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GOAL 1: Increase housing options for PLWH/A.

Objective 1: Expand the supply of emergency shelter beds targeted to PLWH/A.

Strategy 1.a: Re-designate a minimum of 50 existing non-targeted emergency shelter beds for targeted use by PLWH/A.

Strategy 1.b: Develop at least 100 new emergency shelter beds targeted to PLWH/A.

Strategy 1.c: Continue to utilize hotel/motel vouchers to supplement the current inventory of emergency shelter beds.

<p>Why:</p> <ul style="list-style-type: none">▪ OAPP estimates that 7,571 homeless persons are living with HIV/AIDS, accounting for approximately 14% of all PLWH/A in Los Angeles County (p. 13).▪ There are only 56 emergency shelter beds for PLWH/A in the county (p. 30).▪ Emergency shelters are reported to have the third largest overall housing gap (p. 59).▪ For homeless PLWH/A, emergency shelters are often a point of entry and initial engagement, where they can receive basic supportive services that are critical in the pursuit of improved health outcomes and housing stability (pp. 29, 93).
<p>Who:</p> <ul style="list-style-type: none">▪ Target emergency shelter programs to unserved and/or underserved PLWH/A subpopulations, such as African-Americans, Latinos, persons with mental illness, persons with substance addictions, and transgenders.
<p>Where:</p> <ul style="list-style-type: none">▪ Prioritize the development and/or re-designation of emergency shelter beds in SPA 4-Metro and SPA 8-South Bay.
<p>When:</p> <ul style="list-style-type: none">▪ Years 1-3 for hotel/motel vouchers.▪ Years 1-2 for the re-designation of existing emergency shelter beds.▪ Years 1-5 for the development of new emergency shelter beds.
<p>How:</p> <p><i>Public Agencies</i></p> <ul style="list-style-type: none">▪ Implement the re-designation of at least 50 emergency shelter bed spaces, in appropriate existing shelters, through a competitive bid process.▪ Develop at least 100 new emergency shelter beds through the collaborative efforts of the LAHD, OAPP, LAHSA, and the county's Special Needs Housing Alliance.▪ Utilize CARE Act, CSBG, EFSP, and the HOPWA programs to maintain the current level of emergency hotel/motel vouchers, but use this mechanism as a short-term strategy that may be gradually reduced or phased-out as new or re-designated emergency shelter beds become available.▪ Require that emergency shelters serving PLWH/A provide appropriate services to address the special needs of the following PLWH/A populations: persons who lack medical insurance and access to primary care, persons with mental illness, persons with substance addictions, and transgenders.▪ Require access to either food or kitchen/cooking facilities or three balanced and complete meals per day.▪ Ensure that all emergency shelters serving PLWH/A actively incorporate design mechanisms and adopt policies that will prevent overcrowding and poor ventilation, two conditions that facilitate TB transmission.▪ Ensure that programs account for the special needs of transgender PLWH/A. <p><i>Project Sponsors</i></p> <ul style="list-style-type: none">▪ Ensure that case managers and staff who manage shelters that target PLWH/A have sufficient knowledge of HIV/AIDS care, including the timing of medications, food and water requirements, and the need for strict adherence to treatment regimens.▪ Provide services in a culturally and linguistically sensitive manner.▪ Do not require sobriety as a condition of intake eligibility and/or stay.▪ Ensure that shelter staff are educated about TB and hepatitis B and C risk mitigation.▪ Utilize CARE Act, CDBG, EHAP, ESG, and HOPWA funding for the development and operation of emergency shelter beds targeted to PLWH/A, as shown for a 25-bed emergency shelter (see Table 1).

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Objective 2: Expand the supply of transitional housing beds targeted to PLWH/A.

Strategy 2.a: Re-designate a minimum of 100 existing transitional housing beds for targeted use by PLWH/A.

Strategy 2.b: Develop at least 200 new transitional housing beds for PLWH/A.

<p>Why:</p> <ul style="list-style-type: none">▪ There are only 103 transitional housing beds for PLWH/A in the county (p. 31).▪ Transitional housing was identified as the second largest overall housing gap (p. 59).▪ Transitional housing programs serve an important role in the HIV/AIDS housing continuum, allowing clients to access supportive services and to begin to live semi-independently (p. 29).
<p>Who:</p> <ul style="list-style-type: none">▪ Target transitional housing to underserved PLWH/A subpopulations, including Latinos and African-Americans, adults ages 31-40, persons with mental illness, substance abusers, transgenders, and those with annual incomes below \$10,000.
<p>Where:</p> <ul style="list-style-type: none">▪ Prioritize the development of transitional housing in SPA 2-San Fernando, SPA 4-Metro, and SPA 8-South Bay.
<p>When:</p> <ul style="list-style-type: none">▪ Years 1-4 for the re-designation of existing transitional housing beds.▪ Years 1-5 for the development of new transitional housing facilities.
<p>How:</p> <p><i>Public Agencies:</i></p> <ul style="list-style-type: none">▪ Implement the re-designation of at least 100 transitional housing beds for PLWH/A, in appropriate transitional housing facilities, through a competitive bid process.▪ Develop at least 200 new transitional housing units through the collaborative efforts of the CDC/HACoLA, LAHD, LAHSA, OAPP, and the county's Special Needs Housing Alliance.▪ Require policies and procedures for drug and/or alcohol use, including steps to deal with relapsing residents to ensure their ability to remain housed.▪ Require special control precautions (e.g., TB screening, TB education, Kleenex, ultraviolet lighting, ventilation systems, etc.) to minimize the risk of transmission of TB and other communicable diseases.▪ Require that transitional housing programs provide access to the following supportive services: intake; comprehensive assessment; case management; employment assistance; money management and/or budget counseling; medication management; assistance in locating and accessing affordable housing, including negotiating with property managers and landlords; mental health services; substance abuse services; assistance obtaining medical insurance and primary health care; child care; and transportation.▪ Require access to either food and kitchen/cooking facilities or three balanced and complete meals per day.▪ Require that project sponsors provide 24-hour staffing and case management services. <p><i>Project Sponsors:</i></p> <ul style="list-style-type: none">▪ Do not require sobriety as a condition of intake eligibility and/or stay.▪ Ensure that upon exiting transitional housing programs, clients receive follow-up services for up to six months to facilitate their transition to permanent housing. At a minimum, such services should include HIV case management, HIV health-related and drug and alcohol treatment services.▪ Provide each resident with the opportunity and support for placement in permanent housing or in a living environment appropriate to his/her health and social service needs.▪ Ensure that program staff have sufficient knowledge of HIV/AIDS care, including the timing of medications, nutritional requirements, and the need for strict adherence to treatment regimens.▪ Ensure that case managers are provided with sufficient education about available housing resources and take an active role in helping clients secure appropriate housing.▪ Provide culturally specific and linguistically appropriate services to residents.▪ Utilize CARE Act, EHAP, HOME, HOPWA, Redevelopment Set-Aside, and SHP funding for the development and operation of transitional housing targeted to persons living with HIV/AIDS, as demonstrated below for a 16-unit new construction project (see Table 2).

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Objective 3: Expand the supply of subsidized independent living with service linkages targeted to PLHW/A.

