



LOS ANGELES COUNTY
COMMISSION ON HIV



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HOUSING TASK FORCE

Virtual Meeting

Friday, April 25, 2025
9:00AM-10:00AM (PST)

Agenda and meeting materials will be posted on our website at
<https://hiv.lacounty.gov/meetings/> *Other Meetings

FEATURING A PRESENTATION ON STREET MEDICINE AND HIV CARE | UNIVERSITY OF SOUTHERN CALIFORNIA

INTERESTED? REGISTER/JOIN HERE:

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Meeting number: 2538 577 7599

Password: HOME (All capital letters/case sensitive)

Join by phone:

TO JOIN BY PHONE: +1-213-306-3065

For housing resources, visit:

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LOS ANGELES COUNTY
COMMISSION ON HIV



510 S. Vermont Ave. 14th Floor, Los Angeles, CA 90020
MAIN: 213.738.2816 EMAIL: hivcomm@lachiv.org WEBSITE: <https://hiv.lacounty.gov>

HOUSING TASK FORCE VIRTUAL MEETING

AGENDA

FRIDAY, APRIL 25, 2025

9:00AM-10:00AM

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m14de5ab2bf4f2d47aad4ca66f4b3ceea>

Meeting number/Access Code: 2538 577 7599

Password: HOME (All capital letters)

Join by phone

+1-213-306-3065 United States Toll (Los Angeles)

- | | |
|--|-----------------------|
| 1. WELCOME & INTRODUCTIONS | 9:00AM-9:05AM |
| 2. CO-CHAIRS' REPORT | 9:05AM-9:10AM |
| a. March 28, 2024 Meeting Recap (See meeting summary) | |
| 3. PRESENTATION: USC Street Medicine and HIV Testing, 9:10AM- 9:45AM | |
| Brett Feldman MSPAS, PA-C, Director of USC Street Medicine
Associate Professor of Family Medicine | |
| 4. HOMEWORK ASSIGNMENT | 9:45AM-09:50AM |
| a. Review draft housing needs assessment survey | |
| i. Email feedback to staff by May 1 | |
| 5. AGENDA DEVELOPMENT FOR NEXT MEETING | 9:50AM-9:55AM |
| 6. ANNOUNCEMENTS & ADJOURNMENT | 10:00AM |

Upcoming Meetings (4th Friday monthly): May 23, 2025

Resources to Check Out:

[Keck School of Medicine of the University of Southern California \(USC\) Street Medicine](#)
[Los Angeles County Homeless Initiative Impact Dashboard](#)



LOS ANGELES COUNTY COMMISSION ON HIV



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HOUSING TASK FORCE (HTF) VIRTUAL MEETING

[CLICK HERE FOR MEETING PACKET](#)

MARCH 28, 2025, 2025 | 9AM-10AM

MEETING SUMMARY

Introductions

- K. Nelson and Dr. David Hardy, HTF Co-Chairs, called the meeting to order, conducted introductions, and welcomed attendees the meeting.

Co-Chairs' Report:

- K. Nelson referred attendees to the packet for the meeting summary for the February 28, 2025 meeting.

PRESENTATION: Understanding Healthcare Access and Experiences in Skid Row, Los Angeles | Health Matters Inc | Key takeaways

- The presentation discussed healthcare access and experiences in Los Angeles, highlighting the use of street medicine and mobile health services, the need for food and housing assistance, and the importance of peer support models.
- Majority of respondents in Skid Row had health insurance, primarily Medi-Cal
- Street medicine and mobile health services were utilized by 80% of respondents, with high likelihood of using them again.
- Food assistance services and housing assistance are the most requested services by individuals.
- Street medicine and mobile health services are highly valued and helpful, but there are issues with continuity of care.
- Peer support and community health worker models have been successful in filling gaps in healthcare access.
- About four individuals out of the 200 disclosed that they are HIV positive.
- People who tested positive already knew their status and used the tests to check on their current condition.
- Majority of the 200 tests were done without compensation, indicating a strong desire for individuals to know their status.
- Limited new positives found in on-the-street HIV testing, further investigation needed
- Need to gather data from other street medicine programs to compare results and prevalence of HIV.

2025 Workplan/Deliverables

The HTF reviewed its 2025 workplan and prioritized developing a housing needs assessment among PLWH. Once the data collected is analyzed and finalized, the HTF will convene a housing summit composed of housing services policy and decision-makers in the County and present the findings and discuss pathways to housing services for PLWH. The HTF discussed presenting their findings from the Ryan White housing and legal services provider consultations at the May 8 Commission meeting.

- Plan for a summit in December to discuss findings and potential solutions.
- Gather input from a larger group, including the full commission, to inform the development of survey questions.

Tasks and Assignments:

- **Katja Nelson** will reach out to the Community Clinic Association to explore avenues for distributing the survey outside of the traditional Ryan White service providers route.
- **Dr. Hardy** will reach out to Brett Feldman and the USC street medicine team to gather data on their HIV testing and treatment program for homeless individuals.

Agenda Development for Next Meeting:

- Develop a draft of the housing needs assessment survey
- Presentation from USC street medicine team, if available.

Housing Task Force LA on HIV

Brett J. Feldman, MSPAS, PA-C

Director of **USC** Street Medicine

Associate Professor of Family Medicine

Vice Chair, Board of Directors, Street
Medicine Institute

2025

Keck School of Medicine of **USC**
Street Medicine



Defining Street Medicine

Street Medicine includes health and social services developed specifically to address the unique needs and circumstances of the unsheltered homeless delivered directly to them in their own environment.



27	Outreach Site/ Street	<p>A non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals.</p> <p>(Effective October 1, 2023)</p>
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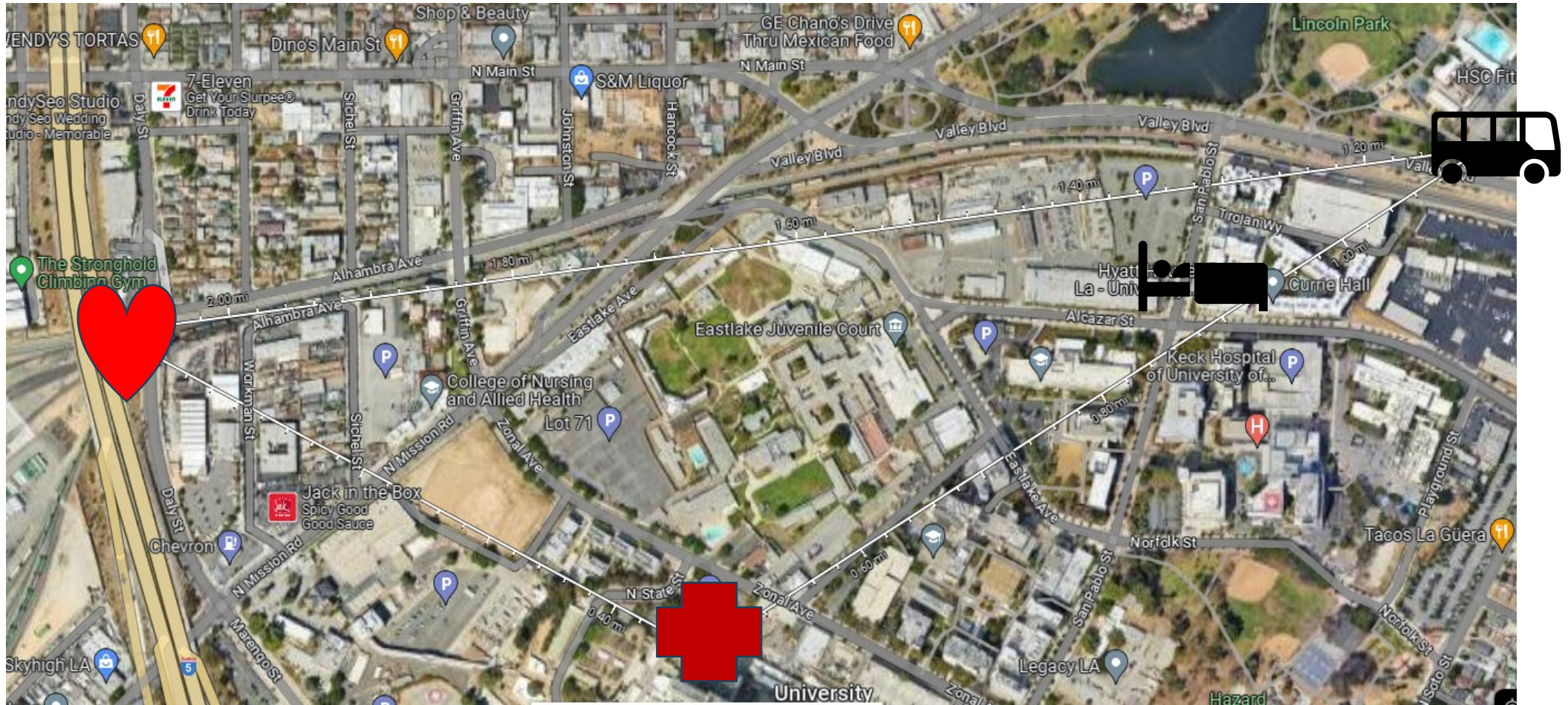
[https://urldefense.com/v3/__https://www.cms.gov/medicare/coding/place-of-service-codes/place_of_service_code_set_!!JkGBRS3n8cDS!hzlQQRPIEPD9_K-gD-UzUm6Md9BfjMgwfnsc4PLrDMjkccnoYTE7M6OHgPCAQZB2Sem-Gei58F7iaLmdTHEKfB1zvjqKVVVjRxs\\$](https://urldefense.com/v3/__https://www.cms.gov/medicare/coding/place-of-service-codes/place_of_service_code_set_!!JkGBRS3n8cDS!hzlQQRPIEPD9_K-gD-UzUm6Md9BfjMgwfnsc4PLrDMjkccnoYTE7M6OHgPCAQZB2Sem-Gei58F7iaLmdTHEKfB1zvjqKVVVjRxs$)

