The Affordable Housing Crisis:

Impact on People Living with HIV in California

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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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EXECUTIVE SUMMARY

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 new infections.[i] 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.[ii,iii] Increased viral suppression in turn 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.[iv] 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.[v,vi] 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.[vii]

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to HUD's 2018 budget that would severely impact funding levels next year.[viii] Steadily increasing rents coupled with out-of-date subsidy rates and low funding levels have contributed to a statewide affordable housing shortage and homelessness crisis that leaves many PLWH hard pressed to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.

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.[ix] 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.[x] Although California allocates dollars to affordable housing programs, the state does not allocate any funding to HIV-specific housing services.[xvi] 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.[xvii] 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.

While existing research on the HIV Continuum of Care shows that stable housing is an effective intervention for care, treatment, and prevention, and HUD provides funding for housing assistance and supportive services, several trends have emerged over the past 25 years that have made it significantly more difficult for PLWH to find stable affordable housing. These include: 1) a lack of availability of affordable units, 2) subsidies that have not increased as Fair Market Rent (FMR) has increased, rising housing costs, and inflation, and 3) reductions in HOPWA allocations and flat funding. In addition to these trends, barriers and challenges exist at the programmatic level that hinder access to affordable housing.

A literature review and key informant interviews with fifteen stakeholders from seven of the eleven California HOPWA formula grantees were conducted in order to identify key barriers to accessing stable affordable housing. Content analyses of barriers, gaps, and challenges discussed with these stakeholders elucidated several themes including lack of funding, lack of housing supply and availability, lack of supportive services, administrative challenges, problems with landlords, and lack of (or poor) data collection and sharing. While it is unlikely that the federal government will increase HOPWA and Section 8 allocations moving forward, smaller policy changes within California's housing and health care systems can marginally increase access to stable affordable housing for PLWH. Based the themes identified we generated six policy recommendations:

1) Increase communication and collaboration between the state, local health jurisdictions, housing

authorities, non-profit organizations, and other community partners.

2) Update the Coordinated Entry System (CES) to prioritize PLWH.
3) Leverage other housing programs to better serve the needs of PLWH.
4) Increase community advocacy to boost visibility of PLWH within housing programs.
5) Support existing efforts to promote legislation that increases the affordable housing supply.
6) Conduct targeted research to support best practices for effective program delivery.

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 for PLWH and reduce new infections. However, 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. 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.

The Affordable Housing Crisis: Impact on People Living with HIV in California

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.[1] 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.[2,3] 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.[4] 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.[5,6] 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.[7]

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.[8] 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.

OVERVIEW

This policy brief documents the funding sources for housing assistance and supportive service programs available to PLWH followed by an overview of the relationship between stable housing and positive health outcomes for this population. The brief then examines current fair market rent (FMR) rates compared with HUD's Housing Opportunities for Persons with AIDS (HOPWA) and Section 8 subsidy rates and discusses key issues perpetuating the housing crisis for PLWH. To understand the current landscape, the Southern California HIV/AIDS Policy Research Center conducted a literature review and key informant interviews with HOPWA administrators and community partners in California to identify the main challenges and gaps in housing services for PLWH. The brief ends with a review of this qualitative evidence and a proposed set of policy recommendations to increase collaboration across the housing and health care sectors in order to combat the current housing crisis for PLWH.

