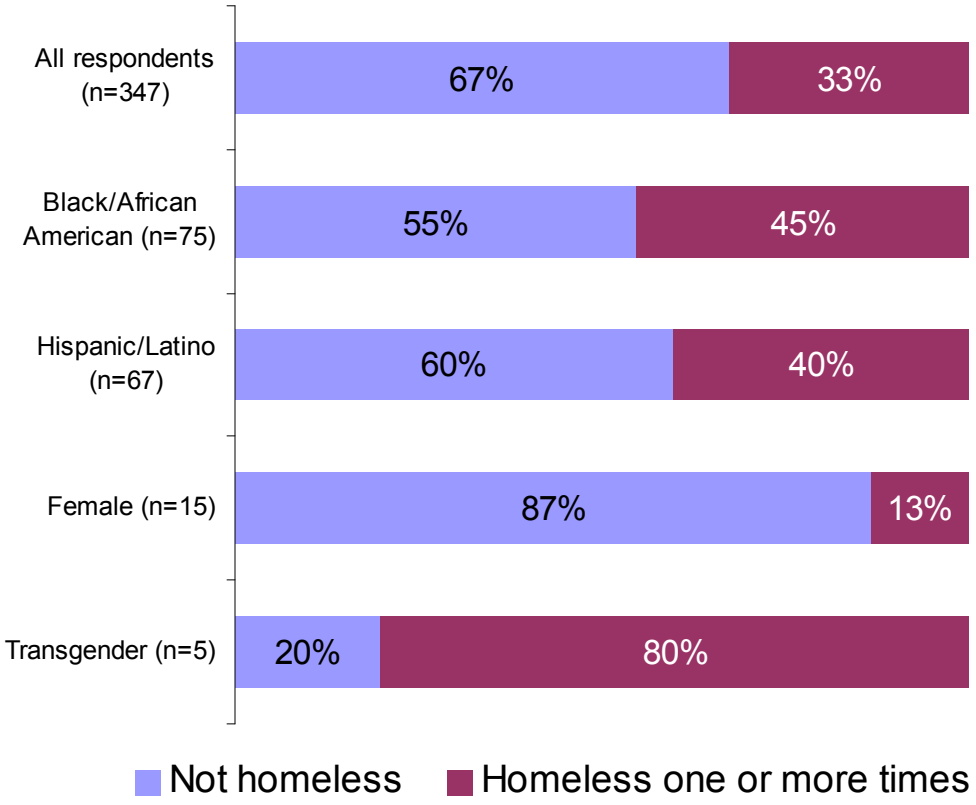
Out of the 118 respondents that reported having been homeless, about half of them had been homeless for more than a month but less than a year (47%). About a third had been homeless for a year or more (34%), and a smaller group had been homeless or one month or less (19%).

Figure 13
Duration of Homelessness during Past Three Years (n=118)



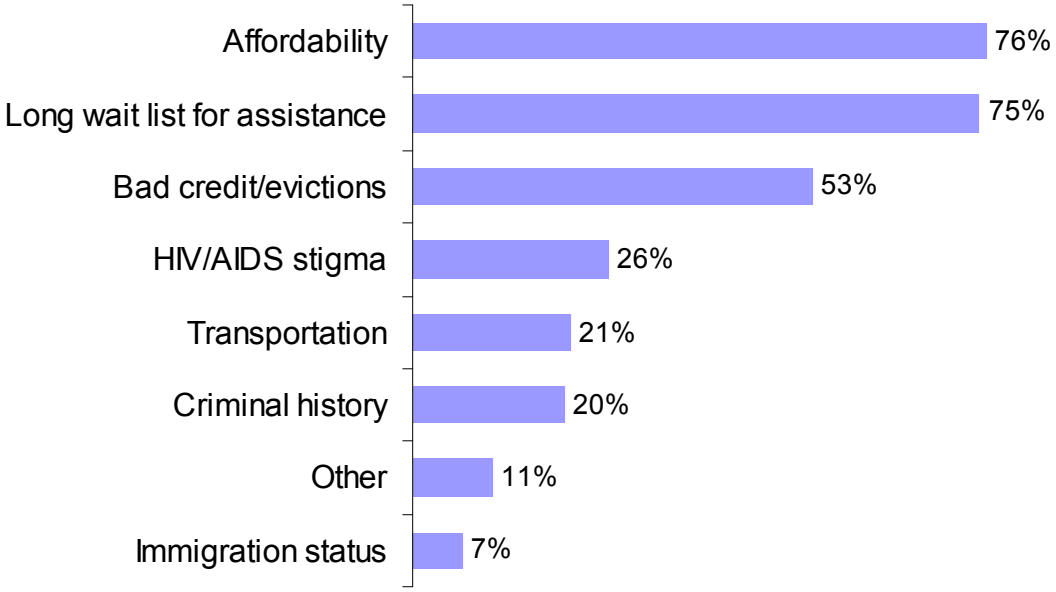
Comparative analyses were conducted to examine gender and race differences in homeless rates. As ***Figure 13*** shows, African American and transgender respondents were significantly more likely to have been homeless in the past three years. Female respondents were less likely to have been homeless.

Figure 14
Homelessness, Ethnicity, and Gender



Respondents were also asked what barriers have made it difficult to find or stay in housing. Housing affordability and long wait lists for housing assistance were by far the most common issues, affecting a majority of respondents (76% and 75% respectively). More than half of respondents also cited bad credit or evictions as a barrier to stable housing. Less common, though still substantial, were the issues of HIV/AIDS stigma (26%), transportation (21%), and criminal history (20%).

Figure 15
Housing Barriers (n=256)



Respondents were also asked to explain any housing discrimination they had experienced, and fifteen percent of all respondents reported housing discrimination.[51] The open-ended responses for housing discrimination and other housing barriers were so similar, they are summarized together below.

Over all, the most common housing issue was substance abuse, reported by 21 respondents. The next most common category was lack of work history or limited income, reported by eight respondents. One respondent wrote: "I'm on SSI/SSA. [There is] no housing available for people getting under $900/mo."

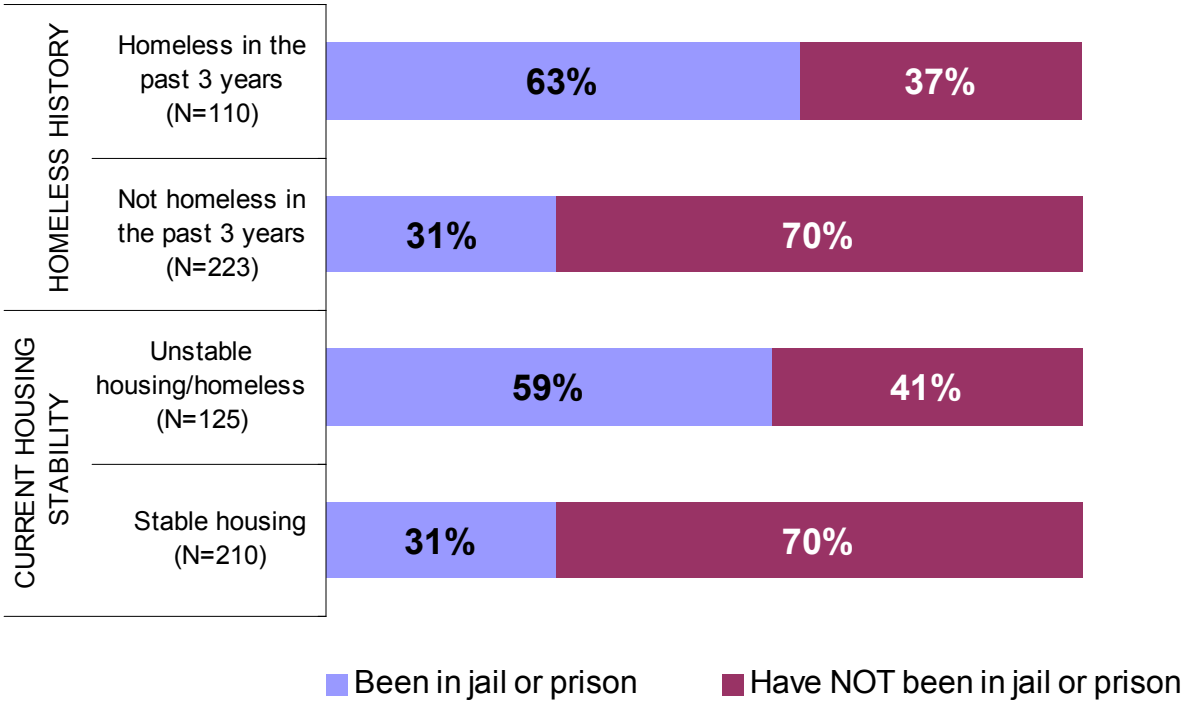
Respondents also said that finding landlords who accept Section 8 (n=7), and being homelessness (n=4) were housing barriers. Another consumer reported: "When you don't have an address to give, people turn you down." Sexual orientation had been a housing issue for two respondents, and race, age, having children, language, and pets were each only mentioned once.

As mentioned above, 41 percent of respondents reported that they had ever been to jail or prison. The figure below demonstrates the correlation between incarceration and housing stability. Those who have a history of homelessness and those who reported housing instability at the

[51] There were no significant gender or race differences in housing discrimination rates.

time of the survey are much more likely than other respondents to have had a history of incarceration.

