LOS ANGELES COUNTY
COMMISSION ON HIV

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HOUSING TASKFORCE

Virtual Meeting

Friday, July 26, 2024
9:00AM-10:00AM (PST)

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

The Housing Taskforce extends a warm welcome to members of the public to actively participate in addressing the intersection of HIV/STIs and housing.

INTERESTED? REGISTER/JOIN HERE:

https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m95754a2f14362612d54552d4f1c0ddbc

MEETING PASSWORD: HOME
TO JOIN BY PHONE: +1-213-306-3065 **MEETING #/ACCESS CODE**: 2536 832 3168

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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, July 26, 2024
9:00AM-10:00AM

https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m95754a2f14362612d54552d4f1c0ddbc

Access code/Meeting number: 2536 832 3168
Password: HOME
Join by phone
+1-213-306-3065 United States Toll (Los Angeles)

1. WELCOME & INTRODUCTIONS 9:00AM-9:05AM

2. DISCUSSION June 28, 2024 Meeting Recap (See meeting summary) 9:05AM-9:50AM
   a. Meeting objectives:
      1. Review meeting packet materials
      2. Review suggestions from subject matter experts on key activities within the COH's charge and capacity
      3. Identify activities to tackle for 2024 and 2025

3. AGENDA DEVELOPMENT FOR NEXT MEETING 9:50PM – 10:00AM

4. ADJOURNMENT 10:00AM

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
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HOUSING TASK FORCE (HTF) VIRTUAL MEETING
CLICK HERE FOR MEETING PACKET
JUNE 28, 2024 | 9AM-10AM
MEETING SUMMARY

<table>
<tr><th>Agenda Item</th><th colspan="2"></th></tr>
<tr><td>Attendees:</td><td>Danielle Campbell
Erika Davies
Felipe Findley
Terry Goddard
Joseph Green
Dr. Michael Green
Dr. David Hardy
Ish Herrera
Leonardo Martinez-Real</td><td>Katja Nelson
Damone Thomas
Marilynn Ramos
Dechelle Richardson
Daryl Russell
Dee Saunders
Russell Ybarra
Commission Staff: Cheryl Barrit and Lizette Martinez</td></tr>
<tr><td>Introductions</td><td colspan="2">KEY DISCUSSION POINTS
Participants introduced themselves via the Chat; C. Barrit went over the meeting packet materials, provided background on the formation of the HTF, and summarized the key discussion points from the May 31 meeting.</td></tr>
<tr><td>HTF Co-Chair Elections</td><td colspan="2">Katja Nelson and Dr. David Hardy were elected co-chairs of the HTF.</td></tr>
<tr><td>Subject Matter Perspectives</td><td colspan="2">Terry Goddard II, Executive Director, Alliance for Housing and Healing, powered by APLA Health and Dr. Michael Green, Chief, Planning, Development and Research, Division of HIV and STD Programs (DHSP), Los Angeles County Department of Public Health, shared their insights on housing issues and provided advice on specific and realistic activities that are within the scope of the Commission's charge.

Dr. Green:
Piecing together data, funding sources, and services on housing has been a challenge, moreover, funding specifically dedicated to HIV is very limited.
Solving the housing crisis is much bigger than the Commission.
Limited in scope in what we can actually do.
There has been limited cooperation and coordination with housing partners.
Determine how to prevent people from becoming homeless within the</td></tr>
</table>

scope of the Commission and DHSP.

- HOPWA funds can be used to build housing, while Ryan White (RW) funds cannot; RW funds can only be used for services to help people with HIV (PWH) achieve viral suppression.
- DHSP took over legal services from HOPWA with the hopes of freeing funds to help build more housing units for PWH; it is unclear what has happened to those funds freed up from legal services under HOPWA.
- One suggestion is to offer more legal services (such as help with eviction notices, landlord mediation, etc.) and emergency financial assistance to keep people housed.

Terry Goddard:

- Specific data on HIV and housing is needed; consider conducting a needs assessment specifically around housing and HIV. Data will help with grant funding applications. 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.
- Once the housing-specific needs assessment is completed, 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. Support expansion of private HOPWA tenant-based rental assistance (TBRA program).
- Once standards are updated, pursue advocacy efforts and use data with personal stories to advocate for more funding and/or policy changes.
- The RW Emergency Financial Assistance (EFA) is a great program and needs to incorporate the new guidance from HRSA that now allows the use of RW funds for rental deposits. RW-funded rental deposits can be handled similar to the HOPWA rental assistance administration process, ensuring that funds are given directly to the landlord, not the client.
- Prioritize funding for Ryan White EFA services; the HOPWA emergency housing assistance funds have been exhausted.
- 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.

Discussion highlights:

- Put homeless PWH on long-acting injectables.
- Partner with the Los Angeles Homeless Services Authority (LAHSA) on needs assessment(s) or the annual homeless count.
- Partner and or use other resources such as CalAIM and organizations that provide street medicine.
- Data on housing and HIV is incomplete but not non-existent; look at existing data first such as RW service utilization reports.
- Some housing service agencies are part of the problem; start there to

	address consumer complaints. HTF need to address consumers who are experiencing housing issues. • Share information and resources in the community. • CHIRP LA convenes meetings with housing staff to conduct trainings and share information. • We need to understand the scope of the problem. • Support the expanded application of street medicine, not just on Skid Row. • The LAHSA point in time homeless count is also a problem because they do not ask the right question to accurately identify people with HIV who are homeless. • Alliance is seeing more and more patients with higher acuity and multiple health needs such as mental health, aging, dementia; some do not want to provide documentation needed to make the program work for them. Delayed payments to agencies to get paid/reimbursed is also a significant issue. It takes months to get paid and there is a need to hire staff who can work with high acuity patients; need higher skills level to work with clients; there are structural issues for non-profits such us not getting paid on time that hinder their ability to be responsive and meet the growing demand for housing services. • Focus on people in care who need housing. • Housing is a predictor of quality of life. Work within the Commission's purview and be creative with solutions. • Focus on applying political pressure in places that need that pressure. Conduct research on housing justice groups and consider supporting their efforts.
Next Steps	Develop meeting summary and update develop HTF workplan based on feedback from Terry Goddard and Dr. M. Green (C. Barrit).
Agenda Development for Next Meeting	• Workplan review and agreement on top priorities.
Adjournment	Meeting adjourned at 10:10am

LOS ANGELES COUNTY COMMISSION ON HIV

Housing Task Force Workplan 2024 - 2025– DRAFT 06.05.24; 07.03.24

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Housing Task Force will lead and advance for 2023-2024.
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. HTF needs to identify audience for recommendations or response.

RECOMMENDATIONS FROM TERRY GODDARD AND DR. MICHAEL GREEN (from June 28, 2024 HTF Meeting)				
#	**IDEA/SUGGESTION**	**COH SCOPE**	**TIMELINE/ DUE DATE**	**ACTION ITEMS+NEXTSTEPS+FOLLOWUP**
1	Offer more legal services (such as help with eviction notices, landlord mediation, etc.) and emergency financial assistance to keep people housed.	Update service standards Create program directives to DHSP		
2	Review existing data, conduct needs assessment as appropriate. 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 assessments, listening sessions, focus groups, town halls		
3	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.	Update service standards Review EFA and housing service standards		SBP is currently reviewing and updating the EFA service standards.
4	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.
5	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.****

#	HOUSING CHALLENG/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
1	**Lack of coordination among housing systems and providers**	• 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**	• 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		

#	HOUSING CHALLENG/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
		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.		
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.)**	• 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**	• 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 financial assistance, temporary and		

#	HOUSING CHALLENG/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
		permanent supporting housing.		
6	**Lack of clarity about eligibility requirements**	• 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**	• Agencies are under-staffed; secure more funding to expand staffing capacity.		
8	**Unclear how/where one would access or start looking for help**	• 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

INVENTORY OF HOUSING AND HIV DATA (07.03.24)

PURPOSE OF THIS DOCUMENT: To assist the Housing Task Force in understanding the scope of housing and HIV issues in order to select key priorities for action.

#	DATA SOURCE	KEY TAKEAWAYS Please read report for details.
1	Persons Living with HIV & Experiencing Homelessness in Los Angeles County | A Summary of Diagnoses in 2022 **(DHSP)**	Preliminary data indicate that in 2022, 13% (184) of all people newly diagnosed with HIV in Los Angeles County (LAC) were experiencing homelessness. Compared with an average of 9% (135) over the previous 3 years, the 2022 data represent an increase of 4 percentage points or a 36% increase in the number of newly diagnosed LAC cases who were experiencing homelessness.