CONTEXT AND IMPORTANCE OF PROBLEM

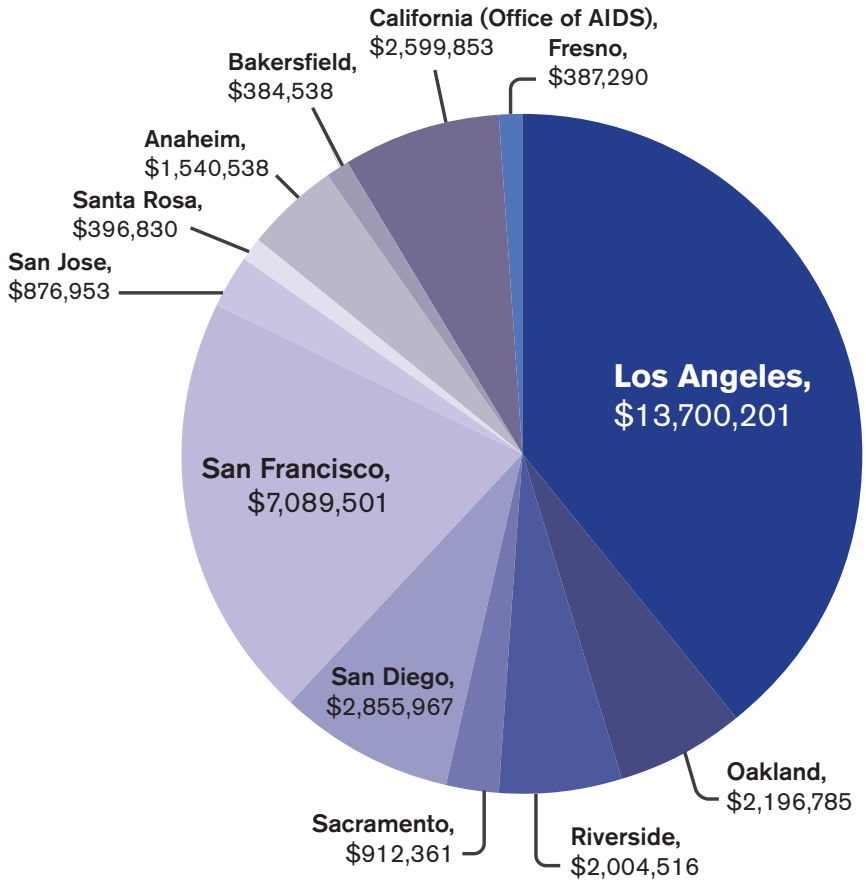
Housing Resources for PLWH in California

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.[9] 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.[10] 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.[11] 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.[12] The remaining 10 percent of HOPWA funds are distributed through competitive grants to states, local governments, and non-profit organizations.[13] California received $34,945,333.00 in formula grants in 2016; Exhibit 1 below illustrates how 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.[14]

Exhibit 1: HOPWA Formula Federally Funded Grantees in California, 2016



California's Total 2016 Allocation:
$34,945,333

Source: HUD Exchange Portal, 2017.[15]

Note: These allocations were calculated from the original HOPWA formula. 2017 allocations will no longer include cumulative AIDS cases, but instead count living HIV cases.

Although California allocates funding for affordable housing programs[1], the state does not allocate any funding to HIV-specific housing services.[16] 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[2] funding from the Department of Health and Human Services (HHS) can use funds for housing referrals and short-term housing assistance.[17] 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 for PLWH. 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. Table 1 summarizes HUD's findings.

Table 1: Impact of Housing on Health Outcomes along the HIV Care and Prevention Continuum

HIV Care and Prevention Continuum	
HIV Testing and Diagnosis	• Housing stability is linked to quicker HIV diagnosis and reduced risk of acquiring and transmitting HIV. • Housing programs often provide HIV education, testing and prevention services, and linkage to medical care.
Linkage to Care	• Housing stability is linked to quicker entry into care.
Retention in Care	• 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. • Some housing programs also provide supportive services and frequent check-ins with clients that help retain PLWH in care.
Antiretroviral Therapy(ART)	• 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.
Viral Suppression	• Adherence to ART is linked to higher rates of viral suppression, and housing stability increases the likelihood of better access and adherence to ART.
Prevention	• 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. • Higher rates of viral suppression and undetectability among stably housed PLWH are linked to reduced transmission of the virus.