Continuum of Medical Outreach



Image from Street Medicine or Mobile Medical Unit? Considerations for Expanding Medical Outreach
National Health Care for the Homeless Council (nhchc.org)

Going to the People **RADICALLY**

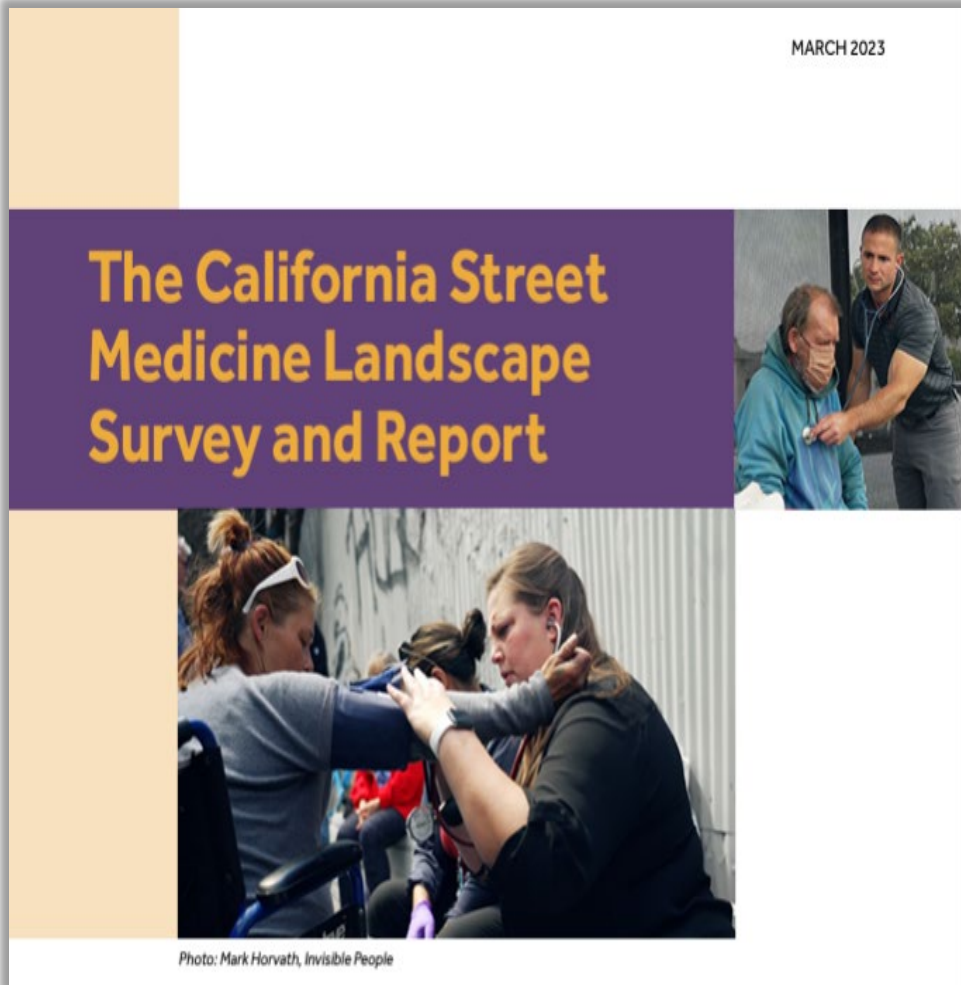




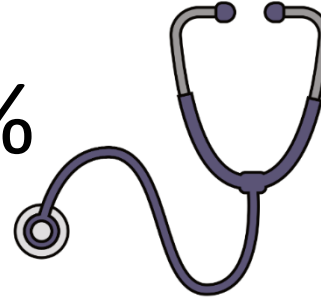




Primary Care+ on the Street



> 70%



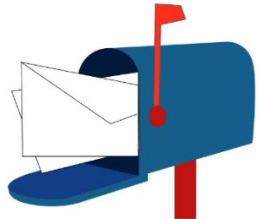
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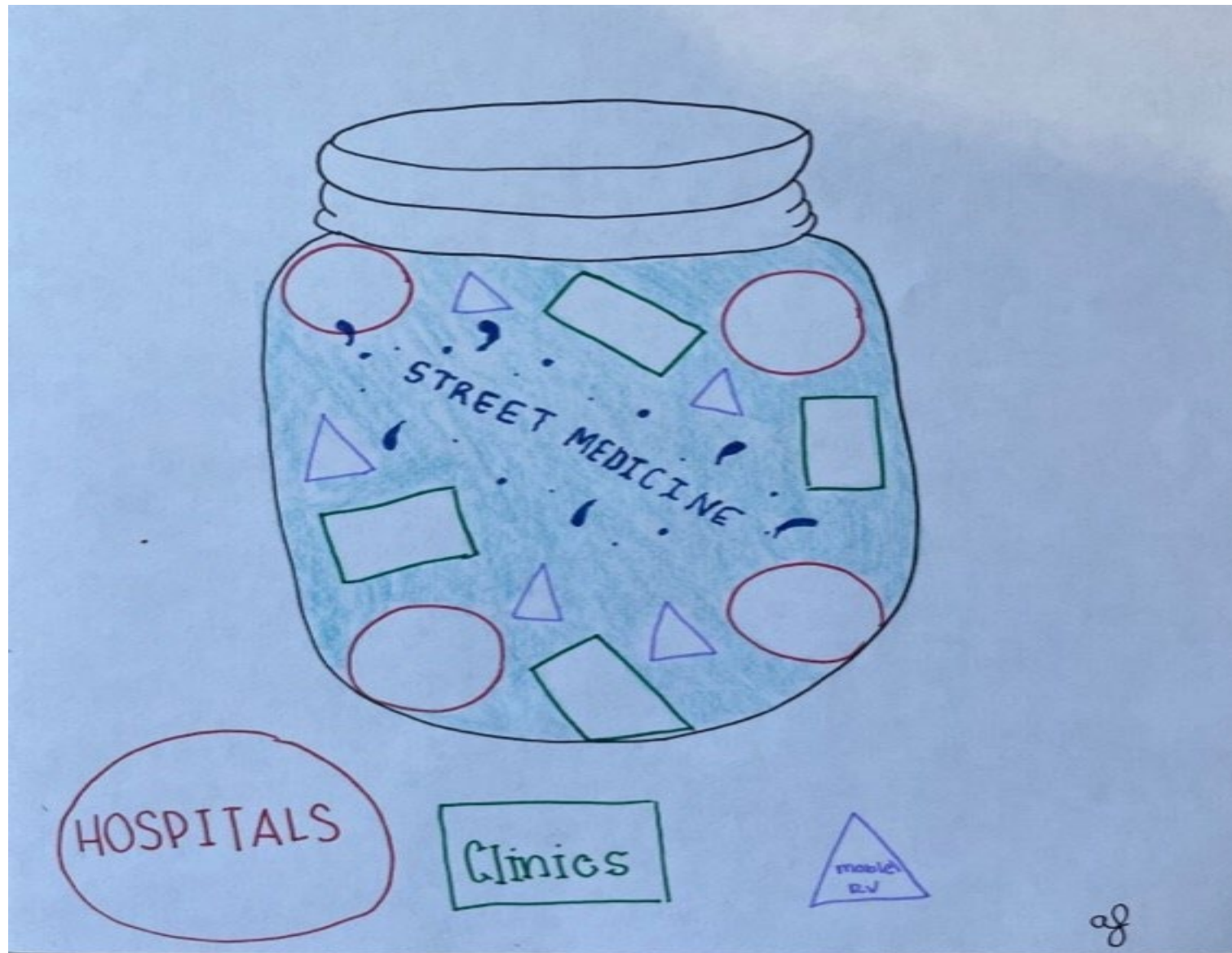
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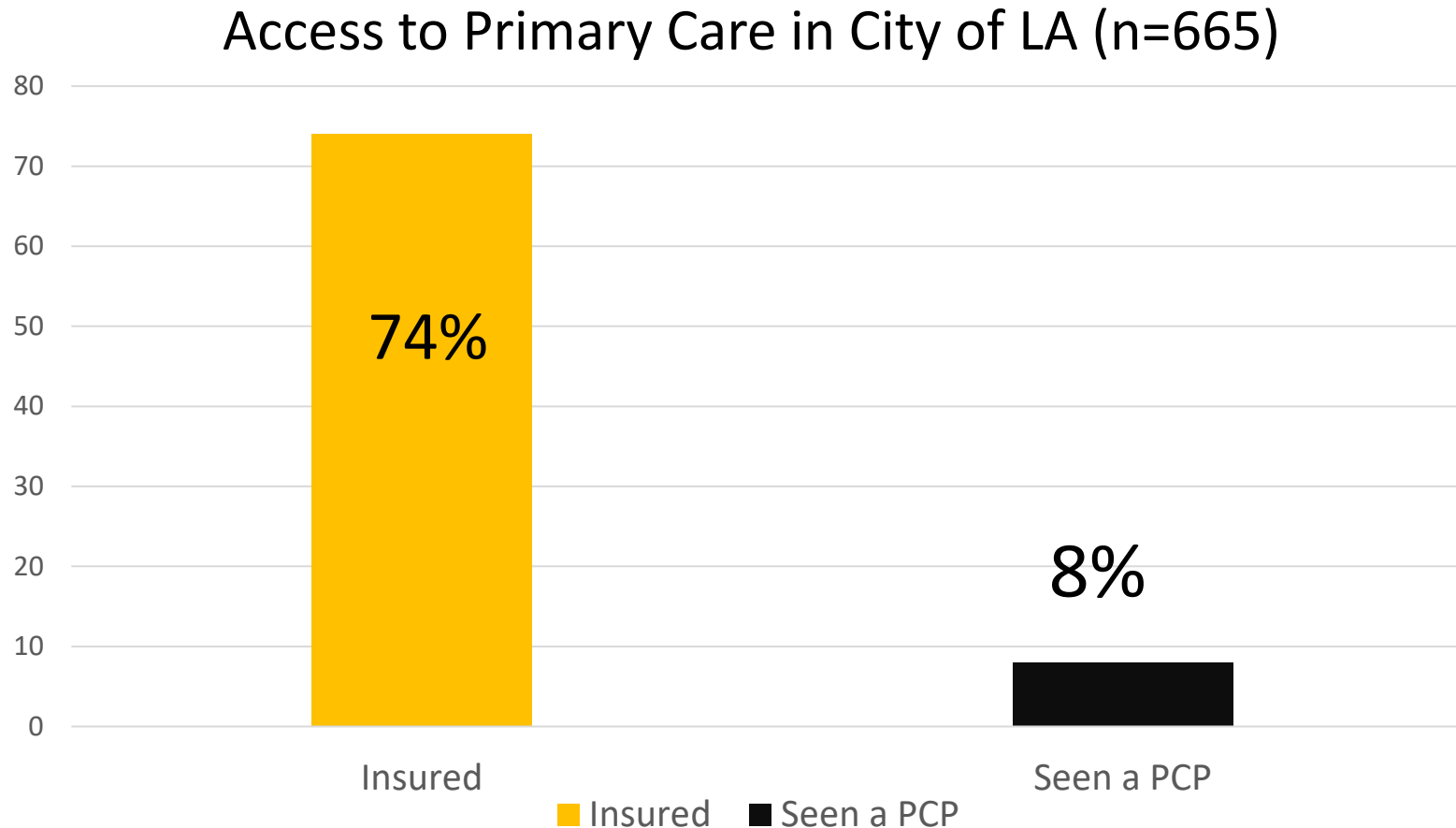
plus