2	Ryan White Program Year 32 Service Utilization Data Summary Part 3 – Housing, Emergency Financial Assistance, Nutrition Support **(DHSP)**
	❖ See pages 4-7 for housing services
	❖ See pages 8-11 for emergency financial assistance services
		HOUSING SERVICES
		Population Served:
		• In Year 32, a total of 241 clients received Housing Services in Year 32. In LAC this category includes:
		  ○ Permanent Supportive Housing, also known as Housing for Health [H4H], that served 157 clients
		  ○ Residential Care Facilities for Chronically Ill (RCFCI) that served 54 clients
		  ○ Transitional Residential Care Facilities (TRCF) that served 31 clients
		• Most Housing Services clients were cisgender men, Latinx, and aged 50 and older (Figure 1)
		• Among the priority populations, the largest percent served were PLWH ≥ age 50, followed by unhoused people and Latinx MSM
		• Unhoused status includes those clients who reported experiencing homelessness at their most recent intake during the contract year but may not necessarily reflect their housing status at the time they received the service).
		• Total expenditures: $7,965,955 (Part A, B, MAI); $33,054 per client
		
		EMERGENCY FINANCIAL ASSISTANCE (EFA) SERVICES
		Population Served:
		• In Year 32, a total of 378 clients received EFA that includes three types of service:
		  ○ Food Assistance provided to 30 clients
		  ○ Rental Assistance provided to 283 clients
		  ○ Utility Assistance provided to 162 clients

#	DATA SOURCE	KEY TAKEAWAYS **Please read report for details.**
		• Most EFA clients were cisgender men, Latinx and Black, and aged 50 and older (Figure 3) • PLWH ≥ age 50 represented the largest percent among priority populations (51%), followed by Latinx MSM (26%) and Black MSM (24%). • Total expenditures (food, rental assistance, and utilities): 1,741,442 (Part A); $4,607 per client
3	[Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026]()	• Since 2011, the percentage of persons newly diagnosed with HIV who were unhoused has more than doubled from 4.2% to 9.4%. In 2020, among 132 unhoused persons with a new HIV diagnosis, 73% were cisgender men, 19% were cisgender women and 8% were transgender. However, the HIV diagnoses rates of the unhoused have been relatively stable over this time, indicating that the increase in the unhoused population likely explains the increases in HIV diagnoses (Figure 14, page 18). • Persons living with HIV who are unhoused continue to experience suboptimal outcomes along the HIV care continuum. Compared with housed persons, unhoused persons had lower rates of receiving HIV care, retention in care, and achieving viral suppression in 2021 (Figure 28, page 31). • Based on estimates from MMP, approximately 11% of PLWDH in 2015-19 experienced homelessness in the past 12 months. Among RWP clients experiencing homelessness, most (80%) were living at or below FPL in the past 12 months and nearly half were MSM of color (47%). The largest percentages of RWP clients experiencing homelessness were among recently incarcerated (33%), trans persons (25%), and PWID (23%). Among the transgender NHBS participants, 47% had experienced homelessness in the past year; and 64% of the PWID participants were currently homeless (Page 32). • Among the HIV Workforce Capacity and Service System Survey respondents (providers and community members), identified lack of stable housing are one of the top five barriers to accessing PrEP, linkage to care, and remaining engaged in care (Pages 56, 59, 60). • There are more than 69,000 homeless persons in LA County on any given night.44 Since 2019, there has been a 12.7% increase in the homeless population in LA County and over 70% of the homeless were unsheltered. Nearly half (44%) of the homeless people

#	DATA SOURCE	KEY TAKEAWAYS Please read report for details.
		in the county were found in areas with the highest rates of HIV/ AIDS, poverty, and uninsured. Approximately 41% percent of LA County's homeless were chronically homeless, 2% had HIV/AIDS, 26% had a SUD, and 25% had a serious mental illness. Nine percent of RWP clients in Year 31 were experiencing homelessness. Among clients enrolled in MCC services at Ryan White clinics from 2013- 2019 (n=8,438), 24% reported experiencing homelessness in the past six months at enrollment. Clients who reported recent homelessness were significantly more likely to be Black/African American, recently incarcerated (in the past six months), have depressive symptoms, and have used injection drugs in the past six months compared to clients who did not report recent homelessness. In addition, those who reported recent homelessness were more likely to be male and heterosexual, live below the federal poverty level (FPL), be US natives, and have less than a high school diploma compared to clients who did not report recent homelessness. These data suggest that MCC clients experiencing homelessness were from communities disproportionately impacted by HIV (e.g., persons of Black race/ethnicity), impacted by multiple determinants of health (e.g., experience with the justice system, low educational attainment, poverty) and comorbid conditions (e.g., mental health and IDU). Of particular interest is that these clients were more likely to be non-MSM and IDU – both populations in which HIV prevalence has historically been lower but could contribute to potential HIV clusters or outbreaks (Page 64).
4	Los Angeles Continuum of Care Data Summary 2024 Homeless Count	• 1,263 (2%) with HIV/AIDS

Advocating for Safe and Stable Housing for People Living with HIV and Vulnerable Communities At-Risk for HIV in Los Angeles County

Thank you for advocating for safe and stable housing for people living with HIV (PWH) and other vulnerable populations at-risk for HIV. As a consumer, your voice is crucial in bringing attention to this important issue. Please follow the instructions below to personalize and complete the advocacy letter:

01 Personalize the Letter:

Fill in the name of your elected official in the greeting line: "Dear [Elected Official's Name]," To determine who your elected official is, click HERE.

Sign the letter at the end with your name or, if you prefer to remain anonymous, simply write "A Concerned Consumer Member of Los Angeles County."

02 Send the Letter:

Once the letter is personalized, send it to your elected official via email or postal mail. You can find contact information for your elected official by clicking HERE.

03 Share:

There is strength in numbers so please encourage others to join this movement in advocating for safe and stable housing for our most vulnerable communities.

July 2024

Urgent Action Needed to Address the Housing Crisis Impacting People Living with HIV and Vulnerable Communities Who are At Risk of HIV in Los Angeles County

Dear ,

As a constituent of Los Angeles County, I am reaching out to our elected officials entrusted with representing the health, safety, and wellbeing of our communities, to bring attention to the pressing challenges faced by our community of people with HIV (PWH) and our vulnerable communities who are at-risk of HIV, in accessing and sustaining safe and stable housing in Los Angeles County. Together, we can create a Los Angeles County where every person, regardless of their health status, has a safe and stable place to call home.

Importance of Stable Housing for PWH. The urgency of securing stable housing for our HIV communities cannot be overstated. Stable and safe housing stands as a cornerstone of effective health management and HIV prevention and treatment efforts, representing a critical component of public health initiatives.

Our community members have shared powerful testimonies that underscore the profound impact of stable housing on health outcomes. Many PWH recount the challenges they face when lacking a safe and consistent place to call home. Neglect and disregard from building management exacerbate vulnerability, compromising both physical health and dignity. These testimonies reveal that stable housing isn't just about shelter; it's about ensuring a supportive environment where we can effectively manage our health conditions without added stressors or uncertainties.

Moreover, data from both local and national sources further emphasize the critical link between stable housing and health outcomes for our communities. Since 2011, the percentage of newly diagnosed HIV cases among unhoused individuals in Los Angeles County has more than doubled, reaching 9.4% in 2020 (source: Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026). Similarly, in the same year, 17% of people with diagnosed HIV experienced homelessness or other forms of unstable housing (source: CDC. Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2020 Cycle (June 2020–May 2021). HIV Surveillance Special Report 2020;29). These statistics vividly illustrate how housing instability exacerbates HIV disparities and impedes effective HIV prevention and treatment efforts.

Beyond its direct impact on our HIV communities, housing instability poses a broader threat to public health within the scope of HIV prevention and treatment. Homelessness and housing insecurity create environments where the risk of HIV transmission and acquisition is

heightened, contributing to the perpetuation of the epidemic. Stable housing not only enables us to adhere to treatment regimens, attend vital medical appointments, and maintain viral suppression but also reduces the overall risk of HIV transmission within our communities.

Furthermore, the housing crisis disproportionately impacts vulnerable populations within our community, including women experiencing domestic violence, homeless youth, the elderly, the transgender community, individuals with co-morbidities, and those recovering from substance use. These key populations face intersecting challenges that compound the already daunting task of securing safe and stable housing. Addressing housing instability for PWH must also consider the unique needs and vulnerabilities of our underserved communities to ensure equitable access to housing and comprehensive HIV care.

