Getting to Zero but Not Without Housing:
A Call to Action for New Housing Policy in San Francisco
April 2018

Overview

In 2016, the San Francisco Board of Supervisors declared a Homeless State of Emergency. Two years later, a growing population of homeless and marginally housed individuals continues to suffer, alienated from essential health, mental health, substance use and social services. While major initiatives to tackle the city's most urgent public health problems—including Getting to Zero (GTZ)—are making real progress, San Francisco's housing crisis and an insufficient response to it are emerging as the primary barrier to their success. Many people living with HIV and other serious medical conditions—including transitional-age youth—are homeless or unstably housed, which, in turn, threatens individual and community health. To solve this problem, we need an immediate commitment to develop new permanent and supportive housing, a long-term solution that will take at least three to five years to develop. In the meantime, in order to immediately address homelessness and to meet GTZ's goal of eliminating HIV in San Francisco, we are calling on the city to:

1. *Provide same-day access to emergency housing, navigation centers and shelters for people living with HIV and other serious medical conditions, including the ability to stay in emergency housing until stable housing is available.*
2. *Expand eligibility for rent subsidies to include those with less than 50 percent rent burden, the marginally housed, and the homeless.*
3. *Support an additional $3 million in housing subsidies for seniors and adults with disabilities, including people living with HIV.*

Background

The effect of housing on health is well documented. Stable housing yields improved access to healthcare—including medicines and provider contact—and fewer ER visits and hospitalizations. Homeless people are four times more likely to get medical care once housed. Housing also saves taxpayers money—SF spends five times more in medical costs for the sickest homeless people than those in housing.

In 2014, the number of tent encampments in SF exploded. In response, powerful businesses and community leaders pressed the city to sink resources into removing these "eyesores" and to expand navigation centers as a "bridge to housing". Unfortunately, not enough housing is available. Thus, navigation centers can be a "bridge to nowhere"—an endless path from tent to navigation center to shelter and back to the street. Without the political will to meet housing needs, heroic health teams aim to stabilize homeless patients through short-term solutions like hospital stays,

residential care, transitional housing and substance use programs, only to have patients forced back onto the streets where health gains are quickly erased. Instead, bigger challenges emerge, including substance use, unprotected sex, survival sex (i.e., prostitution due to extreme need) and missed medications—increasing the risk of spreading HIV or other illnesses.

The opportunity to eliminate HIV from SF depends on patients being able to achieve "viral suppression," or the reduction of HIV in one's blood to an undetectable level with treatment. Patients who are virally suppressed do not transmit HIV. Fortunately, viral suppression of HIV in SF is increasing. However, there is a huge gap between the housed and unhoused. In 2016, 67 percent of housed persons were virally suppressed compared with only 33 percent of the homeless. A 2017 survey at SF's largest HIV clinic, Ward 86, showed 40 percent of persons showing up to clinic were unstably housed and housing instability was associated with lower rates of viral suppression. Of 257 deaths by HIV in 2015, 29 percent were homeless and 38 percent were out of care at time of death. Despite comprising less than one percent of the city's population, homeless persons accounted for 14 percent of HIV diagnoses in 2017.

<u>Policy Recommendation</u>
Historically, public health initiatives like GTZ have relied on a housing policy that prioritized people living with serious medical conditions (like HIV) and used subsidies to keep them housed. Currently, the Department of Homelessness and Supportive Housing (HSH) is developing a Coordinated Entry (CE) algorithm to try to match homeless people with appropriate resources. Though this may help some homeless people with medical needs, the supply of housing is not enough to meet the demand. Given significantly poor health outcomes and the associated risk of continued disease transmission, *we urge the Department to increase the prioritization for housing, navigation centers and shelter—including same-day access to temporary housing and the ability to remain until stable housing is available—for homeless and unstably housed people living with HIV and other serious medical conditions*.

Further, current subsidy programs for seniors and people with disabilities (including HIV) limit housing subsidies to people who rent and have a 50 percent or greater rent burden, which excludes people who are marginally housed or homeless. Exorbitant rental rates have made it nearly impossible for homeless people to enter the rental market and thus be eligible for a housing subsidy—which could make housing possible. To ensure more housing options, *we recommend that the qualifying criteria for these voucher programs be expanded to include people with less than 50 percent rent burden, the marginally housed, and the homeless*.

Finally, a significant financial investment is desperately needed to provide housing subsidies for vulnerable populations whose health is significantly affected by housing

instability. *We support an additional $3 million in housing subsidies for seniors and adults with disabilities, including people living with HIV*.

