

# Housing and Services for Multiply Diagnosed Women and Their Children

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## Introduction

Positive Match was created to meet the needs of homeless and marginally housed HIV-positive single mothers and their children. Housing for women with HIV disease is extremely limited in San Francisco, especially multiple-bedroom units needed by families. Tenant rental-assistance certificates, for which families targeted by this program are eligible, are not practical because they do not provide enough money to pay for the units that are available. There is a great deal of competition for any available low-cost housing. Project-based housing developments have long waiting lists, and the application and eligibility requirements present severe obstacles. Also, fragmentation and poor coordination characterize the current service delivery system for HIV-affected families in the city. Many of these women have histories of substance abuse and mental health conditions as well as HIV disease. The majority have active substance abuse issues and histories of family violence. Therefore, many of these women need intensive service intervention. Using models of community support and home-based service delivery, the program strives to minimize barriers to housing and services that these women often confront. The program encompasses service delivery, housing advocacy and education, providing a full continuum of care for this population.

Over the past four-and-a-half years, the program has learned a number of instructive lessons on how to secure housing, deal with community resistance and provide services to these families. A brief overview of the project as well as some of these lessons are highlighted here.

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## Location

The program is located in San Francisco, California. San Francisco has an extremely tight affordable-housing market. Vacancy rates for rental housing hover at less than one percent citywide.

The ideal building would contain four to eight multi-bedroom units, each for one family, and would also house family activities and supportive services. Setting a lower limit on the size were economies of scale and the desire to create an opportunity for a community of support to develop among clients. Bringing together several families and services in one building provides an economy of scale for services costs and makes services very accessible for the families living there. Setting an upper limit on the size of the building were cost and visibility. A larger building was not ideal because the cost would be excessive in relation to available funding streams, although even smaller buildings exceeded available funding. Also, because of the possibility of negative community reaction, an unobtrusive presence was desired. Based in part on the input of client families, the ideal location for the site was envisioned as being in a family-oriented neighborhood, on a low-traffic street, in an unobtrusive location and building, near a major medical center, within walking distance to schools, having access to public transportation, a grocery store, recreational facilities for children and would have disability access. The Western Addition area of San Francisco met these criteria and was well-suited to this particular client group, because many had lived in the area before and had family living there.

## The Bernal Heights Housing Program Logic Model

The program was designed to provide permanent supportive housing for four to eight families and comprehensive case management for approximately 60 additional families.

