

# THE AFFORDABLE HOUSING CRISIS: IMPACT ON PEOPLE LIVING WITH HIV IN CALIFORNIA



CALIFORNIA  
HIV/AIDS POLICY  
RESEARCH CENTERS

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## BACKGROUND AND SIGNIFICANCE

Access to stable affordable housing is critical to achieving optimal health outcomes for people living with HIV (PLWH), as well as a successful method of preventing transmission of the virus. The Department of Housing and Urban Development (HUD) recognizes that access to stable housing is one of the most effective interventions for increasing retention in care, adherence to treatment, and viral load suppression rates for PLWH. Increased viral suppression also significantly reduces the risk of HIV transmission, as people living with HIV with suppressed viral loads have a negligible risk of transmitting HIV to their sexual partners. President Obama's National HIV/AIDS Strategy and the California Office of AIDS' Laying a Foundation for Getting to Zero report include goals to increase access to affordable housing. However, according to the California Office of AIDS' Medical Monitoring Project, 12 percent of the estimated 139,000 PLWH living in California (16,680 people) were homeless or unstably housed in 2014.

Federally-funded housing programs provide housing subsidies and supportive services; however, current funding levels do not meet the housing needs of most low-income PLWH in California. In addition, the Trump administration has proposed drastic cuts to HUD's 2018 budget that would severely impact funding levels next year. Steadily increasing rents coupled with out-of-date subsidy rates and low funding levels have contributed to a statewide affordable housing shortage and homelessness crisis that leaves many PLWH hard pressed to find stable affordable housing. This crisis must be addressed in order to improve health outcomes for PLWH and move California closer to ending the HIV epidemic.

# CONTEXT AND IMPORTANCE OF PROBLEM

## Housing Resources for PLWH in California

Housing subsidies and a number of supportive services for PLWH in California are funded through HUD's Section 8 and HOPWA programs. Section 8 was authorized by Congress in 1974 and provides rental subsidies for eligible low-income families and individuals. The HOPWA program was created in 1992 to provide housing assistance and related supportive services to low-income persons living with HIV/AIDS and their families. PLWH are eligible for HOPWA vouchers if their incomes fall at or below 80% of area median income (AMI), and for Section 8 vouchers if their incomes fall at or below 50% of AMI. HOPWA programs and services include capital funds for construction and rehabilitation of permanent housing, move-in fees and vouchers for permanent supportive housing, emergency housing, rental subsidies for

short-term and transitional housing, and supportive services, including counseling and referrals.

HOPWA grants are issued every year in the form of 'formula' and 'competitive' grants. Ninety per cent of HOPWA funds are granted to states and eligible metropolitan statistical areas (MSAs, usually cities) based on a formula that calculates the highest need in metropolitan areas. Prior to 2017, formula grants were based on cumulative AIDS cases, but in 2016 the HOPWA formula was modernized to determine allocations by "living with HIV" data. The remaining 10 percent of HOPWA funds are distributed through competitive grants to states, local governments, and non-profit organizations. California received \$34,945,333.00 in formula grants in 2016; Exhibit 1 below illustrates how