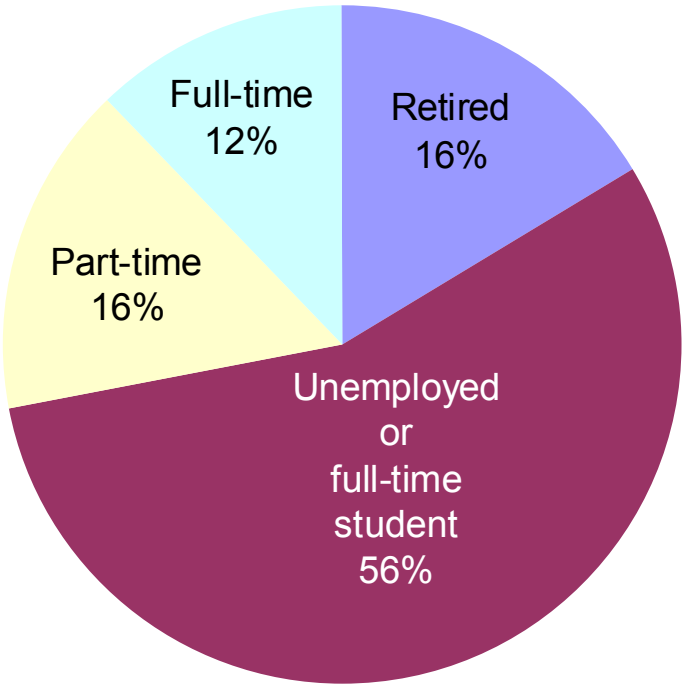
Figure 16
Housing Stability & Incarceration



Employment and Income

Only about one in four respondents reported being employed at the time of the survey, 16 percent part-time and 12 percent full-time. Fifty-six percent were unemployed, unable to work, or full-time students, and 16 percent were retired[52]. There were no significant differences in employment based on race, ethnicity, or gender.

Figure 17
Employment Status (N=334)



Employed respondents worked between four and 60 hours per week, with a mean of 30 and a median of 32 hours. At the time of the survey, only 1 percent had worked as migrant farm workers in the past three years.

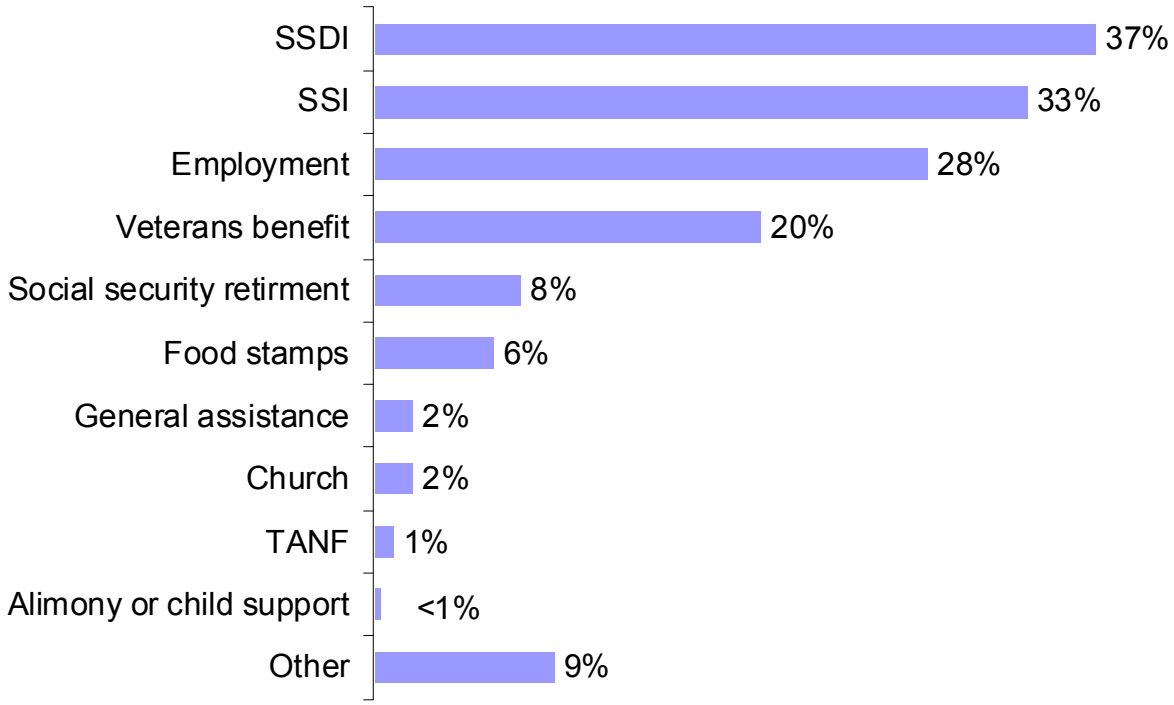
About one in three respondents (30%) did not report any income. The 238 respondents who reported income received between $14 and $10,400 per month from all sources. The mean was $1,366 and the median was $1,022.

[52] Unemployed, unable to work, and full-time students were grouped together despite their differences in order to focus analysis on employment.

Income and Benefits Sources

Though Social Security Disability Insurance (SSDI) and Social Security Insurance (SSI) were the most common sources of income for this sample (37% and 33% respectively), more than a quarter of respondents reported income from employment (28%). One in five respondents reported veteran's benefits as part of their monthly income (20%).

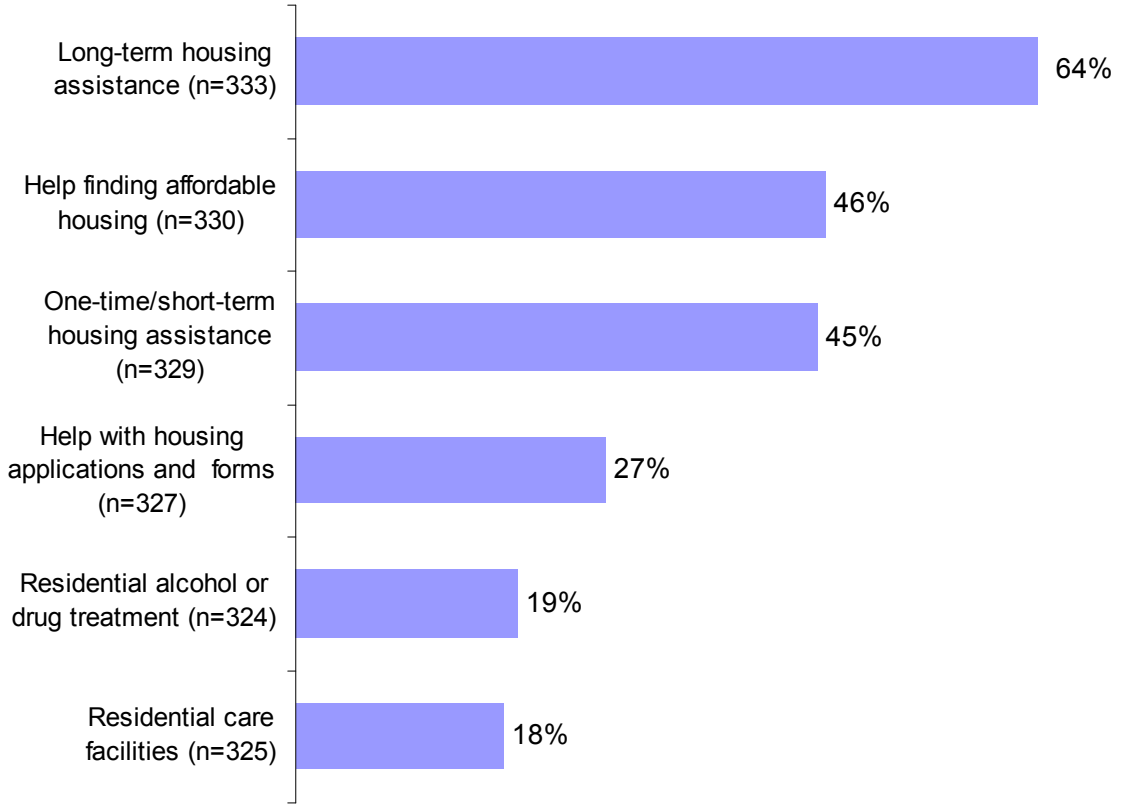
Figure 18
Income sources (n=293)



Important Services

Respondents rated both the *importance* and the *availability* of seven types of assistance as they pertain to housing stability. Services were scored from 1 (*not important*) to 5 (*extremely important*). ***Figure 19*** displays the proportion of respondents who rated each service *extremely important*. Two out of three respondents (64%) said that long-term or permanent financial assistance for housing was extremely important to their housing stability. Help finding affordable housing and short-term housing assistance were also extremely important to many participants (46% and 45% respectively.)

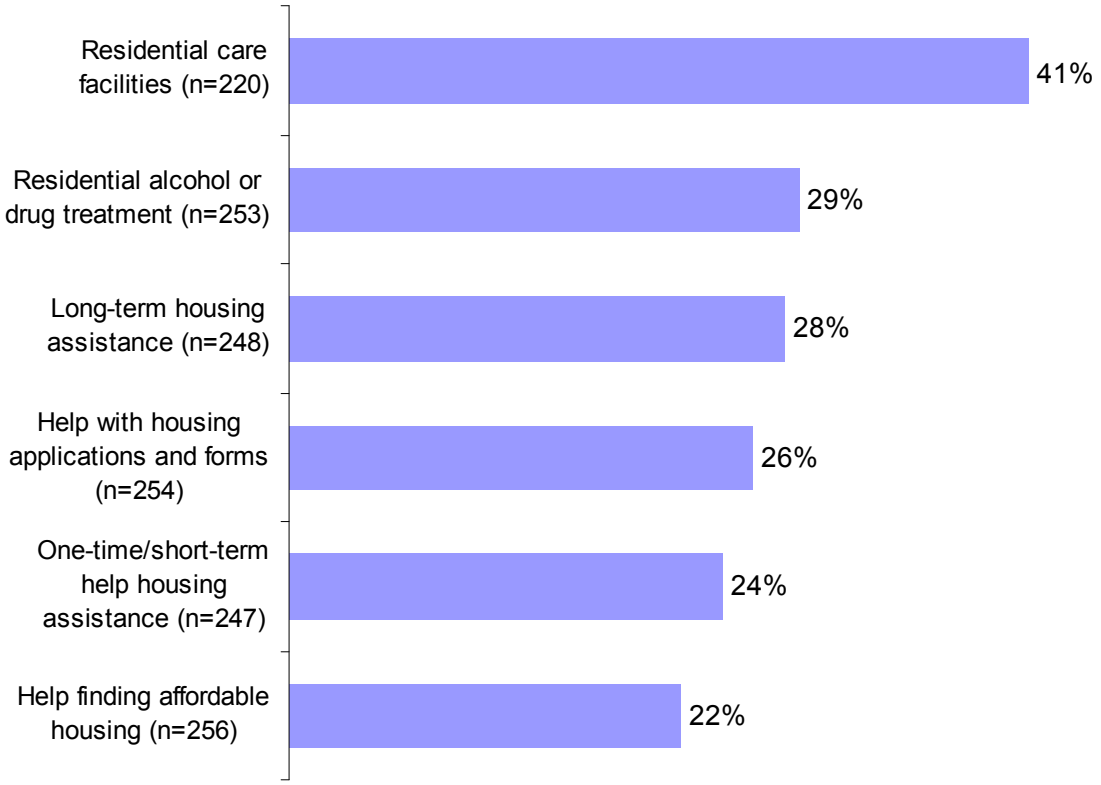
Figure 19
Proportion of Respondents who Rate Services *Extremely Important*