### Problem

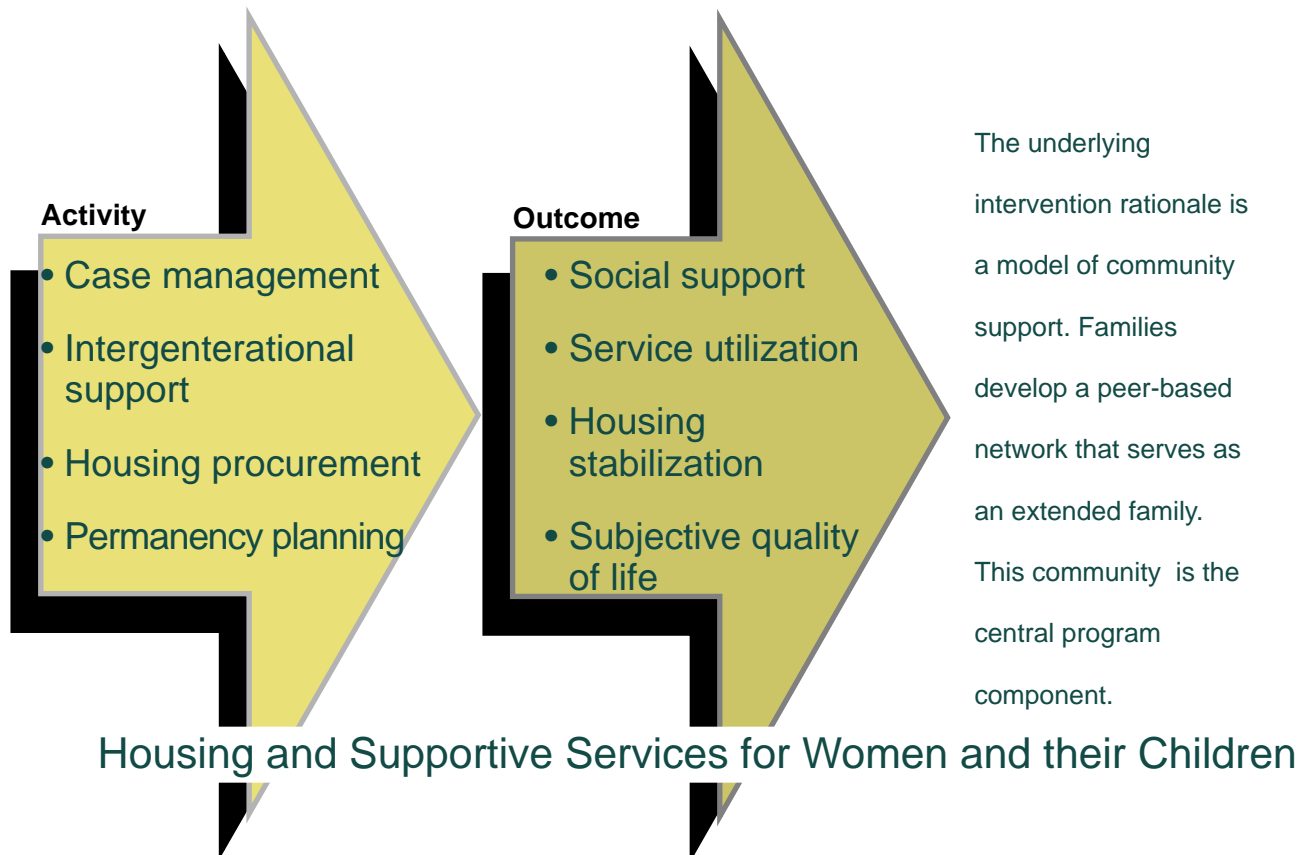
Impact of HIV on poor families with many multigenerational problems

### Need

- Discrimination
- Inadequate services
- Housing instability
- Parental loss

## Services

Positive Match Program was designed to have the following components: Permanent supportive housing for a small number of families (four to eight) and comprehensive case management for approximately sixty additional families with a focus on linkages with emergency and long term housing. For all families, the program was designed to provide intensive case management services to support linkages to housing and supportive services, integrated substance abuse and mental health services, permanency planning for children, and aftercare for children and guardians. A comprehensive outreach and educational component was also planned. The program was designed with a child-centered, family-support model for home-based service delivery that emphasizes early intervention, flexible individualized services, parent education and the development of supportive networks. The underlying rationale for the intervention package was a model of community support. Families living in the property, as well as those who lived elsewhere but gathered for social and other activities, would develop a peer-based network that would in some ways serve as an extended family. Families could draw on one another for help and share knowledge and resources. This network could help mothers care for children when they are ill or busy. This network would reduce exposure to and feelings of stigma and enhance self-esteem. This supportive community is the central component of the program. Providers would be part of this extended community and not seen as distant or sterile.



## Lessons Learned

### Lesson #1: Collaborate.

Implementing this program depended upon the collaboration of housing and service providers. This was an innovative aspect of this program and brought challenges with it that could not be foreseen. The two kinds of providers have complementary types of expertise and experience and both are strongly motivated to help clients. However, they also bring to the table different sets of priorities and values that must be integrated.

One prominent example of differing priorities is the conflict over allocation of funds—how much of a limited supply of money should be allocated for housing, how much for services? Another example has to do with different needs and perspectives related to the role of landlord vs. that of service provider. For example, in a situation in which a client stops paying the rent, the services provider might be more concerned with understanding the problems the client is confronting, while the housing provider must be concerned with getting the rent. In this collaboration, the decision hierarchy became unclear at some points. In the case of funding from this particular source, evaluation of the program's effectiveness would be based on client outcomes. This added weight to the services side of the equation.

It is important to discuss program design and components, as well as goals, values and priorities among all collaborators from the beginning of the proposal stage. There should be important input from all key collaborators at the stage of writing the proposal, since the proposal, if funded, will determine what must be delivered. Feasibility and coordination of goals should be carefully laid out at the proposal stage. Agreements and compromises should be worked out at that stage. Even with careful planning, it should be recognized that differences will inevitably arise.

