



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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# HOUSING TASKFORCE

## Virtual Meeting

Friday, June 28, 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=md4333d0b970bbcb3667eed001976331b>

**MEETING PASSWORD: HOME**

**TO JOIN BY PHONE: +1-213-306-3065 MEETING #/ACCESS CODE: 2530 251 8813**

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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, JUNE 28, 2024**

**9:00AM-10:00AM**

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=md4333d0b970bbcb3667eed001976331b>

Access code/Meeting number: 2530 251 8813

Password: HOME

Join by phone

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

1. WELCOME & INTRODUCTIONS 9:00AM-9:05AM
  - a. May 1, 2024 Meeting Recap
2. TASK FORCE CO-CHAIR ELECTIONS 9:05AM-9:10AM
3. SUBJECT MATTER EXPERT PERSPECTIVES 9:10AM-9:35AM
  - a. Terry Goddard II, Director, Alliance for Housing and Healing  
A division of APLA Health & Wellness
  - b. Michael Green, PhD., Division of HIV and STD Programs,  
Los Angeles County, Department of Public Health
4. WORKPLAN REVIEW AND AGREEMENT 9:35AM-9:50AM
5. AGENDA DEVELOPMENT FOR NEXT MEETING 9:50PM – 10:00AM
6. ADJOURNMENT 10:00AM



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**HOUSING TASK FORCE (HTF) VIRTUAL MEETING**  
**MAY 31, 2024 | 9AM-10AM**  
**MEETING SUMMARY**

Agenda Item	Key Discussion Points	
<b>Attendees:</b>	<ul style="list-style-type: none"> <li>• Jade Ali</li> <li>• Erika Davies</li> <li>• Joseph Green</li> <li>• David Hardy</li> <li>• Ish Herrera</li> <li>• Leonardo Martinez-Real</li> </ul>	<ul style="list-style-type: none"> <li>• Derek Murray</li> <li>• Katja Nelson</li> <li>• DeeAna Saunders</li> <li>• Russell Ybarra</li> <li>• Commission Staff: Cheryl Barrit and Lizette Martinez</li> </ul>
<b>Purpose and Objectives</b>	<p>Attendees stated the following ideas about purpose and objectives for the HTF:</p> <ul style="list-style-type: none"> <li>• More involvement with housing providers; invite providers to attend the HTF meetings</li> <li>• Keep people housed</li> <li>• The cost of living is too high to keep people housed; some cities allow clients to write to their Housing Authority to work with the landlord to keep people housed (City of Palm Springs—<i>study/get more info</i>).</li> <li>• Address housing needs of people at risk for HIV</li> <li>• Highlight correlation between housing and being able to maintain treatment; draw upon street medicine experience and models; housing is key to ending HIV; very little coordination among providers/agencies</li> <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>• Older adults are being harassed and extremely challenged with housing; lack of income; if housing is found for them, they often end up being disconnected from their source of care and support system.</li> <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>• Need effort to educate housing and HIV agencies; create a document or</li> </ul>	

	<p>web page to help individuals at risk of losing housing; intervene to avert the crisis</p> <ul style="list-style-type: none"> <li>• Focus on people of color—these communities are overburdened and often uninformed.</li> <li>• A situation was shared surrounding the confusing application process; the client was referred by an agency for housing services but was told by the service provider that they did not qualify because he was not referred.</li> <li>• Collaborate across all county and city departments; communication is not happening; more coordinated navigation</li> <li>• Learn services to share with other community members</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>• Agencies are under-staffed; secure more funding to expand staffing capacity.</li> </ul>
<p><b>Membership Structure</b></p>	<p><b>Co-Chairs:</b></p> <ul style="list-style-type: none"> <li>• Nominations for co-chairs were entertained and the following individuals either self-nominated or were nominated by a peer: <i>David Hardy, Katja Nelson, Ish Herrera (rescinded self-nomination after the meeting), Russell Ybarra, and Derek Murray.</i></li> <li>• Names may be submitted to C. Barrit; elections will occur at the next HTF meeting.</li> </ul> <p><b>Open/Closed Membership:</b> The attendees agreed to keep membership open.</p> <p><b>Meeting Frequency:</b> Monthly, every last Friday of the month 9am to 10am.</p>
<p><b>Key Themes Review</b></p>	<p><b>Changes to the “Key Challenges and Themes” slide:</b>  Root causes of housing/homelessness may be difficult to tackle; <i>add mental health and substance and consider tackling those in concert with housing needs.</i></p>
<p><b>Next Steps</b></p>	<p>Develop meeting summary, develop HTF workplan (C. Barrit)</p>
<p><b>Agenda Development for Next Meeting</b></p>	<ul style="list-style-type: none"> <li>• Elect HTF Co-Chair</li> <li>• Review workplan and agreement on purpose and key objectives.</li> <li>• Invite Mario Perez, DHSP Director to talk about housing funding structure (C. Barrit)</li> <li>• Invite Terry Goddard, executive Director, Alliance for Housing and Healing to get his perspectives on how to coordinate funding sources (K. Nelson)</li> </ul>
<p><b>Adjournment</b></p>	<p>Meeting adjourned at 10:02am</p>



