



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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# HOUSING TASK FORCE

## Virtual Meeting

Friday, September 27, 2024

9:00AM-11:00AM (PST)

**\*\*A conversation with DHSP-funded housing and legal services providers will take place during the meeting\*\***

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:**

Commission on HIV Housing Task Force Meeting

Hosted by LA County Commission on HIV

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m3169fb9f6b84d5787ea75c22829b9a38>

Meeting number: 2531 117 7848

Password: HOME

Join by phone:

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

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

**For housing resources, visit:**

<https://www.chirpla.org/>

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

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Apply to become a Commission Member at:

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

**AGENDA**

**FRIDAY, SEPTEMBER 27, 2024**

**9:00AM-11:00AM**

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m3169fb9f6b84d5787ea75c22829b9a38>

Join by phone:

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- |  |                          |
|--|--------------------------|
| <b>1. WELCOME &amp; INTRODUCTIONS</b>  | <b>9:00AM-9:05AM</b>     |
| <b>2. CO-CHAIRS' REPORT</b>  | <b>9:-05AM-9:10AM</b>    |
| a. August 23 Meeting Recap (See meeting summary)   |                          |
| b. Ground rules for solution-focused conversation  |                          |
| <b>3. DISCUSSION</b>   | <b>9:10AM-10:45AM</b>    |
| <i>Conversation with DHSP-funded housing and legal services providers</i>  |                          |
| a. Guest introductions and brief program/service overviews   |                          |
| b. How do your programs work together to foster housing-legal services and partnerships for clients?   |                          |
| c. When are you seeing clients in the service pipeline? What issues are they presenting with? How are your agencies mitigating their issues and needs? |                          |
| d. How can your services help prevent clients from becoming homeless? What services are provided for prevention versus those who are already homeless? |                          |
| e. How are clients getting to your agencies? Are they being referred by agencies? Other Ryan White-funded service providers? Self-referrals?           |                          |
| f. Where are the gaps and failures happening in the overall service delivery network?  |                          |
| g. What are legal issues are clients presenting with?  |                          |
| h. What strategies should we consider in using legal services to keep people housed? How can this strategy be supported?                               |                          |
| <b>4. AGENDA DEVELOPMENT FOR NEXT MEETING</b>  | <b>10:45PM – 10:50AM</b> |
| <b>5. ADJOURNMENT</b>  | <b>11:00AM</b>           |



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**HOUSING TASK FORCE (HTF) VIRTUAL MEETING**

[CLICK HERE FOR MEETING PACKET](#)

**AUGUST 23, 2024 | 9AM-10AM**

**MEETING SUMMARY**

Agenda Item	
<b>Attendees:</b>	<ul style="list-style-type: none"> <li>• Dr. Michael Green</li> <li>• Dr. David Hardy (Co-Chair)</li> <li>• Lee Kochems</li> <li>• Katja Nelson (Co-Chair)</li> <li>• Damone Thomas</li> <li>• Dee Saunders</li> </ul>
	<ul style="list-style-type: none"> <li>• Russell Ybarra</li> <li>• Marjorie Solorzano</li> <li>• Commission Staff: Cheryl Barrit and Lizette Martinez</li> </ul>
<b>Introductions</b>	<b>KEY DISCUSSION POINTS</b>
	K. Nelson called the meeting to order and initiated group discussion on the HTF workplan.
<b>Discussion on Workplan/Key Activity</b>	<ul style="list-style-type: none"> <li>• There is general support for conducting needs assessments but also tackling immediate needs and issues for PLWH experiencing homelessness.</li> <li>• Use needs assessment activities to create short-term and long-term recommendations to the Commission and Board of Supervisors.</li> <li>• Conduct community engagement work in tandem with needs assessments.</li> <li>• Be mindful that the consumers asked for the formation of the HTF- the group should address consumer needs in its activities and response.</li> <li>• The immediate need is to keep people housed.</li> <li>• Remain agile such as addressing policy issues and the federal budget around housing.</li> <li>• The group supported the suggestion to engage DHSP-funded housing and legal services agencies to understand the types of needs they see among their clients. Some questions to ask include:               <ul style="list-style-type: none"> <li>○ How do your programs work together to foster housing-legal services and partnerships for clients?</li> <li>○ When are you seeing clients in the service pipeline? What issues are they presenting with? How are your agencies mitigating their issues and needs?</li> <li>○ How can your services help prevent clients from becoming homeless? What services are provided for prevention versus those who are already homeless?</li> <li>○ How are clients getting to your agencies? Are they being referred by agencies? Other Ryan White-funded service providers? Self-</li> </ul> </li> </ul>