Source: HUD, "The Connection Between Housing and Improved Outcomes Along the HIV Care Continuum".[18]

In addition to improved health outcomes, stable housing promotes such benefits as self sustainability, reduced visits to hospitals and emergency rooms, and reduced incarceration. From a provider and funder consideration, stable housing is very cost-effective, resulting in savings from reduced emergency and inpatient care visits, reduced time in emergency shelters, and reduced jail time. Analyses of these savings demonstrate that the overall savings from housing PLWH more than offsets the cost of housing assistance and supportive services.[19],[20]

1 These include programs such as "Domestic Violence Housing First Program", "Homeless Youth and Exploitation Program", "Strategic Growth Council" projects, "No Place Like Home" and housing for veterans funding allocations.

2 Ryan White HIV/AIDS Program provides funding nationwide for "a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured".

A Housing Crisis: Trends in Housing Availability in California

While research shows that stable housing is an effective intervention for HIV care, treatment, and prevention, and HUD provides funding for housing assistance and supportive services, several trends have emerged over the past 25 years that have led to increased difficulties for PLWH to find housing. These include: 1) a lack of availability of affordable units, 2) subsidies that have not increased as Fair Market Rent (FMR) has increased, rising housing costs, and inflation, and 3) reductions in HOPWA allocations and flat funding.

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.[21] 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.[22] 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.[23]

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 percent of their monthly income to rent, and the subsidy would cover the rest up to the 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.[24] However, over the years, HUD has not updated the subsidy level to meet rising rental levels. In California, the FMR for a one-bedroom apartment is $1,163, and $1,487 for two-bedroom apartment.[25] Yet FMR for seven of the eleven metropolitan areas within California that receive HOPWA grants are higher than this average, as depicted in Table 2, below.

Table 2: California Fair Market Rent, Funding Year 2017

Metropolitan Area	Efficiency Apartment	One-Bedroom Apartment	Two-Bedroom Apartment	Three-Bedroom Apartment	Four-Bedroom Apartment
State of California	$982	$1,163	$1,487	$2,058	$2,332
Anaheim (Orange County)	$1,257	$1,436	$1,813	$2,531	$2,760
Bakersfield (Kern County)	$623	$650	$844	$1,222	$1,470
Fresno (Fresno County)	$670	$709	$887	$1,258	$1,470
Los Angeles (Los Angeles County)	$988	$1,195	$1,545	$2,079	$2,303
Oakland (Alameda County)	$1,435	$1,723	$2,173	$3,017	$3,477
Riverside (Riverside County)	$800	$957	$1,197	$1,682	$2,072
Sacramento (Sacramento County)	$720	$821	$1,036	$1,508	$1,825
San Diego (San Diego County)	$1,212	$1,342	$1,741	$2,507	$3,068
San Francisco (San Francisco County)	$1,915	$2,411	$3,018	$3,927	$4,829
San Jose (Santa Clara County)	$1,507	$1,773	$2,220	$3,078	$3,545
Santa Rosa (Sonoma County)	$1,047	$1,213	$1,572	$2,288	$2,770

Source: HUD FMR Documentation System.[26]

Note: Metropolitan Areas highlighted in light blue are HOPWA formula grantees.

The California Housing Partnership Corporation reported that between 2000 and 2014, median rent in California increased 24 percent while median renter household income declined seven percent, when adjusted for inflation.[27] For example, in San Francisco in 2000, a one-bedroom apartment rented for $1,077 annually, while the Area Median Income (AMI) was approximately $55,000 for a household.[28,29] Thus, rent accounted for less than one quarter of income. In 2016, the FMR for a one bedroom apartment was $2,411 ($28,932 annually), but area median incomes were $88,829. Thus, rent for a one-bedroom apartment currently accounts for 32.6% of family incomes.

The National Low Income Housing Coalition estimates that a minimum wage worker earning $10 per hour in California in 2016 would have to work 89 hours a week to spend 30 percent or less of their income on a median price one-bedroom apartment. At the same time, a majority of PLWH in California live in jurisdictions that have median rental rates above the statewide FMR benchmark, demonstrating that HOPWA subsidies may not be sufficient to meet the need of PLWH in those areas. Table 3 compares wages, income, and work hours needed to afford a one-bedroom apartment in metropolitan areas of California that receive HOPWA formula grants.

