

End Our Housing Crisis NOW!

The HIV Community Takes a Stand.

San Francisco is poised to be the first city in the country to achieve the “Getting to Zero” vision of zero new HIV infections, zero HIV-related deaths, and zero HIV-related stigma.

Our biggest obstacle is the lack of affordable, flexible housing options.

We cannot “get to zero” unless we ensure that people living with and at risk for HIV have safe, stable housing.

We cannot house people living with and at risk for HIV unless we address the root causes of the housing crisis in our city, which affect thousands of unhoused or unstably housed people.

The HIV Community challenges the City and County of San Francisco – and all of us who live here – to commit to finding real solutions to our housing crisis, enabling us to “get to zero” and restore our reputation as a city who cares for our neighbors and our community.

VISION AND VALUES

- We envision a San Francisco where everyone has a home, where housing is seen as a human right, where housing is viewed as an integral component to addressing health needs, where housing options exist to address each person’s unique circumstances, and where people who are unhoused are not stigmatized.
- We place a high value on equity. We believe that *all* populations disproportionately affected by homelessness and for whom being unhoused can have the most severe consequences deserve housing — including but not limited to people living with HIV.

Introduction

In 2018, the Getting to Zero (GTZ) San Francisco consortium recognized that their goals of zero new HIV infections and zero HIV-related deaths could not be met without addressing the housing crisis in San Francisco. In 2019, 1 in 5 people diagnosed with HIV were unhoused at the time of diagnosis. In 2017, 83% of people who were housed when they learned they had HIV achieved viral suppression within 12 months of diagnosis, compared with only 53% of those who were unhoused.¹

“Chronic homelessness has been shown to cut 27 years from the average life span ... Safe and stable housing is key to a person’s physical, mental, and social health”

- Kaiser Permanente Chairman and CEO [Greg Adams](#).

Housing stabilizes lives and facilitates engagement with health care services, leading to improved health outcomes. With this backdrop, the GTZ consortium released a Call to Action in 2018 that asked the City to increase emergency housing and rent subsidies. Two years later, the housing crisis has worsened.

After reviewing the literature and talking with dozens of experts, **we have come to the conclusion that we cannot solve homelessness for people living with HIV unless we address the root causes underlying San Francisco’s housing crisis and prioritize equity-driven solutions.** Worsening economic inequality threatens to undo the social fabric, and the systems we have in place are woefully inadequate to mitigate the impacts of this trend. To address HIV-related housing, we must create a system that facilitates a seamless housing continuum for people who are unhoused, unstably housed, and at risk for becoming unhoused.

Housing is a basic human right. Housing is health care. We applaud the many voices and efforts in recent months who have helped to push us to do more – from Governor Newsom’s California Access to Housing and Services Fund and subsequent call to the private sector for matching funds, to Mayor Breed’s announcement of a plan for new affordable housing built on City-owned property, to Marc and Lynne Benioff’s \$30 million gift that led to the establishment of the Benioff Homelessness and Housing Initiative at the UCSF Center for Vulnerable Populations. With this Call to Action, we add our voices and offer four key actionable recommendations to eliminate homelessness in San Francisco, with **zero unhoused people living with HIV by the end of 2023**. We intend to hold our elected officials accountable to this goal.

We implore you to take a stand with us and end our housing crisis NOW.

SF Getting to Zero Consortium
HIV Community Planning Council
HIV/AIDS Providers Network (pending)
San Francisco AIDS Foundation
Other endorsements pending

¹ San Francisco Department of Public Health (2019). HIV Epidemiology Annual Report 2018. Available at: <https://www.sfdph.org/dph/files/reports/RptsHIVAIDS/HIV-Epidemiology-Annual-Report-2018.pdf>

Call to Action #1: Increase access to permanent housing stock

The most obvious barrier to housing all San Franciscans is the lack of affordable housing. Some reports suggest that there are a sufficient number of vacant homes and units to end homelessness today. The challenge is creating systems to move people into these units and keep them there. Our current systems and incentives do the opposite: high rents push people out of existing homes, financial incentives lead to keeping units vacant or using them for short-term rentals, and the subsidies that make housing more affordable frequently carry burdensome restrictions or are in danger of being discontinued. The continuing focus on expanding temporary shelter options such as navigation centers, while needed given the crisis situation, should not overshadow the dire need for permanent housing.