Strategy 3.a: Create at least 700 new subsidized independent living units with service linkages, through scattered-site tenant-based rental assistance, targeted to PLHW/A.

Strategy 3.b: Develop a minimum of 400 congregate-style apartment units with service linkages targeted to PLHW/A.

<p>Why:</p> <ul style="list-style-type: none"> ▪ There are only 722 permanent housing units for PLWH/A (p. 35). ▪ Subsidized independent living with service linkages represents the fourth largest overall housing gap (p. 59). ▪ In Los Angeles, an extremely low-income household (30% of AMI or 1 person earning \$11,850 per year) can afford a monthly rent of no more than \$296 (p. 23).
<p>Who:</p> <ul style="list-style-type: none"> ▪ Target the development of subsidized independent living with service linkages to underserved PLWH/A subpopulations, including Latinos, African-Americans, persons with mental illness, substance abusers, transgenders, adults ages 31-40, and those with incomes under \$10,000.
<p>Where:</p> <ul style="list-style-type: none"> ▪ Prioritize the development of subsidized independent living with service linkages in SPA 2-San Fernando, SPA 4-Metro, and SPA 8-South Bay.
<p>When:</p> <ul style="list-style-type: none"> ▪ Years 1-5 for the creation of 700 new subsidized independent living units with service linkages, through scattered-site tenant-based rental assistance for PLWH/A. ▪ Years 1-5 for the development of 400 congregate-style apartment units with service linkages for PLHW/A.
<p>How:</p> <p><i>Public Agencies:</i></p> <ul style="list-style-type: none"> ▪ Require policies and procedures for drug and/or alcohol use, including steps to deal with relapsing residents. ▪ Require policies and procedures to accommodate resident hospitalizations, and rent collection during this period. ▪ Ensure that permanent supportive housing providers incorporate design mechanisms and adopt policies to mitigate exposure to TB and other communicable diseases. ▪ Ensure that program staff are periodically trained and are knowledgeable about relapse, substance misuse on-site, and harm reduction philosophies and principles. ▪ Require that project sponsors provide 24-hour on-site or on-call residential management and staff. ▪ Develop a minimum of 400 congregate-style apartment units through the collaborative efforts of the CDC, LAHD, LAHSA, OAPP, and the county’s Special Needs Housing Alliance. ▪ Per HUD’s regulations, ensure that as many as 20% of PHA Section 8 vouchers are project-based, and a minimum of 25% in developments serving the disabled and those with supportive services. ▪ Utilize HOPWA, HUD 811, S+C, and Section 8 funding to create 700 tenant-based rental assistance vouchers for PLWH/A. <p><i>Project Sponsors:</i></p> <ul style="list-style-type: none"> ▪ Ensure access to the following on-site or off-site supportive services: case management; substance abuse services; mental health services; budget counseling and training; nutritional counseling; assistance obtaining medical coverage and primary medical care; child care; benefits counseling and advocacy; employment assistance; housing search assistance, including negotiating with landlords or property managers; legal services; medication management; and transportation. ▪ Provide linkages to appropriate agencies and resources (e.g., substance abuse treatment programs) for out-placement of residents should they become necessary.

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How (cont.):

- Provide cross-training to case managers and administrative staff—on topics such as working in supportive housing, documentation, HIV, grief and loss, mental health and substance abuse—to familiarize and prepare staff for issues they might not deal with regularly. This type of training also allows case managers whose work and skills may focus in one particular area (e.g., substance abuse) to understand all the different perspectives involved in effective service delivery.
- Utilize AHP, CARE Act, HOME, HOPWA, HUD 811, LIHTC, MHP Supportive Housing, and Redevelopment Set-Aside funding for the development of subsidized independent living units with service linkages to PLWH/A, as demonstrated below for a 24-unit development (see Table 3).

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Table 1. Sample Budget for 25-bed Emergency Shelter Project

Program	Capital	Operating	Services
EHAP	\$500,000	\$50,000	
CARE Act		\$125,000	\$75,000
CDBG	\$900,000		
ESG	\$1,000,000		
HOPWA		\$125,000	\$75,000
Private (Foundation)	\$100,000	\$50,000	
Total	\$2,500,000	\$350,000	\$150,000

Table 2. Sample Budget for a 16-unit Transitional Housing New Construction Project

Program	Capital	Operating	Services
CARE Act		\$60,000	\$50,000
EHAP	\$500,000	\$50,000	
HOME	\$177,000		
HOPWA		\$75,000	\$50,000
Redevelopment Set-Aside Funds	\$1,500,000		
SHP	\$400,000	\$130,000	\$25,000
Private	\$50,000		
Total	\$2,642,000	\$315,000	\$125,000

Table 3. Sample Budget for a 24-unit Permanent Housing Project

Program	Capital	Operating	Services
AHP	\$225,000		
CARE Act			\$75,000
HOME	\$815,000		
HOPWA		\$200,000	\$65,000
HUD 811		\$115,000	
LIHTC	\$900,000		
MHP Supportive Housing	\$1,552,000		
Redevelopment Set-Aside Funds	\$230,000		
Private (Bank)	\$70,000		
Total	\$3,792,000	\$315,000	\$140,000

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

Objective 1: Provide PLWH/A with increased and improved housing placement assistance (i.e., assistance in finding and getting housed).

Strategy 1.a: Improve the ability of housing specialists to provide housing placement assistance.

Strategy 1.b: Improve the coordination of housing placement services provided by housing specialists and the Centralized Countywide Housing Information Services Clearinghouse.

Strategy 1.c: Increase the success rate of PLWH/A holding Section 8 Housing Choice Vouchers.

Why:

- Nearly half of the SHAS survey respondents were unaware of local groups or organizations that offer housing assistance (p. 25).
- Based on the 2002 Needs Assessment Survey, 13% of the respondents who asked for housing assistance did not receive it (p. 25).
- Both PLWH/A and LACHAC Strategic Planning Task Force members identified a “lack of knowledge of what is available or how to access available housing” as one of the top barriers to accessing housing (p. 25).
- In 2002, only 41% of Section 8 voucher holders were able to locate housing, in stark comparison to 90% in 1999 (p. 23).

Who:

- All PLWH/A in the county who seek or require housing information and assistance, with a focus on those exiting institutional care, emergency shelter, licensed residential facilities, and transitional housing, in addition to those who have received a Section 8 voucher but cannot locate appropriate housing.
- Prioritize housing placement services to underserved PLWH/A subpopulations, such as the chronically mentally ill, active substance abusers, chronically homeless, HIV mentally ill (dementia), and persons without TB clearance.

Where:

- Countywide, with a priority in SPA 2-San Fernando, SPA 4-Metro, and SPA 8-South Bay.

When:

- Year 1.

How:

Public Agencies:

- Ensure a seamless array of housing information, referral, and placement services, so that all PLWH/A can access appropriate housing along any point in the continuum of HIV/AIDS housing.
- In addition to HOPWA, utilize funding programs, such as the CARE Act, for housing assessment, search, placement, and advocacy services.
- Require that Housing Specialists actively engage in initiating, cultivating, and maintaining a network of landlords of permanent affordable housing, including Section 8-assisted units.
- Review housing information and referral systems in other systems of care (e.g., City of Los Angeles Domestic Violence) and localities to improve the current delivery of housing outreach, information, referral, and placement services available to PLWH/A.