Table 3: Wages, Income, and Work Hours to Afford a Median Price One-Bedroom Apartment in California, 2016

Metropolitan Area	Housing Wage*	Annual Income Needed to Afford One-Bedroom at Fair Market Rent	Work Hours Per Week to Afford One-Bedroom at $10 Minimum Wage
State of California	$22.36	$46,510	89 hours/week
Anaheim (Orange County)	$25.46	$52,960	102 hours/week
Los Angeles (Los Angeles County)	$22.19	$46,160	89 hours/week
Oakland (Alameda County)	$31.98	$66,520	128 hours/week
San Diego (San Diego County)	$22.17	$46,120	89 hours/week
San Francisco (San Francisco County)	$34.88	$72,560	140 hours/week
San Jose (Santa Clara County)	$30.42	$63,280	122 hours/week
Santa Rosa (Sonoma County)	$20.96	$43,600	84 hours/week
Average for Seven Counties	$26.87	$55,885	108 hours/week

Source: National Low Income Housing Coalition.[30]

Note: *Housing Wage: Hourly wage a worker would need to make in order to afford rent and utilities without paying more than 30% of income on housing. Assumes a 40-hour work week, 52 weeks per year.

The lowest-income households in California spend a median of 68 percent of their income on rent.[31] This financial burden is unreasonable for anyone, but particularly pernicious for PLWH who can experience barriers to finding and maintaining work. Even for low-income PLWH who have a stable source of income, it can be extremely difficult to find an apartment that rents for a FMR such that their income and the housing voucher would cover the total cost. In San Francisco, the monthly rent that someone spending 30% of AMI on housing could afford is $808. A person earning minimum wage would need to work 4.4 full-time jobs to afford a FMR two-bedroom apartment in San Francisco.

HOPWA Flat Funding

Although rental rates have continued to rise, Congress has held HOPWA funding flat since 2010, even though inflation and rising rents have resulted in fewer households receiving vouchers and an increased share of renters experiencing rent burden.[32] In fact, while HOPWA allocations rose modestly from 2001-2009 and increased significantly from 2006-2009, they peaked in 2010 and decreased from 2011 to 2013. 2016 was an exception in which the allocation increased by $5 million, but as Table 4 shows,

2016 funding was at similar levels to that in 2010. Nonetheless, due to increases in 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.

Table 4: HOPWA Funding Allocations, 2001-2017, in millions

Fiscal Year	Number of Qualifying Jurisdictions, Nationwide	Households Receiving Housing Assistance	Final Allocation	Percentage Increase from Prior Year
2001	105	72,117	$257.4	N/A
2002	108	74,964	$277.4	7.8%
2003	111	78,467	$290.1	4.6%
2004	117	70,779	$294.8	1.6%
2005	121	67,012	$281.7	-4.4%
2006	122	67,000	$286.1	1.5%
2007	123	67,850	$286.1	0%
2008	127	62,210	$300.1	4.9%
2009	131	58,367	$310.0	3.3%
2010	133	60,669	$335.0	8.0%
2011	134	60,234	$334.3	-0.2%
2012	135	61,614	$332.0	-0.7%
2013	138	56,440	$314.6	-5.2%
2014	137	55,244	$330.0	4.9%
2015	138	54,647	$330.0	0%
2016	139	--	$335.0	1.5%
2017	--	--	$335 Requested	--

Source: Kaiser Family Foundation, HUD Exchange Allocations and Awards Portal, and the Congressional Research Service.[33],[34]

Discussion of Key Challenges

In order to identify key barriers to accessing affordable housing, we conducted an extensive literature review as well as key informant interviews with fifteen stakeholders from seven of the eleven California HOPWA formula grantees. We contacted twelve administrators and ten community partners through a snowball sample. We first sent personalized emails to housing authority staff and community partners with whom we frequently interact. Then, we sent emails explaining the report's purpose and requesting interviews with respondents from housing authorities who we did not know. When interviewees declined but offered different contacts or referred us to additional contacts, we sent outreach emails to these secondary contacts. A review of the available literature and content analyses of barriers, gaps, and challenges discussed with these stakeholders elucidated several themes, presented in Table 5.