	<p>referrals?</p> <ul style="list-style-type: none"> <li>○ Where are the gaps and failures happening in the overall service delivery network?</li> <li>○ What are legal issues are clients presenting with?</li> <li>○ What strategies should we consider in using legal services as a way to keep people housed? How can this strategy be supported?</li> </ul> <ul style="list-style-type: none"> <li>● A participant noted that they attended a community listening session hosted by the County’s Homeless Initiative and the issues are similar for PLWH.</li> <li>● Invite these DHSP-funded housing and legal services agencies to the September 27 meeting and extend the time to 2 hours.</li> <li>● There was concern expressed about limiting the HTF focus on services that exist; need to also look at bigger issues.</li> <li>● In response to a question on the focus of the needs assessment, K. Nelson clarified that the needs assessments would look at both retention and those at risk of losing housing as well.</li> <li>● A participant noted that housing status is often not asked in client assessments or screenings.</li> <li>● Address housing even if outside of Ryan White especially for people who are on a fixed income. These individuals cannot afford to pay for rent increases.</li> <li>● Funding is an issue but the needs of PLWH are different. For some it is a money issue, while for others the issues are more complex. HTF focus is not limited to Ryan White services only.</li> <li>● Consider doing another activity that looks at the needs of homeless people wo are HIV+ (versus HIV+ and homeless). Look at the issue from a homeless perspective first, then HIV. From there, ask what their needs are. This information is needed to advocate for funding with specific amount. Enlist street medicine teams to ask homeless individuals if they positive and offer testing. Do not expect people to go to clinics to get tested.</li> <li>● Dr. Green noted that DHSP supports street medicine teams, however, these programs are still at their nascent stages. It will be a while before reliable data can be collected and analyzed. The funds available under CDC and HRSA for screening are limited and not enough to take on a large-scale sampling to identify homeless individuals who are positive. The Ryan White (RW) program is a payor of last resort- need to build a system that is not reliant on RW. It would be more appropriate to revisit the street medicine conversation in six months.</li> <li>● Consider dovetailing housing/homeless response activities with the Linkage and Re-engagement Program (LRP). Invite them at an HTF meeting.</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>● Invite these DHSP-funded housing and legal services agencies to the September 27 meeting and extend the time to 2 hours.</li> <li>● Revise workplan to focus on engaging DHSP-funded housing and legal services providers as a short-term activity.</li> </ul>

<b>Agenda Development for Next Meeting</b>	1. DHSP-funded housing and legal services provider panel.
<b>Adjournment</b>	Meeting adjourned at 10:10am

## 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](http://STAYHOUSEDLA.ORG)

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

Section 8

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



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# 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	<a href="#">Persons Living with HIV &amp; Experiencing Homelessness in Los Angeles County   A Summary of Diagnoses in 2022 (DHSP)</a>	<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><a href="#">Ryan White Program Year 32 Service Utilization Data Summary Part 3 – Housing, Emergency Financial Assistance, Nutrition Support (DHSP)</a></p> <ul style="list-style-type: none"> <li>❖ See pages 4-7 for housing services</li> <li>❖ See pages 8-11 for emergency financial assistance services</li> </ul>	<p><b>HOUSING SERVICES</b> <b>Population Served:</b></p> <ul style="list-style-type: none"> <li>• 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"> <li>○ Permanent Supportive Housing, also known as <u>Housing for Health [H4H]</u>, that served 157 clients</li> <li>○ <u>Residential Care Facilities for Chronically Ill (RCFCI)</u> that served 54 clients</li> <li>○ <u>Transitional Residential Care Facilities (TRCF)</u> that served 31 clients</li> </ul> </li> <li>• Most Housing Services clients were cisgender men, Latinx, and aged 50 and older (Figure 1)</li> <li>• Among the priority populations, the largest percent served were PLWH ≥ age 50, followed by unhoused people and Latinx MSM</li> <li>• 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).</li> <li>• Total expenditures: \$7,965,955 (Part A, B, MAI); \$33,054 per client</li> </ul> <p><b>EMERGENCY FINANCIAL ASSISTANCE (EFA) SERVICES</b> <b>Population Served:</b></p> <ul style="list-style-type: none"> <li>• In Year 32, a total of 378 clients received EFA that includes three types of service:             <ul style="list-style-type: none"> <li>○ Food Assistance provided to 30 clients</li> <li>○ Rental Assistance provided to 283 clients</li> <li>○ Utility Assistance provided to 162 clients</li> </ul> </li> </ul>



#	DATA SOURCE	KEY TAKEAWAYS Please read report for details.
		<ul style="list-style-type: none"> <li>• Most EFA clients were cisgender men, Latinx and Black, and aged 50 and older (Figure 3)</li> <li>• PLWH ≥ age 50 represented the largest percent among priority populations (51%), followed by Latinx MSM (26%) and Black MSM (24%).</li> <li>• Total expenditures (food, rental assistance, and utilities): 1,741,442 (Part A); \$4,607 per client</li> </ul>
3	<a href="#">Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026</a>	<ul style="list-style-type: none"> <li>• 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).</li> <li>• 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).</li> <li>• 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).</li> <li>• 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).</li> <li>• There are more than 69,000 homeless persons in LA County on any given night.<sup>44</sup> 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</li> </ul>

#	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	<a href="#">Los Angeles Continuum of Care Data Summary 2024 Homeless Count</a>	<ul style="list-style-type: none"> <li>• 1,263 (2%) with HIV/AIDS</li> </ul>



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**HOUSING NEEDS ASSESSMENTS INVENTORY**

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



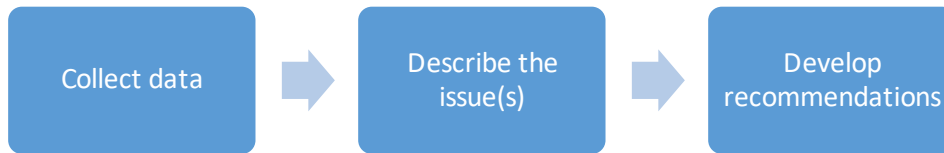
**PURPOSE OF THIS DOCUMENT:** To identify activities and priorities the Housing Task Force will lead and advance for 2023-2024.