Project Sponsors:

- Require that housing placement assistance is delivered proactively, and minimally includes the following: intake and assessment; development of individualized housing plans; establishing linkages and providing referrals with appropriate housing options; credit counseling; assisting clients in applying for housing assistance (e.g., Section 8); assisting clients to identify and remove barriers to accessing housing; assisting clients in moving into housing; linking clients to stabilizing supportive services once housed; and follow-up.
- Ensure that Housing Specialists are equipped with the tools and resources necessary to deliver effective housing placement assistance.
- Require that Housing Specialists possess a comprehensive knowledge of local, state, and federal housing programs and how they can be accessed.
- Ensure that Housing Specialists provide housing placement assistance through site visits with clients/prospective tenants.

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How (cont.):

- Ensure that housing admission policies account for the multiple barriers (e.g., substance addictions) experienced by low-income PLWH/A when securing housing.
- Ensure access to adequate transportation to facilitate the great distances PLWH/A must travel to access housing assistance and supportive services.

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Objective 2: Mitigate the impact of poor rental/credit history in securing housing.

Strategy 2.a: Improve the ability of PLWH/A to address poor rental/credit history.

Why: <ul style="list-style-type: none">Both PLWH/A and LACHAC Strategic Planning Task Force members identified, respectively, “poor rental/credit history” as the fifth and fourth most significant barrier to accessing housing (p. 25).The inability of low-income PLWH/A to access appropriate and affordable housing can lead to unstable or a lack of housing, including homelessness, and ultimately poor health outcomes.
Who: <ul style="list-style-type: none">All PLWH/A who are seeking affordable housing.
Where: <p>Countywide, with a priority in SPA 2-San Fernando, SPA 4-Metro, and SPA 8-South Bay.</p>
When: <ul style="list-style-type: none">Years 1-5.
How: <p><i>Public Agencies:</i></p> <ul style="list-style-type: none">Require that Housing Specialists have specific knowledge about how rental/credit histories are constructed.Require that Housing Specialists assist PLWH/A to identify and address barriers to accessing housing, including poor rental/credit histories.Ensure that Housing Specialists remain available to the landlord once a client with a poor rental/credit history has secured housing. <p><i>Project Sponsors:</i></p> <ul style="list-style-type: none">Ensure that PLWHA with poor rental/credit history are provided with the tools and resources necessary to access appropriate housing.Provide a more comprehensive screening for applicants, that does not base (or overemphasize) admission or denial solely on rental/credit history.Ensure that PLWH/A have access to legal services that could minimize the impact of poor rental/credit histories during the housing search process.Educate consumers to be aware of their credit status and how to effectively address this barrier during interviews with prospective landlords.

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Objective 3: Provide PLWH/A with assistance in obtaining permanent affordable housing.

Strategy 3.a: Improve the ability of PLWH/A to obtain permanent affordable housing.

Strategy 3.b: Increase the awareness of Housing Specialists regarding the permanent affordable housing application process.

Why: <ul style="list-style-type: none">Both PLWH/A and the LACHAC Strategic Planning Task Force identified “long or difficult application process” as the sixth most significant barrier to accessing housing (p. 25).
Who: <ul style="list-style-type: none">All PLWH/A who seek permanent affordable housing.
Where: <ul style="list-style-type: none">Countywide, with a priority in SPA 2-San Fernando, SPA 4-Metro, and SPA 8-South Bay.
When: <ul style="list-style-type: none">Years 1-5 to improve the ability of PLWH/A to obtain permanent affordable housing.Years 1-2 to increase the awareness of Housing Specialists regarding the permanent affordable housing application process.
How: <p><i>Public Agencies:</i></p> <ul style="list-style-type: none">Require that Housing Specialists are educated and receive periodic training on the due diligence required for permanent affordable housing applications.Ensure that PHAs train Housing Specialists on how to satisfy application requirements for public and/or Section 8 housing. <p><i>Project Sponsors:</i></p> <ul style="list-style-type: none">Ensure that PLWH/A are provided with the tools and resources necessary to successfully complete applications for permanent affordable housing.Educate clients about the application process, including necessary documentation.Assist PLWH/A in completing housing applications.Review applications for completeness and accuracy prior to submission to landlords and property management companies.Continue to be available to the client and prospective landlord once the application has been submitted.

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Objective 4: Facilitate the entry of PLWH/A with substance addictions into affordable housing.

Why: <ul style="list-style-type: none">▪ LACHAC Strategic Planning Task Force members identified “not being sober” as the seventh most significant barrier to accessing housing (p. 25).▪ With a high prevalence of substance abuse among persons living with HIV / AIDS, the practice of imposing sobriety restrictions on program participants is unrealistic, and only further limits the ability of PLWH / A to obtain and retain housing (p. 17).▪ Active substance abusers were rated highest by both housing and social service / health care providers as a subpopulation that is not able to access housing (p. 26).
Who: <ul style="list-style-type: none">▪ PLWH / A with substance addictions.
Where: <ul style="list-style-type: none">▪ Prioritize increased access in SPA 2-San Fernando, SPA 4-Metro, and SPA 8-South Bay.
When: <ul style="list-style-type: none">▪ Years 1-3.
How: <p><i>Public Agencies:</i></p> <ul style="list-style-type: none">▪ Ensure that PLWH / A with substance addictions have access to affordable housing throughout the county.▪ Ensure that project sponsors actively outreach to PLWH / A with substance addictions.▪ Ensure adequate funding for housing programs that target this subpopulation.▪ Require that HIV / AIDS housing providers provide access to substance abuse counseling and treatment services. <p><i>Project Sponsors:</i></p> <ul style="list-style-type: none">▪ Do not require sobriety as a condition of intake eligibility and / or stay.▪ Ensure greater tolerance by property management and supportive service staff for tenants with a history of drug-related offenses, from which he / she still demonstrates a pattern of substance abuse.

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Objective 5: Improve the ability of PLWH/A with criminal histories to access subsidized housing.

<p>Why:</p> <ul style="list-style-type: none">▪ The average daily HIV / AIDS census in Los Angeles County Men’s central jail averages approximately 2.5%.▪ HUD has authorized PHAs to adopt policies to condition the admission and tenancy of any household member who is currently, or has engaged in drug-related criminal activity.▪ For the significant number of persons living with HIV / AIDS who also have a current addiction or history of substance abuse, HUD’s regulatory changes severely limit their ability to access and retain affordable housing.
<p>Who:</p> <ul style="list-style-type: none">▪ PLWH / A with drug-related and /or violent criminal histories.▪ PLWH / A with drug and /or alcohol addictions.
<p>Where:</p> <ul style="list-style-type: none">▪ Countywide.
<p>When:</p> <ul style="list-style-type: none">▪ Years 1-3.
<p>How:</p> <p><i>Public Agencies:</i></p> <ul style="list-style-type: none">▪ Encourage local housing authorities to exercise discretion when deciding to prohibit admission or terminate a tenancy, particularly when the client has taken measures (i.e., successfully completed a drug rehabilitation program) to address the issue.▪ Ensure that PHAs use this new authority to only terminate the tenancy of the household member who engaged in the criminal activity. <p><i>Project Sponsors:</i></p> <ul style="list-style-type: none">▪ Ensure that PLWH / A with criminal histories are adequately prepared for their release from custody and back into the community; more capable to achieve success finding and retaining affordable housing; and satisfy PHA administrative requirements to have successfully completed a drug rehabilitation program upon admission.▪ Ensure that affordable housing admission and leasing policies do not inappropriately deny or disadvantage PLWH / A with criminal histories and /or substance addictions.▪ Ensure that PLWH / A with criminal histories have access to HIV testing, counseling, case management, mental health and /or substance abuse services, peer education, and vocational services.

