



Mayor's Office of Housing and Community Development

2021 HIV Housing Plan

CITY AND COUNTY OF
SAN FRANCISCO

March 2021

MAYOR LONDON N. BREED

Welcome back

Welcome:

Eric D. Shaw, MOHCD Director

Brian Cheu, MOHCD – Community Development Director

Helen Hale, MOHCD – Director of Residential and Community Services

Manuel Vasquez, MOHCD – HIV Housing Programs Manager

Carlos Rodriguez, MOHCD – TBRA Program Specialist

Felicia Gotthelf – MOHCD Executive Assistant



Remaining Action Items

- Late Spring 2021 – final review & City approval of plan
- HIV Housing Community Workgroup – open to everyone in SF receiving housing services or supporting someone receiving services
 - Purpose: to provide a space for comments, updates and advocacy for PLWHA receiving City housing services
- HIV Interdepartmental Task Force – to include City department leadership
 - Purpose: continued partnership and strategy development for achieving various goals by City department



Questions?



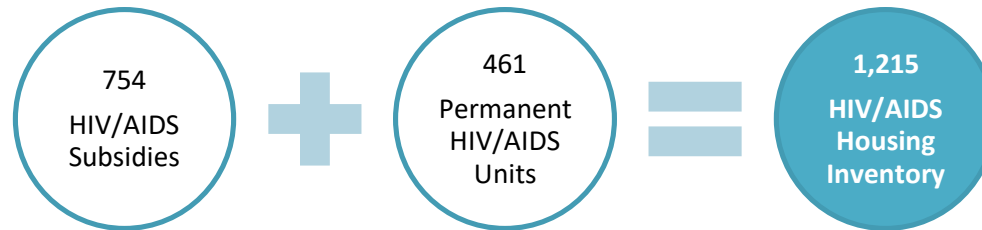
Section by section...

- Plan History and Methodology
 - 4 prior plans (1994, 1998, 2007, 2014)
 - Consolidated Plan and RDA
 - 4 Contributing Partner Groups
 - HIV advocates and providers
 - City Department representatives
 - Focus groups (50+)
 - Intersectional community partner networks (Long Term Care Council, SF FOG, Getting to Zero)
- Housing is Healthcare
 - Advocacy tool – housing stability effects long term care and prevention outcomes
 - Kaiser Thriving Communities Fund – helping PLWHA who are homeless secure housing
 - Service Provider Intersectionality (Medical and Housing providers)
 - 58% of PLWHA in San Francisco identify as people of color
 - ART has lengthened the life-span of PLWHA
 - Homelessness and housing instability linked to greater HIV risk, inadequate HIV care, etc.

Section by section...

Gaps Analysis

- July 2019 RDA compiled data and inventory of HIV Housing Resources
- Rise in cost of housing brings greater need for additional resources
- PLWHA are living longer, largest community utilizing MOHCD HIV Housing services are 50+



Section by section...

Goals and Strategies

- Path to Improving Services, City and Community work to improve quality and quantity of housing
- There is still a large need for housing
- Partnerships with HIV prevention and medical providers is essential
- Eviction prevention programs are necessary
- Ensuring appropriate care level and maintaining independence



Section by section...

Goals and Strategies

- 1 – Maintain current supply of housing/facilities dedicated to supporting PLWHA
- 2 – Increase supply of housing facilities dedicated to supporting PLWHA
- 3 – Increase resources available for subsidizing, creating and keeping housing more affordable for PLWHA
- 4 – Expand access to services for PLWHA that help increase housing stability
- 5 – Improve efficiency and quality of the housing and service delivery system