Homelessness and public health are difficult issues, yet housing is key to health. Getting people housed and keeping them housed will improve our public health and save taxpayers money. San Francisco may learn from other major U.S. cities in our approach to homelessness. For instance, Houston recently re-directed resources from opening more shelters to getting people into housing and keeping them housed, resulting in a 75 percent reduction in homelessness between 2011 and 2017. GTZ consortium is calling for San Francisco to immediately commit to development of new permanent and supportive housing. We urge the city to reconsider the prioritization of health for housing eligibility and same-day access, to expand rental subsidies, and to make meaningful investments in housing subsidies. Such changes are needed for San Francisco to remain a beacon for HIV care and to become the first major city in the world to eliminate HIV.

Consulted/Recommended Sources

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3. Kushel, Margot B., et al. "Housing instability and food insecurity as barriers to health care among low-income Americans." *Journal of general internal medicine* 21.1 (2006): 71-77.
4. Knight, Heather & Fagan, Kevin. “S.F. spends record $241 million on homeless, can’t track results.” *San Francisco Chronicle*, February 6, 2016. Available at: https://www.sfchronicle.com/bayarea/article/S-F-spends-record-241-million-on-homeless-6808319.php
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7. Beekman, Daniel. “Houston’s solution to the homeless crisis: Housing and lots of it.” *Seattle Times*, October 12, 2017. Available at: https://www.seattletimes.com/seattle-news/homeless/houstons-solution-to-the-homeless-crisis-housing-and-lots-of-it/
8. Clemenzi-Allen A, Geng E, Christopoulos K, Hammer H, Buchbinder S, Havlir D, Gandhi M. Degree of Housing Instability Shows Independent “Dose-Response” with Virologic Suppression Rates among People Living with HIV. *Open Forum Infect Dis*. 5.3 (2018).

Supplementary Data

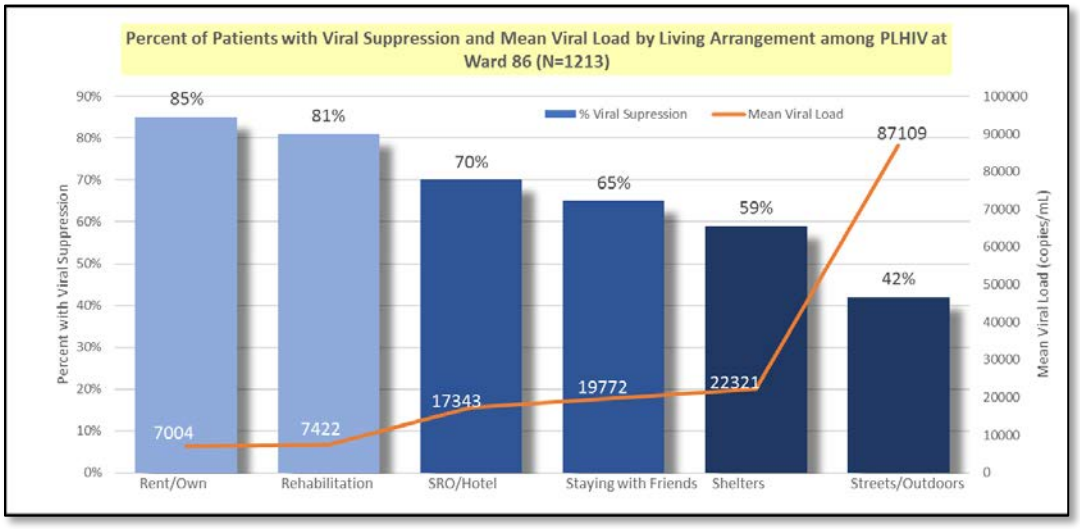
Table. Care indicators among persons living with HIV in 2015 who resided in San Francisco at diagnosis, by gender, race/ethnicity, and housing status (adapted from SFDPH HIV epidemiology annual report 2016, Table 3.3).

	Number of living cases	% Virally suppressed
Total	**15,065**	**67%**
Gender		
Male	13,871	67%
Female	845	62%
Trans Female	349	67%
Race/Ethnicity		
White	9,115	68%
African American	1,806	62%
Latino	2,804	64%
Asian/Pacific Islander	850	68%
Other/Unknown	490	68%
Housing Status, Most Recent		
Housed	**14,796**	**67%**
Homeless	**269**	**33%**

Comment:

Two thirds (67%) of persons living with HIV who are housed are virally suppressed, compared with only a third (33%) of the homeless—the lowest rate of any demographic group in San Francisco.

Figure. In 2017, living situation and viral load were tracked for 1,222 HIV positive patients of Ward 86 at Zuckerberg San Francisco General Hospital. Clemenzi-Allen et al., 2018).



n=total number of patients within each category of housing status. N=total number of patients evaluated. AOR = Adjusted Odds Ratio of Viral Suppression. CI = 95% confidence interval. PLHIV = people living with HIV

Comments:

1. A large proportion—40% of patients sampled—report housing insecurity, ranging from transitional housing and couch surfing to shelters and outdoor living.

2. As housing insecurity increases, virologic suppression rates decrease—from 85% in those who rent or own, to 59% among those in shelters, to 42% for those who live outdoors.