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

Objective 1: Provide PLWH/A with emergency financial assistance to prevent the loss of housing.

<p>Why:</p> <ul style="list-style-type: none">▪ The 2002 Needs Assessment Survey reported that half of the respondents indicated a need for direct emergency financial assistance, but less than half of those actually received it (p. 27).▪ Shelter Partnership’s study found that PLWH/A respondents had to move at least twice since becoming HIV-positive, primarily because they could not afford the rent (p. 28).
<p>Who:</p> <ul style="list-style-type: none">▪ Target emergency financial assistance to PLWH/A who have experienced a financial hardship that resulted in delinquent or nonpayment of rent and/or utilities for any one of the following reasons: reduction or stoppage of public benefits; job loss; medical expenses that are not covered through Medi-Cal or other insurance; unexpected emergencies such as funeral expenses for a spouse or child; and automobile repairs.▪ PLWH/A who are able to maintain their housing after the emergency financial assistance has been provided and utilized.
<p>Where:</p> <ul style="list-style-type: none">▪ Countywide.
<p>When:</p> <ul style="list-style-type: none">▪ Years 1-5.
<p>How:</p> <p><i>Public Agencies:</i></p> <ul style="list-style-type: none">▪ Continue to utilize HOPWA as the primary source for delivering emergency financial assistance to PLWH/A to prevent homelessness.▪ In addition to HOPWA, consider the use of the following funding sources for the provision of direct emergency financial assistance: CalWORKs, CARE Act, EFSP, and ESG. <p><i>Project Sponsors</i></p> <ul style="list-style-type: none">▪ Ensure that clients are aware of all public funding programs that provide emergency financial assistance.▪ Ensure that assisted PLWH/A are able to retain their housing after the emergency financial assistance has been provided.

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Objective 2: Provide PLWH/A with “shallow subsidies” or smaller-sized grants.

<p>Why:</p> <ul style="list-style-type: none">▪ Rent/Mortgage Assistance to Stay in Own Home” is the housing type with the largest overall housing gap (p. 59).▪ The top two barriers to accessing housing, as determined separately by consumers and by LACHAC’s Strategic Planning Task Force, relate to insufficient funding to afford safe and decent housing (p. 25).
<p>Who:</p> <ul style="list-style-type: none">▪ Low-income PLWH/A who are considered to have a severe cost burden (i.e., households paying more than 50% of total income on housing).
<p>Where:</p> <ul style="list-style-type: none">▪ Countywide.
<p>When:</p> <ul style="list-style-type: none">▪ Years 1-5.
<p>How:</p> <p><i>Public Agencies:</i></p> <ul style="list-style-type: none">▪ Ensure that shallow forms of rental assistance are created and maintained for PLWH/A.▪ Implement the provision of shallow subsidies through a Central Coordinating Agency.▪ Ensure adequate and ongoing funding for shallow subsidies.▪ Require that shallow subsidies are accompanied by access to the following supportive services: assistance obtaining medical coverage and primary medical care; case management; mental health services; substance abuse services; child care; and transportation.▪ Require that shallow subsidies also accompany the development, in partnership with an appropriate service provider, of an individualized housing plan for as long as the shallow subsidy is needed. <p><i>Project Sponsors:</i></p> <ul style="list-style-type: none">▪ Ensure that assisted PLWH/A are able to retain their housing with the shallow subsidies.

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

Objective 1: Improve the ability of homeless PLWH/A subpopulations to access primary medical care.

Strategy 1.a: Reduce barriers that prevent or hinder access to medical coverage and primary care for homeless PLWH/A.

<p>Why:</p> <ul style="list-style-type: none">▪ Based on the 2002 Needs Assessment Survey, outpatient medical care was identified as the top rated service need (p. 94).▪ Fifty (50%) of homeless PLWH/A and 72% of homeless PLWA are without medical insurance (p. 14).▪ Medical coverage and care of PLWH are critical in forestalling the onset of AIDS or the further deterioration of the immune system (p. 14).
<p>Who:</p> <ul style="list-style-type: none">▪ Target primary medical services to homeless uninsured PLWH/A.
<p>Where:</p> <ul style="list-style-type: none">▪ Countywide, with a focus on SPA 2-San Fernando, SPA 4-Metro, and SPA 8-South Bay.
<p>When</p> <ul style="list-style-type: none">▪ Years 1-5.
<p>How:</p> <p><i>Public Agencies:</i></p> <ul style="list-style-type: none">▪ Ensure that homeless PLWH/A have adequate access to affordable health care.▪ Require HIV/AIDS housing providers to actively document their client's medical histories (i.e., trauma, syphilis, nutritional deficiencies, substance abuse, mental illness, medications) and needs at intake.▪ Ensure that homeless PLWH/A are not denied access to primary medical care because of their housing status.▪ Ensure that providers of housing and/or services to PLWH/A are educated about the basic principles of antiretroviral therapy and adherence promotion, including cultural sensitivity.▪ Ensure that public health facilities (i.e., county hospital) are responsive to the instability and housing needs of homeless PLWH/A, so that patients are not discharged directly to the street without follow-up care.▪ Ensure that Access Centers provide HIV counseling and testing, education, harm reduction, and referrals to health services in a coordinated manner. <p><i>Project Sponsors:</i></p> <ul style="list-style-type: none">▪ Ensure that HIV/AIDS housing providers are aware of and promote the utilization of medical services in addition to CARE Act-funded programs, including General Relief, Medi-Cal, Medicare, and Supplemental Security Income (SSI).▪ Provide training to project sponsor front-line staff to further heighten their awareness of homeless health care concerns, and the many barriers homeless PLWH/A encounter when accessing primary medical care.▪ Utilize CARE Act and Health Care for the Homeless funding to outreach aggressively to uninsured PLWH/A, especially for the chronically homeless, to promote the awareness, importance, and utilization of available medical services.▪ Ensure access to adequate transportation and child care (when applicable) assistance to prevent the disruption of primary medical care.

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Objective 2: Assist PLWH/A to enter/return to the workforce.

Strategy 2.a: Increase the availability of employment services that target PLWH/A.

Strategy 2.b: Connect eligible clients with Ticket to Work services and WIA-funded workforce development programs.