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The original funded collaborators were Catholic Charities, with experience in services delivery and Housing Services Affiliate (HSA) of the Bernal Heights Neighborhood Center, with experience in housing rehabilitation and acquisition, especially small-scale supportive housing. There were also important non-funded collaborators that would provide medical and social services. The involvement of the San Francisco Redevelopment Agency was important in recognizing the need for supportive housing for the population to be served and helping to secure funds and technical assistance. Technical assistance was initially provided by the Corporation for Supportive Housing. At a later point, AIDS Housing of Washington was also asked to and provided technical assistance. Because the two technical assistance groups had conflicting philosophies and visions regarding some issues, it became difficult to decide how to proceed.

The involvement of the latter group was eventually terminated, and with a more unified approach to technical assistance, progress was facilitated.

### **Lesson #2: Consider any possible alternatives.**

San Francisco is one of the most expensive cities in the country. There is a limited stock of housing and a very limited stock of larger family-sized units. (Sixty percent of rental units have one or fewer bedrooms). Gentrification resulting in part from the growth of nearby Silicon Valley reduced the stock of low-cost housing. Certain low-cost areas of the city were not appropriate for housing families because of safety problems and exposure to drug dealing, etc. Because of the tightness of the San Francisco real estate market, there are policies tied to public funding prohibiting the purchase of a building that will result in displacing current occupants. Housing families outside the city was not a good option, because the available services would be inadequate. The plan called for a mixed-use building (housing and services), adding additional limitations on available sites imposed by zoning restrictions. Finally, the HOPWA award was reduced from the requested \$1,200,000 to \$845,000, requiring extensive additional fundraising by the main collaborators.

Before the grant was funded, an appropriate and affordable site had been identified. However, an unanticipated, unnoticed zoning problem (multiple use, i.e., combined housing and service provision, was not allowed) made that site unsuitable. The search for an alternative site was further impeded by the fact that housing prices in San Francisco were rising. Competing for available housing was made more difficult by funding agency requirements. For example, the environmental review process killed many potential deals. A long (six month) escrow was required, and there was the risk that the building would not be approved. In the tight housing market, this was a serious disincentive for potential sellers. To illustrate the extreme difficulty of the situation, 62 properties were researched for this project and offers made on eight properties in a 20-month period. As the eventually successful, but sometimes seemingly hopeless, search for a site continued, the collaborators considered alternative solutions.

#### *Change the program model*

When considering changing the program model, the following possibilities were developed:

- A separate services center that would also accommodate play/social activities. This was the primary fall-back plan.
- Scattered site housing: two or three separate two-to-three unit buildings with a separate service site.
- One housing and services site providing services only for those living at the site.
- Master leasing a residential space. There were several drawbacks to this plan: the agency does not control the unit and might eventually lose the use of the site; the agency has liability and because the site is not permanently acquired, some primary sources of capital funding are not available; and master lease situations are at least as difficult to find as multiunit vacant buildings for sale.

#### *Cover the carrying costs and apply for additional funds for both housing and services*

Applying for additional funds proved to be critical to enacting the program as originally planned but entailed additional complications. The program collaborators sought

nontraditional sources of funding for HIV populations. Applications were made to the McKinney super-NOFA, private foundations focusing on families (such as the Gellert Foundation and Tides Foundation) and HOPWA formula funds for capital costs.

Nontraditional sources can bring difficulties with them. For example, preparation of the McKinney proposal was time consuming and brought the group into competition with traditional homeless service providers. There was some sentiment that the Positive Match Program was seeking funds in a territory that was not appropriate for its clients and that the program should rely on HIV-specific funds. The program, which provides intensive case management and services, was challenged for being expensive for the number of clients served.

The blending of multiple funding streams itself also brings complexities with it. Different funding sources have different criteria and requirements. Multiple applications and varying reporting structures (which are not coordinated) create additional administrative burden. Sometimes agencies have competing priorities.

