

I. EXECUTIVE SUMMARY

A. Background

The Housing Opportunities for Persons with AIDS (HOPWA) program remains at the forefront of national and local strategies to address the housing needs of persons living with HIV/AIDS (PLWH/A). However, the annual appropriations that Congress makes to the HOPWA program are no longer adequate to meet all the housing needs. Recent epidemiologic and economic trends necessitate a more comprehensive approach for financing HIV/AIDS housing with supportive services.

This strategic plan is the product of a concerted effort by the HIV/AIDS community, providers and advocates, and local policymakers to better inform the distribution of housing, supportive services, and funding resources for PLWH/A in Los Angeles County. The plan performs the following three functions:

- To describe the housing and supportive service needs of PLWH/A in Los Angeles County;
- To prioritize these housing and supportive service needs; and
- To construct a roadmap for the allocation of available resources, including HOPWA, to address these prioritized needs, through comprehensive planning and coordination.

By highlighting the numerous public funding programs and systems of care that are available to supplement the relatively static funding provided through HOPWA, the Strategic Plan presents local policymakers with greater flexibility in addressing the prioritized housing and supportive service needs of PLWH/A.

The Strategic Plan was developed under the guidance of the Los Angeles HOPWA Advisory Committee (LACHAC) Strategic Planning Task Force, which over the course of fourteen months, reviewed materials and confirmed findings from source documents.

B. Trends and Considerations

As the “face of AIDS” evolved during the last two decades, there have been significant shifts among the HIV/AIDS population in Los Angeles County. Considerable attention is given to specific trends, including HIV prevalence and AIDS cases, ethnicity, gender, age, income, and Service Planning Area (SPA). Some notable trends are as follows:

- Los Angeles County accounts for 5% of the country’s AIDS cases and one-third of all AIDS cases in California.¹

¹ Los Angeles County Department of Health Services (DHS) and Office of AIDS Programs and Policy (OAPP). *Ryan White Comprehensive AIDS Resources Emergency Act Title I Application Fiscal Year 2003*, October 9, 2002: 2.

- Among all of the county's ethnic populations, the percentage of new AIDS diagnoses among Hispanics increased the most, over 13% between 1995 and 2002.²
- The percentage of males and females living with AIDS in the county has remained stable in the last decade, at 90% and 10% respectively.³
- The percentage of PLWH/ A ages 40-49 increased dramatically by 11% from 1995 to 2002.⁴
- The majority of PLWH/ A in the county have an annual household income of under \$10,000, as compared to only 10.5% of households in the general population.⁵
- There have been increasing AIDS diagnoses in SPA 8 – South Bay and a decreasing trend in SPA 4 – Metro.⁶

Also as part of this demographic discussion, the plan highlights HIV/ AIDS subpopulations (e.g., the homeless) that are disproportionately impacted by the epidemic. From there, the focus shifts to the implications of combination drug therapies, which has increased the life expectancy of PLWH/ A but placed greater demands for stable, affordable housing and strict adherence to medical regimens. Finally, this section emphasizes the various barriers, including housing access, affordability and retention, experienced by low-income PLWH/ A.

C. HIV/AIDS Housing Availability and Needs Assessment

In Los Angeles, different types of housing are available to low-income persons living with HIV/ AIDS, each with varying lengths of stay and levels of service, ranging from emergency shelter to permanent, independent housing. Altogether, 3,401 units or beds, through facility-based housing and housing assistance programs, are available to PLWH/ A in Los Angeles County as follows:

- Permanent housing (75.6%)
- Substance abuse treatment (8.6%)
- Residential care facilities for the chronically ill (5.7%)
- Transitional housing (3.0%)
- Congregate living health facility (1.7%)
- Emergency shelter (1.7%)
- Group homes (1.5%)
- Substance abuse off-site/harm reduction (1.3%)
- Adult Residential Facilities (0.9%)

In addition to this inventory, the plan provides analysis of the various housing types available to PLWH/ A by ethnicity, gender, age, income, and SPA. The housing needs of PLWH/ A are also estimated in this section. Like the housing inventory analysis, the housing need discussion is categorized by housing type, ethnicity, gender, age, income,

² HIV Epidemiology Program, Los Angeles County Department of Health Services. "AIDS Quarterly Surveillance Summary." (January 15, 2003): 5.

³ HIV Epidemiology Program (January 15, 2003): 5.

⁴ Ibid.: 21.

⁵ Sharon Lu, MPH. County of Los Angeles Department of Health Services HIV Epidemiology Program, Facsimile to Shelter Partnership, Inc. (April 5, 2002).

⁶ HIV Epidemiology Program (January 15, 2003): 15.

and SPA, though the plan also indicates the most important neighborhood features that PLWH/A would consider when choosing a neighborhood to which to relocate.

The housing options most needed by PLWH/A in Los Angeles County, in descending order, were as follows:

- Rent/mortgage assistance
- Transitional housing
- Subsidized independent living
- Emergency Shelter
- Shared housing with services

Since there are 3,351⁷ housing beds available to PLWH/A in the county, with 42,030 PLWH/A in need of some type of housing assistance across the continuum, there are 38,679 beds that need to be created or developed (i.e., “gap”).

