

NON-HOMELESS SPECIAL NEEDS - Specific Special Needs Objectives (91.215)

- 1. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.***
- 2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.***

The City will continue to utilize CDBG, HOME, ESG, HOPWA and other sources of federal, state, and county financial resources to fund a wide variety of programs that provide critical services and housing to those with special needs, including seniors and the frail elderly; victims of domestic violence; the homeless; those at risk of contracting HIV/AIDS; and the physically and developmentally disabled. Each is described below. The City has developed specific priorities, objectives, and outcomes for all programs and project activities serving those with special needs.

Housing Needs of Persons with Disabilities

LAHD uses several different approaches to the housing needs of persons with disabilities. In addition to financing the development of affordable housing for a variety of persons with special needs, both physical and mental disabilities, LAHD also promotes policy change via local legislation and the zoning code, through its citywide fair housing program. LAHD's Preservation Programs provide rehabilitation loans and grants which often pay for physical accessibility needs of low-income homeowners and renters aging in place, such as ramps, widened doorways and reconfigured bathrooms, which enable them to continue to live independently. Also, the countywide HOPWA program is administered by LAHD, which serves persons with disabilities.

The Permanent Supportive Housing Program (PSHP), established in the 31st program year by four City agencies – the Los Angeles Housing Department (LAHD), the Community Redevelopment Agency of Los Angeles (CRALA), the Housing Authority of the City of Los Angeles (HACLA) and the Los Angeles Department of Water & Power (LADWP) – is a partnership to stem the tide of homelessness. A ten-year Cooperation Agreement governs the administration of their initial contribution to the Permanent Supportive Housing Program (PSHP) as well as all future allocations.

In October 2006, the PSHP held its first funding round in with \$50 million in funding. LAHD received and reviewed five PSHP projects containing 274 units, and has recommended that Letters of Commitments for \$22.5 million be approved, which will leverage \$58 million in outside funding sources (\$2.6 for each \$1 invested by the City). In addition, \$28 million in operating subsidies funds have been provided by HACLA in the form of Section 8 vouchers.

Additionally, the PSHP is working with the Los Angeles Homeless Services Authority (LAHSA) and County agencies to provide the support services so crucial to ending the cycle of homelessness. This combination of permanent housing with on-site services has been proven to be one of the most effective solutions to homelessness. Alliances formed between the housing and service agencies help homeless people secure and keep the housing and services necessary to avoid falling into homelessness once again.

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Supportive Housing is the cornerstone of the current national movement to end homelessness. The City looks forward to working closely with HUD on the expansion of supportive housing stock in Los Angeles.

Given the extremely low incomes of many persons with special needs who rely on Supplemental Security Income (SSI), which is less than \$900 per month in California, the importance of permanent, affordable, safe housing in their lives cannot be overemphasized. Service-enriched housing enables persons with special needs to live independently without the fear of becoming homeless.

Approximately half of the new rental units supported by the Affordable Housing Trust Fund serve persons with special needs, including those with chronic mental illness, emancipated foster youth with children, senior citizens and the frail elderly, persons with HIV/AIDS, and others. All proposed affordable housing developments for persons with special needs must show memoranda of understanding (MOU) or similar commitments with local social service agencies. Depending on the population served, case managers and other agency staff may work at the housing development site.

In addition, many of the housing developments financed by the Affordable Housing Trust Fund include childcare centers, community rooms and computer learning centers that facilitate after school tutoring programs, and other services provided by local agencies. Such activities facilitate family self-sufficiency and educational attainment by residents as well as low-income neighbors from the surrounding community.

Seniors and the Frail Elderly

The Department of Aging (DOA), as an Area Agency on Aging (AAA) under the State of California Department of Aging, has long been uniquely positioned to provide affordable services to low-income seniors, because it receives Older Americans Act and Older California Act grant funds. The designation of "AAA" implies that the Department is the focal point of senior services within the City.

The Department, since its inception in 1993, has been providing services to seniors and the frail elderly in the areas of transportation, nutrition, care management, information and referral, to name a few. The Adult Day Care program was established in 2002, and the EARS (Early Alert Response System) program in 1987.

CDBG funds are leveraged to provide critically needed services in a cost-effective way to benefit both seniors and caregivers. In fact, leveraging has resulted in an estimated 25% savings in operational cost compared to similar programs. With both the resources and the knowledge of programs, the Department has been able to identify the most efficient use of CDBG funds and is better able to leverage resources.

As a result, the economic opportunities created are substantial. Caregivers that are able to work as a result of participating in the programs are able to live productive lives. as an example, 141 full-time employed caregivers earning \$7.50 an hour working 8 hours a day for 249 days earn \$2,106,540; 48 part-time caregivers earning \$7.50 an hour working 20 hours a week for 52 weeks earn \$374,400. The total economic activity contributed by the adult day care programs in this case is \$2,480,940. Therefore, Departmental programs are able to make major contributions to families, caregivers and communities.

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The Community Based Development Organizations (CBDO) designated activity component of the Aging Services Delivery System (ASDS) provides programs designed for low-to-moderate income seniors with physical, emotional and/or cognitive impairments, thereby requiring assistance and supervision to remain independent. The program provides respite for caregivers who

Senior Counts – 2000 Census

The City has one of the highest concentrations of seniors age 60 and older within the United States. Of this total, many are considered low-to-moderate income and qualify for benefits under federal guidelines. It is therefore the responsibility of the Department of Aging to provide unique, creative and cost-effective and efficient services to city seniors.