HOPWA Formula Grantees in California 2016

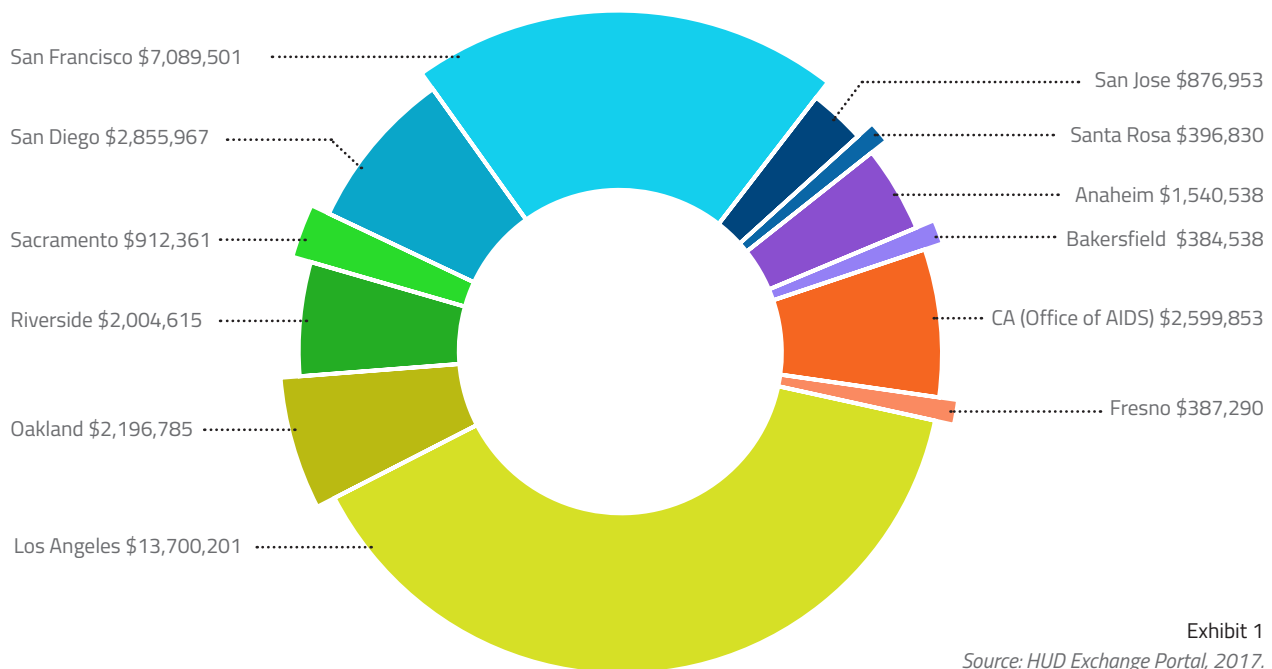


Exhibit 1

Source: HUD Exchange Portal, 2017.

funds were distributed across cities. The California Office of AIDS received \$2,599,853.00 of that funding which was then distributed across local government agencies and non-profit community-based organizations based on HIV/AIDS cases to provide HOPWA services.

Although California allocates funding for affordable housing programs, the state does not allocate any funding to HIV-specific housing services. It is likely that many PLWH utilize other publicly funded homeless services, but HIV-status is

not necessarily collected or tracked across other programs and their data systems. Therefore, there is no way of capturing PLWH's use of those systems for analysis here. However, local health jurisdictions that receive Ryan White funding from the Department of Health and Human Services (HHS) can use funds for housing referrals and short-term housing assistance. This is because Ryan White funds can be used for support services that "are needed for individuals with HIV/AIDS to achieve their medical outcomes"; housing assistance falls under this category.

## The Intersection of Stable Housing and Health Outcomes for PLWH

An array of medical, behavioral, and supportive services are integral for PLWH to become virally suppressed and manage other health outcomes, but stable housing is a critical intervention to improve health outcomes. In 2015, HUD published a brief detailing how stable housing improves health outcomes for PLWH and those at risk for HIV along the HIV Care and Prevention Continuum, summarized below.

| Impact of Housing on Health Outcomes along the HIV Care and Prevention Continuum |  |
|--|--|
| <b>HIV TESTING &amp; DIAGNOSIS</b>   | <ul style="list-style-type: none"> <li>Housing stability is linked to quicker HIV diagnosis and reduced risk of acquiring and transmitting HIV.</li> <li>Housing programs often provide HIV education, testing and prevention services, and linkage to medical care.</li> </ul>  |
| <b>LINKAGE TO CARE</b>   | <ul style="list-style-type: none"> <li>Housing stability is linked to quicker entry into care.</li> </ul>  |
| <b>RETENTION IN CARE</b>   | <ul style="list-style-type: none"> <li>Housing status is one of the strongest indicators of maintaining HIV primary care. Housing stability is associated with more frequent visits to a primary care provider and supportive services that meet the complex social and behavioral health needs of PLWH.</li> <li>Some housing programs also provide supportive services and frequent check-ins with clients that help retain PLWH in care.</li> </ul> |
| <b>ANTIRETROVIRAL THERAPY(ART)</b>   | <ul style="list-style-type: none"> <li>Lack of stable housing is one of the most significant barriers to antiretroviral therapy (ART) adherence, regardless of insurance or payer status. Stable housing facilitates consistent adherence to ART.</li> </ul>   |
| <b>VIRAL SUPPRESSION</b>   | <ul style="list-style-type: none"> <li>Adherence to ART is linked to higher rates of viral suppression, and housing stability increases the likelihood of better access and adherence to ART.</li> </ul>   |
| <b>PREVENTION</b>  | <ul style="list-style-type: none"> <li>Stably housed individuals at a high risk for HIV are less likely to engage in risky sexual behavior or drug use that can lead to transmission.</li> <li>Higher rates of viral suppression and undetectability among stably housed PLWH are linked to reduced transmission of the virus.</li> </ul>  |

Source: HUD, "The Connection Between Housing and Improved Outcomes Along the HIV Care Continuum", 2015.