What San Francisco can do immediately:

1. **Subsidize.** Rapidly increase available subsidies. Make an increased number of deep and shallow subsidies part of the permanent City budget, increasing subsidy dollar amounts and lowering the threshold for “below market rate” housing so that it is truly affordable to more people. Make subsidies flexible: Residents should be able to vacate their units for medical, substance use, and mental health treatment and be guaranteed return at completion of treatment, and subsidies should not “time out,” especially for vulnerable populations who are usually unable to rapidly find suitable housing. Expand master leasing overall, to increase the number of units offered a subsidized rate. Allocate an additional \$3 million per year for the next 5 years in General Fund dollars and other City resources to subsidies, to house an additional 300 people with HIV per year, for a total of 1,500 people over 5 years. Make subsidies available for people at risk of eviction, so that no one is ever evicted for purely financial reasons.
2. **Build.** Enter into new agreements with developers who are currently building housing, to increase stock more rapidly. Reduce the length and complexity of the permitting process to prioritize development of affordable housing units, meeting or going beyond AB 1485 and SB 35. Set regulations that *all* new construction *must* include affordable units starting immediately – either via a master lease to the City, requiring a certain percentage of units to be offered below market rate, or some other mechanism. Leverage the Housing and Urban Development Rental Assistance Demonstration (RAD) program to ensure that affordable housing that *is* available is safe, healthy, and well-maintained.
3. **Incentivize.** Provide incentives for property owners to lease to low-income persons rather than leave units vacant or use for short-term rentals. This might include changes to zoning rules and permitting fees and offering property tax credits for individual landlords who lease long-term, affordable rentals. It may also mean establishing a first-right-of-refusal program to incentivize private developers to sell properties first to the City or community groups, who can then use the stock for affordable, long-term leases. If a system for meaningful, effective incentives cannot be identified, the City should implement a hefty vacancy tax, sufficient to make it worthwhile to rent units instead of paying the tax and leaving them vacant.

Call to Action #2: Increase transparency, efficiency, and equity of current systems

The current systems for matching people who are unsheltered with appropriate housing – including emergency housing for people in acute crisis – are opaque, complicated, and inadequate. They are particularly damaging for people with mental health or substance use disorders, or other chronic illnesses or disabilities. Specifically, the Coordinated Entry system is difficult to navigate and understand, even for professionals charged with finding housing for patients and clients. It does not track outcomes

for all persons who request housing, does not articulate the criteria for prioritization, and does not use an equity approach to prioritization. Today, most people for whom suitable housing is not available are told to return for re-evaluation in 6 months, which is an unacceptable practice. People with a history of incarceration or low credit rating are excluded from some rental units, exacerbating racial disparities resulting from a long history of systemic racism. People with substance use disorders are often unnecessarily evicted from housing, going against San Francisco's commitment to harm reduction and improving the health of people who use drugs. People living with HIV, people with mental health and substance use disorders, people with disabling conditions, youth, trans women, LGBTQ people, and Blacks/African Americans, and other vulnerable populations disproportionately represented among the unhoused need to be *at the front of the line* for housing.

What San Francisco can do immediately:

1. **Collaborate.** A Housing Crisis Task Force uniting the Department of Homelessness and Supportive Housing (DHS), Department of Public Health (DPH), and the Mayor's Office on Housing and Community Development (MOHCD) should be formed immediately and charged with developing a coordinated, equitable, transparent housing continuum that works for all San Franciscans and especially for those with complex health needs, including those living with HIV. The system must allow for people to be waitlisted and continuously reprioritized until housing is located that meets their needs. All people living with HIV should be prioritized for housing, as viral suppression rates are closely linked to housing status, and both individual health and risk of transmission to others is dependent upon a person's viral load.
2. **Utilize technology.** Despite being known as one of the world's greatest technology hubs, San Francisco has no unified platform to match people with housing. Furthermore, the Coordinated Entry system only applies to some people and addresses some housing stock; solving San Francisco's housing crisis requires a "no wrong door" approach that can serve *all* people in need of affordable housing. The City must develop a technological solution for housing placement that would centralize the existing Coordinated Entry, DAHLIA, and Plus Housing systems. The system would : a) maintain a list of all people requesting housing, prioritized by clinical circumstances, along with the type of housing needed to meet their needs, b) maintain a real-time inventory of all available units and beds across the full spectrum of housing options, and c) automatically match people to appropriate options (both emergency/temporary and longer-term/permanent) and reprioritize/rematch as new individuals are added to the system or placed in housing – similar to an organ transplant list. The system must also help housed people step up or step down into other types of housing as their support needs change, instead of existing systems that often keep people in housing not appropriate for current circumstances.

