



LOS ANGELES COUNTY COMMISSION ON HIV

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JOINT PLANNING, PRIORITIES & ALLOCATIONS (PP&A) AND STANDARDS & BEST PRACTICES COMMITTEES MEETING MINUTES



3530 Wilshire Boulevard, 7th Floor, Conference Rooms A and B
 Los Angeles, CA 90010
 March 21, 2017

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	SBP MEMBERS PRESENT	DHSP STAFF
Al Ballesteros, MBA, <i>Co-Chair</i>	Majel Arnold, MA-HSA	Joseph Cadden, MD, <i>Co-Chair</i>	Terina Keresoma
Jason Brown, <i>Co-Chair</i>	Michelle Enfield	Grissel Granados, MSW, <i>Co-Chair</i>	
Bradley Land	Michele Daniels	Wendy Garland, MPH	
Abad Lopez	Deborah Owens Collins, PA, MSPAS, AAHIVS	Thomas Puckett, Jr.	COMM STAFF/CONSULTANTS
Miguel Martinez, MPH, MSW		Terry Smith, MPA	Cheryl Barrit, MPIA
Anthony Mills, MD	Raphael Péna	Octavio Vallejo, MD, MPH	Carolyn Echols-Watson, MPA
Derek Murray			Dina Jauregui
Pamela Ogata, MPH			Jason Jones, MA
LaShonda Spencer, MD		SBP MEMBERS ABSENT	Dawn McClendon
Yolanda Sumpter		Angélica Palmeros, MSW	Jane Nachazel
			Yeghishe Nazinyan, MD, MS
			Doris Reed
PUBLIC			Lois Starr
Susan Forrest	Luis Garcia	Terry Goddard, MA	
Joseph Green	Chioko Grevious (OA, by phone)	Walid Haddad	
Katja Nelson	Franklin Pratt, MD, MPHTM, FACEP	Victoria Rodriguez	
Kevin Stalter			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, 3/21/2017
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 2/21/2017
- 3) **PowerPoint:** The ABCs of Housing, 3/20/2017
- 4) **Criteria:** Supportive Services Criteria, Notice of Funding Availability (NOFA) Round 22
- 5) **Table:** PY 42 (April 1, 2016 - March 31, 2017) Goals by Contract/Entity and Type; Capital Investment of HOPWA in Affordable, Multifamily
- 6) **List:** Acronyms and Definitions
- 7) **List:** Acronyms and Other Terms Commonly Referenced within the Agency, *Updated 2015*

1. **CALL TO ORDER:** Mr. Brown called the meeting to order at 1:15 pm. Attendees introduced themselves and self-evaluated their understanding of housing subject matter.

2. APPROVAL OF AGENDA:

MOTION 1: Approve the Agenda Order (*Passed by Consensus*).

3. APPROVAL OF MEETING MINUTES:

MOTION 2: Approve the 2/21/2017 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented (*Passed by Consensus*).

4. PUBLIC COMMENT (*Non-Agendized or Follow-Up*): There were no comments.

5. COMMITTEE COMMENT (*Non-Agendized or Follow-Up*): There were no comments.

6. EXECUTIVE DIRECTOR REPORT:

- Ms. Barrit thanked members of PP&A, SBP, the Housing Task force and the public for coming together to address housing.
- PP&A's annual review of resources and priority ranking of service categories in 2016 included review of the Comprehensive HIV Plan (CHP), the utilization report, community input and research identifying housing as a public health intervention that plays a key role in viral suppression. Consequently, housing discussion was elevated to explore opportunities to adequately address needs of PLWH and those at risk of HIV while using it as an entry into the Comprehensive HIV Continuum (CHC).
- SBP was also holding parallel discussions on updating the CHC which included the research studies PP&A had reviewed and studies recognizing Social Determinants of Health (SDH) as both drivers of and opportunities to stem the HIV epidemic.
- The two Committees recognized the value of a joint meeting to discuss setting specific eligibility requirements and inform eventual development of a Standard of Care (SOC). Those discussions will be aligned with current data and political blessings and forces to assist DHSP in crafting a program with a menu of services for people within the Ryan White system in collaboration with the Department of Health Services (DHS).

A. Introduction of Facilitator:

- The Commission felt it important to engage a subject matter expert to help guide discussion and navigate decision-making. Ms. Starr has worked in this field for over 30 years evaluating housing programs and their nexus with health services. She can help identify how systems can work together to form a sustainable pathway for these clients.
- Ms. Starr and Ms. Barrit will facilitate so the Co-Chairs and Committee members can participate fully in discussion.
- Ms. Starr is from the San Fernando Valley and has a Masters in urban planning. Her work has spanned federal and local levels with ten years at the US Department of Housing and Urban Development (HUD), several years with the San Francisco Redevelopment Agency and 15 years at the Los Angeles County Community Development Commission (CDC), an umbrella organization for the County's affordable housing activities.
- She rose to Director, Housing Development, CDC, responsible for allocating \$100 million in housing dollars and overseeing loan programs for first-time home buyers, Shelter+Care, development of special needs housing, and low-income affordable rental housing. She retired in 2012 but, due to requests, began consulting. She is now the housing consultant for Supervisor Janice Hahn, Fourth District, and previously served three years for Chairman of the Board Mark Ridley-Thomas, Supervisor, Second District. Other clients are nonprofits or for profits providing housing services.
- She primarily helps agencies and boards understand how various resources can fit together to meet their goals. She describes herself as a "houser," someone who is not necessarily a developer, but is at the table.