In essence, stable housing isn't just a matter of shelter; it's a fundamental component of HIV prevention and treatment strategies and a critical aspect of broader public health initiatives. It is imperative that we prioritize efforts to ensure that all individuals, especially our HIV communities, have access to safe and stable housing, as it is essential for our overall health and well-being and for the well-being of the community.

Community Testimonials. As noted, the experiences and testimonies from our community members illustrate the profound challenges encountered in securing and sustaining housing. Many of us have faced homelessness, discrimination, and precarious living situations, exacerbating existing health disparities and hindering our overall well-being. These challenges persist even in buildings specifically designated for PWH, where neglect and disregard from building management are prevalent. Requests for essential repairs and appliance replacements often go unaddressed for years, leaving residents vulnerable and compromising their living conditions. Advocating for necessary improvements can lead to resistance and even threats of eviction, further exacerbating distress.

One community member expressed, "The management's lack of attention to property maintenance affects our well-being and dignity. Requests for repairs and appliance replacements have been ignored for over two years." Another member echoed similar sentiments, highlighting the bureaucratic hurdles in accessing housing assistance, stating, "To get housing is a huge barrier. People run out of time and lose their housing voucher or Section 8. The process to get housing is crazy. My paperwork process took 2 years. Then another year just to finally find housing." For PWH who own their homes, the need for essential repairs and maintenance is equally critical to maintain a safe and habitable environment. Another member emphasizes the importance of safety, a fundamental aspect of Maslow's Hierarchy of Needs, which is vital for PWH and those at risk of HIV and contributes to ending the HIV epidemic.

The following challenges stand as further testimonies from our community, reflecting the ongoing struggles encountered in accessing and maintaining safe and stable housing and support the urgent need for comprehensive housing solutions that address the diverse needs of our community.

- Navigating a confusing and disjointed housing application process, often speaking to multiple case managers who provide inconsistent information about housing eligibility and related services.
- Lack of a clear roadmap for securing housing, with no specific timelines or information about waitlists, leading to prolonged periods of uncertainty.
- PWH do not have access to long-term housing plans while in interim housing, making them likely to return to the streets after a few weeks in temporary or emergency housing.
- Losing stable housing due to rising rents and evictions by developers, despite having maintained housing for over 25 years.
- Difficulty accessing medical care due to long distances from housing locations.
- Overwhelming challenges in conducting independent research on available services.
- Inadequate mental health and nutritional support, with some individuals facing long waits for psychiatric appointments and lacking access to kitchens or refrigeration in temporary housing.

Local & National Data. Local and national data further underscores the severity of this crisis:

- Preliminary data indicate that in 2022, 13% (184) of all people newly diagnosed with HIV in Los Angeles County (LAC) were experiencing homelessness. Compared with an average of 9% (135) over the previous 3 years, the 2022 data represent an increase of 4 percentage points or a 36% increase in the number of newly diagnosed LAC cases who were experiencing homelessness (source: Los Angeles County Department of Public Health, Division of HIV and STD Programs, Persons Living with HIV & Experiencing Homelessness in Los Angeles County, A Summary of Diagnoses in 2022.)
- As of 2021, 23.7% of PWH are living in unstable housing (source: AIDSVu, Los Angeles County, Social Determinants of Health.)
- Since 2011, the percentage of newly diagnosed HIV cases among unhoused individuals in Los Angeles County has more than doubled, reaching 9.4% in 2020 (source: Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026).
- 50% of people living with HIV/AIDS will have some form of housing crisis in their lifetime (source: Alliance for Housing & Healing.)
- In 2020, 17% of people with diagnosed HIV experienced homelessness or other forms of unstable housing (source: CDC. Behavioral and Clinical Characteristics of Persons with

Diagnosed HIV Infection—Medical Monitoring Project, United States, 2020 Cycle (June 2020–May 2021). HIV Surveillance Special Report 2020;29).

- People experiencing homelessness or housing instability have higher rates of HIV and mental health disorders than people with stable housing (source: Issue Brief: The Role of Housing in Ending the HIV Epidemic).
- Housing status is a social determinant of health that has a significant impact on HIV prevention and care outcomes. The experiences of homelessness and housing instability are linked to higher viral loads and failure to attain or sustain viral suppression among people with HIV (source: April 12, 2023 Dear Colleague Letter jointly issued by the Centers for Disease Control and Prevention (CDC), the U.S. Department of Housing and Urban Development (HUD), and the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau.)

Call to Action. Stable housing is not a luxury; it is a fundamental right that directly impacts our health and dignity. As you make decisions that shape our community, we urge you to prioritize housing stability as a cornerstone of our collective well-being and implore you to take immediate action to:

- **Allocate** resources specifically earmarked for housing improvements for PWH.
- **Invest** in housing programs and other supportive housing efforts for PWH and those at risk of HIV.
- **Enhance** Section 8 housing programs to better serve PWH.
- **Advance** policies that address social determinants of health and increase access to affordable housing, including for PWH and those at risk for HIV.
- **Advocate** for policies that promote greater landlord accommodation and understanding of our unique needs.
- **Foster** collaboration between housing and healthcare sectors to address the intertwined challenges of housing instability and HIV.

Thank you for your attention to this critical issue. Together, we can ensure that every person in Los Angeles County can live in a safe and stable home, fostering a healthier and more equitable community.

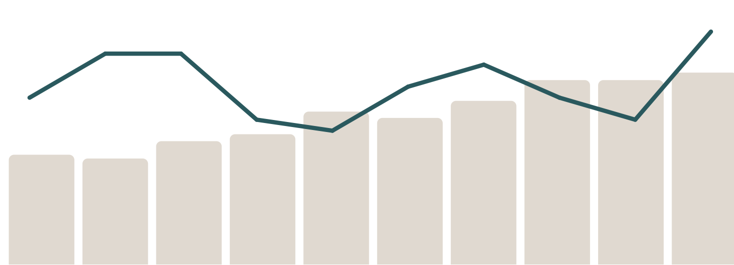
Sincerely,

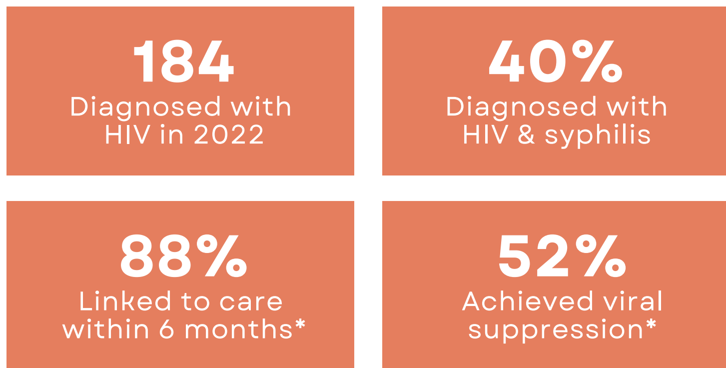
Persons Living with HIV & Experiencing Homelessness in Los Angeles County

A Summary of Diagnoses in 2022

Preliminary data indicate that in 2022, **13% (184)** of all people newly diagnosed with HIV in Los Angeles County (LAC) were experiencing homelessness. Compared with an average of **9% (135)** over the previous 3 years, the 2022 data represent an increase of **4 percentage points** or a **36% increase** in the number of newly diagnosed LAC cases who were experiencing homelessness.

Rates of new HIV diagnoses among PEH have remained fairly stable since 2013

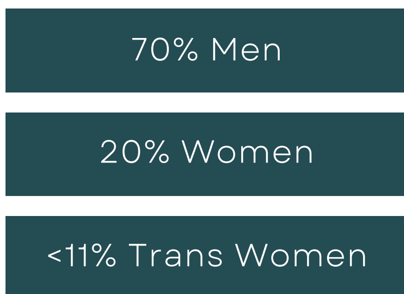




*Compared to 93% non-PEH

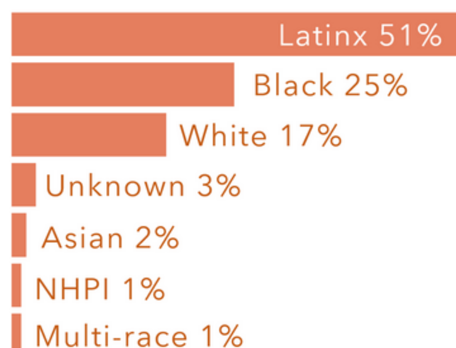
*Compared to 73% non-PEH

Gender**



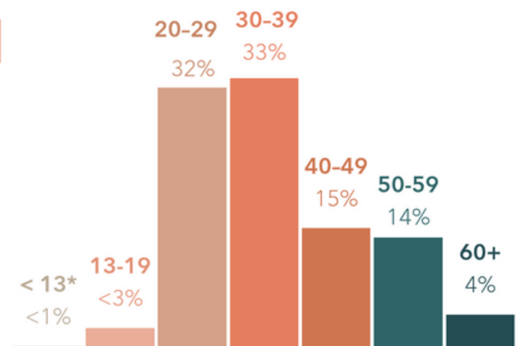
** There were no Trans Men experiencing homelessness newly diagnosed with HIV in 2022.

