



LOS ANGELES COUNTY
COMMISSION ON HIV



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HOUSING TASK FORCE

Virtual Meeting

Friday, August 23, 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.

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<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=me79066844488036015f385fa52415712>

MEETING PASSWORD: HOME

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LOS ANGELES COUNTY
COMMISSION ON HIV



510 S. Vermont Ave. 14th Floor, Los Angeles, CA 90020
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HOUSING TASK FORCE VIRTUAL MEETING

AGENDA

FRIDAY, AUGUST 23, 2024

9:00AM-10:00AM

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=me79066844488036015f385fa52415712>

Join by phone

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

Access code/Meeting number: 2537 463 0024

Password: HOME

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

2. DISCUSSION 9:05AM-9:50AM
 - a. July 26, 2024 Meeting Recap (See meeting summary)
 - b. Approve workplan and priority activity (housing-focused needs assessment)
 - c. Review proposed timeline for housing-focused needs assessment
 - d. Identify and review existing data sources and needs assessments (i.e., City of LA Consolidated Plan, Housing Element Needs Assessment)
 - e. Develop needs assessments aims

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

4. ADJOURNMENT 10:00AM



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HOUSING TASK FORCE (HTF) VIRTUAL MEETING

[CLICK HERE FOR MEETING PACKET](#)

JULY 26, 2024 | 9AM-10AM

MEETING SUMMARY

Agenda Item	
Attendees:	<ul style="list-style-type: none"> • Danielle Campbell • Jaime Cervantes de Reinstein • Erika Davies • Kevin Donnelly • Joseph Green • Dr. Michael Green • Dr. David Hardy (Co-Chair) • Ish Herrera • Lee Kochems <ul style="list-style-type: none"> • Katja Nelson (Co-Chair) • Damone Thomas • Marilyn Ramos • Daryl Russell • Marjorie Solorzano • Commission Staff: Cheryl Barrit and Lizette Martinez
Introductions	KEY DISCUSSION POINTS
Discussion on Workplan Development	<p>K. Nelson called the meeting to order and went over the packet materials and meeting objectives (select and prioritize 1-2 activities for the HTF workplan).</p> <ul style="list-style-type: none"> • Under activity #5, change “target” to “prioritized populations” in the workplan. • Collaborate with LAHSA to provide counseling services to PLWH. • Under activity #2, what do we need to look at to make access and process easier. A personal story was shared about confusing and often conflicting communication from a housing provider. The client submitted the required documentation, was awarded a housing voucher, then was told that funding had been exhausted and was placed back on the waiting list. The case illustrated the devastating experience and harmful process for people applying for housing programs. • How can the HTF get in touch with different county agencies to understand where the break down is; perhaps this could be a part of a housing-focused needs assessment; there is no consistency in the application process across Los Angeles County; people are being led along when there is no funding which causes deep frustration and exacerbates their already precarious housing and health situations. • There is lack of consistency, accurate communication and accountability among housing providers. Clients are asked to apply

multiple times over the course of many years; need some kind of accountability for agencies.

- Assuming the personal story shared is happening to other people, there needs to be a better hand-off between administrative agencies and subcontractors and across all service points.
- Understanding the scope of the problem is important.
- Intervene before people lose their housing. Tie housing services to legal and other supportive services.
- Data is problematic. How can we as a community advocate for resources if we do not even know the scope of the homelessness in the County?
- Data inquiry should look at the general homeless population, and of those, how many are PLWH? We often ask how many PLWH are homeless.
- Data should be a priority for the HTF. Define steps in creating reliable data.
- It is important for the HTF to have action, not just assessments.
- Collect data, describe the issue and provide recommendations.
- Include engaging with and speaking to providers a part of the data collection.
- Data piece is important. Develop a diagram that shows all program programs that clients touch; we need to know the full landscape of services.
- Engaging the HOPWA staff is challenging.
- Look the Ryan White Emergency Financial Assistance (EFA) program as a program to help PLWH housed; narrow the scope of EFA to focus on rental assistance. Change name and focus to Emergency Rental Assistance.
- How many people in shelters are acquiring HIV?
- Reach out to those agencies who provide this service and ask what the disconnect is for housing case managers. What are their barriers and what is lacking in their process? Frontline staff are the ones we need at the table because higher ups do not know what it is like to do the work
- Incorporate a housing question on HIV/STD testing forms (if they have stable housing, are homeless, etc.?)
- Recommend to the County that they should create a good sample size of homeless PLWH.
- HOPWA is supposed to do needs assessment and this might be a good start. Leverage existing or complementary needs assessment with the COH's charge to conduct needs assessments. The HTF could select a housing-focused needs assessment as it's priority.
- There is a pool of Intensive Case Managers attached to housing services funded by the County. Work with them for surveys and focus groups; focus on boots on the ground staff, not leadership for surveys and focus groups.