Respondents were also given the opportunity to list other services which were important to them. Housing services were the most common write-ins, including moving assistance, homeless shelters, long-term living options, and rent/deposit/mortgage assistance. Non-housing service needs included food, transportation, addiction, mental health, veteran's benefits, and pet services.

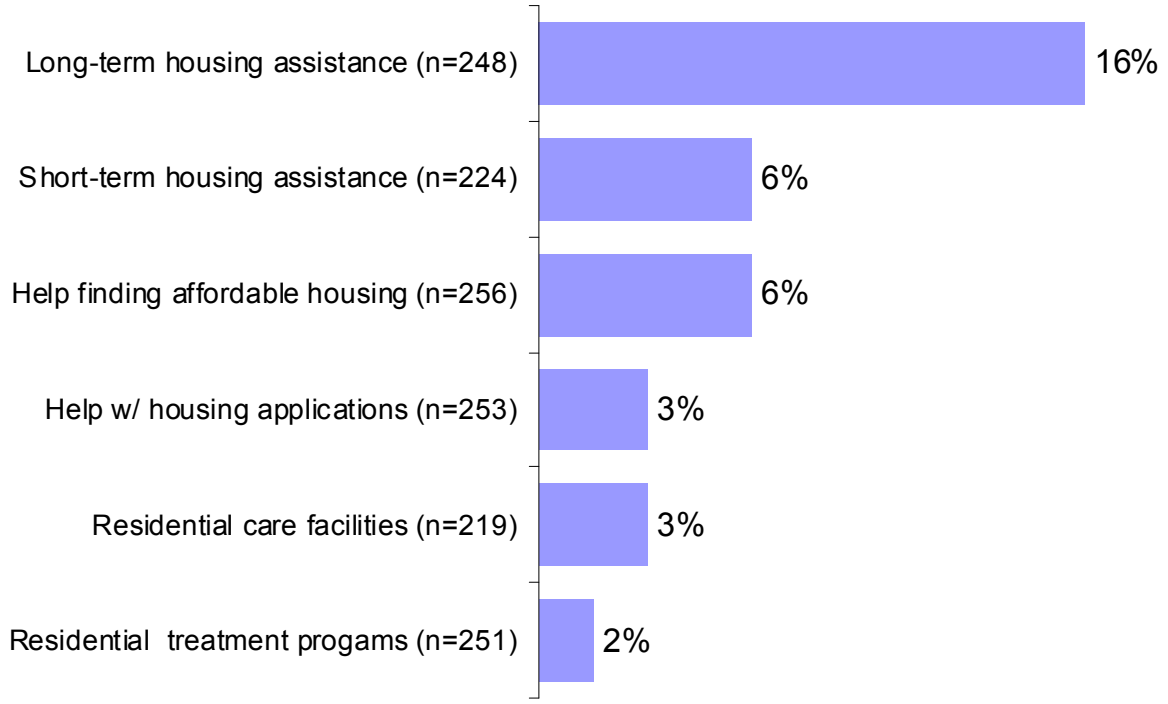
Respondents rated the same six services from 1 (*not available*) to 5 (*readily available*). The least available services were residential care facilities (41%); residential treatment programs (29%); and long-term housing assistance (28%).

Figure 20
Proportion of Respondents who Rate Services Not Available



From an individual's perspective, if a service is both *extremely important* and *not available*, there is a perceived extreme service gap for that particular service. ***Figure 21*** presents the proportion of respondents who perceive an extreme service gap for each of the six services.

Figure 21
Proportion of Respondents who Rate Services Both *Extremely Important* and *Not Available*



Sixteen percent of respondents reported that long-term housing assistance is extremely important to their housing stability, yet not available to them. Other extreme service gaps that were frequently reported include short-term housing assistance and help finding affordable housing (each 6%).

Service Gap Analysis Using Importance-Availability Coordinate System

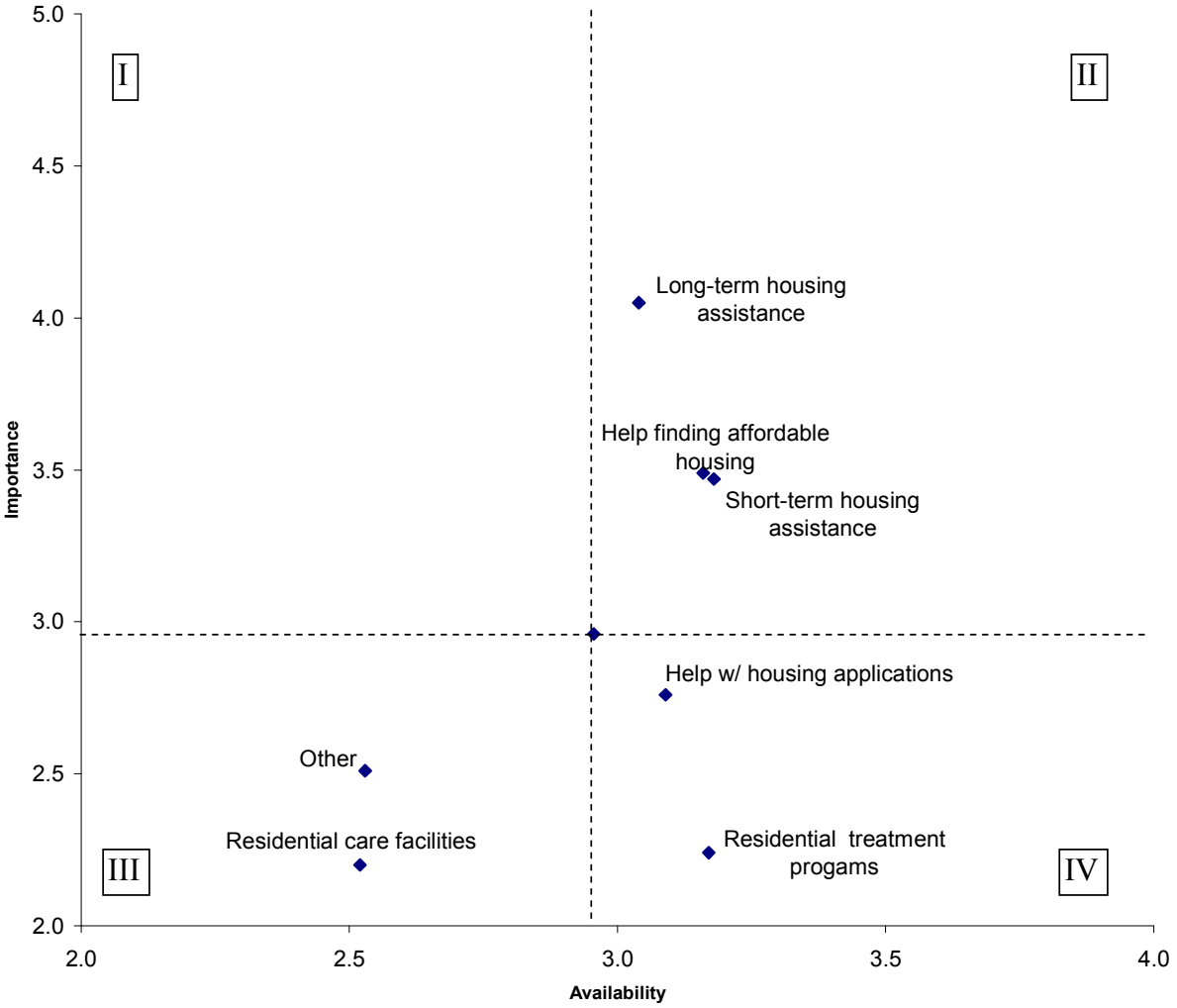
The chart below shows the average *importance* and *availability* scores for each service plotted on a graph. The lines making up the *"crosshairs"* represent the overall average importance score and average availability score that respondents gave for all services on the chart.

The crosshairs divide the charts into quadrants that rate services as follows:

Quadrant I	*Above average in importance, and below average in availability*
Quadrant II	*Above average in importance and availability*
Quadrant III	*Below average in importance and availability*
Quadrant IV	*Below average in importance, and above average in availability*

Services that appear in the first Quadrant (I) of these graphs correspond most closely to the previous chart; they are above average in importance to respondents and below average in availability. Looking at Quadrants (II) and (III) can help planners recognize other, less extreme gaps between need and supply for other services, based on average client perceptions.