**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 SHORT-TERM ACTIVITY		
#	ACTIVITY	TIMELINE/DUE DATE/ACTION ITEMS
1	<p>Engage DHSP-funded housing and legal services agencies to understand the types of needs they see among their clients.</p> <ul style="list-style-type: none"> <li>○ keep people housed? How can this strategy be supported?</li> </ul>	<p>Invite these DHSP-funded housing and legal services agencies to the September 27 meeting and extend the time to 2 hours.</p> <p>Some questions to ask include:</p> <ul style="list-style-type: none"> <li>○ How do your programs work together to foster housing-legal services and partnerships for clients?</li> <li>○ When are you seeing clients in the service pipeline? What issues are they presenting with? How are your agencies mitigating their issues and needs?</li> <li>○ How can your services help prevent clients from becoming homeless? What services are provided for prevention versus those who are already homeless?</li> <li>○ How are clients getting to your agencies? Are they being referred by agencies? Other Ryan White-funded service providers? Self-referrals?</li> <li>○ Where are the gaps and failures happening in the overall service delivery network?</li> <li>○ What are legal issues are clients presenting with?</li> <li>○ What strategies should we consider in using legal services as a way to keep people housed?</li> </ul>

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	<p>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.</p>	<ol style="list-style-type: none"> <li>1. Identify and review existing data sources and needs assessments (i.e., City of LA Consolidated Plan, Housing Element Needs Assessment) <b>August-September 2024</b></li> <li>2. Develop needs assessment objectives and aims. <b>August 2024</b></li> <li>3. Agree on approach/methodology (surveys, listening sessions, focus groups, town halls?) <b>September 2024</b></li> <li>4. Identify needs assessment participants (clients, front line staff?) <b>September 2024</b></li> <li>5. Develop needs assessment questions/instruments. <b>September-October 2024</b></li> <li>6. Finalize instruments, promote, recruit participants, and administer survey. <b>November-December 2024</b></li> <li>7. Collect data analyze data. <b>January-February 2025</b></li> <li>8. Develop report and recommendations. <b>March-April 2025</b></li> </ol>



**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"> <li>➤ Offer more legal services (such as help with eviction notices, landlord mediation, etc.) and emergency financial assistance to keep people housed.</li> </ul>	<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&amp;A Committee will undertake PSRA for Program Year (PY) 34 and PY 35, 36, and 37 at the July and August PP&amp;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><b>Lack of coordination among housing systems and providers</b></p>	<ul style="list-style-type: none"> <li>• 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</li> <li>• 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.</li> <li>• Ensure Medical Care Coordination teams and benefits specialty services contractors are aware of resources; provide trauma-informed care training.</li> </ul>		
2	<p><b>Duplicative and confusing application process</b></p>	<ul style="list-style-type: none"> <li>• 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</li> </ul>		

**OTHER IDEAS FOR FUTURE WORKPLANS AND ACTIVITEIS**

#	HOUSING CHALLENGE/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
		<p>have been submitted by the client multiple times. No one is talking to the client; often left in limbo.</p>		
3	<p><b>Lack of affordable housing stock</b></p>			
4	<p><b>Current efforts are not addressing the root causes of homelessness (stagnant incomes, poverty, racism, mental health, substance use, etc.)</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>		
5	<p><b>Lack of homeless prevention services</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Universal basic income, expand</li> </ul>		



**OTHER IDEAS FOR FUTURE WORKPLANS AND ACTIVITEIS**

#	HOUSING CHALLENGE/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
		financial assistance, temporary and permanent supporting housing.		
6	<b>Lack of clarity about eligibility requirements</b>	<ul style="list-style-type: none"> <li>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</li> <li>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.</li> </ul>		
7	<b>Outdated and restrictive federal policies and regulations</b>	<ul style="list-style-type: none"> <li>Agencies are under-staffed; secure more funding to expand staffing capacity.</li> </ul>		
8	<b>Unclear how/where one would access or start looking for help</b>	<ul style="list-style-type: none"> <li>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</li> <li>Develop 1 hotline for housing resources and program for PLWH and those at risk? Isn't this CHIRP LA?</li> </ul>		

**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

# Homeless Initiative

## Los Angeles County Emergency Response

Los Angeles County Board of Supervisors



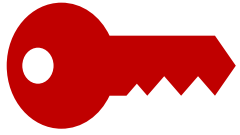
Chief Executive Office.



County of Los Angeles  
Homeless Initiative



# FOUR PEH MISSIONS



ENCAMPMENT  
RESOLUTION

1



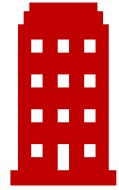
HOUSING

2



MENTAL HEALTH  
AND  
SUBSTANCE USE  
DISORDER  
TREATMENT

3



EVICTON  
PREVENTION

4



# Strategies to Address People Experiencing Homelessness with Substance Use Disorders

September 17, 2024

Los Angeles County Department of Public Health  
Substance Abuse Prevention and Control Bureau



# Impact of the Homeless Emergency Declaration on SAPC Services

- **The pace of new initiatives, priorities, legislation, and work consistently outpaces the timing of bringing in staff or contracting for and procuring services and products to execute this new work**
  - Homeless flexibilities have been essential to allow SAPC to:
    - More quickly bring in critical staff to meet a variety of growing responsibilities related to homelessness, CalAIM, SB 43, payment reform, operationalizing new funding such as opioid settlement/BHBH/MHSOAC, etc.
    - Establish contracts via a truncated timeline to expand needed services more quickly.
    - Expediate procurement of supplies such as overdose prevention kits to minimize homeless overdose deaths
  - Each of these areas (hiring, contracting, procurement) are essential to address County priorities around homelessness and **months have been saved through each of these processes due to these flexibilities**