Race/Ethnicity†

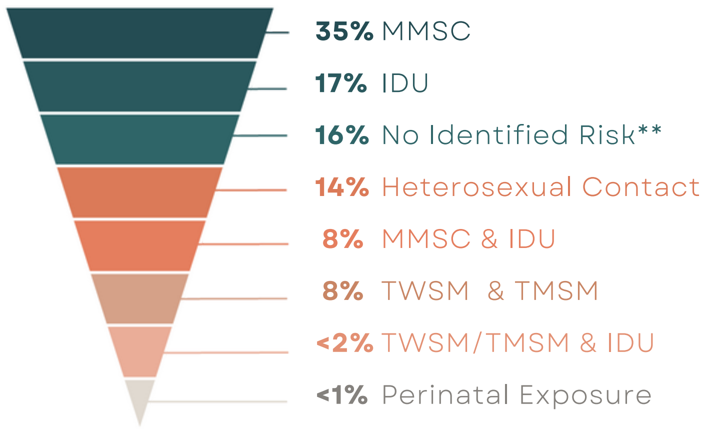


† There were no American Indian/Alaska Natives experiencing homelessness newly diagnosed with HIV in 2022.

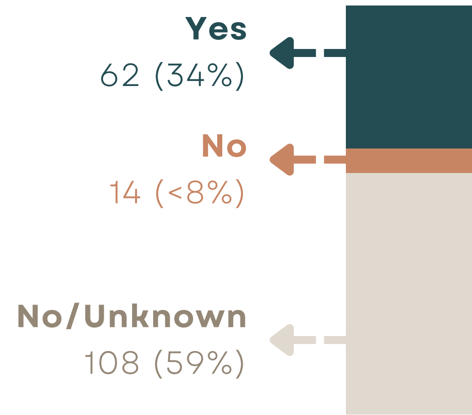
Age Group



Transmission Risk*

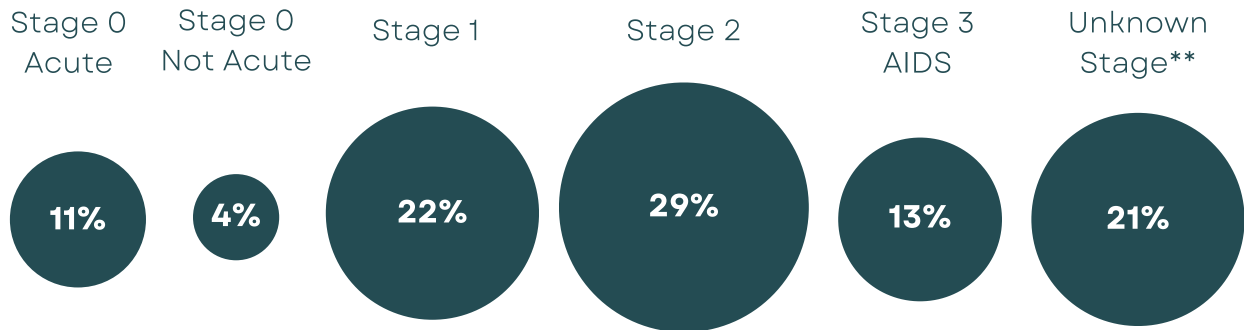


Documented Methamphetamine Use



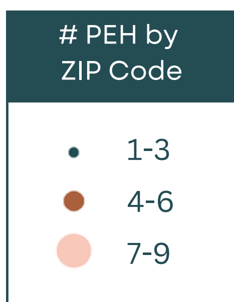
* MMSC = Male-to-Male Sexual Contact, TWSM/TMSM = Trans woman who has sex with men/Trans man who has sex with men, IDU = Injection drug use
** Persons classified with "no identified risk" include cases that are still being followed up by local health department staff; cases in persons whose risk-factor information is missing because they died, declined to be interviewed, or were lost to follow-up; and cases in persons who were interviewed or for whom other follow-up information was available but for whom no risk factor was identified.

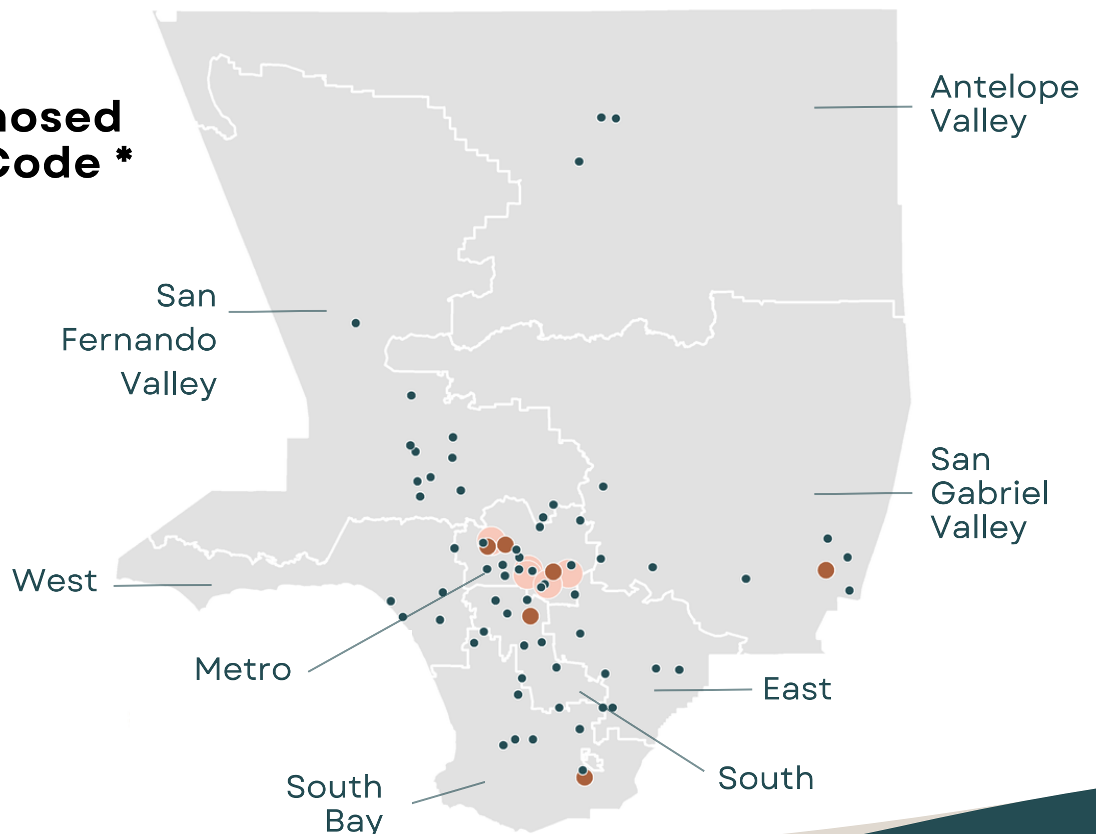
Stage of HIV at Diagnosis *



* Refer to the technical notes for more information on HIV stage at diagnosis classification
** A CD4 test result at diagnosis is required to determine HIV stage; Persons classified as unknown HIV stage did not have a reported CD4 test result.