Figure 22
Respondents' Perspectives on the Relative Importance and Availability of Housing



The empty Quadrant I suggests that there are no major service gaps for the HIV/AIDS population of San Diego. The services that are most important on average are also most available (Quadrant II). This information supports continued funding for long- and short-term housing assistance as well as help finding affordable housing. This finding should not diminish the importance of other services that are needed by a smaller percentage of the population, such as residential care facilities for the chronically ill or elderly that provide 24-hour care, which was also perceived to be insufficiently available.[53]

[53] Additional analyses examined the service needs of racial and gender minorities, finding no significant differences with the needs of the full sample.

Cohort Effect & HIV/AIDS status

National epidemiological data tracked by states in cooperation with the CDC show that the demographics of the HIV/AIDS population in the U.S. have changed and diversified in the past two decades. The current study supports this pattern. We examined whether or not there is a "cohort" effect, i.e. a younger generation of persons living with HIV/AIDS that is characteristically different than the older generation. ***Table 17*** shows that race, homelessness history, criminal history, and the importance of drug/alcohol treatment programs are significantly correlated with age group. As hypothesized, members of the younger cohort were more likely to be non-white, have histories of homelessness and incarceration, and to rate residential alcohol or drug treatment programs as extremely important to their housing stability.

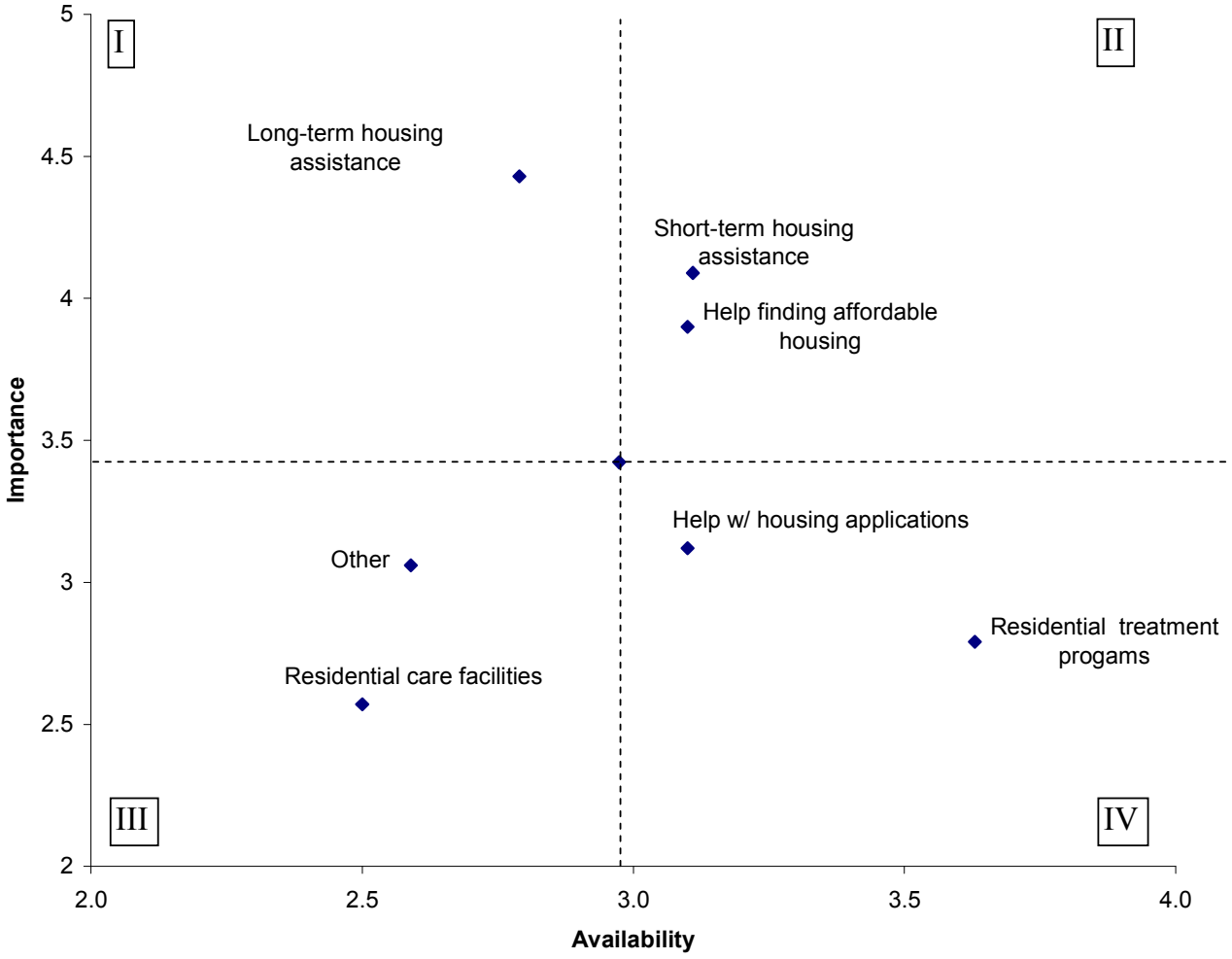
Table 17
Changing demographics of HIV/AIDS

	<40 years old	40+ years old
Non-white (n=337)	57%	44%
Homelessness history (n=331)	47%	29%
Incarceration history (n=333)	51%	38%
Drug/alcohol treatment (n=313)	29%	16%

A service gap analysis was also conducted for the under-forty population. Though respondents of all ages rated long-term housing assistance as the most important service, younger respondents were more likely to rate this service as unavailable.

Figure 23

Respondents under 40 years old: Perspectives on the Relative Importance and Availability of Housing



Veterans Affairs Sub-Sample Analysis

An unanticipated, large sample was collected from the Veterans Affairs San Diego Healthcare System, allowing comparison between this subgroup and the rest of the survey sample. Several significant differences were found between these groups. VA respondents were on average about five years older, and were more likely to be over forty compared to other respondents.

The income of VA respondents was, on average, $540 more than other respondents, and was more likely to come from SSI, Veteran's Benefits, and Social Security. They were less likely to receive food stamps, which makes sense considering their higher income. VA respondents were significantly more likely to work full-time or be retired, and less likely than other respondents to work part-time or be unemployed. Those who were employed worked on average 10 more hours a week than other respondents.

VA respondents were generally more likely to be in stable housing. In particular, this subgroup was more likely to own their homes, rent, or stay with friends or relatives. They were less likely to be in program housing, be homeless, or receive housing assistance. VA respondents were less likely to have been homeless in the past three years and to have been homeless more than once in the past three years.

VA respondents were significantly less likely to have seen a counselor, therapist, psychologist, or stayed in a group home for people with mental illness in the past year. However, they were significantly *more* likely to have taken psychiatric medication in the past year.

Focus Groups

For this needs assessment, three focus groups were conducted at area agencies in order to explore consumer perspectives on HIV/AIDS housing issues in greater depth. The HIV Housing Committee prioritized reaching a diverse range of clients, including women and people of color, and recommended holding focus groups in locations across the county. Building Changes worked with two AIDS service organizations (Being Alive and CASA) and one health services agency (North County Health Services) to coordinate the focus groups, which were open to any person living with HIV or AIDS. The following table summarizes the number and demographics of participants in the three focus groups.

Table 18:
Participants in the Consumer Focus Groups, April 2009

Date	Location	Male	Female	African American	Asian/ Pacific Islander	Hispanic	White	Participants Receiving Housing Assistance	Total
4/1/2009	**Being Alive (Central County)**	13	0	10	0	2	1	9	**13**
4/2/2009	**CASA (South County)**	3	3	0	0	6	0	5	**6**
4/2/2009	**North County Health Services (North County)**	5	3	1	1	2	4	4	**8**
	Total	**21**	**6**	**11**	**1**	**10**	**5**	**18**	**27**

Focus group participants were asked to focus their discussion around four main topics: housing problems, housing assistance history and issues, case management and support services, and information about existing resources. From these discussions, Building Changes identified several common themes, summarized below.

Housing Problems

Focus group participants were asked to share their experiences with trying to locate or remain in stable housing in San Diego County. Participants overwhelmingly cited the challenges presented

both by the real estate market in San Diego, and by public perceptions of people living with HIV/AIDS and/or with low incomes and bad credit histories.

The high costs of rental housing in San Diego County were cited as a severe barrier for most clients, with private market units being well beyond the reach of the majority of focus group participants. Even clients with housing assistance vouchers reported difficulty with finding apartments within the Fair Market Rent price range, forcing some to settle for units of substandard quality and/or located in areas with concentrated poverty. Some clients reported that the rental assistance provided by the Ryan White Partial Assisted Rental Subsidy (PARS) program was not sufficient to pay for a market-rate apartment, as well.

Focus group participants identified several challenges presented by landlords in the region. Many landlords are unwilling to accept Section 8 vouchers, which limits the choices that clients have in finding an apartment to rent. Some clients reported unsavory business practices by their landlords, such as neglecting unit maintenance or changing rent levels from initial price quotes. Some landlords were also seen as slow in processing PARS. In addition, discrimination against people living with HIV/AIDS is unfortunately still prevalent in the United States, and some clients have experiences of discrimination from their current or prospective landlords. One client believed she was evicted due to her HIV status.

Housing Assistance History and Issues

In each focus group, clients identified the shortage of housing assistance and lengthy wait lists as impediments to housing stability. Even the limited resources that are available are under threat by lack of funding. For instance, clients reported two programs recently closing in North County that had served homeless clients.

Clients in each focus group expressed a preference for housing assistance that is long-term, can be used in housing anywhere in the county, is integrated into the community, and pays a significant portion of the rent. Participants were very aware of the HOPWA TBRA program and Section 8 vouchers and were interested in accessing this type of assistance. Some clients stated that the dollar limit on PARS assistance was too low, and that even housing costs in project-based HIV housing are too high for their incomes.

Participants at the focus group in the Central Region cited motel vouchers as helpful for transitional periods. Those clients described these resources as vital to getting off the streets and getting back into treatment, transitional housing, and other steps toward housing stability.