# Housing Task Force Workplan 2024 - 2025– DRAFT 06.05.24

**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.**

#	HOUSING CHALLENGE/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
1	Lack of coordination among housing systems and providers	<ul style="list-style-type: none"> <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>		

#	HOUSING CHALLENGE/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
2	<b>Duplicative and confusing application process</b>	<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 have been submitted by the client multiple times. No one is talking to the client; often left in limbo.</li> </ul>		
3	<b>Lack of affordable housing stock</b>			
4	<b>Current efforts are not addressing the root causes of homelessness (stagnant incomes, poverty, racism, mental health, substance use, etc.)</b>	<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	<b>Lack of homeless prevention services</b>	<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</li> </ul>		

#	HOUSING CHALLENGE/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
		<p>services needed by the client to remain housed.</p> <ul style="list-style-type: none"> <li>• Universal basic income, expand financial assistance, temporary and permanent supporting housing.</li> </ul>		
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> </ul>		

#	HOUSING CHALLENGE/ISSUE	ACTION OR STRATEGY TO ADDRESS ISSUE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
		<ul style="list-style-type: none"> <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





# Community Health Planning & Strategies Committee

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Randall Furrow, Council Chair

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

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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 this time 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 (3<sup>rd</sup> tier care coordination, HIV Housing Coalition)
- Progress and update on an integrated plan
- Review of needs assessment outcomes and data

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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.

- 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

## 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/>



**\*\*CONSUMER CAUCUS DRAFT LETTER TO ELECTED LOCAL OFFICIALS\*\***

-FOR 6/13/24 CONSUMER CAUCUS DISCUSSION –  
(Updated per 5/9/24 Caucus Feedback)

**Subject: Urgent Action Needed to Address the Housing Crisis Impacting People Living with HIV and Vulnerable Communities Who are At Risk of HIV**

**Dear [Elected Official's Name],**

We, the members of the Los Angeles County Commission on HIV Consumer Caucus, are reaching out to you, our elected officials entrusted with representing our interests, 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

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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.

## **\*\*CONSUMER CAUCUS DRAFT LETTER TO ELECTED LOCAL OFFICIALS\*\***

-FOR 6/13/24 CONSUMER CAUCUS DISCUSSION –  
(Updated per 5/9/24 Caucus Feedback)

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](#)).



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- ❖ 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.

**Invitation.** We invite you to an upcoming Consumer Caucus meeting to hear directly from the community; alternatively, we are open to scheduling a time for the Caucus to meet with you to explore solutions. Please contact Cheryl A. Barrit, MPIA, Executive Director, at [cbarrit@lachiv.org](mailto:cbarrit@lachiv.org) or 213.618.6164 for coordination.

We thank you for your attention to this critical matter.

In community,

**[LIST CONSUMER CAUCUS MEMBERS INDIVIDUALLY?]**

Lilieth Conolly, Ishmael Herrera & Damone Thomas, Consumer Caucus Co-Chairs  
Los Angeles County Commission on HIV Consumer Caucus

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.<sup>1</sup> The [2022-2025 National HIV/AIDS Strategy \(NHAS\)](#)<sup>2</sup> 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](#).<sup>3</sup> 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.<sup>4</sup>

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.<sup>5</sup>

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<sup>1</sup> 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>.

<sup>2</sup> <https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025>.

<sup>3</sup> <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>.

<sup>4</sup> Allowable uses of program funds are described in [HRSA HAB PCN 16-02](#).

<sup>5</sup> 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/

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