PEH Newly Diagnosed with HIV by ZIP Code *





* The data presented are mapped to the ZIP Code centroid

Diagnosing Facilities

54%

54% PEH were newly diagnosed with HIV in an acute care hospital setting

- 27 LA General Medical Center
- 12 AIDS Healthcare Foundation
- 11 Los Angeles LGBT Center
- 10 John Wesley Community Health
- 9 Log Angeles County Jail
- 7 Harbor-UCLA Medical Center
- 6 St. Mary Medical Center
- 5 Cedars-Sinai Medical Center
- 5 St. John's Well Child & Family Center
- 4 Adventist Health
- 4 Dignity Health-California Hospital Medical Center
- 4 Kaiser Permanente
- 4 Olive View-UCLA Medical Center
- 4 PIH Health
- 4 Planned Parenthood
- 4 Pomona Valley Hospital Medical Center
- 3 College Medical Center
- 3 Los Angeles Christian Health Centers-Joshua House
- 3 LAC DPH Health Center
- 3 UCLA Health
- 2 Antelope Valley White Memorial
- 2 Centinela Hospital Medical Center
- 2 Mission Community Hospital
- 2 Northeast Valley Health Corporation
- 2 Southern California Hospital at Culver City
- 2 UCLA Santa Monica Medical Center
- 2 VA Medical Center
- 2 Venice Family Clinic

Facilities who diagnosed 1 PEH with HIV in 2022

AIDS Project Los Angeles • Akasha Center for Integrative Medicine • American Recovery Center • Bienestar Human Services • Cardinal Medical Group-Los Angeles • Central Neighborhood Health Foundation • Children's Hospital Los Angeles • Citrus Valley Medical Center • Covenant House California • Gage Medical Center • Glendale Memorial Hospital and Health Center • Henry Mayo Newhall Hospital • Hollywood Presbyterian Medical Center • Huntington Hospital • Kendren Community Health Center • Kwang He Won Health Center • LA Centers for Alcohol and Drug Abuse • LA Libertad Medical Clinic • LAC DHS Ambulatory Care Network • Lakewood Regional Medical Center • Little Company of Mary Medical Center • Long Beach Comprehensive Health Center • Long Beach Memorial Medical Center • Long Beach Multi-Service Center • Martin Luther King, Jr. Center for Public Health • Men's Health Foundation-Mills Clinical Research • Pacifica Hospital of the Valley • Primary Medical Doctor • South Valley Health Center • Southern California Men's Medical Group • Tarzana Treatment Centers, Inc. • The LGBTQ Center Long Beach • Torrance Memorial Medical Center • Universal Community Health Center • UC Irvine Medical Center • USC Eric Cohen Student Health Center

Technical Notes

This fact sheet includes HIV surveillance data in Los Angeles County as of June 26, 2023.

Persons Experiencing Homelessness (PEH) are individuals who lack stable housing at the time of HIV diagnosis (i.e. includes both sheltered and unsheltered homeless) and may be undercounted due to lack of consistent reporting of housing status to HIV surveillance.

Reporting Delay

All data presented in this report are considered provisional and subject to change as additional reports are submitted for HIV cases and as HIV surveillance data quality improves with further evaluation of the surveillance system and data repository. Because reporting delays can impact the reliability of data presented in this report, caution should be applied when interpreting the results.

Diagnosis Rate

Population rates for new HIV diagnoses among PEH were calculated using the Greater Los Angeles Homeless Count conducted by LAHSA.

Linkage to Care

Linkage to care was defined as having a VL, CD4, or HIV genotype test performed within 6 months after a new HIV diagnosis.

Viral Suppression

Persons are considered virally suppressed if their last viral load test as of June 30, 2023 was <200 copies per milliliter of blood plasma. Persons are not virally suppressed if their last viral load test was ≥200 copies per milliliter of blood plasma OR if they had no viral load test as of June 30, 2023. Missing data for viral load tests were greater among PEH (14%) than non-PEH (6%).

Stage of HIV at Diagnosis

At diagnosis, HIV is classified in four stages: Stage 0, 1, 2, and 3. Stage 0 HIV indicates early infection which includes acute HIV (infection occurred within 60 days of HIV diagnosis) and early but not acute HIV (infection occurred within 61-180 days of HIV diagnosis). Stage 1 and 2 HIV diagnoses are based on the first CD4 test result within 90 days of HIV diagnosis. If CD4 ≥ 500 cells/μL, HIV is classified as Stage 1 HIV. If CD4 is between 200-499 cells/μL, HIV is classified as Stage 2 HIV. Stage 3 AIDS diagnosis is based on either first CD4 test result or a diagnosis of an opportunistic illness within 90 days of HIV diagnosis. If CD4<200 cells/μL, HIV is classified as Stage 3 disease. If there is no CD4 test result within this timeframe, HIV is classified as unknown stage.

Transmission Risk

For surveillance purposes, a diagnosis of HIV is counted only once in the hierarchy of transmission categories. Persons with more than one reported risk factor for HIV are classified in the transmission category listed first in the hierarchy. The exception is men who had sexual contact with other men and injected drugs; this group makes up a separate transmission category.

Diagnosing Facilities

Many PEH use Emergency Departments (EDs) as their first point of contact with healthcare because they do not have access to a primary care provider. As a result, EDs, urgent care centers, and hospitals are critical places to offer HIV testing. As part of the Ending the HIV Epidemic Initiative, Los Angeles County is working to expand routine HIV screening in EDs.

Community Health Planning
& Strategies Committee

Randall Furrow, Council Chair

4041 N. Central Ave
Phoenix, AZ 8501
(888) 235-1653 phone
Jason.Landers@maricopa.gov

Tuesday, March 29, 2022
12:00 pm to 2:00 pm
ZOOM digital meeting
https://zoom.us/j/5946871598?pwd=SUdBWnNLdkN5aDF0RGRNY2hHQnRqdz09

AGENDA

A. Welcome, Introductions, and Declarations of Conflict-of-Interest

B. Determination of quorum

C. Review and Approval of Agenda
The committee will review the agenda for this meeting. A vote may take place to amend the agenda and/or approve the agenda for this meeting.

D. Review of the Minutes and Action Items
The committee will review the summary minutes of the previous meeting from **January 25th, 2022**. Please inform the Chair of any revisions that should be incorporated into the summary minutes. A vote may take place on this item.

Commented [JL1]: THE LAST DATE WAS 1-25-22???

E. Chair Update
The Chair will review the recent activity of the committee and provide comments.

F. HIV Housing Coalition Recommendations
Co-chairs of the Planning Council's HIV Housing Coalition will provide an update on the recent HIV Housing Coalition meeting. The Committee will review and vote on recommendations to be presented to the full Planning Council. Recommendations for consideration include:
1. Continued collaborations with statewide housing authorities and AZ Housing Coalition
2. Collaboration with RWPA, RWPB, City of Phoenix and ADOH to provide training to Case Managers on housing resources for all case managers
3. Additions to Case Management standards of care
4. Possible prioritization of RWPA housing funds to address unstable housing for targeted

Documents distributed during this meeting may be requested from Planning Council Support. Funding is provided by the United States Department of Health and Human Services, the federal Ryan White HIV/AIDS Program, and the Maricopa County Department of Public Health.

populations
5. Development and distribution of Ryan White's "Road Map for Housing" for clients and case managers
6. Support ADHS RWPB in efforts to complete data sharing agreements with housing authorities, including ADOH (Arizona Department of Housing) and Continuums of Care
7. Establish an RWPA Planning Council workgroup to identify areas of focus related to housing for 2022 and 2023.

G. Review progress and updates of the integrated plan.
The Committee will review the updates and progress of the Integrated Plan. Integrated plan discussion may include but not limited to:
- ADHS updates on the statewide needs assessment
- ADHS updates on the planning process
- Next community input opportunities

Commented [CB(2]: For your consideration. I added these bullets.

H. Review and update the Guiding Principles.
The Committee will continue to review the Guiding Principles. A vote may take place on items at this time if necessary.

Commented [CB(3]: Is this still an item that needs to be completed?

I. Review the PSRA Framework.
The Committee will review the PSRA framework and discuss the impact of HRSA's change to a multi-year grant cycle, the Planning Council Support transition, and how community input will be reflected during the PSRA. A vote may take place on items at thistime if necessary.

J. Identify datasets for PSRA.
The Committee will identify any additional datasets for PSRA. A vote may take place on items at this time if necessary.

K. Review of HRSA/HAB grant award, if available.
The recipient's office will provide a review of the annual grant award and draft allocations based on the total amount if the award is available. A vote

L. Review and Resolve Parking Lot Items
The Committee will review and resolve any items for review in the "Parking Lot" at this time. A vote may take place on items at this time if necessary.
- Update and feedback from the recent dental changes.
- Third-tier Care Coordination Update
- Planning Council Support Transition Update

M. Determination of Action/Agenda Items for Next Meeting
The committee will set the agenda items for the next meeting. Items identified in the PCAT for the next meeting include:
- Review and resolve parking lot items (3rd tier care coordination, HIV Housing Coalition)
- Progress and update on an integrated plan
- Review of needs assessment outcomes and data

- PSRA data sets

N. Current Event Summaries

This is the time for Planning Council members to share a brief summary of current events. Members of the workgroup cannot propose, discuss, deliberate, or take legal action on any matter voiced during this time.