	<ul style="list-style-type: none"> • Partner with street medicine programs to collect data; bring testing to people on the streets. • Governor Newsom’s Executive Order on clearing encampments have deep implications for delivering services. Street medicine and the Linkage and Re-engagement Program (LRP) would be useful for collecting data. DHSP is also investing in mobile units.
Next Steps	Revise workplan to focus on data collection/needs assessment for the workplan (C. Barrit).
Agenda Development for Next Meeting	<ol style="list-style-type: none"> 1. Approve workplan 2. Develop timeline for housing-focused needs assessment. 3. Develop needs assessment questions.
Adjournment	Meeting adjourned at 10:10am

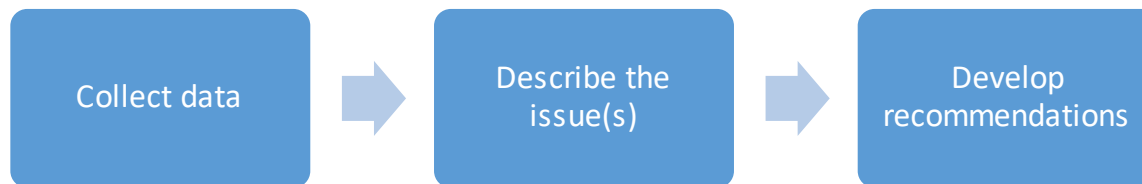


PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Housing Task Force will lead and advance for 2023-2024.

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.

2024-2025 WORKPLAN PRIORITY		
RECOMMENDATIONS FROM TERRY GODDARD AND DR. MICHAEL GREEN (from June 28, 2024 HTF Meeting)		
#	ACTIVITY	TIMELINE/DUE DATE/ACTION ITEMS
1	Review existing data and conduct housing-focused needs assessment. Dig deeper in the housing needs and challenges for PWH and those at risk. Identify provider needs around housing such as service/staffing and organizational capacity needs, issues, and challenges.	<ol style="list-style-type: none"> 1. Identify and review existing data sources and needs assessments (i.e., City of LA Consolidated Plan, Housing Element Needs Assessment) August-September 2024 2. Develop needs assessment objectives and aims. August 2024 3. Agree on approach/methodology (surveys, listening sessions, focus groups, town halls?) September 2024 4. Identify needs assessment participants (clients, front line staff?) September 2024 5. Develop needs assessment questions/instruments. September-October 2024 6. Finalize instruments, promote, recruit participants, and administer survey. November-December 2024 7. Collect data analyze data. January-February 2025 8. Develop report and recommendations. March-April 2025



PRIORITY LIST AFTER ACTIVITY 1 IS COMPLETED

2	<p>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.</p> <ul style="list-style-type: none"> ➤ Offer more legal services (such as help with eviction notices, landlord mediation, etc.) and emergency financial assistance to keep people housed. 	<p>Update service standards Review EFA and housing service standards Create program directives to DHSP</p>		<p>SBP is currently reviewing and updating the EFA service standards.</p>
3	<p>Once standards are updated, pursue advocacy efforts and use data with personal stories to advocate for more funding and/or policy changes.</p>	<p>Annual priority setting and resource allocations (PSRA) process.</p>		<p>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.</p>
4	<p>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.</p>	<p>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.</p>		

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

OTHER IDEAS FOR FUTURE WORKPLANS AND ACTIVITEIS

#	HOUSING CHALLENGE/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
1	<p>Lack of coordination among housing systems and providers</p>	<ul style="list-style-type: none"> • HTF should look at ways to collaborate with DHSP and other providers – agencies are not aware of what each other are doing; not much communication between HIV and housing providers; conduct a 		

OTHER IDEAS FOR FUTURE WORKPLANS AND ACTIVITEIS

#	HOUSING CHALLENGE/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
		<p>training among housing providers about the Ryan White program</p> <ul style="list-style-type: none"> • Improve interagency communication; the lack of and often conflicting communication among lead agencies and subcontractor agencies lead to frustration and delays in application process; case closures are done erroneously and the burden of starting over is on the client. Submitted documents are lost when they 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	<p>Duplicative and confusing application process</p>	<ul style="list-style-type: none"> • Improve interagency communication; the lack of and often conflicting communication among lead agencies and subcontractor agencies lead to frustration and delays in application process; case closures are done erroneously and the burden of starting over is on the client. Submitted documents are lost when they have been submitted by the client multiple times. No one is talking to the client; often left in limbo. 		