Some clients expressed frustration at the inconsistency and unclear expectations of housing rules in some project-based housing programs. Participants want to see a higher level of client involvement in the rule-making process, and not have house rules determined solely by the on-site staff, particularly in cases of significant staff turnover.

In each focus group, participants identified subpopulations with especially critical housing needs. One group identified the need for more housing options for women and families, especially out of concern for their safety. Other clients noted that single men have difficulty accessing assistance in the current continuum. Another issue is the need for housing assistance and referral services that serve the undocumented community.

Case Management and Support Services

Focus group participants agreed that case managers play an important role in helping clients access housing assistance. Participants felt that the quality and quantity of services they received was dependent on the agency and case manager to which they were assigned. Clients in the North County focus group expressed satisfaction with their case management, including having individual housing plans.

On the other hand, participants in the Central and South County focus groups saw a need for better housing assistance and resource training for case managers, and felt there should be more consistency across agencies and case managers. While they noted that self-advocacy was important for clients to be able to access assistance, participants agreed that having a good case manager was vital for getting into a housing program. For example, once client reported that his case manager had assured him that she had placed him on the Section 8 wait list, yet he later found out he was not in fact on the wait list. This breakdown in communication shows the importance of both client self-advocacy, and the proactive advocacy and housing competency of case managers.

Information and Existing Resources

Participants throughout the three focus groups expressed difficulty with finding resources for housing and support services assistance. Some expressed a limited understanding of how assistance programs work and desired more information. Some clients suggested making housing resources and information, including meeting times, available units, and eligibility requirements, more accessible and encouraging resource-sharing, such as through a housing resource website or a printed resource guide. The central concern for focus group participants was being able to know what resources are out there and how clients can access them.

Input from Providers and Other Stakeholders

This summary includes the key findings from group and individual interviews and meetings with providers and other stakeholders.

For this needs assessment, Building Changes gathered information from people working in areas related to HIV/AIDS housing and services through individual and group interviews, as well as through meetings of the Joint City/County HIV Housing Committee and other community participants.

The interviews and meetings provided an opportunity to get detailed input about the needs of people living with HIV/AIDS in San Diego, as well as system-level issues. A key stakeholder is anyone who works in an area related to HIV/AIDS housing or services. He or she may be a direct service provider (such as case manager), a program manager, or an executive director. Alternatively, a key stakeholder may be a funder in the nonprofit, public, or private sector, such as a foundation staff person or a HOPWA or Ryan White administrator. People living with HIV/AIDS, of course, are also stakeholders in the needs assessment and planning process, although their input was primarily sought through the consumer survey and focus groups.

Building Changes staff reached out to key stakeholders representing HIV/AIDS care and services, housing and homeless systems, and other community service systems with which people living with HIV/AIDS interact. Key stakeholders were invited to group and individual interviews, and staff representing more than 21 agencies and organizations that either directly or indirectly serve people with HIV/AIDS participated in this way. Interviews were conducted by Building Changes staff in person and by phone between February and May 2009. Building Changes staff also collected information communicated during HIV Housing Committee meetings in March, April and May 2009. A list of interviewed individuals and their agency affiliations can be found at the beginning of the plan.

Key stakeholders were asked to comment about the challenges and opportunities experienced in the coordination and implementation of HIV housing and services programs to serve diverse client needs. They also provided input on a range of issues that impact housing and services access, affordability, and stability for low-income persons in the county generally, including those living with HIV/AIDS. The findings from this information-gathering process are organized into the following categories:

- **Housing Market / Social Factors**
- **Cross-System Collaboration Issues**
- **HOPWA Program and HIV Housing Committee Issues**
- **Other HIV/AIDS Housing Issues**

Housing Market / Social Factors

Stakeholders frequently mentioned **low incomes**, including fixed incomes, among people living with HIV/AIDS as a major underlying barrier to housing and housing stability. They noted that Supplemental Security Income has not kept pace with the cost of living, and housing costs in particular, in the region. Stakeholders also cited the limited opportunities for jobs available for people they serve, especially given severe reductions in service sector employment; they perceived that such reductions have a very strong and disproportionate impact on people with barriers to employment.

The high costs of rental units relative to the low incomes of people living with HIV/AIDS, and **the lack of availability of affordable housing** in San Diego, were also frequently identified by stakeholders as a challenge to meeting housing needs. These high costs force some clients to remain in treatment programs or institutions longer than necessary had there been housing available, or to exit to the streets or to substandard housing. One stakeholder mentioned seeing more clients who rent affected by foreclosure on the buildings that they live in.

Development of affordable housing is limited because of **limited capital availability**, and restrictions around the funding sources that are available. For example, stakeholders noted that state funding sources do not provide enough funding for operations to last the amount of time that property owners are required to keep project rents affordable, or have such stringent rent or income restrictions that few developers are willing to use the funds.

Stakeholders also observed **limited capacity in the community for special needs housing development** as a subset of affordable housing development. Stakeholders said that because of very limited targeted funding opportunities, especially due to state credit and budget crises, few entities attempt special needs housing projects.

Many stakeholders agreed that there is also not enough individually-based housing assistance relative to need for people with HIV in San Diego. They described **long wait lists for Section 8 Housing Choice Vouchers, as well as for Tenant-Based Rental Assistance from any source**. These programs require people on the wait list to periodically verify their current addresses in order to retain their place on the lists. Therefore, people with special needs are seen as at risk of "falling through the cracks" and missing out on mainstream rental assistance, especially if they are homeless or move while waiting to receive assistance. Anxiety about the prospects of getting rental assistance through Section 8 or Shelter Plus Care was cited as a reason that some people feel more secure using HOPWA rental assistance, and do not pursue applications for the other programs.

Underpinning the lack of housing resources, some stakeholders asserted, is a **lack of local political support** that would prioritize funding to meet housing needs among challenged populations. For example, San Diego County has historically chosen not to allocate County general funds to the Department of Housing and Community Development's Special Needs Housing program, which is supported almost entirely with federal funding.

Cross-System Collaboration Issues

Stakeholders throughout the county agreed that, as a group and as individual agencies, they have **limited ability to identify new or recurring competitive funding opportunities** in a timely way and to respond to them swiftly. Some examples of these opportunities include federal stimulus funding, especially Homelessness Prevention and Rapid Re-Housing and Neighborhood Stabilization Program funds; federal Second Chance Act funding for offender reentry projects, including housing; and federal and state mental health project funding. Stakeholders also felt that the HIV housing community in San Diego does not fully leverage annually available HUD and state-supported programs such as project-based Section 8; the state Multi-Family Housing Program; and Shelter Plus Care, which could be used to fund housing specifically dedicated to or prioritized for people living with HIV.

Links between HIV housing stakeholders and the mainstream affordable housing community are not strong, according to interview and meeting participants, with little collaboration between them to plan, develop, or rehabilitate and operate housing. Similarly, stakeholders report limited communication and collaboration with the San Diego Regional Continuum of Care. While they observe that the overlap of participants has improved, and recognize that there is a liaison from the HIV Housing Committee to the CoC, some stakeholders said that the HIV Housing Committee is not getting information in a formal or sufficient way about the activities and opportunities available through the CoC. At least one person expressed concern that the liaison represents a provider agency that competes for CoC funding with other HIV Housing Committee members.

Some stakeholders felt that **the agenda and policies of the HIV Housing Committee and the HOPWA program were insufficiently coordinated with the HIV Health Services Planning Council and the Ryan White program**. Participants in the HIV Housing Committee meetings during the development of this plan had significant interest in discussing the allocation of funding for housing and supportive service activities within both the HOPWA and Ryan White programs. This included a discussion of program regulations and examples from other jurisdictions.

The **challenge of securing adequate mental health services** was raised by multiple stakeholders. They said that many San Diegans with HIV, including a large proportion of those who are homeless or at risk, have major behavioral health issues and insufficient access to mental health services. The budget for mental health services through the Ryan White program and other state sources is very limited, and the mental health system is focused on severely mentally ill people, with not enough services for most clients. Specific gaps that were raised included a lack of services appropriate to dually diagnosed patients (people with HIV and mental health issues and/or substance use issues), and a lack of housing appropriate to people with serious mental health issues.

Stakeholders felt the HIV housing community could connect better with is the **employment services system**. They noted few links to job readiness resources or training, including a lack of targeted employment services (*e.g.,* pre-employment or supported employment). Stakeholders said that One-Stop employment centers have been criticized as not user-friendly to special

populations, though the Workforce Partnership (which operates One-Stops for San Diego) says their entire range of employment services and supports are open to people with disabilities, who receive individualized service plans. Stakeholders were largely unable to cite instances of partnership or coordination with mainstream employment services providers to tailor their services, so that they were accessible to people with housing barriers. One person noted that the CoC annually convenes provider workshops or trainings on benefits and employment programs. Employment outcomes for homeless people in San Diego are higher than the targets set by the federal government, some observed, although job training and placement are not coordinated.

HOPWA Program and HIV Housing Committee Issues

Stakeholders with expertise in housing development said that **HOPWA loans were difficult to use** in San Diego because of their locally-determined structure: they are non-forgivable, unlike (for example) some state sources, resulting in interest and long-term costs that are difficult to sustain for projects targeted at people with very low income or no income. As a result, this resource is underutilized. The counterpoint is that non-forgivable loans are designed so that HOPWA funding can be "recaptured" over the life of the loan and reused for other projects.

Stakeholders had different perspectives on the appropriate allocation of HOPWA funds to different activity categories, including on the **balance between capital and operations or rental subsidies**. While capital investment creates a long-term housing resource, operations or rental subsidies may help people more quickly and meet immediate need. Stakeholders were divided on what was the best use of funds currently available.