O. Call to the Public

This is the time for the public to comment. Members of the committee cannot propose, discuss, deliberate, or take legal action on any matter voiced during this time.

Adjourn

Meeting Ground Rules:

- Many attendees are very sensitive to fragrances, so please refrain from using colognes and perfumes at Planning Council meetings or events.
- The public is encouraged to take part in all of our discussions. However, due to time constraints, the Chair may choose to limit the number of people who may speak and/or the length of time allowed for discussion.
- Everyone is expected to respect the authority of the Chair.
- Anyone who wishes to comment should raise their hand to be recognized to talk.
- Please be courteous when others are talking. No sidebar conversations, please.
- Please remain calm and focused on the topic at hand.
- Stay open-minded and flexible to allow for and honor individual differences and diversity.

Video/Telecommunication Conference Information:

- Join Zoom Meeting:
  https://zoom.us/j/5946871598?pwd=SUdBWnNLdkN5aDF0RGRNY2hHQnRqdz09
- Join Via Phone: 1 (346) 248 - 7799
  Meeting ID: 594 687 1598
  Passcode: 509688

Documents distributed during this meeting may be requested from Planning Council Support. Funding is provided by the United States Department of Health and Human Services, the federal Ryan White HIV/AIDS Program, and the Maricopa County Department of Public Health.

HRSA
Health Resources & Services Administration
HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD 20857

June 26, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

Access to safe, quality, affordable housing and the support necessary to maintain it constitutes one of the most basic and powerful social determinants of health. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) is committed to addressing barriers to housing instability that can help improve health outcomes for people with HIV.[1] The 2022-2025 National HIV/AIDS Strategy (NHAS)[2] identified social and structural determinants of health that impede access to HIV services and exacerbate HIV-related disparities, which included inadequate housing, housing instability and homelessness.

HRSA Ryan White HIV/AIDS Program (RWHAP) funds can be used for a variety of support services to help people with HIV remain in HIV care, including housing, as described in *HRSA HAB Policy Clarification Notice #16-02 (PCN 16-02) Ryan White HIV/AIDS Program Services: Eligible Individual and Allowable Uses of Funds.*[3] RWHAP recipients and subrecipients have reported that the prohibition on payment of housing security deposits continues to be a barrier to getting clients into stable and permanent housing. A cash security deposit that is returned to a client violates the RWHAP statutory prohibition on providing cash payments to clients.[4]

To address this barrier, HRSA HAB is providing clarifying guidance regarding the use of RWHAP funds to cover housing security deposits for eligible clients. **RWHAP funding may be used to pay for a RWHAP client's security deposit if a RWHAP recipient or subrecipient has policies and procedures in place to ensure that the security deposit is returned to the RWHAP recipient or subrecipient and not to the RWHAP client.**

HRSA HAB presents this guidance as an optional opportunity for recipients to offer this support within allowable legislative and programmatic parameters. It is not HRSA's intention to compel RWHAP recipients and subrecipients to provide this service. While HRSA HAB is providing guidance regarding the use of RWHAP funds to cover housing security deposits for eligible clients, please note that RWHAP recipients and subrecipients may use a variety of funding sources to pay for a RWHAP client's security deposits.[5]

[1] See Optimizing HUD-Assisted Housing Among People in Need of HIV Care and Prevention Services 2022 Technical Expert Panel Executive Summary at https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hrsa-housing-tep-exec-summary.pdf.
[2] https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025.
[3] https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf.
[4] Allowable uses of program funds are described in HRSA HAB PCN 16-02.
[5] Examples include: Ending the HIV Epidemic (EHE) funds; program income generated through the 340B program; braided funding; and non-RWHAP grant awards.

RWHAP recipients and subrecipients interested in using RWHAP funds to pay for a RWHAP client's security deposit must maintain policies and procedures that demonstrate programmatic and legislative compliance, including that there is no violation of RWHAP's prohibition on cash payment to the RWHAP client. The procedures should also include how return of less than the full security deposit will be addressed between the recipient and the client. RWHAP recipients and subrecipients must also track returned security deposits as a refund, to be used for program purposes, and to be expended prior to grant funds.

Please contact your HRSA HAB Project Officer if you have questions about using RWHAP funds for security deposit housing services.

HRSA HAB appreciates the tireless efforts of HIV community stakeholders working to improve health outcomes for people with HIV who are at risk for or are experiencing housing instability and homelessness.

Sincerely,

/Laura W. Cheever/

Laura Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau
Health Resources and Services Administration

Key Housing Challenges and Themes (06.05.24)

- Lack of coordination among housing systems and providers
- Duplicative and confusing application process
- Lack of affordable housing stock
- Current efforts are not addressing the root causes of homelessness (stagnant incomes, poverty, racism, mental health, substance use, etc.)
- Lack of homeless prevention services
- Lack of clarity about eligibility requirements
- Outdated and restrictive federal policies and regulations
- Unclear how/where one would access or start looking for help

LOS ANGELES COUNTY COMMISSION ON HIV

Key Service Entry Points for Housing Resources (Draft for Discussion Only)

PLWHA-SPECIFIC	GENERAL
HOPWA	STAYHOUSEDLA.ORG
DHSP	https://www.lahsa.org/get-help
CHIRP/LA	Section 8
APLA HEALTH/ ALLIANCE FOR H +H	https://housing.lacounty.gov/

https://211la.org/

AGN. NO.

MOTION BY SUPERVISORS HILDA L. SOLIS AND LINDSEY P. HORVATH

July 23, 2024

Developing a Countywide Strategy for Addressing Encampments After Grants Pass

On Friday, June 28, 2024, the United States Supreme Court issued its highly anticipated ruling on *City of Grants Pass v. Johnson.* In a 6-3 decision written by Justice Neil Gorsuch, the Supreme Court ruled that cities enforcing anti-camping bans, even if people experiencing homelessness have no other place to go, does not violate the Eighth Amendment's prohibition on cruel and unusual punishment. This ruling overturns the Ninth Circuit's decisions in *City of Grants Pass v. Johnson* and *Martin v. Boise,* essentially removing six years of legal protections for unhoused residents across the country. This means that cities are no longer prohibited from punishing unhoused residents through citations or arrests for camping, sitting, sleeping, or lying in public spaces, even if no shelter beds or other resources exist.

Unfortunately, in light of the Supreme Court's ruling, cities across the country are already seizing the opportunity to establish anti-camping ordinances. For example, the

	MOTION
SOLIS	______________
MITCHELL	______________
HAHN	______________
BARGER	______________
HORVATH	______________

Palm Springs City Council recently passed a sweeping new homeless enforcement ordinance that grants police new power to arrest people who build encampments or sleep in public areas.[1] Arresting people for sitting, sleeping, or lying on the sidewalk or in public spaces does not end their homelessness, and will only make their homelessness harder to resolve with a criminal record and fines they can't afford to pay. Moving people from one community to another does not resolve their homelessness. Our homelessness and housing crisis is regional, and will only be solved with a coordinated, unified response, and resources for housing and services.

Los Angeles County has led with a Care First approach to encampment resolution. The County has long established protocols to address encampments humanely, balancing the need to maintain public spaces and rights of way with the needs of our unhoused neighbors. The County's encampment protocols exist in the context of a large and evolving humanitarian, public health, sanitation, and housing crisis. Most of the County's protocols primarily impact its unincorporated areas which the County is responsible for maintaining. However, the County's latest encampment resolution program, Pathway Home, has been implemented in partnership with several incorporated cities in the County seeking to find housing solutions for their unhoused residents. The County is committed to reducing unsheltered homelessness by helping people living on the streets come indoors, receive supportive services they need to achieve housing stability, and ultimately move into permanent housing. This year, the County has committed more than $120 Million to its Pathway Home program.

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[1] https://www.desertsun.com/story/news/local/palm-springs/2024/07/10/palm-springs-restricts-homeless-encampments-and-sleeping-in-public/74345226007/

As the County contends with the impacts of the Supreme Court's ruling, it should work with cities and Councils of Governments (COGs) to minimize disparate impacts of the ruling, especially on unincorporated areas. It should also leverage existing committees, such as Los Angeles County Executive Committee for Regional Homeless Alignment (ECHRA) which is tasked with crafting a unified homeless response, to seek alignment on encampment responses across the County. With representatives from the Board, the City of Los Angeles, from incorporated cities, and from the Governor's office, ECHRA can serve as an effective regional forum for discussion.