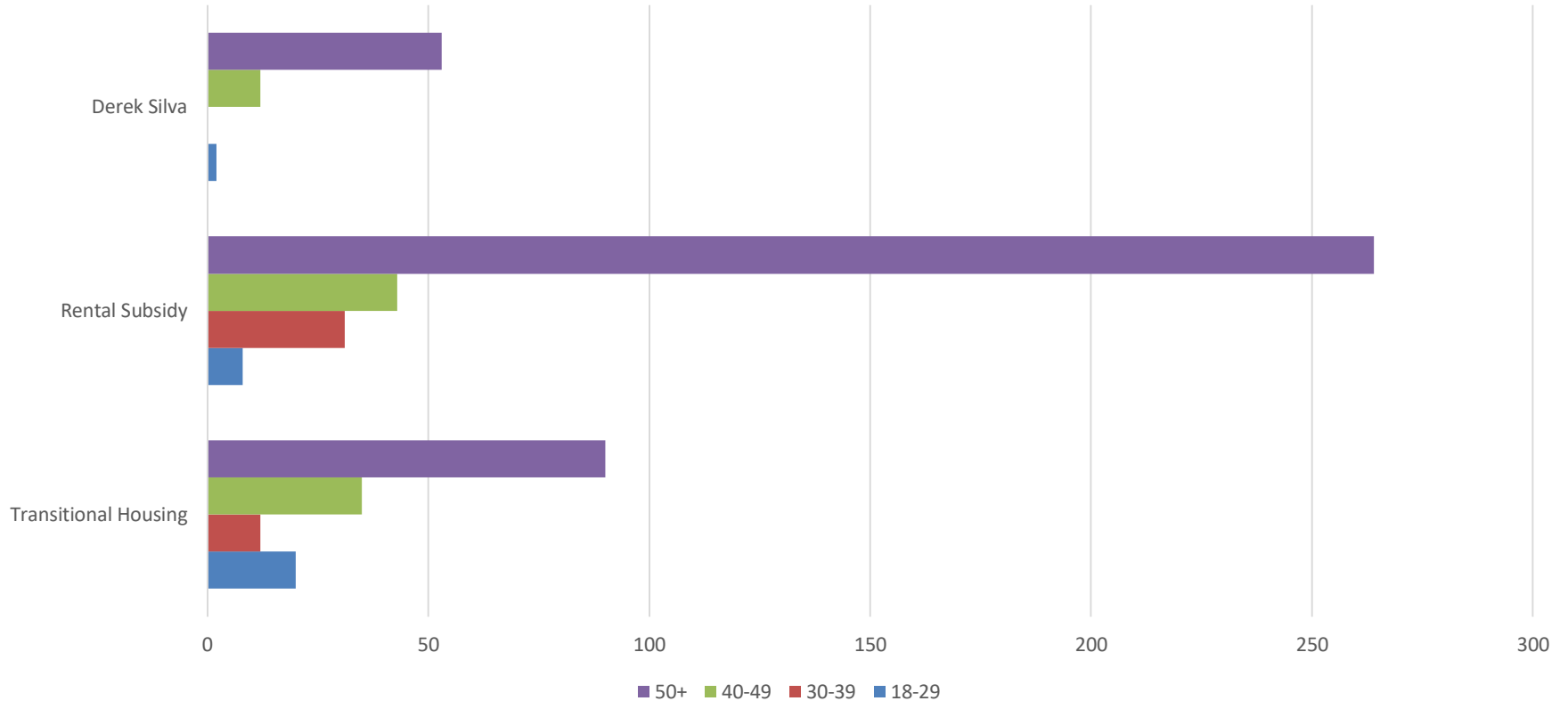


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