## A Housing Crisis: Trends in Housing Availability in California

### LACK OF AFFORDABLE UNITS

According to the California Housing Partnership Corporation, every county in California has a shortage of affordable housing for low-income renters. California has gained 900,000 renter households since 2005, but would need 1,541,386 more affordable units in order to meet the needs of renters with the lowest incomes. Worse, decreases in state and federal funding over the past nine years have reduced California's investment in affordable housing construction and have eliminated funding for redevelopment by \$1.7 billion annually. These factors contribute to the state's large number of homeless individuals; according to HUD's 2016 Continuum of Care data, California now has 118,142 homeless individuals, 66.4 percent of whom are unsheltered.

### FAIR MARKET RENT, HOUSING COSTS, AND INFLATION

When the HOPWA program was introduced, HUD calculated the rental subsidy rate such that an individual would be required to contribute 30% of their monthly income to rent, and the subsidy would cover the rest up to the Fair Market Rent (FMR). FMR is a gross rent estimate that includes shelter rent plus all tenant-paid utilities and is meant to be high enough to ensure the availability of a sufficient supply of rental housing but low enough to serve as many low-income families as possible. However, over the years, HUD has not updated the subsidy level to meet rising rental levels and FMR for 7 of the 11 HOPWA formula grantees in California is higher than average, as shown below.

**CA Fair Market Rent, 2017 & Wages, Income, and Work Hours to Afford One-Bedroom Apartment**

| Metropolitan Area   | Efficiency | 1 Bedroom | 2 Bedroom | Housing Wage | Annual Income Needed** | Work Hours Per Week*** |
|---------------------|------------|-----------|-----------|--------------|------------------------|------------------------|
| State of California | \$982      | \$1,163   | \$1,487   | \$22.36      | \$46,510               | 89                     |
| Anaheim             | \$1,257    | \$1,436   | \$1,813   | \$25.46      | \$52,960               | 102                    |
| Los Angeles         | \$988      | \$1,195   | \$1,545   | \$22.19      | \$46,160               | 89                     |
| Oakland             | \$1,435    | \$1,723   | \$2,173   | \$31.98      | \$66,520               | 128                    |
| San Diego           | \$1,212    | \$1,342   | \$1,741   | \$22.17      | \$46,120               | 89                     |
| San Francisco       | \$1,915    | \$2,411   | \$3,018   | \$34.88      | \$72,560               | 140                    |
| San Jose            | \$1,507    | \$1,773   | \$2,220   | \$30.42      | \$63,280               | 122                    |
| Santa Rosa          | \$1,047    | \$1,213   | \$1,572   | \$20.96      | \$43,600               | 84                     |

Source: HUD FMR Documentation System & National Low Income Housing Coalition.

\*\* Annual Income Needed to Afford One-Bedroom at Fair Market Rent  
 \*\*\* Work Hours Per Week to Afford One-Bedroom at \$10 Minimum Wage

### HOPWA FLAT FUNDING

Although rental rates have continued to rise, Congress has held HOPWA funding flat since 2010 at \$335 million, even though inflation and rising rents have resulted in fewer households receiving vouchers and an increased share of renters experiencing rent burden. As a result of increasing rent levels, 10 per cent fewer households received assistance in 2015 than in 2010 with the same amount of resources. Proposed budget cuts to HUD in 2017 do not bode well for HOPWA's 2017 allocation.