7. MEETING OBJECTIVE AND PURPOSE:

A. Establish Eligibility Requirements for Housing Services:

- Ms. Starr said the first step is to identify and prioritize what services to fund. There are multiple options which impact who is served and what resources can be drawn upon. For example, using Ryan White funds for transitional/bridge housing offers an opportunity to leverage other resources. Ryan White service cap language is now more vague so a client might be funded by Ryan White for two to three years and then transition to DHS services for the next 15 years.
- That would fill a gap as HUD cut bridge funding except for those 18-24 for 24 months. There is virtually no such funding for the post-incarcerated except a few 90-day programs generally not connected to the overall housing community.
- Mr. Stalter raised the issue of housing instability because often people can be diverted from homelessness if they receive, e.g., food and utilities. Another issue raised was the initial barrier of the \$35 fee to register for listings.
- Ms. Starr said funds can be used for such services, but then cannot house the homeless. She prefers building permanent housing since landlords can back out of rental units though they are also needed. She also favors the

Housing First approach for most clients, i.e., to move homeless directly into their own units and then provide needed wrap-around services. Youth, however, benefit from transitional services.

- ➡ Mr. Stalter will report back on details of a \$400 million grant that paid a landlord \$1,600 per month per unit to renovate and hold a unit despite not having a tenant.

8. OVERVIEW OF HOUSING RESOURCES AND STRUCTURE:

- Ms. Starr presented a PowerPoint which was available in the packet and posted on the Commission's website along with documents offering more information on referenced acronyms. It is important to understand that each entity delineates its own eligibility requirements which need to be taken into account when planning services.
- Recent elections have increased local funding opportunities with passage of Los Angeles City Measure HHH and Los Angeles County Measure H. Measure HHH will fund \$1.2 billion in bonds through increased property taxes to develop up to 10,000 units of permanent supportive housing over 29 years. Measure H will fund \$350 million per year in supportive services themselves via a 1/4 cent sales tax over ten years. Passage of Measure H was critical to ensure supportive services for units built under Measure HHH, but can be used for such services countywide. It is key to be at the table to help define services.
- Funding at the federal level is uncertain, e.g., major cuts have been proposed for HUD which funds Section 8 Housing Vouchers. HUD has expectations for assessment and coordinated entry which are being addressed by regional offices across the County and the Service Prioritization Decision Assistance Tool (SPDAT) and Vulnerability Index-SPDAT (VI-SPDAT).
- If available, Section 8 Housing Vouchers can usually be issued in six months. Crisis beds can be provided quickly, but most clients prefer permanent supportive housing. Clients who receive vouchers have 120 days to find a unit, a challenge in today's market. Time extensions are possible, but not guaranteed. Ms. Starr supported agencies hiring housing navigators to assist clients find housing, but most do not now. The regional offices are being built out and housing specialist certification will be required countywide. AIDS Project Los Angeles (APLA) received a grant to provide certification training.
- A Permanent Housing Placement Grant pays first/last month rent plus move-in costs for voucher holders who locate a unit.
- Funding to develop a building is commonly drawn from eight or so sources because development is expensive and each source will have requirements and caps for its funds. The most notable issue with Ryan White funds is that the grant is annual while planning a new project generally takes about three years. Consequently, funds have to be shifted over time.
- Funder eligibility requirements vary, but most now require that those served are homeless or chronically homeless. Funding streams may have requirements pertinent to them, e.g., the Department of Mental Health (DMH) requires its funds serve those with mental health issues. Eligibility may also change over time, e.g., HUD's Area Median Income (AMI) changes.
- Housing For Health (HFH), DHS, provides a flexible subsidy pool. Tenants are linked to DHS and community services. DHS contracts with providers for case management, mental health and health services while Brilliant Corners provides needed rental subsidies to nonprofit supportive housing sites. HFH is a major partner in the Commission's new initiative.
- Ms. Barrit noted Ryan White funds can be used in the interim until clients can be transitioned into permanent supportive housing. The key is to pull additional resources into the population to provide a pathway to housing.
- Mr. Goddard recommended a focus on linkage to care with housing for those who are homeless or unstably housed and out of care or whose care is not stable. Data reflects a 400% reduction in Viral Load (VL) with this approach.