Another subject of debate was the **balance of HOPWA spending between direct housing assistance and support services costs**. HUD suggests that HOPWA grantees spend approximately 80 percent of HOPWA funding on housing expenses, while leveraging other funds for services, but allows grantees discretion to determine the correct split for their jurisdiction. Some stakeholders felt that the current allocation of 66 percent of San Diego's HOPWA funds to housing expenses could be increased, while others felt that increasing the allocation would create service gaps which could not be covered from other funding sources.

At least one person felt that a portion of HOPWA funding should be allocated for homelessness prevention, in the form of Short-Term Rent, Mortgage and Utility Assistance, or case management support for people at risk of losing their housing.

Many stakeholders agreed that HOPWA is not leveraging the maximum amount of matching funds possible. Some people perceived a need for training providers around calculating match, as well as a need for providers and the HOPWA administrator to emphasize the importance of leveraging funds and being creative in finding funds to leverage.

Given the importance of consumer input to planning and service delivery, some stakeholders described a **need to gather broader input from consumers**, and to ensure that consumers had the same level of information that providers have.

Stakeholders recognized the increasing diversity of people living with HIV/AIDS, but some people said that there was too much focus on serving specific **subpopulations**. Others named several different groups as needing better services, including women and families with children, older youth and young adults, and undocumented immigrants. One person noted that the recent closure of Pacto Latino has increased the wait for services for Spanish speakers who find it difficult or impossible to navigate housing and health systems without translation assistance. In addition, some perceived an increasing focus on identification and proof-of-income requirements for housing, which limits opportunities for undocumented people in need.

Other HIV/AIDS Housing Issues

Some of the stakeholders interviewed thought that the HIV housing community could benefit from **exploring new housing models** that have been used in other jurisdictions, including shallow rent-subsidies, master-leasing, and set-aside units in small developments. New models for housing services that could stretch current resources, such as peer advocacy, were also advocated. One person thought that there was a need to promote responsible tenancy and encourage steps to self-sufficiency among clients with untapped capacity.

Interviewees from both mainstream housing and health agencies reported not having good information on what housing units were available for people living with HIV/AIDS across the community. One thought that improved, centralized information-sharing among providers was needed to ensure that units were filled quickly. Similarly, various stakeholders identified **options to communicate information more widely across agencies and clients**; these included a community-wide "housing locator" position; up-to-date resource guides covering the range of housing and support services (in addition to HOPWA) for which people living with HIV/AIDS might qualify; and/or a housing-focused resource fair for people living with HIV/AIDS.

Some specific **challenges within the housing continuum** were identified during interviews. Two stakeholders reported difficulty in recruiting motels or hotels in safe areas to accept emergency assistance vouchers. Other people mentioned that some people with HIV needed access to Residential Care Facility for the Chronically Ill (RCFCI) beds, but were unable to get them.

Critical Issues

This section summarizes the priority critical issues to be addressed beginning in 2009 by the San Diego City and County Joint HIV Housing Committee.

The San Diego City/County Joint HIV Housing Committee and interested local stakeholders met on May 6, 2009, to review findings from the HIV/AIDS housing assessment conducted by Building Changes during the spring of 2009. Based on these findings, the Committee identified critical issues, defined as priority concerns that must be addressed in order to meet the housing and related needs of people living with HIV and AIDS in San Diego County.

Committee members agreed that the critical issues would be addressed with strategic recommendations at the June 3, 2009, meeting, and that the Committee would monitor implementation of the recommendations.

The Committee identified a range of critical issues, which have been synthesized into the following categories, summarized here:

HOUSING	Limited capacity of housing assistance options means many people living with HIV/AIDS are not able to achieve housing stability. New programs, funding resources, and policies are needed to serve people in need of housing assistance who are unable to access existing programs due to limited capacity or eligibility.
SUPPORT SERVICES	There are insufficient services to support health stability and self-sufficiency for people living with HIV/AIDS. Many program areas, such as mental health and chemical dependency services, are underfunded, while others, such as workforce development, are largely untapped by people living with HIV/AIDS. Core services such as housing-related case management require standardization.
COMMUNICATION	Communication should be improved among people living with HIV/AIDS, providers, and funders, especially within and among local planning bodies. There is inconsistent dissemination of information about housing resources. Finally, consumer voices in program development and management are needed.

The Joint HIV Housing Committee agreed that this plan will focus on those issues that can be addressed with action in the near future.

Housing

Limited capacity of housing assistance options means many people living with HIV/AIDS are not able to achieve housing stability. New programs, funding resources, and policies are needed to serve people in need of housing assistance who are unable to access existing programs due to limited capacity or eligibility.

Limited Access to Housing Assistance Programs

The HIV Housing Committee determined that the overarching issue that must be addressed by HIV/AIDS housing and services funders, providers, advocates, and other stakeholders is the affordable housing crisis faced by a large number of San Diegans living with HIV/AIDS, most of whom are living in poverty and coping with chronic health issues. Economic, political, and social factors influence the availability of affordable housing, many of which cannot reasonably be addressed by this planning process and group of stakeholders. However, some critical issues identified during this needs assessment can be addressed.

Housing is the most prevalent need among consumers with HIV/AIDS, according to both our survey and focus groups and the 2008 Needs Assessment conducted by the San Diego HIV Health Services Planning Council. Sixty-four percent of survey respondents indicated a need for long-term housing assistance, and 28 percent of respondents indicated that such assistance was not available. Sixteen percent of respondents rated long-tem housing assistance as both extremely important and unavailable, representing the highest gap in service availability indicated by the survey. Similarly, housing and shelter was ranked first among the services consumers need but cannot get in the *2008 Needs Assessment*.[54] Consumers simply cannot afford housing in the County: their median income of $1022 indicates they can afford $307 in rent and utilities each month.[55] Therefore, without assistance, market rents ($1,168 per month for a one-bedroom unit, using Fair Market Rent standards) are far out of reach.

Over the past five years, since the 2004 HIV/AIDS Housing Plan was completed, there has been a net reduction in housing assistance available to people living with HIV/AIDS in San Diego, while there are now nearly 1,000 more people reported to be living with AIDS[56] Since 2004, there has been no corresponding increase in assistance: Housing Opportunities for Persons with

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[54] San Diego HIV Health Services Planning Council, *2008 HIV/AIDS Needs Assessment Survey of People Living with HIV/AIDS*, June 2008. Available online: http://www.sdplanning.org/index.php?option=com_docman&task=doc_view&gid=776&Itemid=40.

[55] According to standards used by the Department of HUD, rent is considered affordable as long as it does not exceed 30% of a household's monthly income.

[56] As explained in the previous section, "Context of HIV/AIDS, Housing, and Services in San Diego County," new, names-based HIV reporting requirements were implemented throughout the County in 2006, making it impossible to compare current HIV data with previous data. As of December 31, 2008, 3,847 cases of HIV have been reported under the new system.

HIV/AIDS (HOPWA) funding has actually decreased since 2004, and the number of households that can be assisted has remained virtually the same (***Table 19***).

Table 19
People Living with AIDS, HOPWA Funding, and HIV/AIDS-Dedicated Housing Units, 2004 & 2008

	2004	2008
Number of People Living with AIDS	5,454	6,774
HOPWA Funding	$2,683,000	$2,646,000
Housing Dedicated to People Living with HIV/AIDS	781	776

There are a broad range of housing options available to people living with HIV/AIDS, and some real strengths and assets to the housing continuum. For example, many California counties, including Orange County to the north and Riverside and San Bernardino to the northeast, do not have a Residential Facility for the Chronically Ill (RCFCI), while San Diego has two facilities with a capacity to serve 20 patients. In addition, San Diego County has the full range of housing options – emergency assistance, short-term rental assistance, transitional housing, permanent housing, and long-term rental assistance. These programs are scattered throughout the County and/or allow for tenants to rent housing on the open market.

Yet there is simply not enough housing assistance to serve every person living with HIV/AIDS who needs it. There are fewer than 800 housing assistance "slots" – vouchers and units combined – that are dedicated to people living with HIV/AIDS, and many more people who need assistance and cannot get it, according to waiting list data and recent survey data, including the one administered for this needs assessment. A person in San Diego can expect to wait five to seven years before receiving assistance through the Section 8 Housing Choice Voucher or HOPWA tenant-based rental assistance (TBRA) programs. In addition, the Partial Assistance Rental Subsidy (PARS) program, a housing program funded with Ryan White Act funds, limits the duration a person can receive assistance to 24 months over their lifetime and the overall amount of funding a person can receive to $150 per month or $3600 total.

Stakeholders also noted that eligibility restrictions or program location for some housing programs have led to some housing units sitting vacant, while people in need are not served. For example, some permanent housing units have gone unfilled because a person was not currently homeless upon application, while other units have proved hard to consistently occupy due to location. Meanwhile, due to funding restrictions, other programs have limited eligibility to those with documentation of legal residency, further diminishing resources for immigrants who are undocumented. Similarly, program administrators have had trouble finding hotels or motels in safe locations that will accept emergency shelter vouchers.

Limited Resources and Incentives for Affordable Housing Development

Development of housing that is affordable to people living with HIV/AIDS has become increasingly challenging. Currently, very limited funding options are available to housing developers. This is particularly evident in 2009, due to state credit and budget crises, which have severely limited previously viable financing opportunities for affordable housing. As a result, few agencies are able access sufficient funding for new housing developments dedicated for people earning low incomes. Limited HOPWA funding and other limited federal and state housing program funds remain insufficient to meet the demand for affordable housing

Meanwhile, people living with HIV/AIDS have expressed concern over the cost of developing housing and the lengthy development process required between the awarding of public funding and project completion and lease-up. Unfortunately, the lengthy timelines for state and federal funding awards are beyond the control of local agencies and affect virtually all new affordable housing developments.