Table 5: Key Barriers, Challenges, and Gaps

Topic	Comments
Funding	• Congress continues to reduce HOPWA funding while rental rates outpace inflation, wage growth, and Social Security allotments in California. • HOPWA allocations only allow housing authorities to assist a fraction of PLWH in need, and often hinder efforts to fund supportive services.

Housing Supply and Availability	• Extensive waitlists for transitional and permanent supportive housing. Waitlists range from 6 months to 10 years, and some are permanently closed. • 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. • Lack of or outdated information about the number of affordable units in a jurisdiction. • FMR lags behind the market, and many housing authorities struggle to locate and match clients with units that rent for FMR. • Many PLWH do not qualify as "chronically homeless" and are not eligible for set-aside units. • Most housing authorities are serving fewer than 100 households while they know that there are 1000+ households in need of stable housing. • Several jurisdictions experience pushback from communities in which affordable units could be constructed.
Supportive Services	• Most jurisdictions do not have the funding to hire a housing navigator who could streamline the system and track clients. • 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.
Administrative	• 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. • Lack of flexibility to use HOPWA funding to cover units that cost more than 40 percent FMR. • Delays in payment to providers that create financial uncertainty and decrease administrative capacity to help clients. • HOPWA allocations do not support a robust staff, which slows down the process for clients.
Landlords	• Problems with stigma around HIV – landlords do not want PLWH living in their units. • HOPWA requires unit inspections, and landlords would rather rent to someone who would not ask for an inspection. • Landlords do not want to submit a W-9 tax form to participate in HOPWA, or will not accept rent payments from a third party. • With the housing shortage, landlords know they can fill units and make more money from renters not participating in a housing voucher program.
Data	• General lack of data collection about the number of clients receiving services and difficulty finding data about available affordable housing. • Many housing authorities and agencies are unsure of what kind of data is being collected and by whom. • Agencies say that there is no way to calculate the number of PLWH who may be housed under other programs or funding sources.

Source: Key informant interviews, August-October 2016 and review of available literature on HIV/AIDS, housing, and homelessness.

POLICY RECOMMENDATIONS

We generated six policy recommendations from our evaluation of the current landscape and challenges identified from the literature and key informant interviews. It is important to consider that with uncertainties in the current political environment, including the proposed $7.4 billion cut to the HUD budget, it is unlikely that the federal government will increase HOPWA and Section 8 funding allocations moving forward. California also has many complex barriers to overcome to increase the affordable housing supply. However, 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.

1) **Increased communication, collaboration, and system standardization between the state, local health jurisdictions, housing authorities, non-profit organizations and other community partners.**

   - Establishment of data sharing among and within housing authorities and between housing authorities and public health departments to track clients in both systems.
   - Standardization of housing services within Metropolitan Statistical Areas.
   - Creation of a centralized, publicly accessible portal for waitlist times, vacancy rates, number of beds available in a Metropolitan Area, resource guides, etc.

2) **Updating the Coordinated Entry System (CES).**

   - Give HIV/AIDS a higher score on the VI-SPDAT, the scoring system used to prioritize chronically homeless individuals into housing.
   - 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.

3) **Leveraging Other Programs.**

   - 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).
   - 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.

4) **Increased Community Advocacy.**

   - 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.
   - Raise the visibility of HIV as a public health crisis and the need to stably house PLWH in order to reduce transmissions.
   - Educate legislators, housing and health care officials, and community partners about the effect of stable housing on health outcomes.

5) **Support for legislation aimed at increasing the affordable housing supply.**

   - Adopt local legislation like Los Angeles' Measures HHH and H to fund affordable housing

construction and supportive services.[3]

- Monitor California's promise to invest $2 billion to reduce homelessness in the state.
- 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.[35,4]

6) Targeted Research.