On July 30, 2024, the Board will be hearing a verbal report from the CEO Homeless Initiative, County Counsel, the Sheriff, and Executive Director of the Los Angeles Homeless Services Authority on a review of the *Grants Pass* decision, its potential implications in Los Angeles County, and any recommendations. These critical discussions should confirm the County's positions and discuss critical points for regional clarification.

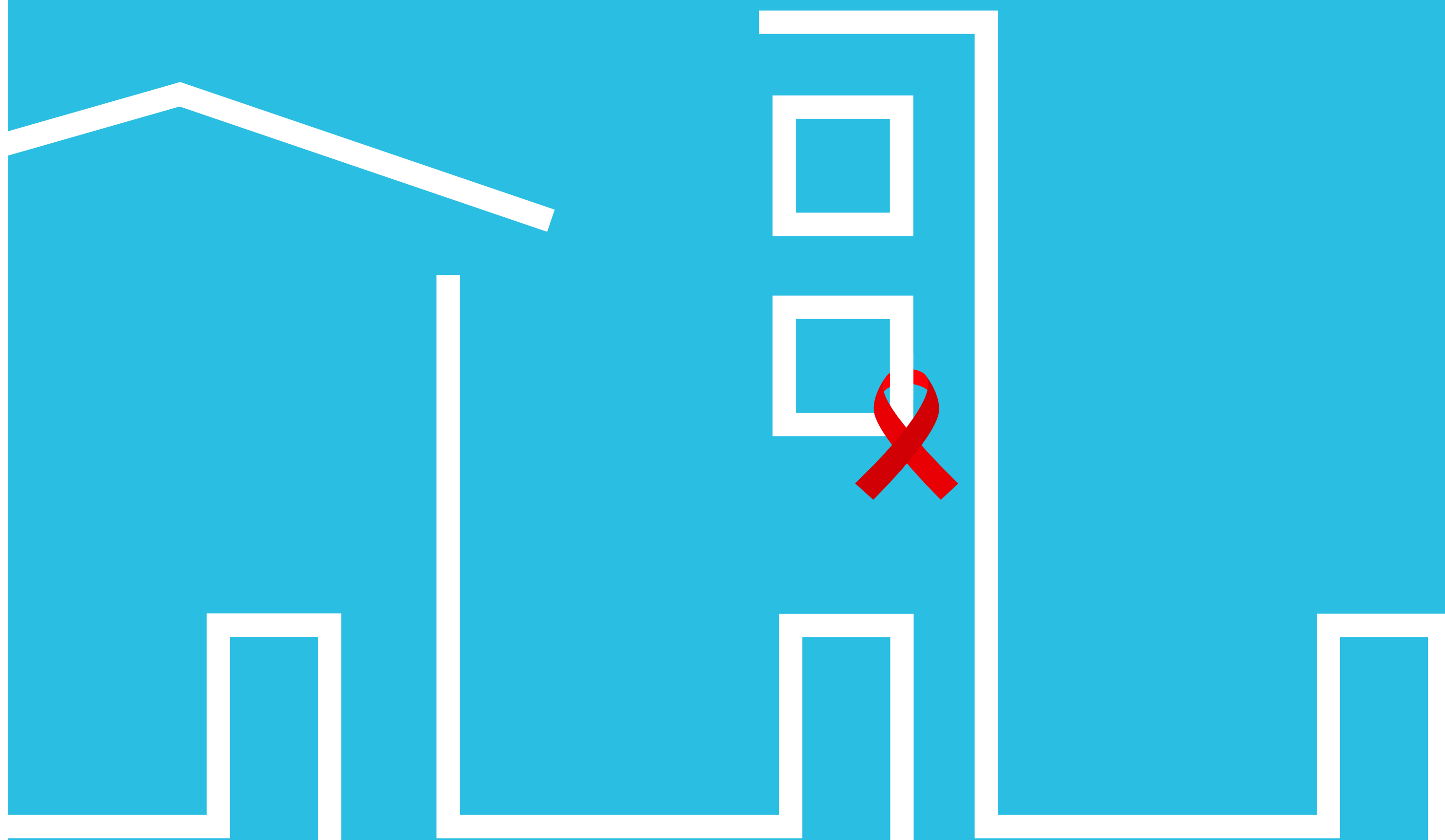
WE, THEREFORE, MOVE that the Board of Supervisors direct the Chief Executive Office Homeless Initiative, in collaboration with the Los Angeles Homeless Services Authority and the Los Angeles County Sherriff's Department, to:

1. Affirm Los Angeles County's Care First approach to encampment resolution.
2. Clarify that Los Angeles County jails will not be used to hold people arrested due to enforcement of anti-camping ordinances.
3. Circulate Los Angeles County's encampment resolution guidelines, including the role of each agency involved, to cities, COGs, and other local jurisdiction partners throughout Los Angeles County.

4. Work in partnership with the Los Angeles County Executive Committee for Regional Homeless Alignment to lead a convening of cities with the goal of minimizing disparate impact of the Grants Pass ruling across all the jurisdictions in the County.
5. Identify opportunities to expand the County's partnerships with cities to address encampments through shelter, resources, and regional coordination.
6. Monitor data from the HEARS system and from LAHSA and HOST to determine any impact to the number of encampments in unincorporated areas of the County.
7. Report back in 120 days at a future emergency declaration verbal update to the Board of Supervisors on the outcomes of Directives 1-6 and any recommendations to better address encampments, cross-jurisdictional coordination, and policy alignment across the County.

# # #

HLS:du



THE AFFORDABLE HOUSING CRISIS:

IMPACT ON PEOPLE LIVING WITH HIV IN CALIFORNIA

CALIFORNIA
HIV / AIDS POLICY
RESEARCH CENTERS

JULY 2017

BACKGROUND AND SIGNIFICANCE

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

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

CONTEXT AND IMPORTANCE OF PROBLEM

Housing Resources for PLWH in California

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

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

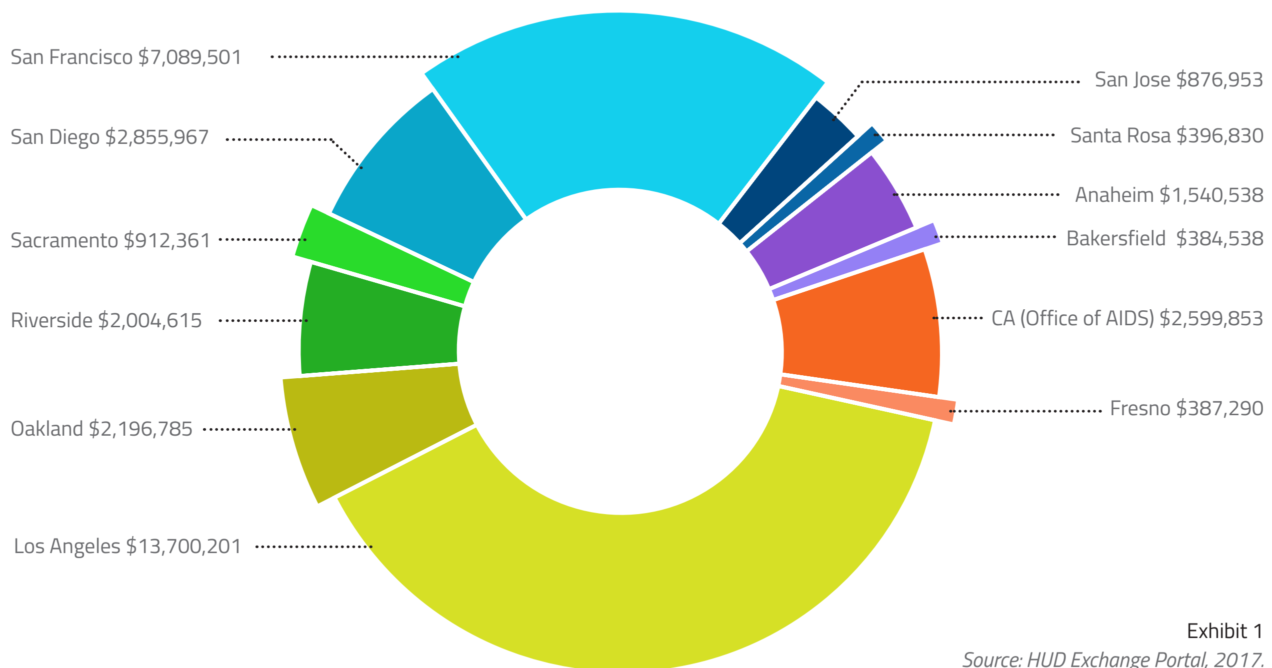


Exhibit 1
Source: HUD Exchange Portal, 2017.