# SAPC's Leveraging of the Homeless Emergency Declaration

- **Hiring**
  - Examinations opened through HI →
    - SAPC Examinations: 13      Other DPH Programs with HI Nexus: 4 examinations
  - Hired candidates through the HI examination process →
    - SAPC Hires: 37 candidates      Other DPH Programs with HI Nexus: 23 candidates
  - Ordinance Position Authority (OPA's) to support expedited hiring through HI → 32+ items
- **Contracting**
  - New contracts executed → 5 harm reduction & 3 opioid settlement related contracts
  - Contract amendments executed → 9 (7 harm reduction and 2 juvenile justice SUD treatment)
- **Procurement**
  - Substance Use Disorder Network Learning Platform
  - In-process of procuring items for 25,000 overdose prevention kits

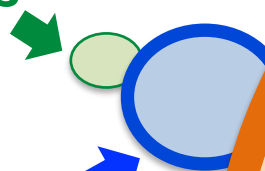




## Support from the Board of Supervisors

- **Consider making homeless emergency declaration flexibilities permanent** (hiring/contracting/procurement) to routinize the urgency of this work to better support PEH

Those seeking out services



Those interested in but  
not seeking out services

Those not interested in  
services

**Fundamentally,  
people with SUDs can be  
categorized into 3 groups**

# A Continuum of Substance Use Interventions



## Youth Development & Health Promotion

- Programs at school- and community-level

## Drug Use Prevention

- Universal, selected, and indicated prevention

**Harm Reduction** → Currently largely serves people who are using drugs and not yet interested in SUD treatment

- Low threshold services proven to reduce morbidity and mortality, including outreach, overdose prevention (naloxone and fentanyl test strip distribution, etc), syringe exchange, peer services, linkages to SUD treatment and other needed services, etc.

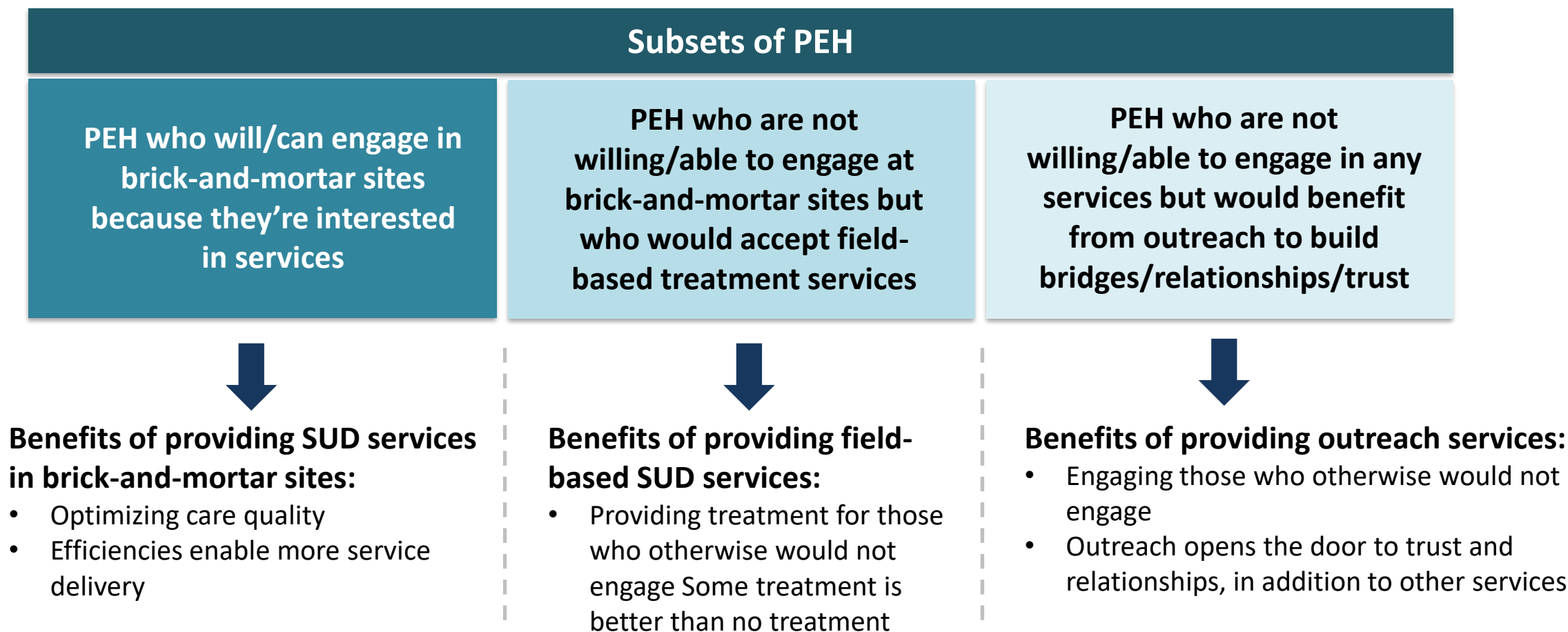
**SUD Treatment & Recovery** → Currently largely serves people who are ready for abstinence

- Involves a spectrum of settings: opioid treatment programs, outpatient, intensive outpatient, residential, inpatient, withdrawal management, Recovery Services, Recovery Bridge Housing, field-based services, care coordination and navigation, etc.