<p>Why:</p> <ul style="list-style-type: none">▪ The SP and SHAS surveys found that as many as 86% and as few as 68% of PLWH/A are unemployed (p. 28).▪ More than one-quarter (26%) of PLWH/A stated a need for employment assistance, but less than half (11%) reported utilizing this service (p. 96).▪ The apprehension of losing public assistance or public health insurance when sufficiently employed is a significant barrier for PLWH/A who pursue employment. For example, 78% of unemployed SHAS survey respondents did not want to work (p. 28).▪ With a decline in the case-fatality rate and the demand for AIDS-related hospitalizations, there has been an increase in demand for employment training services (p. 19).
<p>Who:</p> <ul style="list-style-type: none">▪ PLWH/A who seek to further their career objectives.▪ PLWH/A who are unemployed and seeking assistance in locating employment.▪ PLWH/A who wish to work but remain fearful of losing public assistance or public health insurance upon employment.
<p>Where:</p> <ul style="list-style-type: none">▪ Countywide.
<p>When: Years 1-5.</p>
<p>How:</p> <p><i>Public Agencies:</i></p> <ul style="list-style-type: none">▪ Encourage local WIBs to dedicate WIA funding to employment service programs that target PLWH/A.▪ Ensure access to specialized staff and resources that can better address the employment needs of PLWH/A.▪ Utilize the City of Los Angeles' EmployABILITY Partnership to ensure that WorkSource Center staff receive periodic training and have access to the resources necessary to effectively provide specialized employment services to PLHW/A. <p><i>Project Sponsors:</i></p> <ul style="list-style-type: none">▪ Ensure that PLWH/A have adequate access to the tools and resources that can increase skill capacity and promote career goals.▪ Ensure that PLWH/A returning to work are able to maintain the appropriate level of support (e.g., medical coverage) they need to effectively function in the workplace.▪ Ensure that case managers are readily informed of employment assistance programs available to PLWH/A.▪ Ensure that case managers link SSA beneficiaries to Ticket to Work's BPAO contractors to allay fears of "negative income" and to determine eligibility for Ticket to Work assistance.▪ Educate clients about the risks and/or likelihood of losing public assistance or public health insurance upon entering/returning to the workforce.▪ Require that Individualized Service Plans (ISP) incorporate a comprehensive assessment of employment skills and needs.▪ Ensure that clients are educated and trained to appropriately address records of substance abuse and/or criminal activity during the job search process.▪ Educate consumers about the impact of disclosure of HIV/AIDS status when seeking employment, and the considerations for non-disclosure, including insurance, reasonable accommodations, and leave of absence.

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How (cont.):

- Ensure that clients who are provided with employment assistance are also connected to supportive services, such as substance abuse and mental health counseling, assistance obtaining medical coverage, affordable day care, and transportation.
- Ensure that money management and budget counseling education/ training is available to clients who obtain employment.
- Encourage clients to also volunteer as a means to test stamina for longer periods of time while gaining new skills and contacts.

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Objective 3: Provide PLWH/A with improved and increased access to mental health services.

Strategy 3.a: Increase coordination between HIV housing and mental health programs.

<p>Why:</p> <ul style="list-style-type: none">▪ Studies indicate that mental illness can complicate the course of HIV disease, particularly the process of accessing primary medical care and the ability to adhere to medication schedules (pp. 16-17).▪ Sixteen percent of SP survey respondents reported having a mental illness (p. 16).▪ During 2001, nearly 31% of SMI who received CARE Act-funded services were diagnosed with AIDS (p. 16).▪ Fifty percent of the homeless respondents in the 2002 Needs Assessment Survey received a depression diagnosis and 34% received an anxiety diagnosis in the last two years (p. 16).
<p>Who:</p> <ul style="list-style-type: none">▪ Persons with severe mental illness, who have been diagnosed with AIDS and/or have lived with HIV for longer than 12 years.▪ Underserved PLWH/A subpopulations, including the chronically homeless and persons with substance addictions.
<p>Where:</p> <ul style="list-style-type: none">▪ Prioritize mental health services for PLWH/A living in SPA 4-Metro, with additional focus in SPA 8-South Bay, SPA 6-South, and SPA 2-San Fernando.
<p>When:</p> <ul style="list-style-type: none">▪ Year 1.
<p>How:</p> <p><i>Public Agencies:</i></p> <ul style="list-style-type: none">▪ In addition to CARE Act funding, utilize funding programs targeted to persons with mental illness, such as the AB 2034 and PATH programs, to deliver mental health services to dually diagnosed PLWH/A.▪ Encourage mental health agencies (State DMH and County DMH) to seek input from public agencies providing HIV/AIDS services in the development of community health plans or for agency grants for federal funding.▪ Ensure that persons with HIV/AIDS and mental illness are provided with adequate mental health services to effectively address their mental health needs and mitigate the impact of their mental illness on the course of HIV disease.▪ Encourage the coordination of HIV and mental health programs by including HIV primary care in inpatient mental health treatment environments, and by linking community mental health centers with HIV care coordination. <p><i>Project Sponsors:</i></p> <ul style="list-style-type: none">▪ Ensure that PLWH/A are provided access to the following mental health services: case management, support groups, individualized counseling, intensive psychotherapy, psychiatric evaluation, medication management (particularly for PLWH/A who are prescribed with psychotropic and HIV-related medication regimens), inpatient psychiatric hospitalization, emergency services (e.g., crisis intervention/stabilization), psychosocial rehabilitation, partial hospitalization, psychiatric day treatment, residential services and treatment, and expressive therapies (e.g., art or music).▪ Require that line staff are aware of the psychological and social barriers that may inhibit client adherence to HIV medication therapies. Such barriers could include engagement in unprotected sex, substance abuse, lack of medication adherence, poor nutrition, untreated medical conditions, untreated emotional distress, homelessness, and lack of self-confidence.▪ Require that PLWH/A with mental illness undergo a comprehensive clinical assessment at intake, covering the following areas: social support; coping skills; medical care; current service utilization; and quality of life.

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Objective 4: Provide PLWH/A with improved and increased access to substance abuse services.

Strategy 4.a: Re-designate a minimum of 50 (non-targeted) substance abuse treatment program beds for targeted use by PLWH/A.

Strategy 4.b: Mitigate, and when possible, eliminate barriers that prevent PLWH/A with substance addictions from receiving treatment.

Strategy 4.c: Utilize available resources to offer PLWH/A with substance addictions comprehensive substance abuse treatment service options.

Why:

- Thirty-eight percent of the respondents in the SP survey reported some type of active substance use, mostly alcohol (40.6%), crack (8.1%), and crystal methamphetamine (7.8%) (p. 17).
- For PLWH/A who seek substance abuse treatment, several barriers limit their ability to access and receive treatment, including fragmented services, inconvenient program location, lack of knowledge of available resources, and excessive treatment costs (p. 17).
- Nearly one-quarter (22.4%) of the 2002 Needs Assessment survey respondents indicated a need for outpatient substance abuse treatment or counseling services (p. 96).
- Continued alcohol or drug use can further suppress the immune system, thereby increasing the risk of HIV transmission, and has debilitating effects that may interfere with well-being, functioning, and medication adherence (p. 17).

Who:

- PLWH/A with alcohol or drug addictions.
- Traditionally underserved PLWH/A subpopulations, including the homeless, the severely mentally ill, and injection drug users.

Where:

- Prioritize the development and/or provision of substance abuse services in SPA 4-Metro and SPA 8-South Bay.