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

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

The Intersection of Stable Housing and Health Outcomes for PLWH

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

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

Stage	Impact
HIV TESTING & 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", 2015.

A Housing Crisis: Trends in Housing Availability in California

LACK OF AFFORDABLE UNITS

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

FAIR MARKET RENT, HOUSING COSTS, AND INFLATION

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

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

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

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

*** Annual Income Needed to Afford One-Bedroom at Fair Market Rent*

**** Work Hours Per Week to Afford One-Bedroom at $10 Minimum Wage*

HOPWA FLAT FUNDING

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

Discussion of Key Challenges

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

Topic	Barriers, Gaps, and Challenges
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 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. • 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.

POLICY RECOMMENDATIONS

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

Recommendation	Strategies and Activities
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.
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.
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.
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.
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. • 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.
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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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.

CITATION

Nelson K, Sundback N, King A. The Affordable Housing Crisis: Impact on People Living with HIV in California. California HIV/AIDS Policy Research Centers. March 2017.

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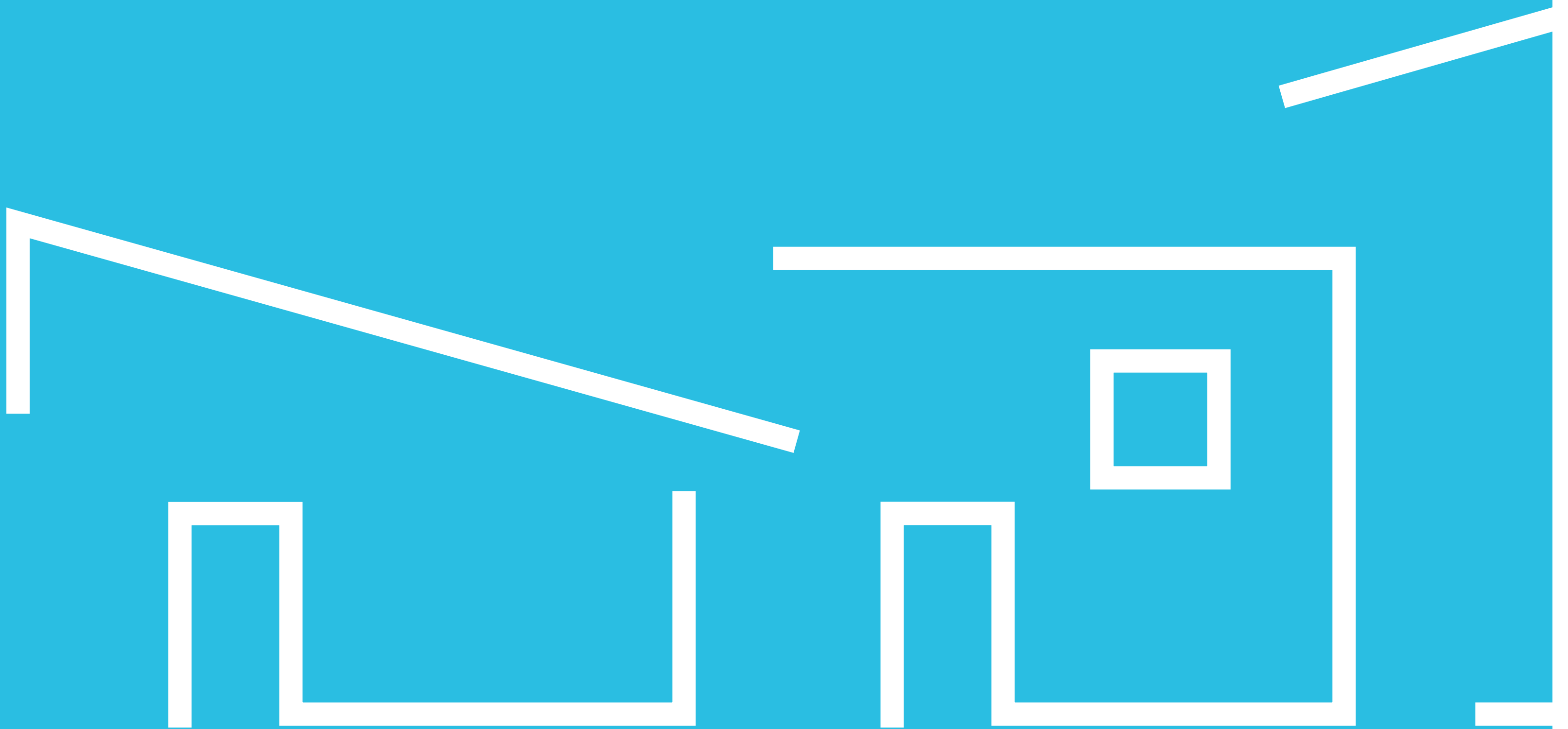

FOR QUESTIONS, OR TO READ THE FULL-LENGTH REPORT WITH REFERENCES

visit: www.chprc.org or **email:** Katja Nelson at knelson@apla.org

The Affordable Housing Crisis:

Impact on People Living with HIV in California

March 2017

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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

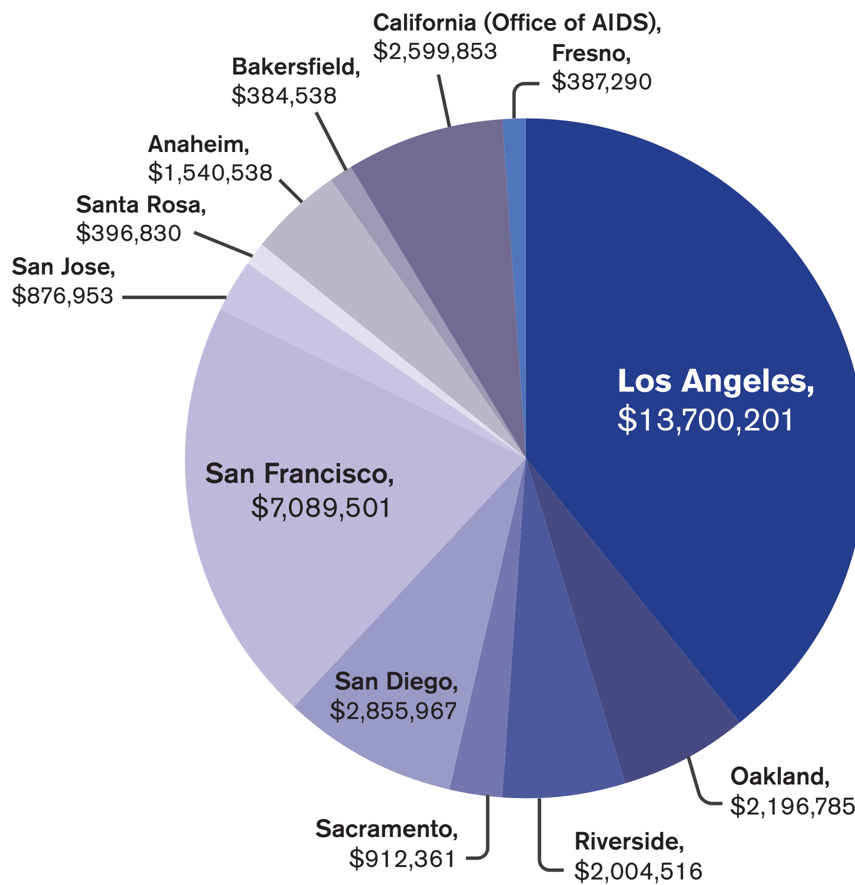
Housing Resources for PLWH in California

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.

4 AB 71 (Chiu), SB 2 (Atkins), SB 3 (Beall), ACA 4 (Aguiar-Curry), SB35 (Wiener), AB72 and 352 (Santiago), SB 540 (Roth) AB 678 (Bocanegra), SB 167 (Skinner), AB 181 (Lackey), AB 53 (Steinorth), AB 1505, AB 1506, AB 1521, and AB 1585 (Bloom), were introduced in the 2017.

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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?}