## Discussion of Key Challenges

In order to identify key barriers to accessing affordable housing, we conducted key informant interviews with 15 stakeholders from 7 of the 11 California HOPWA formula grantees. Content analyses of barriers, gaps, and challenges discussed with these stakeholders elucidated several themes, presented below.

| Topic                                  | Barriers, Gaps, and Challenges  |
|--|---|
| <b>FUNDING</b>                         | <ul style="list-style-type: none"> <li>✦ Congress continues to reduce HOPWA funding while rental rates outpace inflation, wage growth, and Social Security allotments in California.</li> <li>✦ HOPWA allocations only allow housing authorities to assist a fraction of PLWH in need, and often hinder efforts to fund supportive services.</li> </ul>   |
| <b>HOUSING SUPPLY AND AVAILABILITY</b> | <ul style="list-style-type: none"> <li>✦ Extensive waitlists for transitional and permanent supportive housing. Waitlists range from 6 months to 10 years, and some are permanently closed.</li> <li>✦ Many clients cannot find housing close to their HIV primary care and service providers. When forced to live far from their providers, many clients fall out of care.</li> <li>✦ Lack of information about the number of affordable units in a jurisdiction.</li> <li>✦ FMR lags behind the market, and many housing authorities struggle to locate and match clients with units that rent for FMR.</li> <li>✦ Many PLWH do not qualify as “chronically homeless” and are not eligible for set-aside units.</li> <li>✦ Most housing authorities are serving fewer than 100 households while they know that there are 1000+ households in need of stable housing.</li> <li>✦ Several jurisdictions experience pushback from communities in which affordable units could be constructed.</li> </ul> |
| <b>SUPPORTIVE SERVICES</b>             | <ul style="list-style-type: none"> <li>✦ Most jurisdictions do not have the funding to hire a housing navigator who could streamline the system and track clients.</li> <li>✦ Some counties lack wraparound services, and clients who are housed often fall out of care and are unable to maintain eligibility for their unit due to mental health or substance use issues.</li> </ul>  |
| <b>ADMINISTRATIVE</b>                  | <ul style="list-style-type: none"> <li>✦ No centralized portal to monitor clients accessing various housing services. For example, in one county, HOPWA and Section 8 staff do not interact, and the housing authority has no contacts with the public health department.</li> <li>✦ Lack of flexibility to use HOPWA funding to cover units that cost more than 40 percent FMR.</li> <li>✦ Delays in payment to providers that create financial uncertainty and decrease administrative capacity to help clients.</li> <li>✦ HOPWA allocations do not support a robust staff, which slows down the process for clients.</li> </ul>   |
| <b>LANDLORDS</b>                       | <ul style="list-style-type: none"> <li>✦ Problems with stigma around HIV – landlords do not want PLWH living in their units.</li> <li>✦ HOPWA requires unit inspections, and landlords would rather rent to someone who would not ask for an inspection.</li> <li>✦ Landlords do not want to submit a W-9 tax form to participate in HOPWA.</li> <li>✦ With the housing shortage, landlords know they can fill units and make more money from renters not participating in a housing voucher program.</li> </ul>  |
| <b>DATA</b>                            | <ul style="list-style-type: none"> <li>✦ General lack of data collection about the number of clients receiving services and difficulty finding data about available affordable housing.</li> <li>✦ Many housing authorities and agencies are unsure of what kind of data is being collected and by whom.</li> <li>✦ Agencies say that there is no way to calculate the number of PLWH who may be housed under other programs or funding sources.</li> </ul>   |

Source: Key informant interviews, August-October 2016.

# POLICY RECOMMENDATIONS

We generated six policy recommendations from our evaluation of the current landscape and challenges identified from key informant interviews. Despite challenges at the federal, state, and local level, smaller policy changes within California’s housing and health care systems can marginally increase access to stable affordable housing for PLWH in California. Listed below are our policy recommendations, including strategies and activities for each.