When:

- Years 1-5 for the re-designation of 50 substance abuse treatment program beds for targeted use by PLWH/A.
- Years 1-3 to mitigate and/or eliminate barriers that prevent PLWH/A with substance addictions from receiving treatment.
- Years 1-4 to utilize available resources to offer PLWH/A with substance addictions comprehensive substance abuse treatment service options.

How:

Public Agencies:

- Ensure that PLWH/A with substance addictions have access to appropriate and affordable substance abuse services, including medical detoxification, social detoxification, inpatient treatment programs, residential treatment, partial hospitalization programs, methadone maintenance, and outpatient treatment programs.
- Ensure that HIV-specific substance abuse treatment approaches are sensitive and responsive to the presence of multiple diagnoses.
- Ensure that HIV/AIDS service providers are well informed of the broad range of substance abuse disorders and are better equipped to make accurate substance abuse diagnoses.
- Given the high incidence of homelessness and mental health history, ensure that PLWH/A with substance addictions are provided access to emergency or transitional housing, housing placement assistance, and mental health services.
- Require that substance abuse services accompany other top-rated service needs, such as affordable transportation (i.e., bus or taxi vouchers), dental care, nutritional education, and outpatient medical care.
- Sponsor and/or provide cross-training on HIV and substance abuse issues for professionals in primary health care, substance abuse treatment, social services, and mental health care, to establish linkages, increased professional competency, and a coordinated continuum of services for substance abusers with HIV/AIDS.
- Utilize available funding through the CARE Act and Proposition 36 programs to maximize substance abuse service provision to PLWH/A with substance addictions.

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How (cont.):

Project Sponsors:

- Ensure that PLWH/ A with substance addictions are well informed of available substance abuse treatment services.
- Establish interagency agreements with other agencies providing services to PLWH/ A with substance addictions. Such agreements are necessary to avoid the duplication of services, link clients to fragmented services, and provide a clear designation of the specific services each agency is expected to provide and the frequency with which services are to be provided.
- Depending on the severity of substance abuse, provide clients with access to conventional 12-step programs and/or harm reduction programs, which may include methadone maintenance, needle exchange, and education to use alcohol and other drugs in ways that are less damaging.

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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.

Objective 1: Increase the coordination of HOPWA and CARE Act resources to the prioritized needs of PLWH/A.

Strategy 1.a: Develop mechanisms for more effective communication and coordination between administrators of funding targeted to PLWH/A.

Strategy 1.b: Explore the feasibility of joint priority-setting and decision-making between the local public agencies that administer funding targeted to PLWH/A.

Why:

- Though they were created for different purposes, the HOPWA and CARE Act programs target the same population and can be utilized in coordination to address the housing and supportive service needs of PLWH/A.
- Historically, HOPWA and CARE Act funding priorities and allocations have not kept pace with the changing demographics of the target population.
- The best way to create a comprehensive approach to effective housing and service delivery is to coordinate funding streams so that housing and service providers can develop housing with supportive services that address all the needs of PLWH/A that they serve.
- In Los Angeles County, the need for HOPWA resources significantly outweighs the availability of program funding (p. 143).

Who:

- LAHD and OAPP.

Where:

- Countywide.

When:

- Year 1.

How:

LAHD & OAPP:

- Ensure the most efficient and effective use of HOPWA and CARE Act resources to provide a comprehensive network of housing and services for PLWH/A.
- Hold quarterly meetings with representatives from both departments, to engage in joint decision-making regarding priority setting, funding allocations, and other programmatic issues.
- Explore the possibility of issuing joint agency applications for housing and supportive services that address the needs of PLWH/A.

LAHD:

- Ensure that HOPWA program staff are well-informed of, and when opportunities arise, participate in CARE Act planning efforts.
- Ensure that the HOPWA section of the city's ConPlan effectively integrates information from the county's HIV/AIDS Comprehensive CARE Plan.

OAPP:

- Ensure that the HIV/AIDS Comprehensive CARE Plan effectively integrates information from the HOPWA section of the city's ConPlan.
- Ensure that OAPP continues to devote appropriate staffing to the County of Los Angeles Special Needs Housing Alliance.

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Objective 2: Increase the coordination of HOPWA and CARE Act programs with other mainstream public funding programs so that funding can be targeted to the prioritized needs of PLWH/A.

Strategy 2.a: Develop and/or utilize existing mechanisms to enhance communication and coordination between the public agencies that administer local housing resources.

Strategy 2.b: Integrate HOPWA and CARE Act planning with other mainstream planning processes to reflect all the federal, state, and local resources available to meet the housing and supportive service needs of PLWH/A.

<p>Why:</p> <ul style="list-style-type: none">▪ Given the high levels of co-morbidity among PLWH/A, there is a significant need to improve connections between the housing, health care, mental health, chemical addiction, criminal justice, and AIDS service systems, all of which have the potential to impact the life of PLWH/A (p. 138).▪ Public funding programs demand that applicants demonstrate and utilize commitments from numerous funding sources to supplement requested grant funds (p. 132)▪ The fragmentation of services, often provided through different systems of care and entities, leaves clients with undetected and/or unresolved needs (p. 139).▪ Each public agency has specialized knowledge (and information) accumulated through decades of practice. When integrated, such knowledge can greatly improve the efficacy and responsiveness of federally mandated planning processes (p. 139).
<p>Who:</p> <ul style="list-style-type: none">▪ All public agencies (city and county) providing housing and/or supportive services to PLWH/A, including but not limited to: the ADPA, CDC, CDD, DMH, HACLA, LAHD, LAHSA, and OAPP.
<p>Where:</p> <ul style="list-style-type: none">▪ Countywide.
<p>When:</p> <ul style="list-style-type: none">▪ Year 1 to develop and/or utilize existing mechanisms to enhance communication and coordination between the public agencies that administer local housing resources.▪ Years 1-4 to integrate HOPWA and CARE Act planning with other mainstream planning processes.
<p>How:</p> <ul style="list-style-type: none">▪ Ensure that public agencies administering local housing resources are able to share information for effective and strategic planning of these resources.▪ Ensure that federally mandated local planning processes result in strategies that target housing and supportive service funding in a comprehensive manner.▪ Ensure that mainstream planning processes outside of the HIV/AIDS housing and services arena (e.g., Continuum of Care) are reflective of the specialized needs of PLWH/A.▪ Ensure that strategic planning efforts are responsive to the emerging trends, both demographic and epidemiologic, within the HIV/AIDS population.▪ Ensure that OAPP and LAHD staff are well-informed of other related mainstream planning processes, including the Continuum of Care, PHA Administrative, and WIA Plans, all of which have the potential to be integrated into HOPWA and CARE Act strategic planning efforts.▪ Consider utilizing the ConPlan as the primary mechanism for establishing comprehensive housing priorities and funding allocations for all federal, state, and local housing resources.▪ Ensure that the ConPlan includes specific strategies as to how federal block grant funding will be allocated in the context of broader housing strategies. The ConPlan should be explicit about the ways in which different subsidies may have to be combined.▪ Consider the establishment of a City of Los Angeles Consolidated Plan “HIV/AIDS housing subcommittee,” drawn from public agency staff, consumers, advocates, and HIV/AIDS providers.