OTHER IDEAS FOR FUTURE WORKPLANS AND ACTIVITEIS

#	HOUSING CHALLENGE/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
3	Lack of affordable housing stock			
4	Current efforts are not addressing the root causes of homelessness (stagnant incomes, poverty, racism, mental health, substance use, etc.)	<ul style="list-style-type: none"> • Explore service models for different populations, such as the TransLatina Coalition’s employment to housing program, where graduates of the program learn to start their own business. • Intersect housing with other capacities like employment, food, mental health; some agencies just provide housing but not other services needed by the client to remain housed. 		
5	Lack of homeless prevention services	<ul style="list-style-type: none"> • Explore service models for different populations, such as the TransLatina Coalition’s employment to housing program, where graduates of the program learn to start their own business. • Intersect housing with other capacities like employment, food, mental health; some agencies just provide housing but not other services needed by the client to remain housed. • Universal basic income, expand financial assistance, temporary and permanent supporting housing. 		
6	Lack of clarity about eligibility requirements	<ul style="list-style-type: none"> • HTF should look at ways to collaborate with DHSP and other providers – agencies are not aware of what each other are doing; not much communication between 		

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

COMPREHENSIVE HIV PLAN (CHP) HOUSING RELATED ACTIVITIES:

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



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)	<p>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.</p>
2	<p>Ryan White Program Year 32 Service Utilization Data Summary Part 3 – Housing, Emergency Financial Assistance, Nutrition Support (DHSP)</p> <ul style="list-style-type: none"> ❖ See pages 4-7 for housing services ❖ See pages 8-11 for emergency financial assistance services 	<p>HOUSING SERVICES Population Served:</p> <ul style="list-style-type: none"> • In Year 32, a total of 241 clients received Housing Services in Year 32. In LAC this category includes: <ul style="list-style-type: none"> ○ Permanent Supportive Housing, also known as <u>Housing for Health [H4H]</u>, that served 157 clients ○ <u>Residential Care Facilities for Chronically Ill (RCFCI)</u> that served 54 clients ○ <u>Transitional Residential Care Facilities (TRCF)</u> 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 <p>EMERGENCY FINANCIAL ASSISTANCE (EFA) SERVICES Population Served:</p> <ul style="list-style-type: none"> • In Year 32, a total of 378 clients received EFA that includes three types of service: <ul style="list-style-type: none"> ○ 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.
		<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.
		<p>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).</p>
4	Los Angeles Continuum of Care Data Summary 2024 Homeless Count	<ul style="list-style-type: none"> • 1,263 (2%) with HIV/AIDS



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HOUSING NEEDS ASSESSMENTS INVENTORY

#	Title & Document Link	Organization
1	Los-Angeles Housing Report 2022-AHNR-rev1.pdf (chpc.net)	California Housing Partnership Data mapping tools: Data Tools - California Housing Partnership (chpc.net)
2	Los Angeles City Planning Housing Needs Assessment ch1.pdf (lacity.gov)	Los Angeles City Planning Department
3	Los Angeles County Housing Element housing-element-20220517.pdf (lacounty.gov)	Los Angeles County Planning Department
4	Assessment of Fair Housing – LAHD (lacity.org)	The Los Angeles Housing Department (LAHD) and the Housing Authority of the City of Los Angeles (HACLA)
5	Los Angeles County Women’s Needs Assessment 2022 Survey of Women Experiencing Homelessness Los Angeles County Women’s Needs Assessment Urban Institute	Downtown Women’s Center
6	2023-2027 Consolidated Plan (ConPlan) SKM_C750i23051615110 (lacity.org)	City of Los Angeles
7	Annual Trends Among the Unsheltered in Three Los Angeles Neighborhoods. The Los Angeles Longitudinal Enumeration and Demographic Survey (LA LEADS) 2023 Annual Report Annual Trends Among the Unsheltered in Three Los Angeles Neighborhoods: The Los Angeles Longitudinal Enumeration and Demographic Survey (LA LEADS) 2023 Annual Report RAND	RAND Corp.
8	Hollywood 2.0 https://dmh.lacounty.gov/hollywood-2-0/	DMH and WeHo

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



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

PLWHA-SPECIFIC

HOPWA

DHSP

CHIRP/LA

APLA HEALTH/ALLIANCE FOR H +H

<https://211la.org/>

GENERAL

STAYHOUSEDLA.ORG

<https://www.lahsa.org/get-help>

Section 8

<https://housing.lacounty.gov/>





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Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

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dhspsupport@ph.lacounty.gov

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





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Línea de Atención al Cliente**

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

En el sitio web:
<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>