Objective reality of the Street: Illusion of Access?

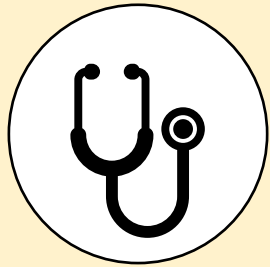


Discrimination in the Healthcare Setting

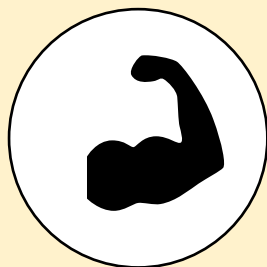
- **Distrust in physicians** and/or feel unwelcome in a healthcare setting
 - treated poorly or **discriminated against** in the past (1,2)
- “**Significant disparities** in in-hospital care and mortality between homeless and non-homeless adults with cardiovascular conditions.” (3)

1. Wen CK, Hudak PL, Hwang SW. Homeless people's perceptions of welcomeness and unwelcomeness in healthcare encounters. J Gen Intern Med. 2007 Jul;22(7):1011-7
2. Martins DC. Experiences of homeless people in the health care delivery system: a descriptive phenomenological study. Public Health Nurs. 2008 Sep-Oct;25(5):420-30
3. Wadhera RK, Khatana SAM, Choi E, et al. Disparities in Care and Mortality Among Homeless Adults Hospitalized for Cardiovascular Conditions. JAMA Intern Med. 2020;180(3):357–366. doi:10.1001/jamainternmed.2019.6010

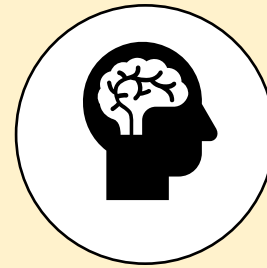
USC Street Medicine



**Street-based
care**



**Workforce
development
Education**



Research

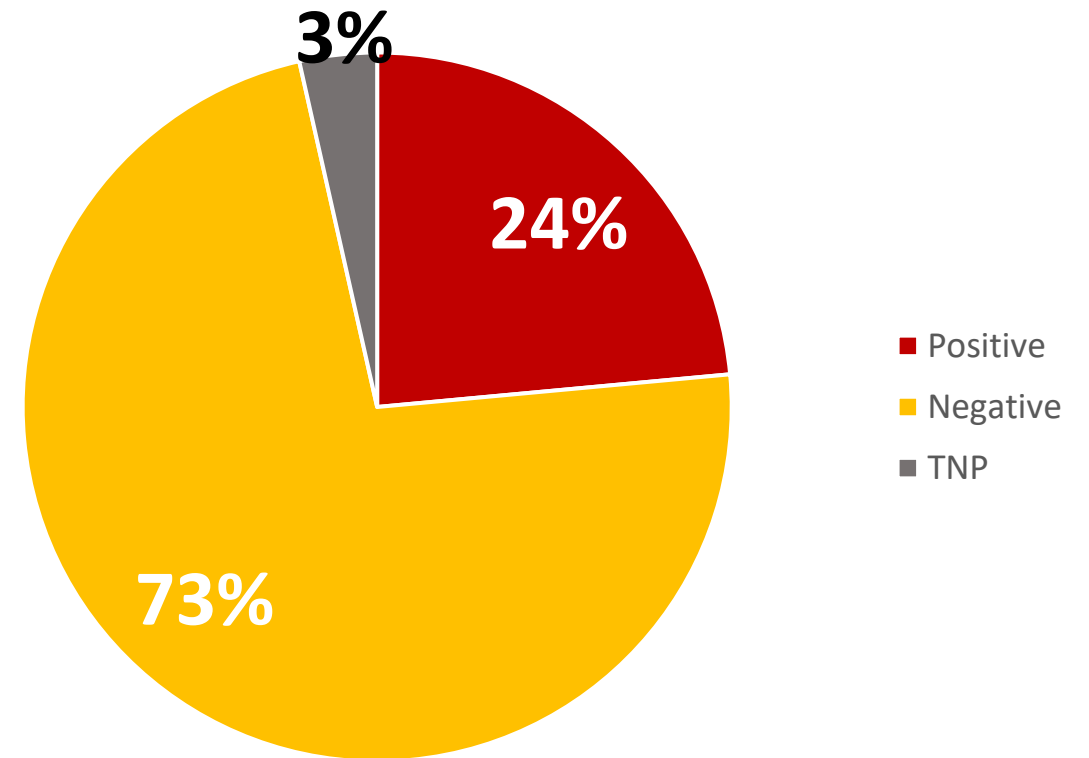


**Policy
Advocacy**



USC Street Medicine HCV Screening and Treatment

- **24% HCV RNA Positive**
 - USA Hep C Positivity Rate 1.7%
- 82% treatment completion rate