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Objective 3: Promote the coordination of public funding programs among providers of HIV/AIDS housing and/or supportive services.

Strategy 3.a: Enhance provider awareness of existing public resources.

Strategy 3.b: Improve the ability of providers to integrate resources in order to provide comprehensive housing and supportive services to PLWH/A.

<p>Why:</p> <ul style="list-style-type: none">▪ HIV / AIDS housing and service providers are often faced with diminishing public resources (p. 138).▪ HIV / AIDS housing and service providers are increasingly required to leverage other mainstream resources and demonstrate appropriate linkages in order to successfully compete for available funding (p. 138).▪ Multiply diagnosed PLWH/A depend upon services from different disciplines (i.e., mental health or substance abuse) to address their specialized needs.▪ Effective interagency collaboration at the provider level prevents service duplication and offers the greatest benefit for client progress and well-being (p. 138).▪ Providers are able to reduce time spent on applying for public funding (p. 138).
<p>Who:</p> <ul style="list-style-type: none">▪ Nonprofit providers of HIV / AIDS housing and/or services.▪ Public agencies providing resources to nonprofit HIV / AIDS housing providers.
<p>Where:</p> <ul style="list-style-type: none">▪ Countywide.
<p>When:</p> <ul style="list-style-type: none">▪ Years 1-4.
<p>How:</p> <p><i>Public Agencies:</i></p> <ul style="list-style-type: none">▪ Expand outreach, educational, and technical assistance efforts to encourage increased program subscription and resource utilization.▪ Provide more points for leveraged resources in funding proposals to ensure program coordination and the utilization of mainstream public funding programs. Require project sponsors to provide formal documentation of such commitments.▪ Streamline grant-making processes, especially for smaller organizations, to assist in their search of public resources and make the application process easier, faster, and more affordable.▪ Publicize and formalize available funding schedules for the coming fiscal year so grant seekers can proactively pursue public resources.▪ Establish standing grant review committees, modeled after the technical review process for the City of Industry Fund Special Needs Housing program.▪ Within respective disciplines of HIV / AIDS care (e.g., substance abuse), establish minimum program components and standardized protocols of care.▪ On behalf of HIV / AIDS housing and service providers, facilitate interagency, multidisciplinary training(s), opportunities for recurring meetings to strategize and share best practices, and site visits. Extend these opportunities to a mixture of line staff and administrators. <p><i>Project Sponsors:</i></p> <ul style="list-style-type: none">▪ Establish formal and informal interagency agreements (e.g., memoranda of understanding, mutual service agreements, or linkage agreements) with other providers of HIV / AIDS housing and/or supportive services. These relationships can help reduce project expenses while ensuring a comprehensive range of client services.▪ Ensure that the development/maintenance of linkages with partnering agencies is understood and embraced by line staff, who are responsible for referrals, service provision, and coordination in order for these linkages to be effective.▪ Ensure that partnering agencies meet regularly to communicate on a project’s status, avoid potential conflicts, and allow for smooth referrals between program clients.

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How (cont.):

- Develop common intake forms and standardized case management practices.
- Actively participate in mainstream planning efforts, such as the Continuum of Care or Workforce Investment Act planning processes, so that provider and client needs are well represented.
- Ensure the organizational capacity to effectively respond to the changing needs of the client population, and compete for available funding.
- Adopt measures to facilitate information sharing among providers that share the same client(s). At the same time, project sponsors must identify confidentiality standards and appropriate boundaries.

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IMPLEMENTATION SCHEDULE FOR STRATEGIC PLAN RECOMMENDATIONS

Year	Goal	Objective/ Strategy	Activity
Year 1	1	1.a	Re-designate at least 25 existing non-targeted beds emergency shelter beds for targeted use by PLWH/A.
	1	1.b	Develop a minimum of 20 new emergency shelter beds targeted to PLWH/A.
	1	1.c	Continue to utilize hotel/motel vouchers to supplement the current inventory of emergency shelter beds available to PLWH/A.
	1	2.a	Re-designate at least 25 transitional housing beds for targeted use by PLWH/A.
	1	2.b	Develop at least 40 transitional housing beds for PLWH/A.
	1	3.a	Create a minimum of 140 new subsidized independent living units with service linkages for PLWH/A through scattered-site tenant-based rental assistance.
	1	3.b	Develop a minimum of 80 congregate-style apartment units with service linkages targeted to PLWH/A.
	2	1.a	Improve the ability of Housing Specialists to provide housing placement assistance.
	2	1.b	Improve the coordination of housing placement services provided by Housing Specialists and the CCHISC.
	2	1.c	Increase the success rate of PLWH/A holding Section 8 Vouchers.
	2	2.a	Improve the ability of PLWH/A to address poor rental/credit history.
	2	3.a	Improve the ability of PLWH/A to obtain permanent affordable housing.
	2	3.b	Increase the awareness of Housing Specialists regarding the permanent affordable housing application process.
	2	Obj. 4	Facilitate the entry of PLWH/A with substance addictions into affordable hsg.
	2	Obj. 5	Improve the ability of PLWH/A with criminal histories to access subsidized housing.
	3	Obj. 1	Provide PLWH/A with emergency financial assistance to prevent the loss of housing.
	3	Obj. 2	Provide PLWH/A with “shallow subsidies” or smaller-sized grants.
	4	1.a	Reduce barriers that prevent or hinder access to medical coverage and primary care for homeless PLWH/A.
	4	2.a	Increase the availability of employment services that target PLWH/A.
	4	2.b	Connect eligible clients with Ticket to Work services and WIA-funded workforce development programs.
	4	3.a	Increase coordination between HIV housing and mental health programs.
	4	4.a	Re-designate 10 non-targeted substance abuse treatment program beds for targeted use by PLWH/A.
	4	4.b	Mitigate, and when possible, eliminate barriers that prevent PLWH/A with substance addictions from receiving treatment.
	4	4.c	Utilize available resources to offer PLWH/A with substance addictions comprehensive substance abuse treatment options.
	5	1.a	Develop mechanisms for more effective communication and coordination between administrators of funding targeted to PLWH/A.
	5	1.b	Explore the feasibility of joint priority-setting and decision-making between the local public agencies that administer funding targeted to PLWH/A.
	5	2.a	Develop and/or utilize existing mechanisms to enhance communication and coordination between the public agencies that administer local housing resources.
	5	2.b	Integrate HOPWA and CARE Act planning with other mainstream planning processes to reflect all the federal, state, and local resources available to meet the housing and supportive service needs of PLWH/A.
	5	3.a	Enhance provider awareness of existing public resources.
	5	3.b	Improve the ability of HIV/AIDS providers to integrate resources in order to provide comprehensive housing and supportive services to PLWH/A.