**Surveillance** of drug use and its community impact

# Strategic Approach to Meeting PEH Needs

- Optimizing the matching of resources to need





# Expanding SUD Services and Reach

- **Brick-and-Mortar SUD treatment**

- Field-based SUD treatment
- Outreach & harm reduction expansion

- **Ideal for individuals who will actively seek out SUD treatment, with or without support (e.g., transportation).**
- **Service participants receive all components of SUD treatment:**
  - Individual counseling
  - Group counseling
  - Medications for addiction treatment
  - Care coordination
  - Family therapy
  - Higher levels of care (withdrawal management, residential, inpatient, etc.)
- **Growth of SAPC's specialty SUD treatment system since implementation of the Drug Medi-Cal waiver in 2017:**
  - Overall, **275% increase** in SUD treatment investments due to **830% increase** in leveraging of Drug Medi-Cal, resulting in:
    - **>200% increase** in residential SUD treatment beds
    - **50% increase** in outpatient SUD treatment
    - **>700% increase** in Recovery Bridge Housing beds

# Expanding SUD Services and Reach

- Brick-and-Mortar SUD treatment
- **Field-based SUD treatment**
- Outreach & harm reduction expansion

- **Field-based SUD treatment (FBS) is provided in non-traditional settings such as encampments, shelters, interim or permanent housing, etc.**
- **Goal is to increase access to SUD treatment services, promote patient engagement, and better serve hard-to-reach populations**
- **Primary components of SUD treatment are more limited compared to brick-and-mortar settings:**
  - Individual counseling
  - Care coordination
  - MAT available through the MAT Consultation Line operated by DHS and funded by SAPC
- **FBS scaling challenges for SUD providers: staffing shortages, cost-to-volume of service recipient ratio (reimbursement)**
- **SAPC has streamlined the FBS application process and significantly expanded FBS:**

Fiscal Year	FBS Agencies	FBS Service Sites
FY 22-23	16	56
FY 23-24	22	111
FY 24-25	26	144

} 98% increase  
} 30% increase  
} 157% increase

# Expanding SUD Services and Reach

- Brick-and-Mortar SUD treatment
- Field-based SUD treatment

- **Outreach & harm reduction expansion**

## Client Engagement and Navigation Services (CENS)

- Services include outreach, engagement, SUD education, linkage to services, navigation, harm reduction strategies
- Provided in interim housing, encampments, courts, urgent care centers, etc.
- Previous CENS scaling challenge was funding-related, but due to CalAIM policy changes, SAPC started billing Drug Medi-Cal for a portion of CENS services starting in 2024
- SAPC has significantly expanded CENS sites, particularly for PEH:

Fiscal Year	CENS Agencies	CENS Sites
FY 22-23	8	162
FY 23-24	8	228
FY 24-25	8	418

} 41% increase  
} 83% increase  
} 158% increase





# Expanding SUD Services and Reach

- Brick-and-Mortar SUD treatment
- Field-based SUD treatment
- **Outreach & harm reduction expansion** (cont'd)

## Harm Reduction Services

- Harm reduction service services include outreach, engagement, naloxone and test strip distribution, syringe exchange, SUD education, linkage to services, etc.
- Provided via both brick-and-mortar and street-based settings
- Harm reduction funding is limited and various funding streams have restrictions, but SAPC's fiscal strategies have allowed it to significantly expand harm reduction investments by over 500% over the past three years
- **Investing in the full continuum of SUD services**
  - Importantly, SAPC's increased harm reduction investments have been made in the context of also increasing investments in:
    - SUD prevention by 260%
    - SUD treatment by 275%



## Expansion Plan – SAPC’s PEH-Focused Services

- **Across the board expansion:**
  - Brick-and-mortar sites – Projected **~50% expansion** over the next 2 fiscal years
  - Field-based sites – Projected **~30-40% expansion** over the next 2 fiscal years
  - Outreach and engagement services – Projected **~40-50% expansion** of SAPC-funded services (e.g., CENS, harm reduction services) over the next 2 fiscal years
    - **Outreach and engagement are appropriately shared responsibilities across various partners** – This projected growth in SAPC’s outreach and engagement services does not include similar services provided by multidisciplinary teams funded by other County partners that also help to identify and refer individuals who would benefit from SUD services, so this expand is on top of those services



▶▶ Leveraging The Emergency Declaration



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# ▶▶ Use of Delegated Authorities for Homeless Services and Housing Programs

## **Sole Source Contracts:**

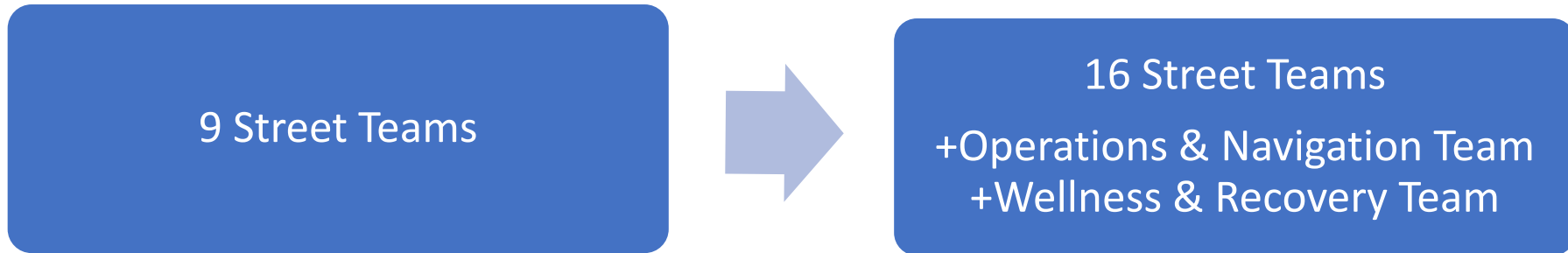
- Behavioral Health Bridge Housing (BHBH)
  - Contracted with two consultants to support early implementation
  - Contracted with Brilliant Corners to administer the BHBH program and DMH's current interim housing portfolio
- Hollywood 2.0
  - Fountain House - Clubhouse Program
  - Anew Dawn – Highly Enriched Residential Care Services
  - RAND – Evaluator
- Interim Housing Outreach Program (IHOP)
  - Regents of California Los Angeles/California Policy Lab- Evaluator