| Recommendation   | Strategies and Activities   |
|--|---|
| <p><b>Increased communication, collaboration, and system standardization between the state, local health jurisdictions, housing authorities, non-profit organizations and other community partners</b></p> | <ul style="list-style-type: none"> <li>✦ Establishment of data sharing among and within housing authorities and between housing authorities and public health departments to track clients in both systems.</li> <li>✦ Standardization of housing services within Metropolitan Statistical Areas.</li> <li>✦ Creation of a centralized, publicly accessible portal for waitlist times, vacancy rates, number of beds available in a Metropolitan Area, resource guides, etc.</li> </ul>   |
| <p><b>Updating the Coordinated Entry System (CES)</b></p>  | <ul style="list-style-type: none"> <li>✦ Give HIV/AIDS a higher score on the VI-SPDAT, the scoring system used to prioritize chronically homeless individuals into housing.</li> <li>✦ Reduce documentation restrictions and increase flexibility within the chronically homeless definition for PLWH – for example, ‘couchsurfing’ for a few days would no longer deem a client ineligible for housing assistance.</li> </ul>  |
| <p><b>Leveraging Other Programs</b></p>  | <ul style="list-style-type: none"> <li>✦ Train housing authorities and non-profit organizations to develop an HIV acuity system to determine whether a client can more quickly obtain housing or supportive services based on eligibility unrelated to HIV status (veteran status, mental health diagnoses, survivor of domestic violence and/or sex work, etc).</li> <li>✦ Work with agencies who can provide services like safe medication storage or free cell phones for unstably housed clients to keep them in touch with housing navigators and case workers.</li> </ul> |
| <p><b>Increased Community Advocacy</b></p>   | <ul style="list-style-type: none"> <li>✦ Urge community partners to monitor federal, state, and local “Getting to Zero” efforts and advocate for the inclusion of goals around access to stable affordable housing.</li> <li>✦ Raise the visibility of HIV as a public health crisis and the need to stably house PLWH in order to reduce transmissions.</li> <li>✦ Educate legislators, housing and health care officials, and community partners about the effect of stable housing on health outcomes.</li> </ul>  |
| <p><b>Support for legislation aimed at increasing the affordable housing supply</b></p>  | <ul style="list-style-type: none"> <li>✦ Adopt local legislation like Los Angeles’ Measures HHH and H to fund affordable housing construction and supportive services.</li> <li>✦ Monitor California’s promise to invest \$2 billion to reduce homelessness in the state.</li> <li>✦ Advocate for State Assembly and Senate bills that remove certain development and zoning restrictions, boost funding for construction of affordable housing units, increase tax breaks for renters, increase rent control, and establish a richer supportive services portfolio.</li> </ul> |
| <p><b>Targeted Research</b></p>  | <ul style="list-style-type: none"> <li>✦ Conduct an analysis about best practices for increasing landlord participation. For example, making landlords accept government vouchers if the voucher covers the FMR.</li> <li>✦ Conduct an in-depth review of the administrative aspect of housing services to identify best practices for streamlining services, collaboration and standardization.</li> </ul>   |

# CONCLUSION

This policy brief provides a broad overview of the affordable housing crisis for PLWH and policy recommendations to better meet the need for housing among PLWH amid rising rents and declining federal funding. It reviews the funding streams for housing assistance and supportive services and highlights trends in housing affordability in California. Housing is incredibly complex, and more targeted research and data collection is needed to understand how to improve access to housing for PLWH without increased funding levels or construction of more affordable housing units. Access to stable, affordable housing is a critical component to ending the HIV epidemic. Understanding how to better integrate housing services within the HIV Care Continuum and collaborate across housing and health care systems will accelerate efforts to stably house a greater number of PLWH. California's housing crisis is unlikely to disappear soon, but housing authorities, local health jurisdictions, and community partners have an important role in tackling the affordable housing shortage for PLWH.



## **AUTHORS**

Katja Nelson, MPP, Nick Sundback, AJ King, MPH

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## **ABOUT THE CALIFORNIA HIV/AIDS RESEARCH PROGRAM**

The California HIV/AIDS Research Program fosters outstanding and innovative research that responds to the needs of all people of California, especially those who are often under served, by accelerating progress in prevention, education, care, treatment, and a cure for HIV/AIDS. The California HIV/AIDS Research Program supports two Collaborative HIV/AIDS Policy Research Centers, for research and policy analysis that addresses critical issues related to HIV/AIDS care and prevention in California. These centers include the University of California, Los Angeles; APLA Health; Los Angeles LGBT Center; University of California, San Francisco; San Francisco AIDS Foundation; and Project Inform.

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**FOR QUESTIONS, OR TO READ THE FULL-LENGTH REPORT WITH REFERENCES**  
visit: [www.chprc.org](http://www.chprc.org) or email: Katja Nelson at [knelson@apla.org](mailto:knelson@apla.org)



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