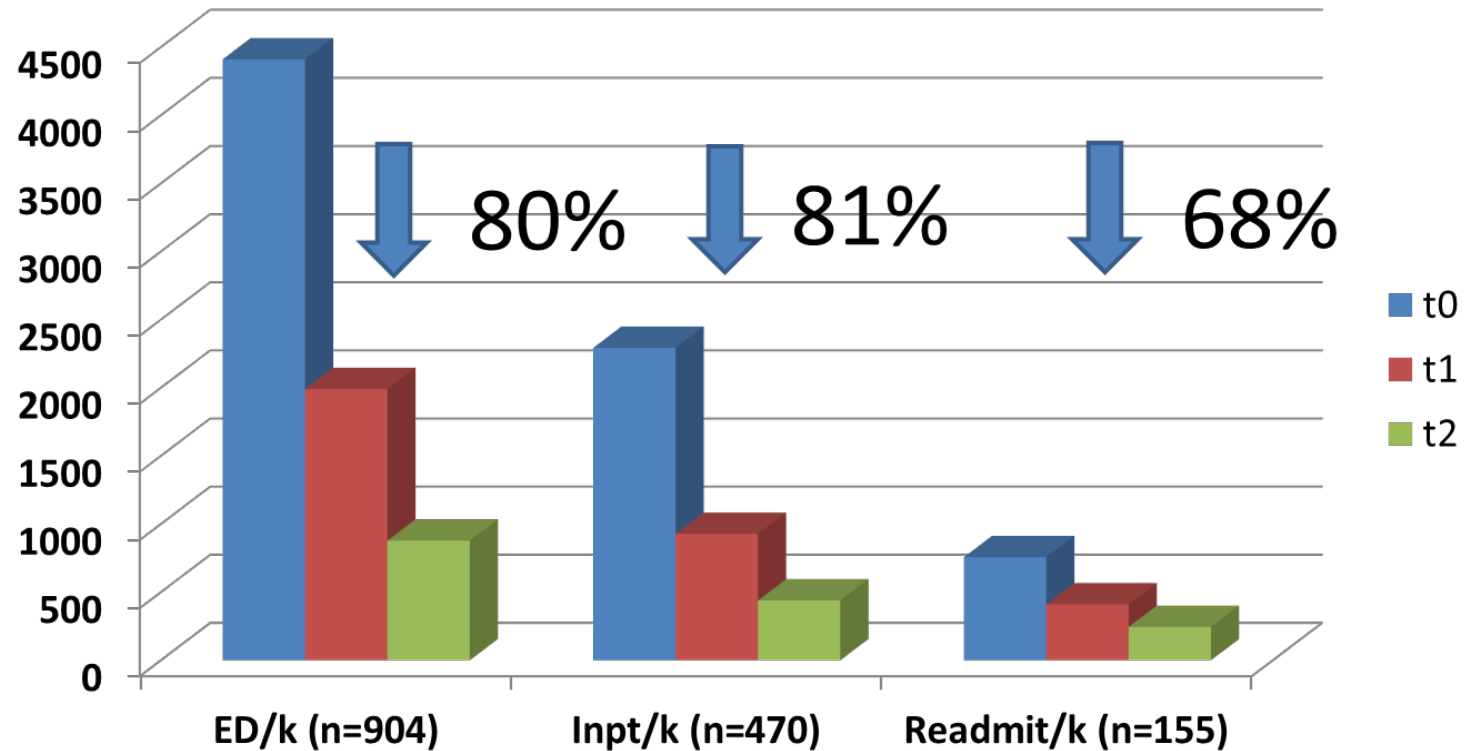


27% Traditional VS 73% Street Medicine

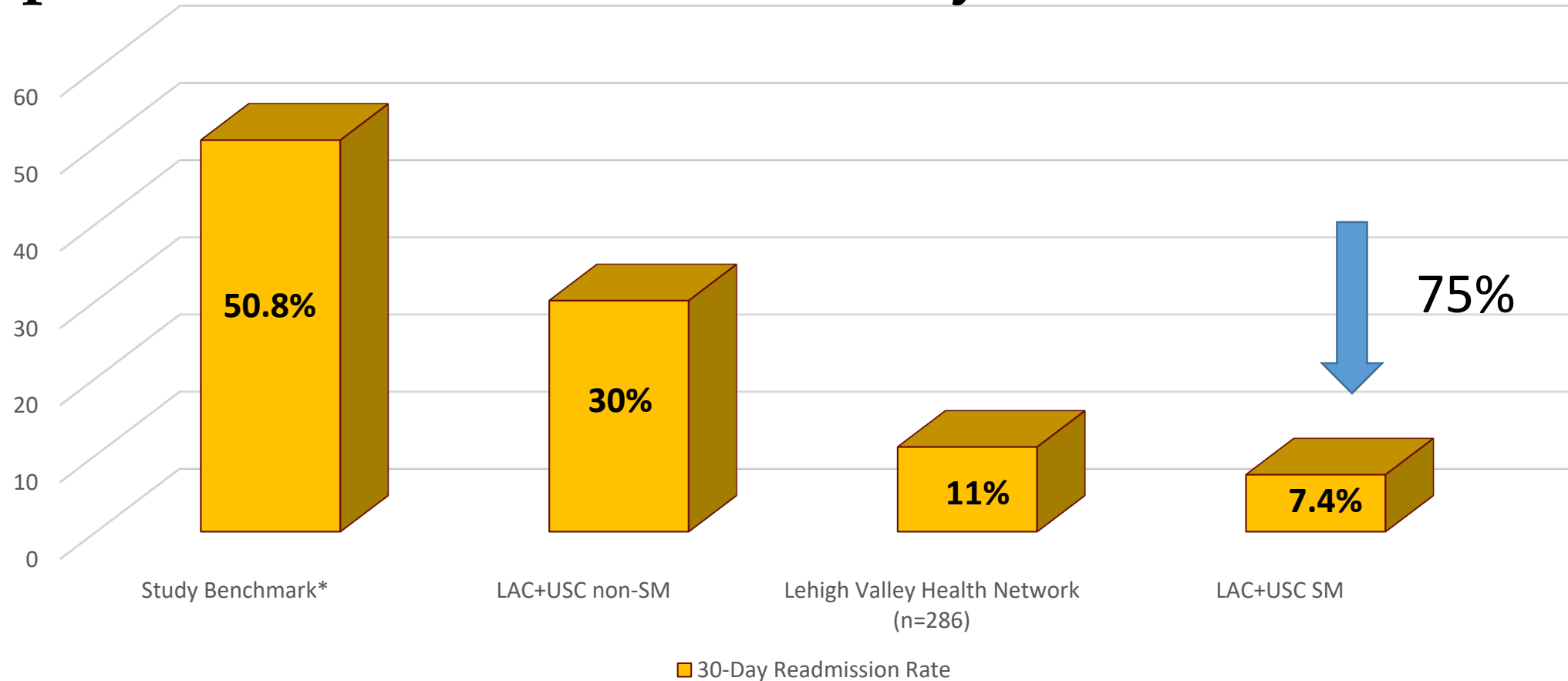
Post-hospital PCP Follow-up

Feldman BJ, Kim JS, Mosqueda L, et al. From the hospital to the streets: Bringing care to the unsheltered homeless in Los Angeles. *Healthc (Amst)*. 2021 May 27;9(3):100557. doi: 10.1016/j.hjdsi.2021.100557. Epub ahead of print. PMID: 34052622.

Health Outcomes: Improved Healthcare Utilization (Consult Service) Longitudinal Analysis

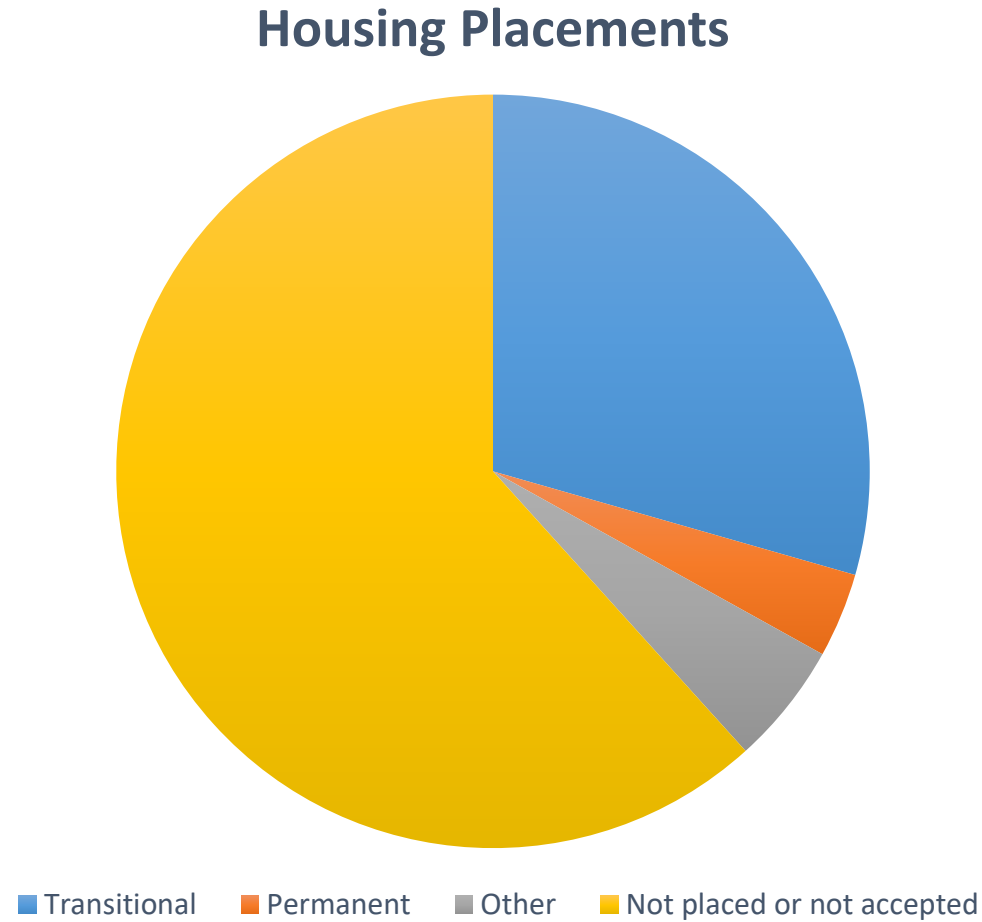


Impact of Street Medicine Primary Care on readmissions



*Medical Care. 51(9):767–773, SEP 2013

Catalyst for housing



**38% housing
placement**

Best Practices for HIV/HCV/ SUD in Street Medicine

- Access is #1
- “Go to the People.... Then Go Where they Go”
- Fully integrated care
 - Primary care + HIV + SUD treatment + Behavioral Health treatment + Harm Reduction+ STI Screening, etc. → All street based
- Connected to the system but built from the street



Brett J. Feldman, MSPAS, PA-C
Brett.Feldman@med.usc.edu



Housing Survey

1. What is your age?

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65-74

☐ 75 and older

2. How do you describe your gender?

☐ Woman

☐ Trans woman

☐ Non-binary

☐ Two-spirit

☐ Genderqueer/Gender non-conforming/Gender fluid

☐ Questioning/Unsure/Exploring

☐ Prefer to self-describe:

3. Which of the following best describes your sexual orientation?

☐ Asexual

☐ Bisexual

☐ Heterosexual or straight

☐ Lesbian

☐ Pansexual

☐ Queer

☐ Questioning/Unsure/Exploring

☐ A sexual orientation not listed here
(please specify):

4. What is your race/ethnicity? Select all that apply.

☐ American Indian or Alaska Native

☐ Asian

☐ Black/African American

☐ Hispanic/Latinx/e

☐ Native Hawaiian or Pacific Islander

☐ White/Caucasian

☐ Another race (please specify):

5. What language do you speak at home?

6. What zip code do you live in?



Housing Survey

7. Do you have health insurance?

- ☐ Yes
- ☐ No
- ☐ Not sure

8. What type of insurance do you have? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Medi-Cal (nationally known as Medicaid) | <input type="checkbox"/> Private insurance (via work, former employer, union, etc.) |
| <input type="checkbox"/> Medi-Cal Managed Care | <input type="checkbox"/> Covered CA (marketplace exchange) |
| <input type="checkbox"/> Medi-Cal Dental Program (Denti-Cal) | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Medicare (mostly for people 65 or older, and sometimes for people with certain disabilities) | <input type="checkbox"/> Tricare or other military health care |
| <input type="checkbox"/> Medi-Medi (Medicare and Medicaid) | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Not sure |
| | <input type="checkbox"/> None |

9. Do you receive medical care through the Ryan White HIV/AIDS Program?

- ☐ Yes
- ☐ No
- ☐ Not sure

10. What is your current citizenship status? (Reminder: your answers will remain anonymous. This means that your answer to this question will not be linked to you in any way.)