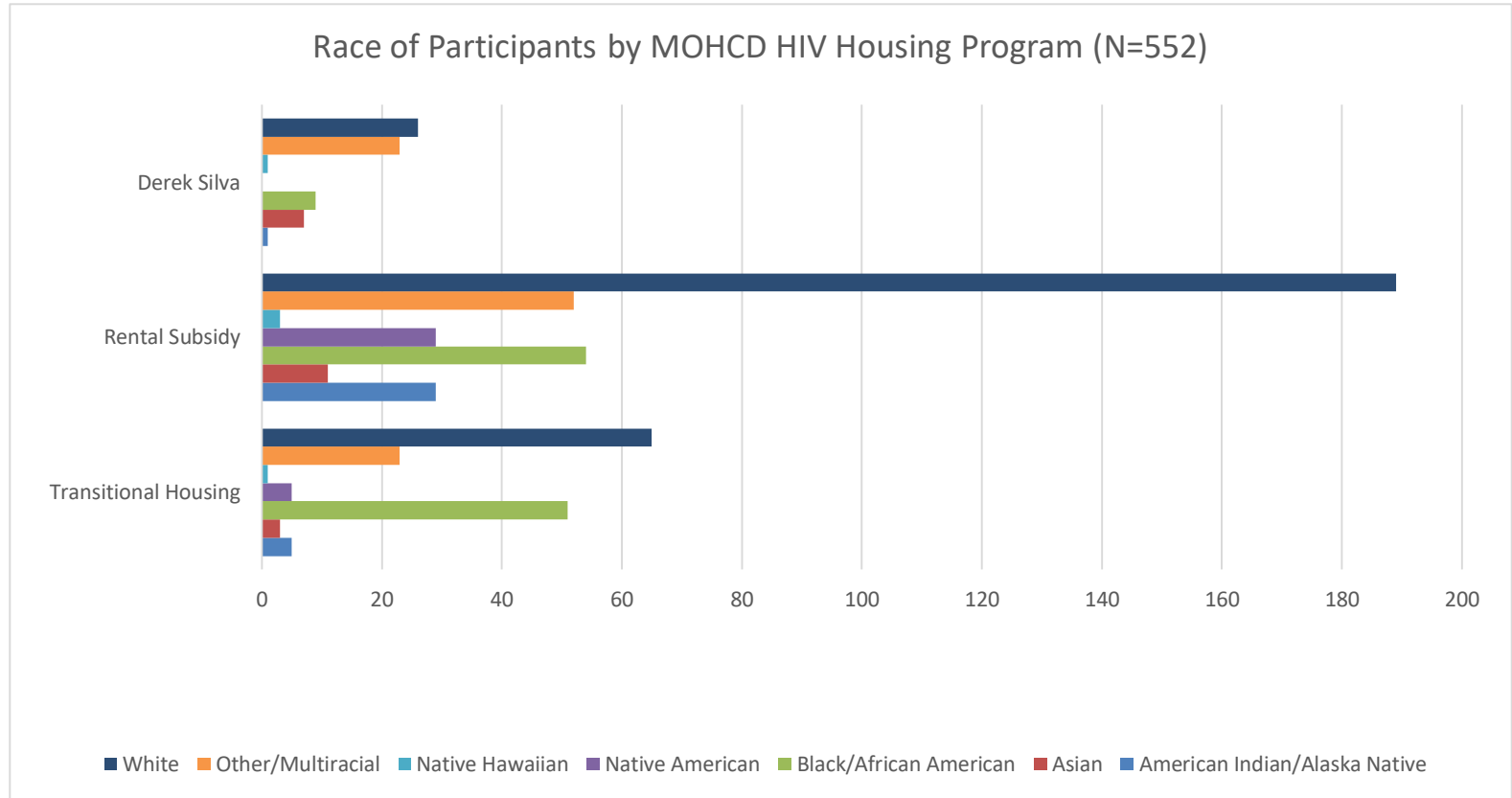


Let's look at the data

Age of Participants by MOHCD HIV Housing Program (N=552)