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Year 2	Goal	Objective/ Strategy	Activity
	1	1.a	Re-designate at least 25 existing non-targeted beds emergency shelter beds for targeted use by PLWH/A.
	1	1.b	Develop a minimum of 20 new emergency shelter beds targeted to PLWH/A.
	1	1.c	Continue to utilize hotel/motel vouchers to supplement the current inventory of emergency shelter beds available to PLWH/A.
	1	2.a	Re-designate at least 25 transitional housing beds for targeted use by PLWH/A.
	1	2.b	Develop at least 40 transitional housing beds for PLWH/A.
	1	3.a	Create a minimum of 140 new subsidized independent living units with service linkages for PLWH/A through scattered-site tenant-based rental assistance.
	1	3.b	Develop a minimum of 80 congregate-style apartment units with service linkages targeted to PLWH/A.
	2	2.a	Improve the ability of PLWH/A to address poor rental/credit history.
	2	3.a	Improve the ability of PLWH/A to obtain permanent affordable housing.
	2	3.b	Increase the awareness of Housing Specialists with regard to the permanent affordable housing application process.
	2	Obj. 4	Facilitate the entry of PLWH/A with substance addictions into affordable housing.
	2	Obj. 5	Improve the ability of PLWH/A with criminal histories to access subsidized housing.
	3	Obj. 1	Provide PLWH/A with emergency financial assistance to prevent the loss of housing.
	3	Obj. 2	Provide PLWH/A with “shallow subsidies” or smaller-sized grants.
	4	1.a	Reduce barriers that prevent or hinder access to medical coverage and primary care for homeless PLWH/A.
	4	2.a	Increase the availability of employment services that target PLWH/A.
	4	2.b	Connect eligible clients with Ticket to Work services and WIA-funded workforce development programs.
	4	4.a	Re-designate 10 non-targeted substance abuse treatment program beds for targeted use by PLWH/A.
	4	4.b	Mitigate, and when possible, eliminate barriers that prevent PLWH/A with substance addictions from receiving treatment.
	4	4.c	Utilize available resources to offer PLWH/A with substance addictions comprehensive substance abuse treatment options.
	5	2.b	Integrate HOPWA and CARE Act planning with other mainstream planning processes to reflect all the federal, state, and local resources available to meet the housing and supportive service needs of PLWH/A.
	5	3.a	Enhance provider awareness of existing public resources.
	5	3.b	Improve the ability of HIV/AIDS providers to integrate resources in order to provide comprehensive housing and supportive services to PLWH/A.

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Year 3	Goal	Objective/ Strategy	Activity
	1	1.b	Develop a minimum of 20 new emergency shelter beds targeted to PLWH/ A.
	1	1.c	Continue to utilize hotel/ motel vouchers to supplement the current inventory of emergency shelter beds available to PLWH/ A.
	1	2.a	Re-designate at least 25 transitional housing beds for targeted use by PLWH/ A.
	1	2.b	Develop at least 40 transitional housing beds for PLWH/ A.
	1	3.a	Create a minimum of 140 new subsidized independent living units with service linkages for PLWH/ A through scattered-site tenant-based rental assistance.
	1	3.b	Develop a minimum of 80 congregate-style apartment units with service linkages targeted to PLWH/ A.
	2	2.a	Improve the ability of PLWH/ A to address poor rental/ credit history.
	2	3.a	Improve the ability of PLWH/ A to obtain permanent affordable housing.
	2	Obj. 4	Facilitate the entry of PLWH/ A with substance addictions into affordable housing
	2	Obj. 5	Improve the ability of PLWH/ A with criminal histories to access subsidized housing.
	3	Obj. 1	Provide PLWH/ A with emergency financial assistance to prevent the loss of housing.
	3	Obj. 2	Provide PLWH/ A with “shallow subsidies” or smaller-sized grants.
	4	1.a	Reduce barriers that prevent or mitigate access to medical coverage and primary care for homeless PLWH/ A.
	4	2.a	Increase the availability of employment services that target PLWH/ A.
	4	2.b	Connect eligible clients with Ticket to Work services and WIA-funded workforce development programs.
	4	4.a	Re-designate 10 non-targeted substance abuse treatment program beds for targeted use by PLWH/ A.
	4	4.b	Mitigate, and when possible, eliminate barriers that prevent PLWH/ A with substance addictions from receiving treatment.
	4	4.c	Utilize available resources to offer PLWH/ A with substance addictions comprehensive substance abuse treatment options.
	5	2.b	Integrate HOPWA and CARE Act planning with other mainstream planning processes to reflect all the federal, state, and local resources available to meet the housing and supportive service needs of PLWH/ A.
	5	3.a	Enhance provider awareness of existing public resources.
	5	3.b	Improve the ability of HIV/ AIDS providers to integrate resources in order to provide comprehensive housing and supportive services to PLWH/ A.

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Year 4	Goal	Strategy	Activity
	1	2.a	Re-designate at least 25 transitional housing beds for targeted use by PLWH/A
	1	2.b	Develop at least 40 transitional housing beds for PLWH/A.
	1	3.a	Create a minimum of 140 new subsidized independent living units with service linkages for PLWH/A through scattered-site tenant-based rental assistance
	1	3.b	Develop a minimum of 80 congregate-style apartment units with service linkages targeted to PLWH/A.
	2	2.a	Improve the ability of PLWH/A to address poor rental/credit history.
	2	3.a	Improve the ability of PLWH/A to obtain permanent affordable housing.
	3	Obj. 1	Provide PLWH/A with emergency financial assistance to prevent the loss of housing.
	3	Obj. 2	Provide PLWH/A with “shallow subsidies” or smaller-sized grants.
	4	1.a	Reduce barriers that prevent or mitigate access to medical coverage and primary care for homeless PLWH/A.
	4	2.a	Increase the availability of employment services that target PLWH/A.
	4	2.b	Connect eligible clients with Ticket to Work services and WIA-funded workforce development programs.
	4	4.a	Re-designate 10 non-targeted substance abuse treatment program beds for targeted use by PLWH/A.
	4	4.c	Utilize available resources to offer PLWH/A with substance addictions comprehensive substance abuse treatment options.
	5	2.b	Integrate HOPWA and CARE Act planning with other mainstream planning processes to reflect all the federal, state, and local resources available to meet the housing and supportive service needs of PLWH/A.
	5	3.a	Enhance provider awareness of existing public resources.
	5	3.b	Improve the ability of HIV/AIDS providers to integrate resources in order to provide comprehensive housing and supportive services to PLWH/A.

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Year 5	Goal	Strategy	Activity
	1	2.b	Develop at least 40 transitional housing beds for PLWH/A.
	1	3.a	Create a minimum of 140 new subsidized independent living units with service linkages for PLWH/A through scattered-site tenant-based rental assistance
	1	3.b	Develop a minimum of 80 congregate-style apartment units with service linkages targeted to PLWH/A.
	2	2.a	Improve the ability of PLWH/A to address poor rental/credit history.
	2	3.a	Improve the ability of PLWH/A to obtain permanent affordable housing.
	3	Obj. 1	Provide PLWH/A with emergency financial assistance to prevent the loss of housing.
	3	Obj. 2	Provide PLWH/A with “shallow subsidies” or smaller-sized grants.
	4	1.a	Reduce barriers that prevent or mitigate access to medical coverage and primary care for homeless PLWH/A.
	4	2.a	Increase the availability of employment services that target PLWH/A.
	4	2.b	Increase coordination between HIV and mental health programs.
	4	4.a	Re-designate 10 non-targeted substance abuse treatment program beds for targeted use by PLWH/A.