- ☐ US citizen
- ☐ Permanent resident
- ☐ Not a US citizen or permanent resident
- ☐ Refugee or asylum seeker
- ☐ Decline to state



Housing Survey

11. Have you lived in any of the following situations at any time within the last 2 years?

Select all that apply.

- ☐ Lived in a vehicle, abandoned building, anywhere outside or other place not meant for human shelter
- ☐ Lived in a hotel, motel or campground paid for by an agency, church or other service provider
- ☐ Lived in a garage, backyard, or shed
- ☐ Lived in a shelter for single adults, youth or families
- ☐ Lived in transitional housing for homeless persons
- ☐ Lived in a friend or family member's room, apartment or house where I did not contribute to the rent
- ☐ Lived in a hospital, nursing facility, mental health facility, jail/prison, or substance use disorder facility where I was homeless before
- ☐ None of the above

12. What is your current housing situation?

- ☐ Renting a property
- ☐ Own a property
- ☐ Living in a shelter
- ☐ Unsheltered
- ☐ Staying with a friend/relative
- ☐ Living in a treatment facility
- ☐ Incarcerated
- ☐ Living in supportive living facility or group home
- ☐ Moving from friend/relative to friend/relative (couch surfing)
- ☐ Other, please specify: _____

13. How long have you been living in your current housing?

- ☐ Less than one month
- ☐ One to two months
- ☐ Three to six months
- ☐ Six months to one year
- ☐ More than one year

14. Does this place have any of the following issues? Select all that apply.

- ☐ Incomplete kitchen (no sink, refrigerator, and/or stove with oven)
- ☐ No access to a kitchen
- ☐ No heating
- ☐ No indoor bathroom



Housing Survey

- | | |
|---|---|
| <input type="checkbox"/> No hot and/or cold running water | <input type="checkbox"/> External doors that don't lock |
| <input type="checkbox"/> Mold/mildew | <input type="checkbox"/> Water leaks |
| <input type="checkbox"/> Pest infestation (bedbugs, cockroaches or other pests) | <input type="checkbox"/> Broken windows and/or doors |
| | <input type="checkbox"/> None of the above |

15. Are you currently living in subsidized housing?

- ☐ Yes
☐ No

If yes, how much does that assistance pay each month?

16. Is your housing dedicated to only people living with HIV?

- ☐ Yes
☐ No

17. Have you had difficulty paying your rent/mortgage or utility bills in the past 12 months?

- ☐ Yes
☐ No

18. At any time in the last 2 years, have you needed any of the following housing services?
(Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Help finding a place to live | <input type="checkbox"/> Residential treatment |
| <input type="checkbox"/> Permanent housing | <input type="checkbox"/> Money to pay utilities |
| <input type="checkbox"/> Short-term housing (<i>halfway house, homeless shelter</i>) | <input type="checkbox"/> Money to pay security deposits |
| <input type="checkbox"/> Housing where my child(ren) can live with me | <input type="checkbox"/> Housing for persons living with HIV/AIDS |
| <input type="checkbox"/> Nursing home | <input type="checkbox"/> Other (specify) _____ |
| | <input type="checkbox"/> I didn't need housing services |

19. Have any of these situations impacted your ability to obtain and retain housing in the past 12 months? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Lack of available housing | <input type="checkbox"/> Lack of employment opportunities |
| <input type="checkbox"/> Insufficient monthly income | |



Housing Survey

- | | |
|--|--|
| <input type="checkbox"/> Cost of housing | <input type="checkbox"/> Access to health insurance |
| <input type="checkbox"/> Family size | <input type="checkbox"/> Criminal record |
| <input type="checkbox"/> Geographic accessibility to health care | <input type="checkbox"/> Limited support system |
| <input type="checkbox"/> Poor credit history | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Substance Use | <input type="checkbox"/> None |
| <input type="checkbox"/> HIV/AIDS stigma | <input type="checkbox"/> Other, please specify:
_____ |

20. In the past 6 months, have you had any problems **getting** housing due to any of the following? *(Select all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Criminal record information | <input type="checkbox"/> History of drug or alcohol use |
| <input type="checkbox"/> Didn't have enough money for the deposit | <input type="checkbox"/> Meeting eligibility requirements for subsidies (e.g. Section 8) or other public housing programs |
| <input type="checkbox"/> Could not find affordable housing | <input type="checkbox"/> Finding a place to live that will accept my rental subsidy (Section 8) |
| <input type="checkbox"/> Was put on a wait list | <input type="checkbox"/> Problems with my immigration status |
| <input type="checkbox"/> Had credit problems | <input type="checkbox"/> Meeting eligibility requirements |
| <input type="checkbox"/> Didn't qualify for housing assistance | <input type="checkbox"/> I have not had any problems getting housing |
| <input type="checkbox"/> Had no transportation to look for housing | |
| <input type="checkbox"/> Had a mental or physical disability | |

21. Please share any additional challenges you have experienced with **getting** housing.

22. In the past 6 months, have you had any problems **keeping** your housing due to any of the following? *(Select all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Difficulty paying rent, mortgage, or utilities | <input type="checkbox"/> Drug or alcohol use |
| | <input type="checkbox"/> Credit problems |



Housing Survey

- | | |
|--|---|
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Problems with my immigration status | <input type="checkbox"/> I have not had any problems keeping my housing |

23. Please share any additional challenges you have experienced with **keeping** your housing.

24. Considering your living situation, which of these reasons make it harder for you to take care of your health?

- | | |
|--|--|
| <input type="checkbox"/> I do not have a safe and/or private room | <input type="checkbox"/> conditioning |
| <input type="checkbox"/> I do not feel safe | <input type="checkbox"/> I am afraid of others where I live knowing I have HIV |
| <input type="checkbox"/> I do not have a bed to sleep in | <input type="checkbox"/> I cannot get away from drugs or alcohol |
| <input type="checkbox"/> I do not have a place to keep my medicine | <input type="checkbox"/> I do not have good internet access |
| <input type="checkbox"/> I do not have a phone where someone can call me | <input type="checkbox"/> There is not good public transportation where I live |
| <input type="checkbox"/> I do not have enough food to eat | <input type="checkbox"/> I do not feel comfortable receiving mail about my HIV care, including medications |
| <input type="checkbox"/> I do not have money to pay for rent | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> I do not have heat and/or air | <input type="checkbox"/> I do not have these challenges |

25. What is your current employment status?

- | | |
|---|--|
| <input type="checkbox"/> Working full-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Working part-time | <input type="checkbox"/> Seasonal |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Looking for job/unable to find work |
| <input type="checkbox"/> Working off and on | <input type="checkbox"/> Attending job training |
| <input type="checkbox"/> Not working | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Disability | |
| <input type="checkbox"/> Student | |



Housing Survey

26. What is the highest level of education you have completed?

- | | |
|--|---|
| <input type="checkbox"/> Never attended school | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> High school graduate/GED | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Some college/technical or vocational school | |

27. Currently, what is your main source of income?

- | | |
|--|--|
| <input type="checkbox"/> Earnings/job | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Family/friends | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> CalWORKs | <input type="checkbox"/> No income |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> General Assistance/Relief | |

28. Do you receive any benefits from any of the following programs? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> CalFresh, SNAP or Food Stamps | <input type="checkbox"/> Other retirement income |
| <input type="checkbox"/> SSI or Supplemental Security Income | <input type="checkbox"/> Unemployment insurance |
| <input type="checkbox"/> State Disability Income | <input type="checkbox"/> General Relief |
| <input type="checkbox"/> Private disability insurance | <input type="checkbox"/> CalWORKs or TANF |
| <input type="checkbox"/> Social Security retirement income | <input type="checkbox"/> Alimony and/or child support |
| | <input type="checkbox"/> Veteran's benefits |
| | <input type="checkbox"/> Other, please specify: |
| | <input type="checkbox"/> None |

29. What is your best estimate of your gross (before tax) MONTHLY household income from all sources (work, social security, disability, alimony, etc)?

30. What is the total monthly cost that you and your household pay for rent or mortgage and utilities (water, electricity, and/or gas)?