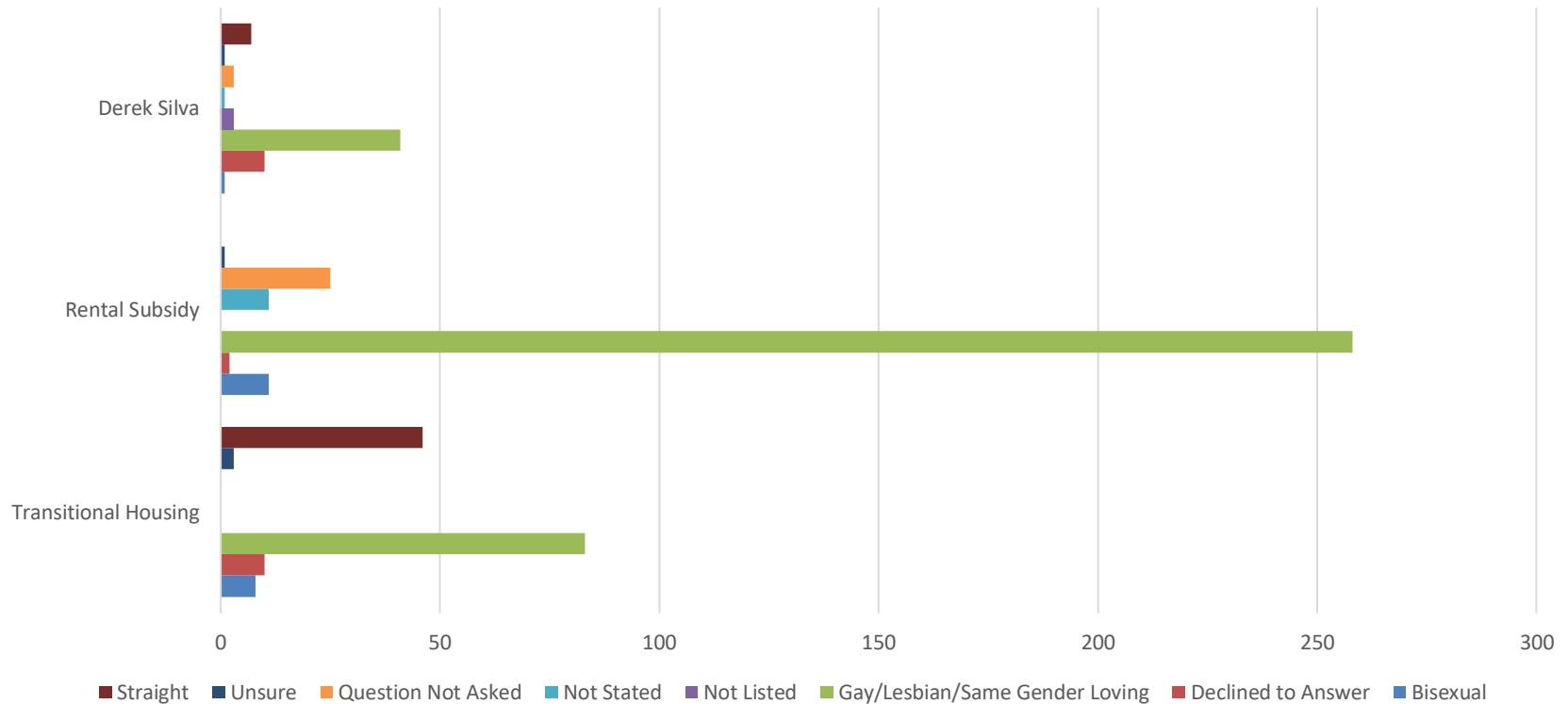


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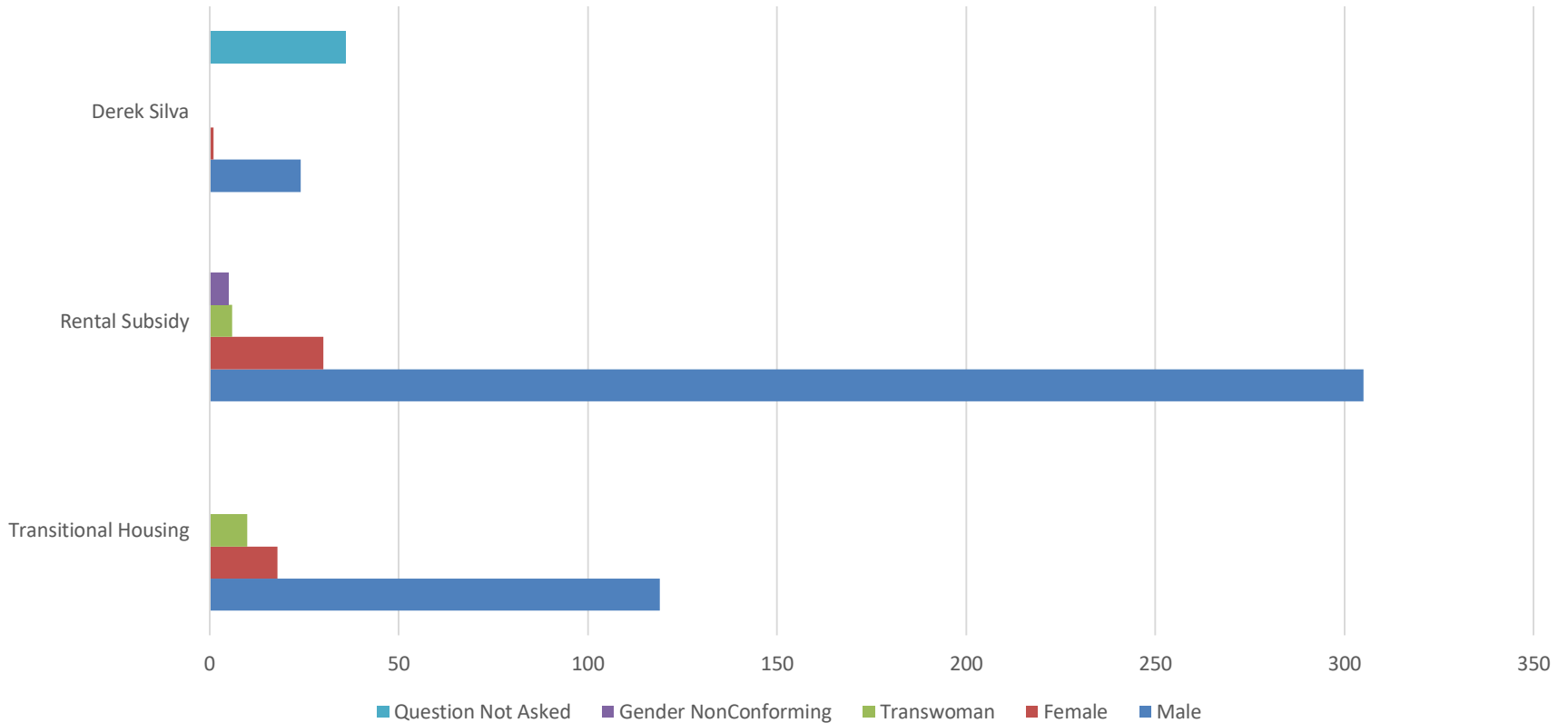
Let's look at the data

Gender of Participants by MOHCD HIV Housing Program (N=552)



Let's look at the data

Sexual Orientation of Participants by MOHCD HIV Housing Program (N=552)



RCFCI System Changes

- 2013-14 – Selected RCFCIs reach out to MOHCD regarding potential changes to program structure
- 2015 – First assessment of RCFCI residents conducted by Institute on Aging
- Summer 2020 – MOHCD commissioned second assessment of RCFCIs by Integriti3D
 - Recommendations resulting from assessment were presented to each RCFCI program and accepted (Fall 2020)
- Currently MOHCD consultant is helping progress the change in licensing for each community
 - MOHCD has developed a FAQ explaining changes to RCFCI program staff and residents
 - RCFCI residents were assessed for appropriate placement/level of care (some residents may need move)
 - No resident will be made homeless as a result of RCFCI changes
- Spring 2021 - RFP for change of ownership/operation of Leland House to be released



TRCF Model

- TRCFs will be designed for residents who are ready for a more independent level of care that is between an RCFCI and totally independent living
- Continued congregate living as with RCFCIs and will be staffed to support and assist residents as needed
 - Focus on linkage to services provided by other HIV service providers on an as-needed basis
- Total number of beds available to PLWHA will not change but apprx. half of current beds will remain at the RCFCI level
- Each program that delicensures will have some leeway in how they define their care/service model



Questions?