## **Hiring:**

- Emergency Appointments between January 1, 2023 and August 15, 2024 :
  - Approved Ordinance Position Authority – 290
  - DMH hired/promoted– 503
    - Countywide Engagement Division – 165 staff
    - Housing and Job Development Division -23 staff
  - Approved Special Step Placements – 23

# Expansion of Homeless Outreach & Mobile Engagement (HOME)

Expanded the **HOME** program by **107** FTE positions



Year	Total Served	Housed	5150s	Conservatorships
2023	1919	428	196	80
2024 YTD	1888	346	138	73



*Operations & Navigation team is responsible for managing planned admissions and bed management*

*Wellness & Recovery team is responsible for preventing individuals from falling through the cracks and supporting transitions to lower levels of care.*



# ▶▶ Creating the Hollywood 2.0 Ecosystem

## **New Service Model**

- Hollywood Mental Health Cooperative

## **New Housing Resources**

- 102 Interim Housing Beds (Mark Twain & Hollywood Walk of Fame)
- 100 Adult Residential Care Facility subsidies
- 50 Permanent Supportive Housing vouchers

## **New Programs**

- Clubhouse
- Highly Enriched Residential Care Services

## **Coming Soon...**

- Supported Employment – RFP Proposals Due on 8/22/24
- Psychiatric Urgent Care w/Peer Respite



# Interim Housing Outreach Program (IHOP)- A Collaborative Approach

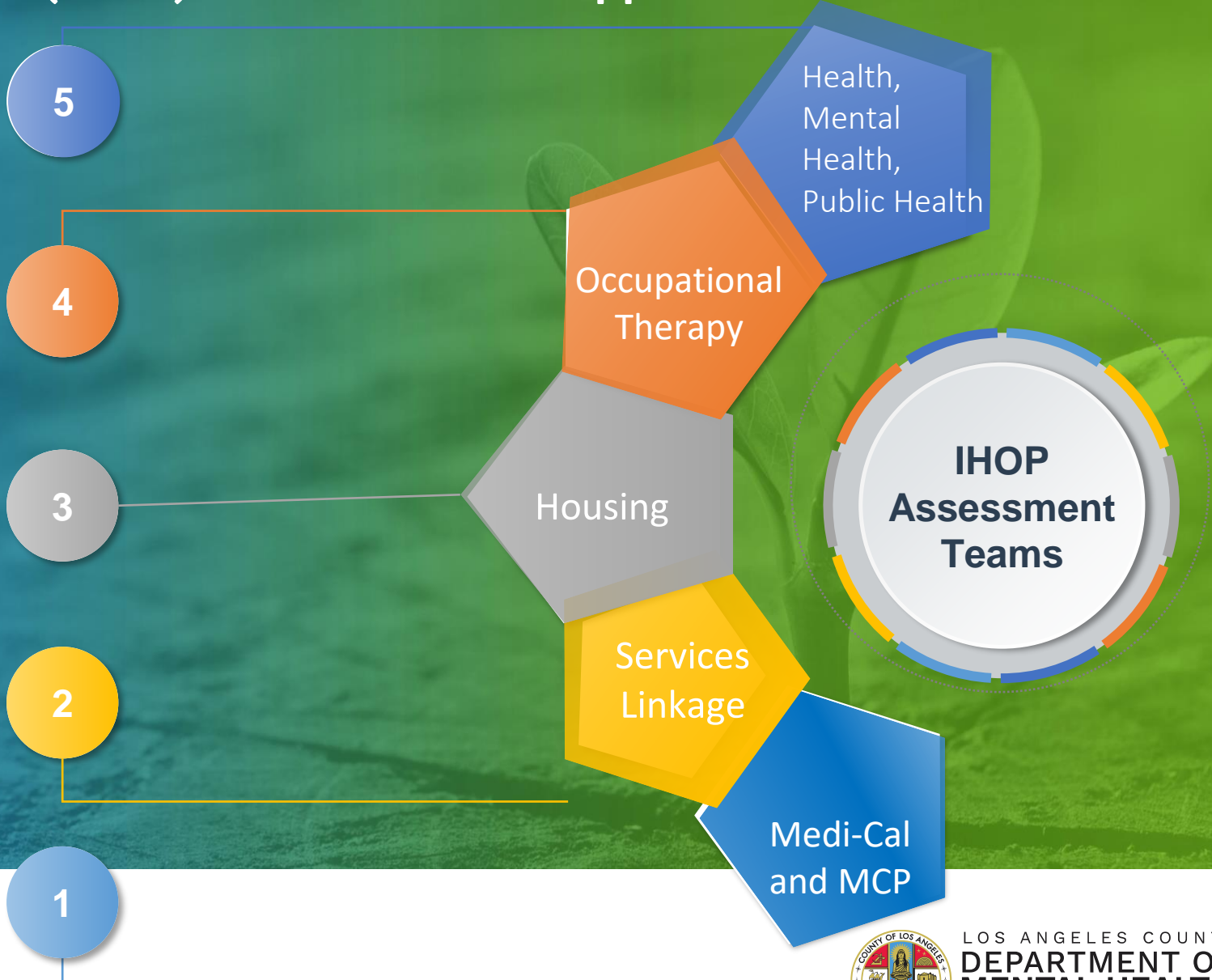
LA County Departments working together in collaboration