31. How many people are in your household (including yourself)?

_____ Number of adults over 18 years old



Housing Survey

_____ Number of children ages 0-17

32. Including you, how many adults in your household share paying the household bills/expenses?

_____ People

33. The cost of my housing is about ____ percent of my income

- | | |
|---|--------------------------|
| a. I don't currently pay for my housing | d. 50% |
| b. Less than 30% | e. 70% |
| c. 30% | f. More than 70% |
| | g. I don't know/not sure |

34. How would you describe the stability of your housing? Select all that apply.

- ☐ I have a lease or I am able to stay in my current place as long as I need to
- ☐ My home is mostly in good condition (little to no peeling paint or loose plaster)
- ☐ I have my own room for sleeping
- ☐ My home has a bathroom with a tub or shower
- ☐ My home has heat in the winter and a/c in the summer
- ☐ To my knowledge, my home meets all building codes and is safe for me to live in
- ☐ My home has hot and cold water
- ☐ I have what I need to cook and store food
- ☐ My home is mostly clean (other than general clutter) with no bugs or mold
- ☐ I am welcome in my home (either because I live alone or my friends and family are accepting of me)
- ☐ I am able to pay my rent regularly (either on my own or with assistance)

Consultations with Local Ryan-White HIV/AIDS Program (RWHAP) Funded Housing and Legal Services Providers

Housing Task Force
(date)



LOS ANGELES COUNTY
COMMISSION ON HIV



HOUSING IS A HUMAN RIGHT



HOUSING SUPPORTS BETTER HEALTH



Securing **stable housing** can help people achieve **successful HIV outcomes**.

Background

The Commission on HIV formed the Housing Task Force to address the needs of people living with HIV (PLWH), with special emphasis on:

- Understanding how the local Ryan White system of HIV care can prevent and address housing as a critical piece of a person's care.
- Conducting assessments, community listening sessions, and consultations with subject matter experts to understand service delivery gaps, barriers, and opportunities for partnerships and improvements.
- Developing recommendations to agency partners and the County to attain and maintain safe and affordable housing for PLWH.

Background

- Conducted consultations with housing and legal services agencies to learn about the service needs of their clients
- Determine how a more integrated housing and legal service delivery process to prevent homelessness among Ryan White clients (or Ryan White eligible clients).
- The consultations were held during the regularly scheduled HTF meetings from September 2024 to January 2025.

Ryan White Housing and Legal Service Providers Insights

- All housing providers reported referring clients to legal services
- Work intensively with clients to prevent eviction.
- Eviction is the last resort
- Work with clients to address behavioral or financial difficulties to avoid eviction

Primary reasons for eviction:
missed rental payments
and
poor tenant behavior

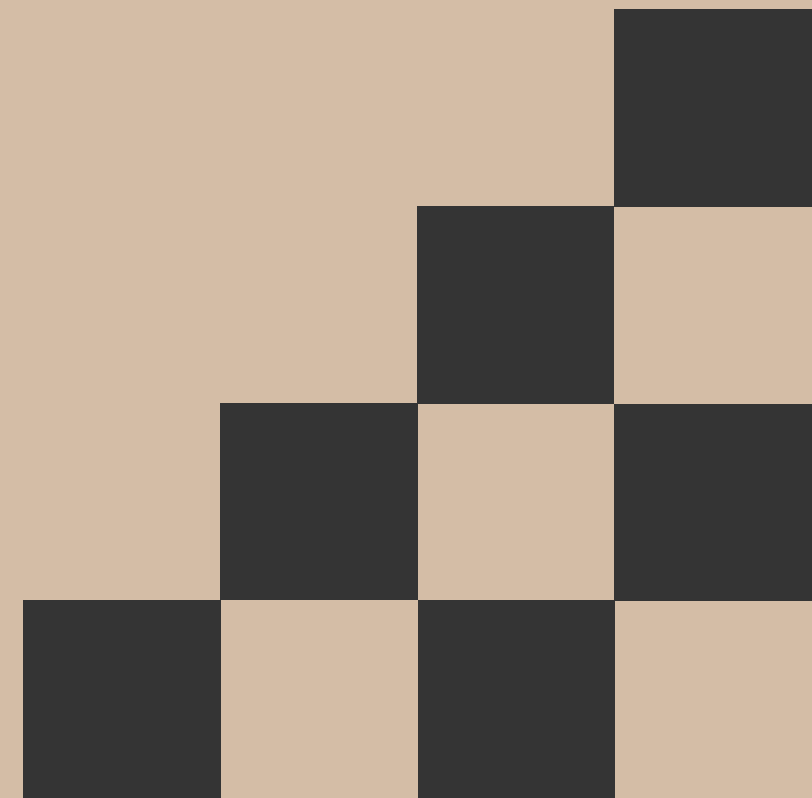
Key Themes

Comprehensive support is provided by staff:

- Agencies employ resident services coordinators who interact with clients to ensure their health, safety, and well-being.
- Staff assist with referrals and conduct personal visits to build and maintain trust with clients.
- HFH funds intensive case management to address the acute health needs of clients.

Residential Care Facility for the Chronically Il (RCFCI) and Transitional Residential Care Facility (TRCF) clients demonstrate high need for ongoing support

- RCFCI and TRCF clients are often frail, elderly, and diagnosed with significant mental health conditions; some are not receiving mental health services by choice; and require ongoing attention and support with basic skills of life, home living, and health maintenance.
- For clients who seek mental health services, securing appointments is a significant challenge.



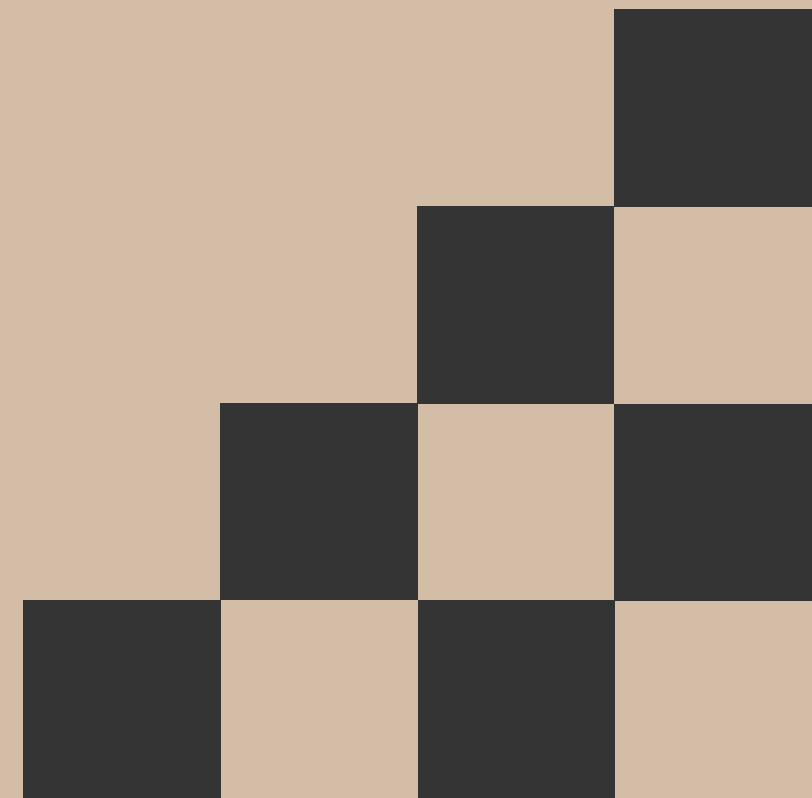
Key Themes

Inadequate funding is straining the capacity of agencies to operate at optimal levels.

- Building repairs and maintenance are not covered by funding sources.
- Agencies are further strained when payments/reimbursements are not paid on time.
- Reimbursement rates do not match the full cost of the services.

Housing workforce capacity is under extreme pressure and stress.

- The caseload and demand for housing are not sustainable with the current workforce capacity and landscape.
- Huge turnover rate, low wage, burnout, poor treatment of staff (by clients) are systemic issues that are not being addressed.
- Difficult to attract and retain highly skilled staff for the housing services sector.
- People with lived experience are needed, however, those with subsidized housing run the risk of losing their housing if they are employed.
- Trust is a core issue. Housing providers are not trusted and not treated as equal partners by the County.



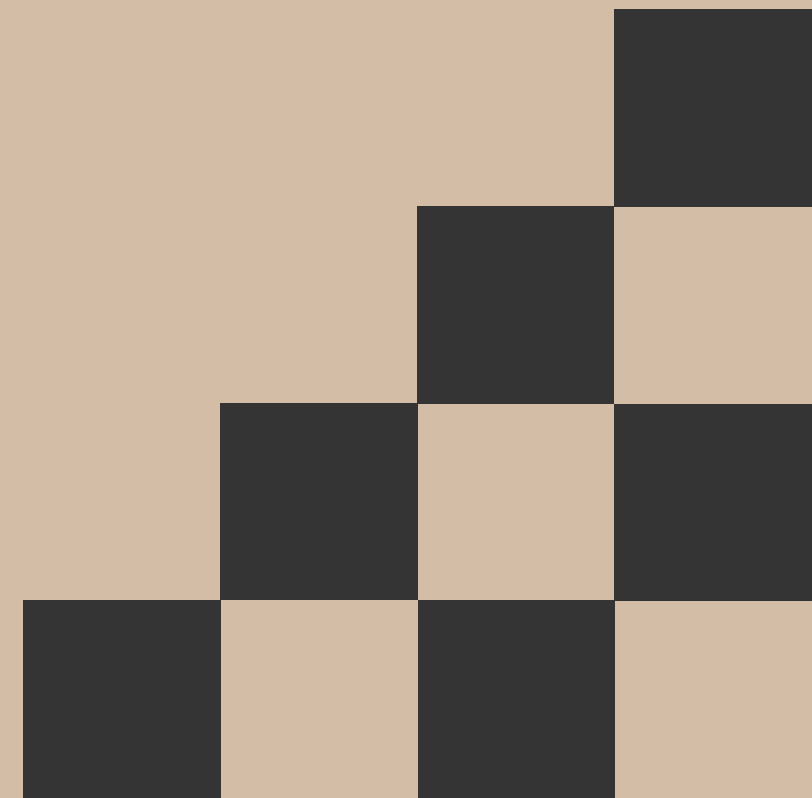
Key Themes

Poor intra and inter-agency communication and coordination.