9. GROUP DISCUSSION: DEVELOP HOUSING STANDARDS

- Ms. Barrit noted PP&A has completed recommendations setting the groundwork for specific populations to address and program directive language specific to housing. That work forms the foundation for filling in eligibility requirements and SOC specifics. Once that is done, PP&A will transition the work to the SBP for SOC development.
- She encouraged "blue sky" thinking, regardless of funding, to generate as many ideas as possible. She urged considering housing and communities affected by or living with HIV in terms of the key service components that would lead to optimal health, viral suppression and Linkage to Care (L2C) consistent with the Continuum.
- Ideas raised will be backed up into the systems and what is possible to outline a pathways of services. They were:
 - ▶ Include employment assistance with full- or part-time work to support income and stability.
 - ▶ Linkage to and retention with primary provider from start of housing services.
 - ▶ Bridge acuity levels, regardless of funding source such as Social Security or General Relief, to ensure continued housing in light of the reality that PLWH move in and out of acuity levels over time.
 - ▶ Initiate a time bank to foster clients helping each other with common tasks while also reducing their isolation.
 - ▶ Create communities at housing sites, e.g., with clients helping each other or volunteer services such as job counseling, to reduce isolation and increase self-sufficiency which have been shown to improve health outcomes.

- ▶ Eliminate barriers to acquiring or remaining in supportive housing due to self-improvement efforts, e.g., asking about or returning to school, and offer financial help including a way to save some funds exempt from garnishment.
- ▶ Training in life skills to support self-sufficiency and coaching in mental health skills.
- ▶ Openness to sharing model with other similar populations such as Long Beach did with veterans.
- ▶ Coordinate with existing systems addressing, e.g., youth homelessness, housing insecurity, families and veterans, to ensure multiple entry points and service equity for PLWH rather than service based on where it is accessed.
- ▶ Do not base eligibility on client's medical status, e.g., adherence to medical appointments or low VL.
- ▶ Medical status need not be a penalty, but should be important in the process because funding housing is intended to support viral suppression and ultimately reduce transmission.
- ▶ Housing can be a framework to introduce and engage clients into linkage and retention - a carrot, not a stick.
- ▶ Ensure patients leaving the hospital can bring their prescription pain medications back to their housing.
- ▶ Allow proxies for in-hospital patients to pay rent or speak with a landlord so they do not need to leave the hospital for a day Against Medical Advice (AMA) to ensure they do not lose their housing or belongings.
- ▶ Use the lowest eligibility level funders allow to support access, but also ensure strong provider gender, race and sexual orientation competencies, especially for facility-based services, to support responsiveness to clients. Hiring should support competencies across the infrastructure, with ongoing training, not just master's/equivalent work.
- ▶ Hold focus groups at housing agencies to gather client feedback on what they need to sustain housing.
- ▶ Provide HIV 101 training for housing case managers.
- ▶ Provide support for legal services, in particular expunging criminal records which would be extremely helpful for those who use jails for a bed when it is cold and for the transgender community.
- ▶ Support client empowerment with help to register to vote, transportation to polling places and to meetings like the Commission's, and support in starting Client Advisory Boards (CABs) to offer feedback.
- ▶ Create a streamlined process for these clients in order to reduce delays.
- ▶ Develop basic training tools for both front line staff and for clients that describe a typical housing timeline.
- Ms. Starr clarified that interim housing can require medical eligibility criteria, but clients cannot lose permanent or rental housing due to medical status or lack of participation in desired activities. Activities can be encouraged, but not required.
- There are ongoing discussions on how long a unit should be held for a client who is, e.g., in the hospital or incarcerated. Funds can be used to hold the unit for a period of time.
- Permanent housing does require a tenant advisory board. Effectiveness varies depending on client population at a site.
- Ms. Barrit complemented suggestions and encouraged continued participation at SBP meetings. Ms. Starr will continue to be a resource in developing housing services and in providing further training to Commission members and staff, as needed.
- ➡ Ms. Starr will review the DHS qualified provider list for intensive case management. Most on the list are general homeless supportive services agencies not specific to HIV, but the Request For Qualifications (RFQ) is continuously open. It takes a couple of months to be placed on the list but, once pre-qualified, DHS can enact contracts without going to the Board.
- ➡ Ms. Barrit will work with Ms. Starr to identify agencies that may already have listening sessions and bring feedback to SBP.
- ➡ Ms. Starr will coordinate a tour for a select group to compare various permanent supportive housing sites, e.g., one funded in the early years for this specific population versus a newer site for another population; and a nonprofit versus a for-profit. Mr. Murray offered to help arrange a visit to Palm View, HIV-specific housing in West Hollywood.

MOTION 3: Approve Eligibility Requirements and Standards for Housing Services, as presented (**Postponed**).

10. NEXT STEPS: There was no additional discussion.

11. ANNOUNCEMENTS: Mr. Ballesteros announced a march to save the Affordable Care Act (ACA) on 3/23/2017, 11:00 am. It will start from two locations: the Cathedral of Our Lady of the Angeles across from the Kenneth Hahn Hall of Administration, and the Ronald Reagan State Building at 300 South Spring Street. The marches will converge for a rally at the Roybal Federal Building, 255 East Temple Street. He urged making sure the HIV voice is represented. Contact him for more information.

12. ADJOURNMENT: The meeting adjourned at 4:00 pm.