HOPWA/SPNS funds are extremely flexible. However, because the funds requested from this program were cut, additional funding sources with greater restrictions had to be sought. For example, utilization of Redevelopment Agency money meant that the building needed to be approved by a number of internal departments as well as approved by the Redevelopment Agency Commission which in turn depended on community input. Also, the program was originally designed to house doubled-up and marginally-housed people as well as literally homeless. However, the McKinney definition of homeless is more restrictive and did not allow this. This definition does not capture many families for whom services would be beneficial.

Despite these obstacles, the application for McKinney money was successful; approximately one million additional dollars were secured. Also, federal HUD funds (specifically, Section 8 project-based certificates) were secured— \$650,000 for services and \$400,000 for capital costs. These funds for the seven permanent housing units were secured for operating costs for the acquired housing and services site for 15 years. At this time, the biggest challenge is in securing ongoing funds for the provision of services.

The program learned that it was important to anticipate delays and realize that delays will increase costs. Housing acquisition and modification takes a lot of time. Service providers are less familiar with this situation and need to be made aware of it. Two to three years is the shortest possible timeframe to develop a housing site.

### **Lesson #3: Prepare for community resistance.**

Eventually, a site was found and purchased but there was community resistance almost from the moment that the purchase agreement became known. Some resistance was due

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to circumstances particular to this site and the agencies involved, other opposition was more general.

The site is located in a predominantly African-American neighborhood, and was a mortuary with a long history in this community. Several years earlier the longtime owner had sold to another owner who maintained the mortuary business. This seller put the building on the market, on a multiple-listing service. However, the seller did not take steps to notify the community of the intent to sell. A citywide advocacy group with ties to this community claimed that the property had been promised to them.

While many of the Positive Match clients would be African American, most of the agency and program staff are not. Also, the Redevelopment Agency had a negative image in the neighborhood, because of an urban renewal program in the 1970s that displaced many residents and broke up the economically diverse neighborhood. There was a perception of a conspiracy to sell the property to an outside group behind the backs of local people who had a right to buy the property.

There was also a perception that there was an over-saturation of AIDS housing in the area, and some residents felt that their community had become a dumping ground for programs that no one else wanted located in their

neighborhoods. Opposition also centered on the fact that clients would be HIV-positive. The program was referred to as a “house of death.” There was fear of having the client children come in contact with neighborhood children and that disease would infect the neighborhood through water or sewage.

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These problems were exacerbated by the fact that, because of the extreme difficulty in locating an appropriate site, the search took the Housing Services Affiliate (HSA) outside the area of the city it was familiar with and which was familiar with it. There was less knowledge on HSA’s part about potential sources of difficulty, and there was less trust on the part of the community.

The purchase contract was signed in November of 1997. Opposition arose as soon as information about the sale circulated. Opposition was fairly organized and spearheaded by the aforementioned advocacy group, which expressed a desire to acquire the property itself. Opposition took the form of picketing, physical threats and verbal harassment in public community meetings. Most opposition was directed at Catholic Charities and HSA and was informed by a lack of trust in the Redevelopment Agency. Opposition by community groups and individuals was fueled by the misconception that the SPNS funds could be withdrawn from this collaborative and reallocated to another agency.

From January to April 1998, meetings were held between the collaborators and opposing community groups, and the proposed use of the building was presented at a SFRA community meeting, open to the public. On the day of this hearing, opponents to the sale spoke to the mayor who implicitly supported this project by saying it was not his right to interfere in a private sale. At the SFRA commission hearing for funding approval for HOPWA, held in April of 1998 and attended by hundreds of people, a small but organized contingent of people aimed to disrupt the meeting with shouting, inflammatory comments, personal threats, and heckling. However, no physical harm was done, and the funding was approved that night by a vote of 4 to 3. Since that night, there has been no more visible organized opposition. However, the site is not yet operational.

#### *Response to community resistance*

In addition to the meetings, an intense effort was mounted to organize against opposition to the program and to try to determine the overall community opinion. It was felt that if the community as a whole was opposed to the site perhaps another location should be sought.

Outreach, including meetings and petitions, was addressed to local public health centers, child-care centers, hospitals, churches and community leaders. Outreach to churches included numerous meetings with clergy and congregations.