- Due to frequent staffing changes and turnover, maintaining communication and connection with referring agencies is a challenge. This often leads to applications having to get started again, lost applications and paperwork, and inability to contact clients/applicants.

The insane amount of paperwork required for applications is detrimental to both providers and clients.

- The length of time it takes to get people housed is unacceptable but providers are hampered and powerless because of documents required by HUD-funded programs.
- Paperwork burden is duplicative and retraumatizing to clients.



Other Issues

- **Need resources and support to house undocumented clients.**
- **Some eligible clients may not seek services due to stigma.**
- **Foster a sense of compassion and understanding for people who are homeless or at risk of becoming homeless.**
- **It is important to understand the difference between subsidized vs. affordable housing. Under subsidized housing, the tenant does not pay more than 30% of their income towards rent. “Affordable” housing is subject to rent increases.**



City of Los Angeles HOPWA Partners' Insights



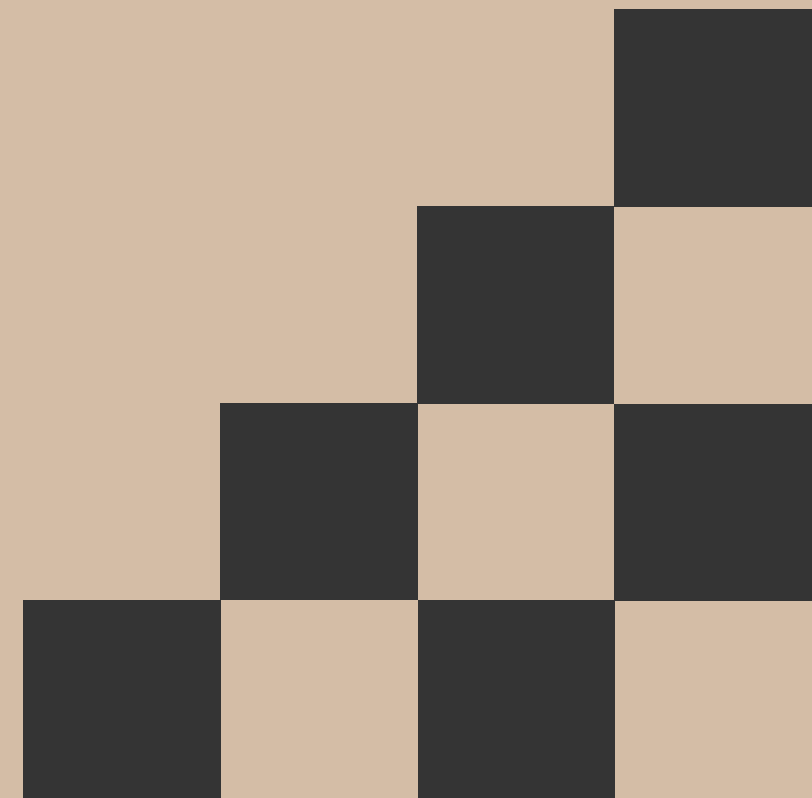
- Federal program administered by the U.S. Department of Housing and Urban Development (HUD) that provides housing assistance and related support services specifically to low-income individuals living with HIV/AIDS and their families.
- The only federal program dedicated to addressing the housing needs of people living with HIV/AIDS.
- HOPWA is not a Ryan White-funded program.
- Locally administered by the City of Los Angeles.

HOPWA Background

- Staffing is challenged with only 3 staff and with administrative expenses capped at 3%. In comparison, most federal grant programs cap administrative cost at 10%.
- The 3% administrative cap for the HOPWA program impacts staff capacity to respond to fiscal, programmatic, service, and community engagement efforts.
- Approximately \$30 million in funding from the federal Housing and Urban Development (HUD) Department.
- This translates to 18 contracts including housing capital development service agencies, vouchers, and long-term projects to build housing.
- Most of the funding is used to work with local agencies to provide tenant-based rental assistance (TBRA) and other housing support for PLWH.
- All funds are maximized.

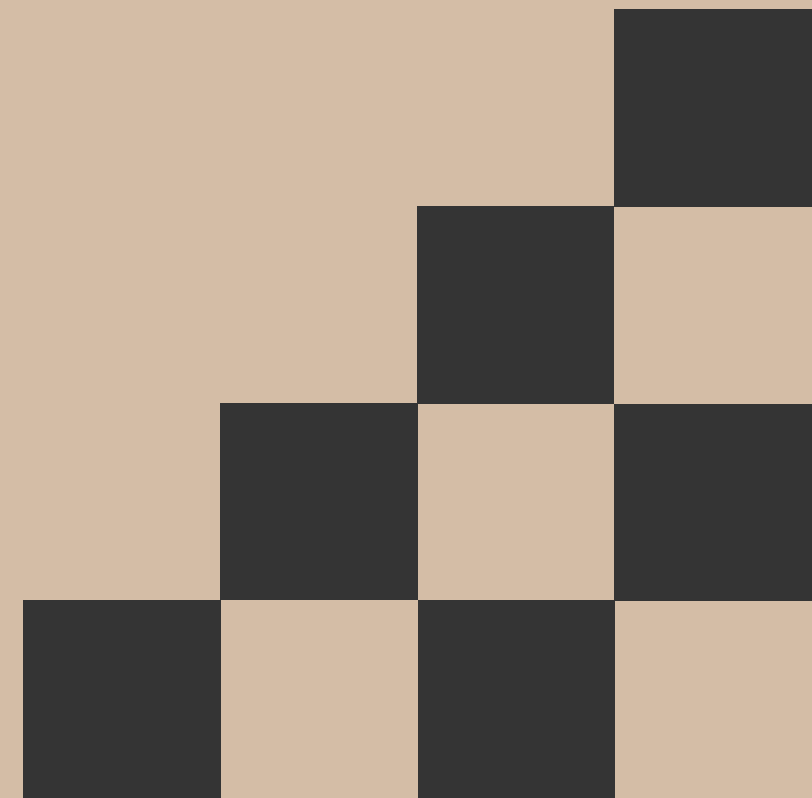
Major challenges

- Need to scale up the number of people served.
- Agencies are not fully spending down their grant awards/contracts, possibly to due to high staff turnover rate and difficulty hiring and retaining staff
- Need to expand outreach more broadly to other partners.
- Duplication of services; e.g., some agencies are targeting the same clients and recruiting from the same hospital.
- Most agencies rely on word-of-mouth for promoting services which is not an effective mechanism for scaling up awareness of HOPWA services.
- Hiring freeze in the City of Los Angeles hampers the ability to hire staff.
- Large caseloads and paper work



Strategies for Improvement

- **Increase service agreements amount with the Housing Authority of the City of Los Angeles to support housing vouchers for PLWH.**
- **Establish a process for outreach coordination to avoid duplication of services.**
- **Explore targeted social marketing, however, these efforts must demonstrate that outreach and social marketing activities reach people eligible for HOPWA services (not intended for general audience outreach).**
- **Explore leveraging street medicine to get PLWH into housing/HOPWA; currently exploring this opportunity with the USC street medicine program.**



Ryan White Legal Services Provider Insights

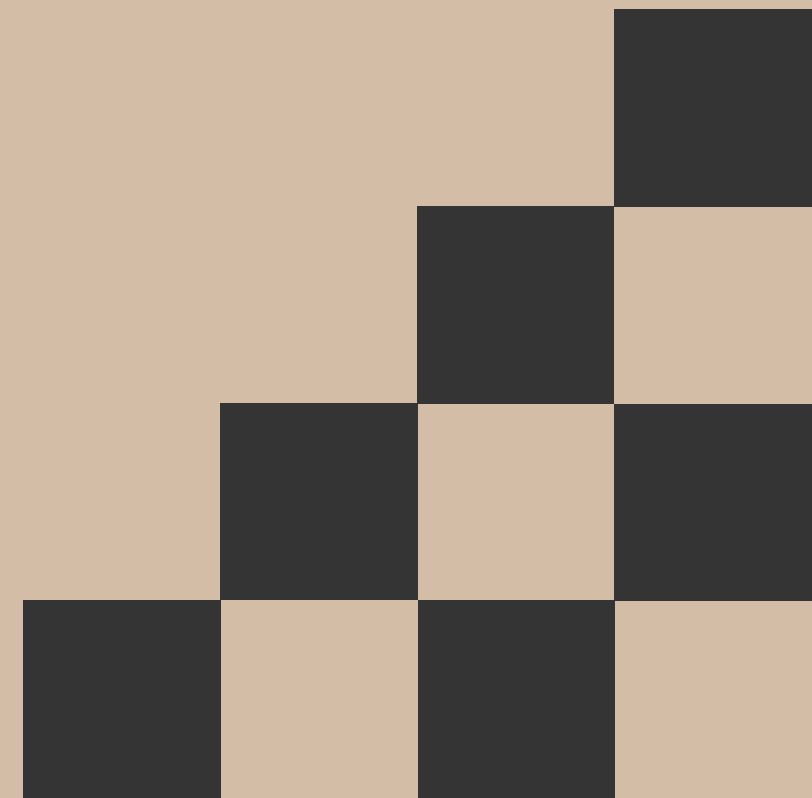
The common areas of assistance
provided:

- 1.Housing
- 2.Record clearing
- 3.Citation defense
- 4.Income maintenance
- 5.Credit/debt

*****services are provided regardless of
immigration status*****

Challenges

- **Ryan White-contracted legal services provider is not receiving enough referrals and needs agency support to promote their services and refer clients.**
- **Many Ryan White/ HIV-service agency staff are unaware they exist and that they have a legal services program for PLWH.**
- **Lack of provider awareness about ICLC and their RW-funded legal services may be partly due to confusing messaging when the funding source for the agency's legal services for PLWH moved from HOPWA to Ryan White- some agencies may have misinterpreted this as an end to the program.**



Recommendations

- Expand access to emergency financial assistance (including non-Ryan White-funded programs) to prevent homelessness.
- Explore better payment models to fund the full cost of housing services.
- Dedicate funding for ongoing training for frontline staff
- Establish more formal and frequent community and interagency outreach and coordination.
- Appeal to the federal Housing and Urban Development (HUD) Department to eliminate the burden of showing proof of income; if they are homeless and receive General Relief, SSI, or SSDI, that documentation should suffice. Eliminate the requirement to provide 3 months of bank statements. Eliminate HIV bloodwork requirement.







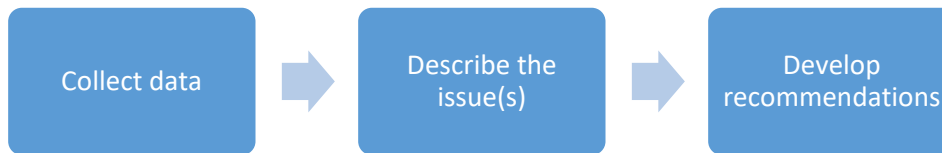
PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Housing Task Force will lead and advance for 2024-2025.

CRITERIA: Select activities that are **specific and realistic and within the scope and capacity of the COH**. The Commission is Los Angeles County's integrated prevention and care planning council.

Overarching Goal: Develop specific and realistic recommendations and/or response to address the intersection of HIV/STD and housing.

2024-2025		
#	ACTIVITY	TIMELINE/DUE DATE/ACTION ITEMS
1	<p>Engage DHSP-funded housing and legal services agencies to understand the types of needs they see among their clients.</p> <ul style="list-style-type: none"> keep people housed? How can this strategy be supported? <p>Status Update (02.3.25): Completed subject matter/provider panels with DHSP-funded housing agencies; Inner Law Center completed on 1/24/25 meeting. Report back to COH 5/8/25</p>	<p>Invite these DHSP-funded housing and legal services agencies to the September 27 meeting and extend the time to 2 hours.</p> <p>Some questions to ask include:</p> <ul style="list-style-type: none"> How do your programs work together to foster housing-legal services and partnerships for clients? When are you seeing clients in the service pipeline? What issues are they presenting with? How are your agencies mitigating their issues and needs? How can your services help prevent clients from becoming homeless? What services are provided for prevention versus those who are already homeless? How are clients getting to your agencies? Are they being referred by agencies? Other Ryan White-funded service providers? Self-referrals? Where are the gaps and failures happening in the overall service delivery network? What are legal issues are clients presenting with? What strategies should we consider in using legal services as a way to keep people housed?
2	<p>Develop housing specific needs assessments and supplement with community listening sessions/focus groups.</p> <ul style="list-style-type: none"> Review existing data and conduct housing-focused needs assessment. Dig deeper in the housing needs and challenges for PWH and those at risk. Identify provider needs around housing such as service/staffing and organizational capacity needs, issues, and challenges. 	<ol style="list-style-type: none"> Identify and review existing data sources and needs assessments (i.e., City of LA Consolidated Plan, Housing Element Needs Assessment) March- April 2025 Develop needs assessment objectives, aims, questions/instruments. Develop focus group guide and survey. April 2025 Finalize instruments, promote, recruit participants, and administer survey. May 2025 Collect data analyze data. June-July 2025 Develop report and recommendations. July 2025

3	Convene housing solutions for PLWH summit to present needs assessment and develop county wide plan of action.	August-September 2025 or a World AIDS Day event?
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PRIORITY LIST AFTER ACTIVITY 1 IS COMPLETED				
2	Use the data for service standards and/or create new service model; perhaps extend temporary housing to longer-term housing and braid RW and HOPWA funds together. Incorporate in EFA service standards the new guidance from HRSA that now allows the use of RW funds for rental deposits. ➤ Offer more legal services (such as help with eviction notices, landlord mediation, etc.) and emergency financial assistance to keep people housed.	Update service standards Review EFA and housing service standards Create program directives to DHSP		SBP is currently reviewing and updating the EFA service standards.
3	Once standards are updated, pursue advocacy efforts and use data with personal stories to advocate for more funding and/or policy changes.	Annual priority setting and resource allocations (PSRA) process.		PP&A Committee will undertake PSRA for Program Year (PY) 34 and PY 35, 36, and 37 at the July and August PP&A meetings.
4	Conduct housing resource fairs and/or housing clinics at the end of a Commission meeting (does not have to be at all Commission meetings) or have the Consumer Caucus lead this effort.	Inform, educate and disseminate information to consumers, specified target populations, providers, the general public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment; and actively engage individuals and entities concerned about HIV.		

****CONTRACTUAL ISSUES AND AGENCY NAMES ARE OUTSIDE OF THE PURVIEW OF THE COH. HOPWA is not under Ryan White, or DHSP or the Commission.****

OTHER IDEAS FOR FUTURE WORKPLANS AND ACTIVITEIS				
#	HOUSING CHALLENGE/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
1	Lack of coordination among housing systems and providers	<ul style="list-style-type: none"> HTF should look at ways to collaborate with DHSP and other providers – agencies are not aware of what each other are doing; not much communication between HIV and housing providers; conduct a training among housing providers about the Ryan White program Improve interagency communication; the lack of and often conflicting communication among lead agencies and subcontractor agencies lead to frustration and delays in application process; case closures are done erroneously and the burden of starting over is on the client. Submitted documents are lost when they have been submitted by the client multiple times. No one is talking to the client; often left in limbo. Ensure Medical Care Coordination teams and benefits specialty services contractors are aware of resources; provide trauma-informed care training. 		
2	Duplicative and confusing application process	<ul style="list-style-type: none"> Improve interagency communication; the lack of and often conflicting communication among lead agencies and subcontractor agencies lead to frustration and delays in application process; case closures are done erroneously and the burden of starting over is on the client. Submitted documents are lost when they 		

OTHER IDEAS FOR FUTURE WORKPLANS AND ACTIVITEIS				
#	HOUSING CHALLENGE/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
		have been submitted by the client multiple times. No one is talking to the client; often left in limbo.		
3	Lack of affordable housing stock			
4	Current efforts are not addressing the root causes of homelessness (stagnant incomes, poverty, racism, mental health, substance use, etc.)	<ul style="list-style-type: none"> Explore service models for different populations, such as the TransLatina Coalition's employment to housing program, where graduates of the program learn to start their own business. Intersect housing with other capacities like employment, food, mental health; some agencies just provide housing but not other services needed by the client to remain housed. 		
5	Lack of homeless prevention services	<ul style="list-style-type: none"> Explore service models for different populations, such as the TransLatina Coalition's employment to housing program, where graduates of the program learn to start their own business. Intersect housing with other capacities like employment, food, mental health; some agencies just provide housing but not other services needed by the client to remain housed. Universal basic income, expand 		

OTHER IDEAS FOR FUTURE WORKPLANS AND ACTIVITEIS				
#	HOUSING CHALLENGE/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
		financial assistance, temporary and permanent supporting housing.		
6	Lack of clarity about eligibility requirements	<ul style="list-style-type: none"> HTF should look at ways to collaborate with DHSP and other providers – agencies are not aware of what each other are doing; not much communication between HIV and housing providers; conduct a training among housing providers about the Ryan White program Improve interagency communication; the lack of and often conflicting communication among lead agencies and subcontractor agencies lead to frustration and delays in application process; case closures are done erroneously and the burden of starting over is on the client. Submitted documents are lost when they have been submitted by the client multiple times. No one is talking to the client; often left in limbo. 		
7	Outdated and restrictive federal policies and regulations	<ul style="list-style-type: none"> Agencies are under-staffed; secure more funding to expand staffing capacity. 		
8	Unclear how/where one would access or start looking for help	<ul style="list-style-type: none"> Need effort to educate housing and HIV agencies; create a document or web page to help individuals at risk of losing housing; intervene to avert the crisis Develop 1 hotline for housing resources and program for PLWH and those at risk? Isn't this CHIRP LA? 		

COMPREHENSIVE HIV PLAN (CHP) HOUSING RELATED ACTIVITIES:

- 7C.5b: Improve systems, strategies and proposals that prevent homelessness, expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS, especially LGBTQ people
- 7C.5c: Promote family housing and emergency financial assistance as a strategy to maintain housing
- 7C.5d: Increase coordination among housing agencies to include intergenerational housing options
- 7C.5e: Blend funding to support housing and rental assistance for seniors living with HIV