Leveraging Other Housing Resources with HOPWA

Funding from the Housing Opportunities for Persons with HIV/AIDS (HOPWA) program is a very valuable resource to communities, due to its relative flexibility and stability from year to year. In San Diego County, providers receiving HOPWA funding have stretched the funding by leveraging it with other resources to meet the full needs of clients. Some of the major examples are other Housing and Urban Development (HUD) funds such as Shelter Plus Care.

Yet more leveraging of limited HOPWA resources is needed, and providers must re-double their efforts to expand the resources in San Diego to meet the growing housing needs of people living with HIV/AIDS. Several factors have limited the capacity of HIV/AIDS providers to do so. One factor is the scarcity of resources in other systems, such as the gap between need and availability of Section 8 Housing Choice Vouchers. Additionally, staff and administrators have had limited capacity to identify possible sources of relevant non-HIV dedicated funding. Currently, with the influx of new federal stimulus funding that has expanded existing federal programs and created new programs, there are more opportunities to supplement or magnify the impact of HOPWA formula funds in addition to longstanding federal programs. The following programs may offer the best fit for accessing new funding that can increase provider capacity and result in more people living with HIV/AIDS living in stable housing:

- HOPWA Competitive Grants
- Continuum of Care Homeless Programs
- American Reinvestment and Recovery Act (ARRA) funding, particularly the Homeless Prevention and Rapid Re-Housing (HPRP): http://portal.hud.gov/portal/page?_pageid=153,7973130&_dad=portal&_schema=PORTAL and Neighborhood Stabilization Program (NSP): http://portal.hud.gov/portal/page?_pageid=153,7973319&_dad=portal&_schema=PORTAL

Support Services

There are insufficient services to support health stability and self-sufficiency for people living with HIV/AIDS in the San Diego area. Many program areas, such as mental health and chemical dependency services, are underfunded, while others, such as workforce development, are largely untapped by people living with HIV/AIDS. Core services such as housing-related case management require standardization. Support services funding from HOPWA and Ryan White must leverage other resources to meet needs.

Case Management

A core service for people living with HIV/AIDS is case management, which is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human service needs. Nearly three-quarters of our survey respondents receive case management services, yet focus group participants and other stakeholders indicate that these services are inconsistent, with the quality of care varying widely based on the particular case manager assigned to the client. Providers supported the notion that some clients are not able to access some services because their case manager is not knowledgeable about the resource and its eligibility requirements, is overloaded with too many clients, or has not built relationships with referral partners and thus has difficulty placing clients in these programs. Overall, 65 percent of consumers surveyed have a housing plan. However, 68 percent of respondents *with* a case manager have a housing plan, while only 8 percent of those *without* a case manager have such a plan.

Mental Health and Chemical Dependency Services

Strong support services for people living with HIV/AIDS are essential to housing stability. Numerous studies have demonstrated the positive impact of supportive housing (that is, housing that offers tenants services where they live) particularly for people with multiple service needs, such as mental health, chemical dependency, and medical care. Funding for services is challenging to secure and sustain. Mental health and chemical dependency services in particular were cited by the HIV Housing Committee as a significant need yet also among the most challenging services to fund and provide to clients.

Workforce Development Services

Another key service that has been underutilized among people living with HIV/AIDS is employment and education training. Stakeholders noted that as a community San Diego exceeded goals set by HUD for employment rates among homeless clients. More than 20 percent of homeless clients are employed in some capacity. Meanwhile, accordingly to this plan's consumer survey, 25 percent of people with HIV/AIDS were working either full- or part-time, with just 10 percent of respondents working full-time. These results are encouraging, but stakeholders noted that these numbers remain low and that HIV/AIDS housing providers can do more to support their clients to access employment services, get job training and/or post-

secondary education, and find and retain jobs. Mainstream workforce services (such as One-Stop Centers) offer an array of services that are intended to be available to people with HIV/AIDS and other barriers, but stakeholders suggest these have not been easy to use, and that some supports may be needed in order this population to benefit from employment and training resources.

Other Service Issues

The HIV Housing Committee also identified as a critical issue that there are disparities in access to supportive services based on location of residency in the county. In addition, the Committee felt that improved community education about HIV prevention and transmission could help prevent evictions among people living with HIV/AIDS. Family members who are concerned about transmission, and also stigmatization, as a result of living with their relative who have HIV, sometimes evict the person with HIV; in fact, one of our focus group participants had experienced this in the past few months.

Leveraging Support Services Resources with HOPWA

As stated in the Housing section above, HOPWA is a limited resource that cannot meet all housing and service needs of people living with HIV/AIDS. The following programs may offer the best fit for accessing new funding that can increase provider capacity and result in more people living with HIV/AIDS receiving support services that support housing stability:

- Ryan White Act competitive grants
- Substance Abuse and Mental Health Services Administration (SAMHSA) competitive grants
- ARRA Workforce Investment Act
- Basic Food Employment and Training Program

Communication

Improvements are needed to support healthy communication among people living with HIV/AIDS, providers, and funders, especially within and among local planning bodies. There is inconsistent dissemination of information about housing resources. In addition, consumer voices in program development and management are needed.

Information Dissemination: Housing Resources

People living with HIV/AIDS consistently noted that widespread dissemination and understanding of housing program information is lacking and needed: 42 percent of survey respondents said finding housing assistance was an extremely important service to them. The Committee agreed that this is an area that needs focus. Service providers that focus on HIV services or housing, as well as those outside this system, do not feel they have complete and current information about program availability and eligibility. For example, providers from

outside the HIV system commented that they had to go to multiple sources to get information about available housing units or assistance. Meanwhile, people living with HIV/AIDS in each of the focus groups indicated that they need more information about available housing and services programs.

Joint City/County HIV Housing Committee

The HIV Housing Committee is a body comprised of funders, housing providers, service providers, and people living with HIV/AIDS. It includes representatives from agencies throughout the county and includes members that receive HOPWA funds and others that do not. Some members of the Housing Committee are also members of other relevant planning bodies, including the HIV Health Services Planning Council and the HUD Homeless Continuum of Care. With such a diverse Committee, there inevitably are communication issues that require attention.

The members of the Committee felt that an assessment of itself was necessary, to address the following issues:

- Standardized member education about HIV housing issues and the HOPWA program. Addressing this issue will level the playing field so that all members have information needed to make responsible decisions and so that all members can better understand each other's perspectives.
- Standardized responsibility for communication from other relevant planning bodies and that information from Committee is sent to these other planning bodies. In particular, Continuum of Care and HIV Health Services Planning Council coordination needs improvement, as current communication is informal and insufficient.
- Inclusion of more people living with HIV/AIDS as members to ensure that a range of voices are heard. A limited number of consumers participate in these groups. This lack of diversity limits the ability of the Committee to address all issues.

Recommendations

This section includes recommendations developed by the HIV Housing Committee and interested stakeholders at the June 3, 2009, meeting.

The San Diego City/County Joint HIV Housing Committee and interested local stakeholders met on June 3, 2009, to review the critical issues identified during the HIV/AIDS housing assessment conducted by Building Changes during the spring of 2009. The Committee developed strategic recommendations to address these critical issues (see previous section) and improve the housing and related outcomes of people living with HIV/AIDS in San Diego County.

The recommendations developed by the Committee will assist the County of San Diego, Department of Housing and Community Development (HCD) in their decision-making regarding the Housing Opportunities for Persons with AIDS (HOPWA) program. In addition, these recommendations will also assist HIV housing stakeholders and funders to prioritize ways to meet the increasing need for housing assistance for people living with HIV/AIDS in San Diego County.

The HIV Housing Committee agreed that this plan will focus on those issues that can be addressed with action in the near future. The Committee will monitor the implementation of the recommendations, and suggest new priority strategies as needed in the coming years.

The recommendations are grouped according to the three themes of critical issues: those related to housing, support services, and communication. Each group of recommendations is listed in priority order.

Housing

1. **Continue using HOPWA funding to preserve the existing housing continuum for people living with HIV/AIDS**

HCD should maintain the current balance of HOPWA allocations between housing and support services, and ensure that residential services that directly support people in housing are correctly identified as "housing" expenses, as allowable by HOPWA regulations.

For the housing portion of HOPWA spending, HCD should maintain the existing use of the HOPWA formula allocation to fund program operations and rental subsidies rather than the development of new housing resources. However, if there are surplus HOPWA funds that are recaptured from previous years' allocations, HCD should continue its current practice of making these one-time funds available for new development. Similarly, if the HOPWA allocation for San Diego County increases substantially in future years, HCD should consider funding new

programs to support people living with HIV/AIDS, with guidance from the HIV Housing Committee.

Finally, in the immediate term, HCD should maintain the balance of the existing housing continuum by continuing to fund proportionally the existing models of housing support (emergency housing, transitional housing, TBRA, permanent independent housing, permanent supportive housing, and residential care facilities for the chronically ill). The HIV Housing Committee may provide guidance in the future to adjust this balance between housing types if there is evidence to suggest improved outcomes for clients by changing allocations (see Housing Recommendation #3 below).

2. Require HOPWA TBRA recipients to apply for and eventually transition to mainstream housing assistance programs for which they are eligible

In order to serve more people living with HIV/AIDS with rental assistance, HCD should require HOPWA Tenant-Based Rental Assistance (TBRA) recipients to document that they have applied for other forms of long-term housing assistance *for which they may be eligible*. This requirement would include Section 8 wait lists for both the City of San Diego and County (if eligible), all eligible public housing wait lists, and at least one affordable housing development located in their preferred region of the county.

TBRA clients would be required to maintain their status on eligible wait lists, and to exit TBRA when they are able to transition to another long-term assistance program. In order to dispel client concerns, HCD must communicate clearly that HOPWA assistance should not be considered a "safer" form of assistance than other long-term programs, but that TBRA should be considered a stepping stone from housing instability to long-term mainstream assistance. HCD should also work with the administrators of other programs to ensure smooth transitions for TBRA clients.