Call to Action #3: Expand and remodel supportive services

There will always be a need for various supportive services to help some people find and maintain their housing. Today, there is insufficient transitional and permanent supportive housing to meet the needs of all people with serious disabilities, as well as those with mental illness and substance use disorders. Furthermore, there is gridlock on the housing continuum, as people are often kept in supportive housing situations they no longer need – while others who do need it are still waiting – given there is no system to support graduation and transfer to less supportive housing. Addressing all of these challenges requires a highly trained direct service workforce – a workforce that is also deeply impacted by San Francisco's economic inequality trend and which itself is being decimated.

What San Francisco can do immediately:

1. **Support.** Increase the quantity and variety of both stationary services (e.g., permanent supportive housing facilities) and roving services (e.g. case managers providing support services to persons with more complex needs who are in standard housing) funded and overseen by DPH or DSH. People with substance use disorders, in particular, are often unnecessarily evicted from housing, going against San Francisco's commitment to harm reduction and improving the health of people who use drugs, and support services would help. More supportive housing options would also result in increased ability to support people in stepping down from high-threshold, expensive housing situations including Residential Care Facilities for the Chronically Ill (RCFCIs) into more suitable alternatives. The City needs to preserve RCFCIs for people who need them, but must also continue to assess the need for RCFCI-level care and implement and sustain changes based on assessment findings. Safe-hold lockers and medication storage facilities should be expanded in locations throughout the city, where people who are unhoused can store, access, and retrieve vital medications without risk of loss or having them removed from their control by police, the Department of Public Works (DPW), or shelter staff.
2. **Guarantee.** Guarantee all people completing residential mental health and substance use treatment safe, stable housing immediately upon discharge. Currently, 44% of people completing residential treatment in San Francisco are discharged to shelters or the streets. People with substance use and mental health disorders are regularly released from incarceration with limited pre-release planning and coordination, at a time of night when no shelter is available and no supportive staff are able to meet them to help with immediate needs. Further, vacancy regulations mean that emergency, low-income, and subsidized housing can be lost when individuals enter inpatient treatment facilities, forcing an impossible choice between substance use or mental health treatment and having a place to live.
3. **Pay a living wage.** Case managers and other direct service workers working with unhoused populations are difficult to recruit, hire, and retain because of salaries that are inadequate for living in, or even near, San Francisco. These staff are the backbone of services for unhoused people and need to be compensated for the essential role they play, especially for unhoused people living with HIV. The City must provide a cost of doing business increase and a cost of living increase on all HIV prevention, care, and housing contracts (regardless of the funding source) annually, with continuous City investment to ensure nonprofits can pay staff a livable wage as required by the Minimum Wage Ordinance. We also call on the City to continue to make critical investments in the Nonprofit Sustainability Initiative to help nonprofits achieve or maintain livable wages, rather than diverting limited financial resources to rent and other overhead.

Call to Action #4: Develop a clear system of accountability

Anecdotal reports of landlords refusing to address cockroach-infested units and HOPWA units sitting vacant for months while awaiting a required 20-minute inspection exemplify how broken the current systems are. When unhoused persons and those serving them have knocked on every door to no avail, there is no entity to hold City departments accountable for failure to act. There is also no single City department accountable for ensuring a seamless continuum of housing and housing services: DSH only addresses people already homeless, DPH provides health services for unhoused people but doesn't actually run housing programs, and no one is responsible for homelessness prevention.

What San Francisco can do immediately:

1. **Coordinate.** The Housing Crisis Task Force recommended in Call to Action #2 must establish an ongoing mechanism for overall coordination and accountability of the various City departments charged with addressing housing, if all housing-related activities are not ultimately centralized in one department. The current siloed systems – particularly the separation of DSHS and DPH – cannot be allowed to continue unchecked, at the expense of people who are unhoused.
2. **Problem-solve.** Until a more centralized accountable entity is established, station one or more housing ombudspersons in each Board of Supervisor’s office to resolve problems of persons who are unable to find affordable housing or are living in unsafe or otherwise unsuitable housing situations, when routine options have been exhausted. Property owners with vacant units to offer can also contact the ombudsperson to ensure their units are considered as options for unhoused people.
3. **Collect and share data.** Use the technological solution in Call to Action #2 to accurately document each person who requests housing on an ongoing, real-time basis, along with a record of their specific housing needs and the outcome (housing placement, waitlisted, etc.) along with the dates of each of these steps, and the names of people who assisted them. These data are critical for evaluation and continuous quality improvement of our city’s systems for housing placement. The data must be publicly reported in aggregate on a regular basis, building trust in the system and a community-wide commitment to addressing the housing crisis by allowing for transparency and systems accountability with a set of clear, public-facing metrics.

For a full report and background on these recommendations, see [\[website\]](#).