The top five housing types with the largest gaps were as follows:

- Rent/mortgage assistance to stay in own home (17.9%)
- Transitional housing (15.2%)
- Emergency shelter (14.4%)
- Subsidized independent living with service linkages (9.4%)
- Shared housing with services (8.5%)

Together, these top five housing types constituted nearly two-thirds (65.4%) of the county’s housing gap for low-income PLWH/A. Consistent with the housing inventory and housing need analyses, the housing gap is also estimated by ethnicity, gender, age, income, and SPA.

D. HIV/AIDS Supportive Services

Supportive services are widely accepted as integral for PLWH/A to obtain and maintain housing. They can ameliorate poverty, increase employment, facilitate medical care, provide assistance accessing public benefits, and generally improve one’s quality of life. Persons living with HIV/AIDS in Los Angeles County have access to a variety of supportive services that are primarily funded by the Ryan White Comprehensive CARE Act and HOPWA programs.

Historically, the CARE Act has been the primary federal funding source for the provision of medical care and supportive services to PLWH/A in the county. These services are generally delivered independently of housing programs, and can include but are not limited to the following: outpatient medical, case management, child care, food, legal services, mental health, oral health care, substance abuse services, transportation, and treatment adherence.

⁷ The 50 group home beds were not included in the overall housing gap estimation for PLWH/A in the county.

The HOPWA program, as part of its statutory purpose to devise comprehensive strategies to address the housing needs of PLWH/A, also provides financing for supportive services that assist PLWH/A to obtain and maintain affordable rental housing. Supportive services that have been funded include service coordination, crisis counseling, substance abuse counseling and treatment, budget classes, case management, negotiating with landlords and property managers, referrals to community health and social service organizations, legal services, and periodic follow-up.

E. Public Funding Programs

This section initially draws attention to the two sources of federal funding that are dedicated to meet the housing and supportive service needs of PLWH/A: the CARE Act and the HOPWA program. Both programs distribute funding to Los Angeles County via formula allocations based upon the cumulative number of AIDS cases within its jurisdiction. Since 1991, the county Board of Supervisors has accepted over \$350 million in CARE Act funds and disbursed them primarily through contracts with community-based organizations. Since 1992, Congress has awarded Los Angeles with nearly \$105 million in HOPWA funding, though increasingly the region has received less of the national share during this time. With respect to each program, the plan reviews the type of grants available, national and local grant levels, program philosophies, local planning processes, local program implementation, and distribution of program funding.

In addition to these two targeted programs, there are numerous other major public funding programs that are available to provide for affordable housing and supportive services for PLWH/A in the county. Funding sources are discussed according to the level (e.g., federal or state) at which they are administered. Following this review, the plan illustrates the ways in which these programs can support the costs associated with housing development, operations, and supportive services, with particular attention to the many opportunities that exist to maximize housing production when combining program funds and integrating different systems of care.

The plan continues with a discussion of the importance of coordinating the public funding resources that are available to PLWH/A in Los Angeles County. Coordination among these programs is needed for three reasons:

- There is limited public funding available to address the housing and service needs of persons living with HIV/AIDS.
- The increasing complexity of these needs demands it.
- Multiple systems of care take part in providing housing and supportive services to this population.

After outlining the role that effective coordination of public resources plays for stakeholders in the HIV/AIDS community, the plan suggests methods to better realize this goal. Local planning efforts are cited as ways in which consumers, providers, and local government agencies can work together to integrate specialized knowledge and resources to avoid a fragmented solution to the HIV/AIDS epidemic. These planning

processes include the CARE Act, the Consolidated Plan, the Continuum of Care Plan, the Public Housing Agency Administrative Plan, and the Workforce Investment Act Plan. Focus is given to improving coordination of the CARE Act and HOPWA programs, as the two targeted federal HIV/AIDS funding programs. This section also describes the potential for these two planning processes to become better integrated into the mainstream planning efforts mentioned above.

Clearly there are significant barriers to effective coordination, including the geographic size and complexity of the region, different planning requirements among the aforementioned programs, and the manner in which funds are distributed to name a few. Yet, there are also some exemplary efforts of program coordination in the county, such as the combination of HOPWA and Section 8 Tenant-based Rental Assistance. The plan offers five examples of practical approaches to program coordination as follows:

- Interagency coordination between county departments.
- Leveraging resources.
- Streamlining grant-making processes.
- Publicizing and formalizing the public funding schedule.
- Technical review of public funding applications.

F. Five Year Action Plan

The plan outlines the following primary strategic goals for the next five years:

Goal 1: Increase housing options for PLWH/A.

Goal 2: Improve the ability of PLWH/A to access housing along the HIV/AIDS housing continuum.

Goal 3: Improve the ability of PLWH/A to retain affordable housing.

Goal 4: Increase supportive service options for PLWH/A to ensure their ability to remain housed.

Goal 5: Improve the coordination of public funding programs in order to target resources to the comprehensive housing and service needs of PLWH/A while preventing service duplication and gaps.