- Conduct an analysis about best practices for increasing landlord participation. For example, making landlords accept government vouchers if the voucher covers the FMR.
- Conduct an in-depth review of the administrative aspect of housing services to identify best practices for streamlining services, collaboration and standardization.

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.

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3 Measure HHH, passed in November 2016, institutes a property tax on City of Los Angeles homeowners for ten years to generate a $1.2 billion bond to fund the construction of 10,000 affordable housing units. Measure H, passed in March 2017, introduces a quarter cent sales tax for ten years to raise funds for housing supportive services. The Los Angeles County Board of Supervisors approved funding for 21 initial strategies to combat homelessness.

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APPENDIX

Data Collection to Understand HOPWA Resource Allocation, Collaboration, and Need: Interview Guide

Thank you very much for agreeing to participate in this interview. Our discussion today will focus on state and county HOPWA funding priorities, best practices, unmet needs, and recommendations for improved interagency coordination. Our goal is to produce a policy brief on statewide housing trends and HOPWA. None of the information you provide will identify you or your agency. The interview will last approximately 30 minutes.

Please know that all of the information you provide will be kept confidential and will not be connected with any personal identifying information in any way. Do you have any questions before we begin?

For Cities/Counties:

1. What is the total amount of HOPWA funds you received last year? (How) has the total changed over time?

2. How are your HOPWA dollars allocated across services and organizations?

    {Prompt: For example, Los Angeles spends 42% of its funding on supportive services compared to 16% nationally. From your perspective, which organizations get funded, and which services do they provide?}

3. What is the estimated number of available affordable housing units in your city/county, and how long is your waiting list for HOPWA/Section 8? How are the two programs linked in your city/county? Are your waitlist(s) accepting new applicants? If not, when did the waitlist close? If so, what is the application process?

    {Prompt: For example, the LA Section 8 waitlist has about 8,000 people but has been closed for 15 years. The program director said if he were to reopen the list, 700,000 income-eligible applicants could apply. Furthermore, a quarter of voucher recipients in 2014 lost their vouchers because they could not find a unit before the deadline. What percent of the overall housing stock is affordable in your jurisdiction? What percent of new housing units are affordable? Does your jurisdiction calculate the percentage of total housing stock that has affordable rent?}

4. How do you work with landlords to ensure to incentivize participation in HOPWA & Section 8?

    {Prompt: For example, do you conduct workshops or call-in sessions? Do you provide tax incentives? How would you increase landlord participation?}

5. What are the biggest administrative/technical challenges for HOPWA/Section 8?

    {Prompt: How would you characterize inter-agency collaboration?}

6. How does HOPWA and Section 8 funding compare with unmet need for affordable housing in your jurisdiction?

7. In your opinion, what would be the best/most needed policy and/or administrative/legislative changes to improve access to housing for PLWH through HOPWA & Section 8?

    {Prompt: What would you recommend at a local/state/national level?}

For Community Providers:

1. What are the biggest challenges to finding housing, according to your clients?

    {Prompt: What could be done to reduce barriers clients encounter as they search for housing?}

2. What kind of barriers do you experience in helping clients acquire vouchers/find housing?

    {Prompt: How has your organization tried to address these barriers? What could be done to reduce those barriers?}

3. How do you think the housing shortage has impacted client health, stability, and safety?

    {Prompt: What happens to clients who lose their vouchers because they cannot find a participating landlord? How do clients who are on the waiting list get by? What risks are they exposed to while they await housing placement? What kinds of areas continue to accept Section 8/HOPWA vouchers? What risks are voucher holders exposed to in such areas? How does the housing shortage affect clients' ability to access additional health and safety services?}

4. In your opinion, what would be the best/most needed policy solution to improve access to housing for PLWH through HOPWA & Section 8?

    {Prompt: Which aspects of HOPWA and Section 8 appear most difficult to change, and why? Which parts of existing policies, if any, could benefit from increased enforcement?}