Critical supports during the assessment/stabilization process to ensure maximal function and safety for those with ADL deficits

Getting people connected to DHS' Housing Navigation services allow people to get document ready and assessed in CES or be referred for Enriched Residential Care if needed

Services include linkage to primary care (inc. mobile clinics), CBEST, mental health/SUD services

Linkage and referral to Medi-Cal, authorization for personal care and homemaker services and housing navigation services, and care coordination



Funded by the Mental Health Services Act and Homeless and Housing Incentive Program (HHIP)



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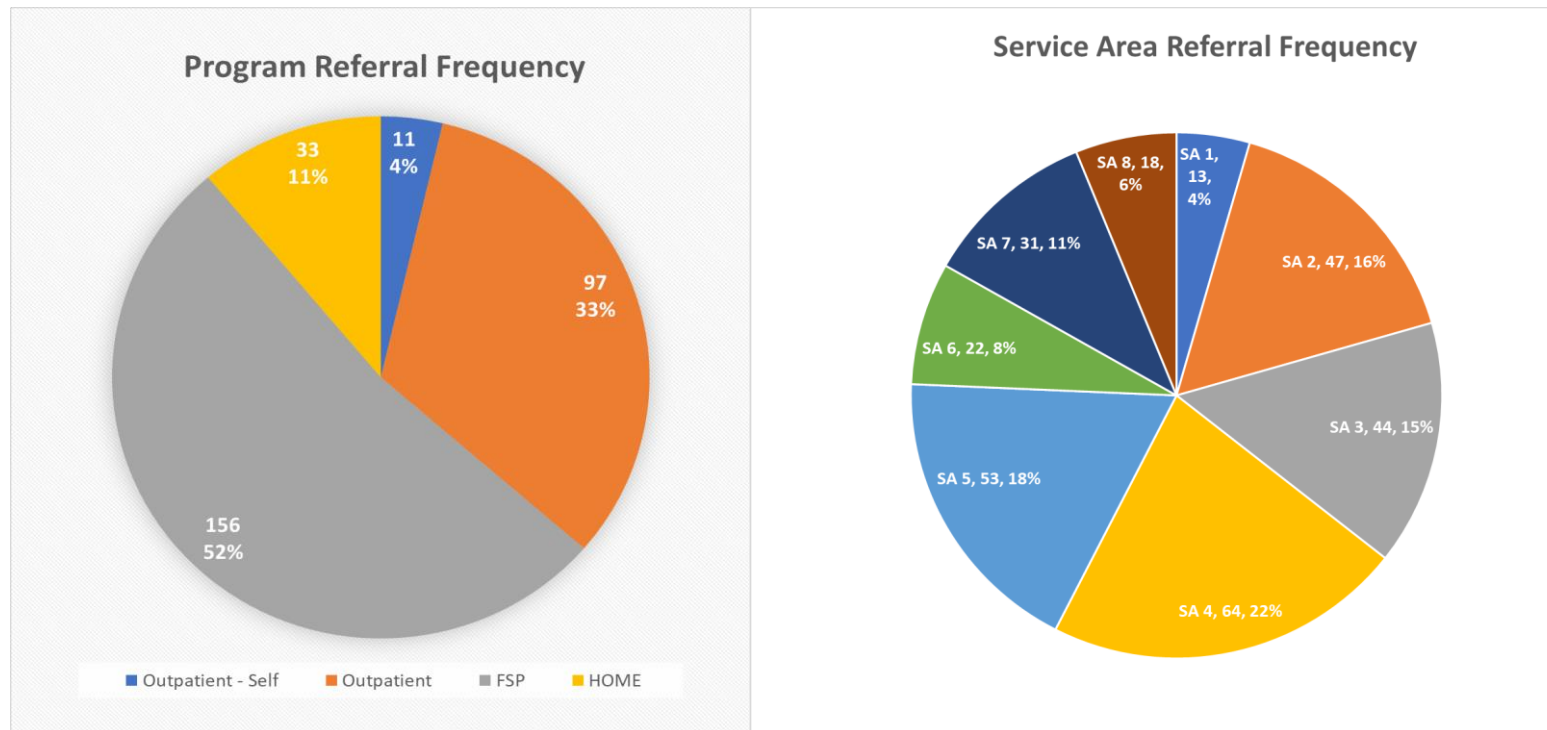
# Universal Entry Portal