3. Regularly review outcomes of HOPWA-funded housing models

In order to be better equipped to make decisions on future funding allocations for HOPWA, the HIV Housing Committee should review the annual performance outcomes that are already collected for all HOPWA providers. HCD should prepare a year-end presentation of the outcomes by housing type, without identifying the provider agencies. This review would not be considered punitive and programs would not be evaluated against each other. The Committee recognizes that some housing models require deeper staffing levels and more intense services, and that costs will vary considerably by model. The intent of this annual review would be to help the Committee make funding recommendations for future NOFAs for the existing HOPWA entitlement, and any future funding resources, as available.

At this time, the HIV Housing Committee has not prioritized collectively pursuing outside resources to address the unmet housing needs of people living with HIV/AIDS, such as HOPWA Special Projects of National Significance (SPNS) grants, the Neighborhood Stabilization Program, the state Multi-Family Housing Program Supportive Housing or Youth housing loans, or the

Homeless Prevention and Rapid Re-housing program. If the Committee decides to advocate for or collectively pursue these types of resources in the future, it may be able to use the results of the outcomes reviews to identify critical gaps in the continuum and high performing housing models, and to help design a program application.

4. **Improve connections to affordable housing and homelessness systems and create informational flyer on HOPWA and HIV housing to share with potential new partners**

HIV Housing Committee members and other HIV housing and services providers should seek ways to create new partnerships with mainstream housing and homelessness service providers, so that more people living with HIV/AIDS are served by those systems. The Committee should work to improve knowledge in the greater housing community about the needs of people living with HIV/AIDS and the supports that can be provided through HOPWA and Ryan White-funded programs.

The Committee should work with HCD to take the immediate step of creating a flyer that describes what HOPWA is, which clients are potentially eligible for HIV housing, and what resources are available to support clients to become stable and thrive in their housing. The Committee should distribute this flyer widely, including to agencies that could be potential new partners in newly available funding opportunities, such as the Neighborhood Stabilization Program and the Homelessness Prevention and Rapid Re-housing Program. New partnerships could include working with a mainstream housing provider to make sure people living with HIV/AIDS are effectively referred into these new programs, or it could involve a joint application created by an HIV housing provider and external partner agency. Information about HIV and AIDS should be available in both English and Spanish in order to share accurate information across the client's social support networks.

5. **Find ways to support people living with HIV/AIDS who are in danger of losing their stable housing because of evictions by their family members, friends, or roommates**

The Committee identified circumstances in which a client may be forced to leave their stable housing situation due to relationship conflicts, such as disagreements with roommates or partners, or being evicted from the family home by family members with misconceptions about HIV/AIDS. The Committee should work with the HIV Health Services Planning Council and other advocates to identify resources for mediating such disputes and preventing people living with HIV/AIDS from losing their stable housing situations.

6. **Identify and consider new housing models**

Committee members expressed interest in learning more about additional housing models, such as master leasing, shared housing arrangements, or homelessness prevention activities. The Committee should invite local experts and practitioners to discuss their experiences using these

housing models, such as the Corporation for Supportive Housing, mental health agencies using housing funds for master leasing, Continuum of Care providers, and other agencies serving special needs populations. These models could be considered if there are expanded funding opportunities for HIV housing in the future, such as additional HOPWA formula allocations or competitive funding sources.

Support Services

1. **Provide regular trainings on housing services for HIV case managers**

The HIV Housing Committee should coordinate with the HIV Health Services Planning Council and the Ryan White program staff to ensure that HIV case managers receive regular trainings on housing. These trainings should cover the HIV-dedicated housing resources available across the county; other mainstream and special needs housing resources that clients can apply for; housing eligibility requirements; as well as standardize how case managers help clients develop housing plans, apply for housing assistance, maintain their status on wait lists, and remain in housing after receiving assistance.

2. **Encourage HIV case managers and HOPWA providers to work with clients to create employment plans, as appropriate to the client's circumstances**

HIV case managers and HOPWA providers should support clients to develop employment plans, as appropriate to each client's health and recovery circumstances. Case managers should provide support to clients as they pursue employment services, job training, or education, and continue to support them after they have found employment.

The HIV Housing Committee should work with the HIV Health Services Planning Council to consider incentives or requirements for Ryan White and HOPWA-funded agencies to emphasize increasing client incomes through accessing benefits and employment, as appropriate to each client's circumstances.

3. **Strengthen connections with mental health and chemical dependency providers and advocate for people living with HIV/AIDS to receive appropriate behavioral health services, particularly to promote housing stability for clients**

The HIV Housing Committee should seek to strengthen connections between the behavioral health and HIV housing and services systems. It is important that mental health and chemical dependency services providers understand the behavioral health needs and resources available to people living with HIV/AIDS, and find ways to provide comprehensive behavioral health services to clients who are initially non-responsive to services or who may drop out of services but decide to re-engage at a later date.

When new funding opportunities for mental health and chemical dependency services are available, such as through federal Substance Abuse and Mental Health Services Administration (SAMHSA) grants or Ryan White competitive Special Projects of National Significance (SPNS) applications, the Committee should support efforts to access these funds and seek partnerships with local behavioral health providers. The Committee may in the future decide to take a more active role in seeking out and pursuing opportunities for such services funding.

4. **Provide or coordinate with existing trainings on the workforce development and employment services system for HIV case managers and HIV housing provider staff**

The HIV Housing Committee should coordinate with existing trainings covering the workforce development and employment services system and special needs clients, such as those provided by the Regional Continuum of Care Council. The Committee should work with the HIV Health Services Planning Council to make sure that HIV case managers and HIV housing provider staff have the tools they need to connect people living with HIV/AIDS to mainstream employment and training services, and provide the necessary supports to help clients succeed in finding and maintaining employment.

Communication

1. **Ensure all HIV Housing Committee members have access to information on the HIV housing system and the HOPWA program**

All members of the HIV Housing Committee should have access to information on the HOPWA program and the HIV housing system in order to be able to make informed decisions on these matters. In July 2009, HCD will provide a newly redesigned membership binder for the Committee. After receiving this binder, the Committee should consider other ways to make sure Committee members have the knowledge and information they need. This may include orientation sessions for new Committee members, annual Committee retreats, trainings on HOPWA conducted by HCD, or other strategies that are tailored to the needs and schedules of the Committee.

2. **Seek broader consumer input in the Committee and the HIV housing system**

Committee members agree on the need for more input from a diverse representation of consumers, but there was not a consensus on strategies to achieve this input. Some potential strategies for the Committee to consider are setting aside a nominal stipend for consumers on the Committee to cover travel expenses; allowing consumers to participate in meetings via conference calls; and inviting ideas and information-sharing with the HIV Health Services Planning Council, Mental Health Board, and its subcommittees, and the Regional Continuum of Care Council regarding effective consumer involvement practices.

In addition to incorporating broader consumer input into the HIV housing system as a whole, the Committee and HCD should encourage each HIV housing provider to involve consumers in the development and any adjustments to program policies, such as house rules.

3. Provide regular forums for consumers to get information on the HIV housing system

The Committee and HCD should pursue ways to make information on HOPWA and the HIV housing system regularly available in open client forums. Strategies could include co-sponsoring events with the HIV Health Services Planning Council, coordinating with Project Homeless Connect events in San Diego, or incorporating forums as part of the information and referrals HOPWA contract in the future.

4. Coordinate common agenda with the HIV Health Services Planning Council, including advocacy and trainings

The HIV Housing Committee should coordinate directly with the HIV Health Services Planning Council to develop and promote jointly a common agenda regarding housing for people living with HIV/AIDS. Topics on this agenda may include holding case management trainings on housing and employment issues; incorporating consumer input; working with the mental health, chemical dependency, and employment systems; working with other special needs providers to improve 2-1-1 referrals; and reviewing any proposed changes to the Ryan White Partial Assisted Rental Subsidy (PARS) program (if necessary).

5. Provide regular updates to the HIV Housing Committee regarding relevant developments in the homeless services, affordable housing, and HIV housing and services systems

HCD staff should provide updates to the Committee in-person or by email about affordable housing, homelessness, and HIV/AIDS housing and services matters in San Diego County, including relevant changes in funding policies, new funding opportunities, or potential opportunities for new partnerships. Sources for this information should include the Regional Continuum of Care Council materials, the San Diego Housing Federation monthly member newsletter, the Corporation for Supportive Housing, the HIV Health Services Planning Council, and public announcements from the San Diego Housing Commission, HCD, or other funders.

6. Coordinate with other special needs housing and services providers to work with 2-1-1 to improve referrals for people in need of assistance

The Committee, along with the HIV Health Services Planning Council, the Mental Health Housing subcommittee, the Regional Continuum of Care Council, and other special needs advocates, should work with 2-1-1 to ensure that people with special needs receive clear information on available services in the community, including eligibility requirements and ways to get case management help with pursuing housing and other assistance.

7. Provide trainings or presentations on aspects of HIV housing or related systems at each HIV Housing Committee meeting

HCD and the Committee should invite speakers to present information at Committee meetings, including representatives from the employment, mental health, chemical dependency, respite care, Ryan White services, and criminal justice systems; public housing authorities; redevelopment agencies; and agencies that process benefits, such as Social Security. The purpose of these informational presentations would be to provide more information to Committee members about resources in the community and potential partners, and create a dialogue with other agencies about the needs of and resources available to people living with HIV/AIDS.

8. Improve communication with the community regarding the use of HOPWA funding, especially the timeline and process for housing development

To address community concerns and misconceptions regarding the use of HOPWA funding and the timelines of affordable housing development in general, HCD and the HIV Housing Committee should take steps to improve communication. Funding announcements regarding HOPWA resources should include more detailed information on the eligible uses of HOPWA funds and the timelines required for new developments, when applicable. HCD and the Committee should also prioritize this information in strategies addressing Communications Recommendation #1, as well as include in any forums held to address Communications Recommendation #3 (see above).