Outreach to the public was also conducted at a local supermarket near the proposed site on an ongoing basis on Sundays where local residents could be found after church. This outreach included talking to residents about the proposed project, answering questions and getting their feedback, distributing brochures about the program and information on women with HIV and their housing needs, and distributing a petition and pre-formatted letters of support that residents could send to the SFRA Commissioners. Leaflets were distributed throughout the local housing projects.

As a result of these efforts, more than 900 signatures were obtained on petitions, and the SFRA Commissioner received a few hundred letters supporting the program.

#### **Lesson #4: Extensive services need a secure home.**

In general terms, implementation of the service components of this program was impeded by the difficulties regarding acquisition of a housing site. If the housing component of the program could not be implemented, it was possible that HUD would not fund the service components. Therefore, until it was firmly established that a site would be found and occupied, collaborators did not feel that it was prudent to draw down the HUD/HOPWA funds. For this reason, between September 1996 and August 1997, the service components of the program were provided by a skeletal staff to a limited number of clients. In December 1997, additional money was awarded from McKinney funds, which would make it possible to acquire an appropriate housing site. At this point, collaborators felt secure enough that the housing component of the HUD/HOPWA project was feasible and that money for services could be drawn from the HUD/HOPWA award.

Whereas the collaboration between service and housing providers was forged for the purpose of carrying out the program described here and developed concomitantly with the proposal for this project, the various service components of the program were coordinated

among a group of providers who had long-standing collaborative relationships.

#### *Recommendations regarding service provision*

1. Drawing on established relationships between cooperative agencies with compatible philosophies greatly facilitates the effective provision of services to clients.
2. Recreational activities and sharing meals have seemed key to creating an atmosphere that is attractive to clients—both parents and children. When there are fun things happening, clients want to come and take part. These activities also provide a context in which interpersonal relationships and social support can grow naturally. When staff and clients share these activities, parents have an opportunity to observe how staff interacts with children and adults in social settings; this modeling allows clients to learn more effective ways of behaving.
3. For clients such as those served by this program, with multiple disabilities and life difficulties, and in a geographic and service context like San Francisco's, the provision of transportation and home-based services are key. Transportation is coordinated to all services and recreational activities and provides services at the client's home when necessary. Without this support, clients simply would not get the services they need.
4. Group art therapy has proved very effective with the children. Art projects provide a way to express feelings that might be difficult to express directly and verbally. At the same time, kids can express feelings about their art and what it means to the extent that they feel comfortable. They might talk about their feelings—they don't have to.
5. Permanency planning proved difficult and did not develop quite as expected. One lesson was that it must proceed very slowly. Facing one's own death and the giving up and taking of responsibility for another person's life are very weighty issues and require much time to work through. It can't be approached aggressively. However, even if the process does not reach the point of identifying a guardian and making a legal agreement, any progress that has been made in terms of thinking about and having conversations with potential guardians is helpful if the parent does die. A further difficulty with permanency planning is the difficulty, in many cases, of identifying a family member whom the parent would trust as a legal guardian.
6. Money management was a voluntary program that required clients to deposit income in an account that was managed by a case manager. This program component was judged to be critical to keeping clients housed.
7. Medical services were provided by University of California at San Francisco Medical Center. The fact that it is a major, nonspecialized medical center able to coordinate HIV, women's and children's specialty clinics and general medical care, was considered very beneficial.

### **Positive Match Project Chronology**

#### **November 1995**

- Formal discussions initiated between Rita da Cascia/ Catholic Charities (RDC/CCASF),

UCSF Medical Center, Legal Services for Children/HOPE Project (LSC) in relation to unmet housing and service needs for multiply diagnosed women with children in San Francisco County.

### **February 1996**

- HOPWA SPNS RFP released. Meeting at San Francisco Redevelopment Agency (SFRA) to discuss proposal. Bernal Heights Housing Corporation (BHNC) and CCASF are both attendees.

### **March 1996**

- Discussion and refinement of model based on input from consumers. Bernal Heights Housing Corporation CCASF with Legal Services for Children, Edgewood Children and Family Center agree to formally collaborate to expand service delivery. Agreement to pursue harm reduction model with on-site service component in housing.