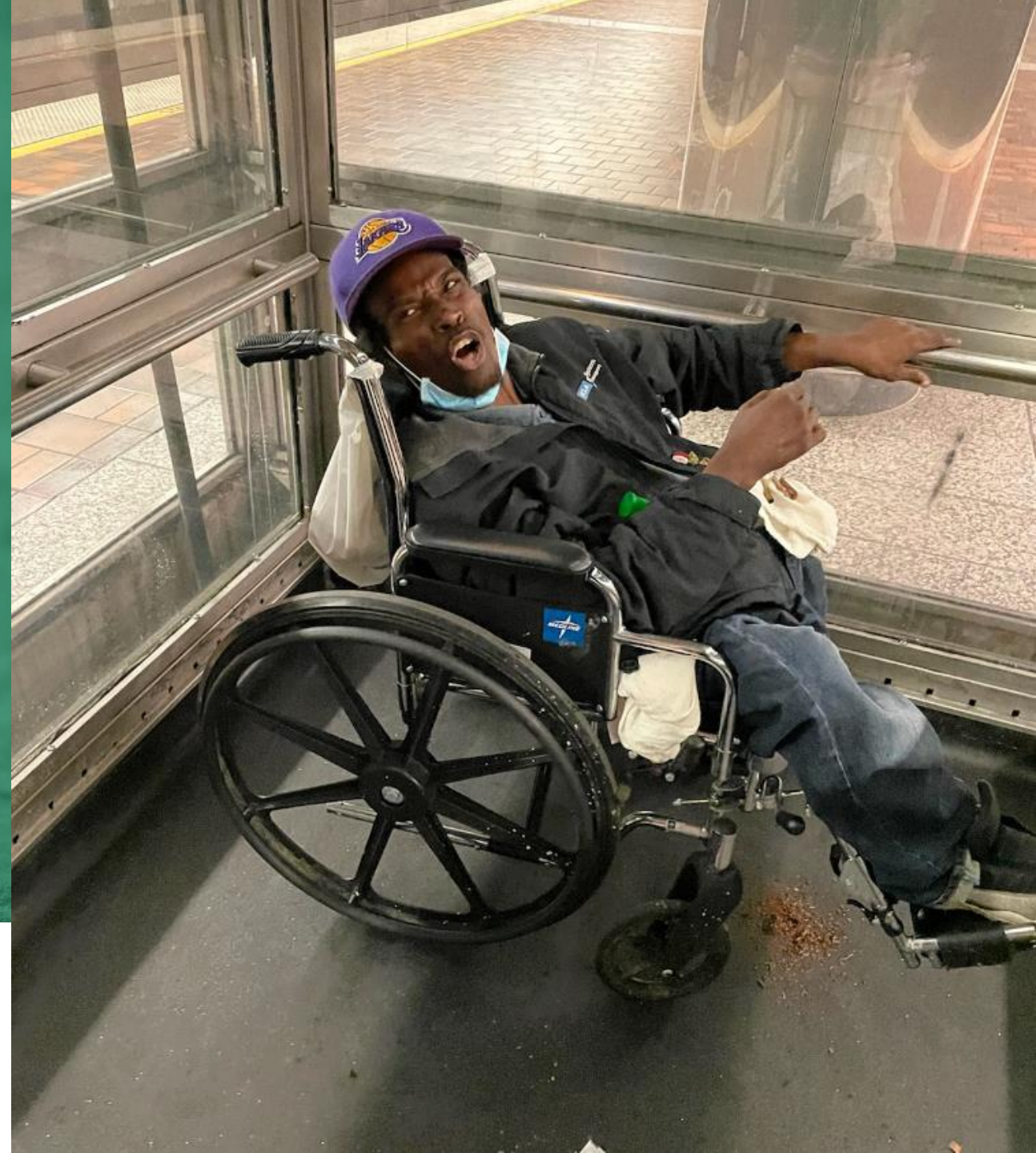
- Stems from demand for Homeless outreach workers (from Metro, LAHSA, City of LA) to have a “direct referral pathway” into DMH
- The Outreach Worker Referral (OWR) screening tool was developed. Street outreach workers complete the OWR tool with information they know about the client
- The information provided in the questionnaire determines the most appropriate DMH program (Crisis, HOME, FSP, Outpatient) for the client using a built in algorithm
- The referral information is then transferred/sent to the appropriate program to follow up with the client



# ▶▶ Status of Referrals (May 9 – September 2)



- Victim of gun violence as adolescent
- Left paraplegic, requiring catheter and colostomy bag
- Developed psychotic illness in his 20s
- Paranoid, suspicious, delusional belief he is Kobe Bryant
- Leaves family, leaves care facilities
- Becomes homeless
- Refuses all offers of service and resources from outreach workers
- He's Kobe, he's rich and famous, he doesn't need help
- Eventually stops caring for himself effectively
- Develops bedsores and ulcers



## Before HOME Involvement

Services Provided in 2020	Cost
Fire Department: 200 calls at \$1000/call	\$200,000
St. Joseph's ED: 33 visits at \$6,145.76/visit	\$202,810
Cedars, Tarzana, and Holy Cross EDs: 77 visits	\$470,223
ED visits at other facilities: 100 \$6,145.76/visit	\$614,576
Limb Amputation	\$121,294
<b>One Year Total Prior to HOME</b>	<b>\$1,608,903</b>

## With HOME Involvement Structured Placement

Services Provided in 2023	Cost
Psychiatric Skilled Nursing Facility: \$249/day	\$90,885
<b>Current Yearly Total</b>	<b>\$90,885</b>

## With HOME Involvement Step Down to Enriched Residential Care

Services Provided in 2023	Cost
Enriched Residential Care Facility: \$157.68/day	\$57,553.68
<b>Current Yearly Total</b>	<b>\$57,553.68</b>