### **April 1996**

- First housing site identified.

### **May 1996**

- Application receives city approval and is submitted to HOPWA/SPNS.

### **July 1996**

- Catholic Charities submits application to the Gellert Foundation for additional service funding.

### **August 1996**

- The project is granted funding through the HOPWA MDI grant at \$845,000 which is more than \$400,000 less than original request. RDC/CCASF and Legal Services for Children initiate discussions regarding additional funding options.
- Project accepts the first SPNS client for supportive services.

### **September 1996**

- CCASF accepts two additional referrals for SPNS service component in keeping with the original project timeline.

### **October 1996**

- Collaborating organizations meet with the San Francisco Planning Department to discuss building permits and zoning of property. Planning department states that zoning of property (RHI) will not accommodate a service model that provides services to families housed off-site. Services could therefore only be provided for individuals housed on-site at the facility. Due to residential nature of the area, the planning department indicates the project is unlikely to obtain a zoning variance.

### **November 1996**

- Final determination follows discussion with all collaborators that property is not viable for the SPNS project due to zoning issues.

### **December 1996**

- Program continues to accept referrals and provide services for project participants. Discussion with current participants regarding the original model of service and design of permanent housing component. Women continue to support model with on-site services.

### **March 1997**

- Original project manager for resigns and is replaced.

### **May 1997**

- Site search continues.

### **June 1997**

- SPNS grant agreement with HUD signed. Project applies for \$50,000 more for evaluation component as required by HUD.

### **August 1997**

- The project hires a case manager and direct service advocate to assist in implementation of project operations.

### **October 1997**

- The Positive Match project is granted \$50,000 from HUD for evaluation of the program.
- Property acquisition efforts continue. The realtor identifies a permanent housing site. The potential site is an operating mortuary that is zoned as a mixed-use site, allowing both residential and commercial use. The site is located in the center of low-income housing developments. Collaborating agencies jointly view the site on October 31, 1997.

### **November 1997**

- One program partner enters into escrow to purchase the mixed-use two-unit building for \$595,000. Bids are solicited from several consultants to conduct a Phase I environmental site assessment and lead based paint testing study. The collaborative determines that if cost estimates are viable, the property could be remodeled into 3-4 units with the possibility of construction of new apartments adjacent to the existing building. The building could also accommodate on-site supportive service space and offices for the staff.

### **December 1997**

- The city redevelopment agency visits the site and relates that the building appears to meet their parameters. Some neighbors feel that they should have had an opportunity to purchase the building for other uses and are angry. Residents are contacted via telephone to discuss the project. Project staff receives an invitation to attend a local board meeting.
- The project is granted SHP/McKinney funding of \$1 million; \$400,000 is dedicated for building acquisition.

### **March 1998**

- CCASF, UCSF Medical Center and the Center for Special Problems submit a joint proposal for Ryan White CARE Act Title I funds for additional services for children living with HIV and a peer advocacy component.

- The project continues to be fully enrolled for services. All families originally placed in housing have maintained their permanent housing placement.

#### **August 1998**

- Following a review of more than 100 properties, a leased service site is identified. It will be used while the other facility is in development.

#### **September 1998**

- Joint children and mothers support groups are initiated. The groups are fully enrolled.

#### **October 1998-May 1999**

- Project continues to deal with inspection and rehabilitation issues. Services continue.

#### **June 1999**

- The third cycle of twelve-week groups for children and mothers with HIV is completed.

#### **July 1999**

- Cost estimates for the facility under development are reviewed. Costs exceed the budget by \$100,000 to \$150,000, based on the two designs under consideration. The schematic design is revisited.
- Services are initiated to relative caretakers and children of program participants. Referrals are made to the Black Coalition on AIDS for treatment advocacy services.
- The fourth session of groups for mothers and children with HIV is initiated. The provision of the activities program continues to expand.

#### **August 1999**

- Other rental subsidies are investigated. The architects complete the revised design.

#### **September 1999**

- Open house at leased service site to celebrate Positive Match.

### **Further Information and Technical Assistance**

Should you wish to obtain additional information about the service delivery model developed by Positive Match, you are welcome to contact the project director and request technical assistance:

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