Based on the 2000 Census there are 472,792 seniors (60+) in Los Angeles. The racial and ethnic composition of seniors is: Whites 242,868 (51.37%), Hispanic 96,208 (20.35%), Black 62,151 (13.14%), Asian 59,853 (12.66%), Multi-Racial 9,507 (2.01%), and All Others 2,205 (0.47%). There are 65,127 (13.77%) seniors that are low-income, 170,018 (35.96%) that are frail elderly, and 229,924 (48.63%) that are minority.

Extent and Type of Need

The LADOA recently completed a mandatory needs assessment. The Older Adult survey identified many issues by respondents; their greatest concerns included accessing information, transportation, and finding legal advice. The cost of medication, long-term insurance and accessing adequate health care were the most common problems expressed by older adults. Of the major financial concerns, adequate income to live on and the cost of energy/utilities and housing were of paramount importance. Social issues of primary importance were isolation and taking care of an older adult.

These issues obviously cannot completely be answered, but augmenting CDBG funding would allow the department to expand its projects, alleviating many of these needs. CDBG provides funding for the Adult Day Support Center, Emergency Alert Response System, Legal Services, and Alternative Housing for the Elderly projects, which, as demonstrated by goal achievement yearly for the 2003-2008 Consolidated Plan, have been highly successful. However, additional funds are needed to expand programs to serve more seniors and their families who are in need of these services.

Increased funding could be used to extend senior center hours, and to hire additional personnel to accommodate the working family caregivers. Seniors and families have requested service hours before 8 a.m. and after 4 p.m., and weekend services which would enable family caregivers to continue working, and relieve them of the financial burden of paying for day care for their loved ones. Additional funds could also be used to provide more training for social workers, more educational programs for the caregivers, and to expand outreach to the minority community.

Existing Programs for Seniors and the Frail Elderly

The City of Los Angeles' Department of Aging (LADOA) is a designated Area Agency on Aging (AAA) of the State of California. There are 33 AAAs in the State of California. The State Department of Aging (CDA) is the designated State Unit on Aging (SUA) and oversees the 33 AAAs. The funding of Older American Act programs and Older California Act programs for all statewide AAAs is allocated through the CDA. The County of Los Angeles is also a AAA (County AAA).

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The LADOA is responsible for programs, services and advocacy for all seniors living in the City. The Los Angeles County AAA is responsible for programs, services and advocacy for seniors living in the County of Los Angeles (incorporated and non-incorporated areas) with the exception of residents of the City of Los Angeles. Consequently, LADOA and the County AAA oversee the same programs but with different amounts of funding (funding is based on senior population and the population of senior characteristics such as minority population, low-income and below population, frail-population and population of those 60 years and older).

The LADOA uses the RFP process to select contractors of OAA, OCA and CDBG programs. The non-profits are the LADOA's community based partners who we collaborate with for the provision of services, including advocacy, to seniors. Interaction with non-profits and the County AAA is realized through participation and collaboration in community events and data collection.

Current programs offered by the Department of Aging and available for seniors and the frail elderly are: Information and Assistance, Case Management, Congregate Meals, Home-Delivered Meals, Ombudsman, Elder Abuse Prevention, Health Screening, Outreach, Legal Assistance, Caregiver Support Groups, Family Caregiver Training, Health Promotion/Disease Prevention, Transportation, Home Secure, Emergency Alert Response System, Alzheimer's Day Care & Resource Center, Senior Employment Training Program, and Adult Day Support Centers.

LADOA receives funding from the federal Older Americans Act, Older Californians Act, CDBG, Department of Transportation, LADOA Foundation, and the City's General Fund. Over the past few years, the funding level has remained unchanged while the senior population continues to grow as the baby boomer generation ages.

It is estimated that there will be 622,456 people over the age 60 by 2010, with the fastest population growth of those seniors age 85 and older. This growing population will magnify the need to expand existing transportation service programs and compel greater cooperation and coordination between transportation programs which travel between the City and County.

The inadequate provision of health care coverage and accessibility as healthcare costs increase will require more education about health promotion and disease prevention. Additionally, a lack of affordable housing for seniors continues to exist, and the construction of new housing for seniors needs to be developed in areas that are close in proximity to health centers and shopping areas to facilitate accessibility for seniors. Eviction protection and segregation also needs to be addressed for the aging population.

The Department of Aging receives, in addition to CDBG funds, Federal Older Americans Act funds, State Older Californians Act funds, and City General Fund dollars. The Department is accountable to both the Mayor and City Council, and must also comply with California Department of Aging regulations, state regulations, and federal regulations as a City entity. The Department must monitor the limited clientele status of its participants in the Aging Services Delivery System to assure compliance with CDBG and CBDO regulations, as well as the contract goals and standards for administrative and financial management systems jointly established with its agencies.

Through the Management Information System, program activity is measured on a monthly basis, and reported to management. Semiannually, performance measurement reports

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are prepared and evaluated for each contracted agency in respect to the contracted services.

Project activities are carried out through multiple nonprofit organizations located in the City. Project progress is monitored through routine extensive desk review, which consists of reviewing monthly expenditure and service level reports and quarterly program performance reports. These measurements are in place to ensure that contractors are in compliance with the scope of work and units of service as contracted.

The following services for seniors will be funded with CDBG :

- **Alternative Living for the Aged** – This program provides housing and roommate matching services to seniors through the sharing of housing costs between seniors. This program provides alternative shelter that is affordable and helps seniors avoid homelessness.
- The **Emergency Alert Response System (EARS)** – This program provides security to older adults who live alone and who, in the event of an emergency, have not the capacity to respond to a life threatening emergency in a manner that would save their life. The equipment allows the senior to contact an emergency responder at the push of a button that is worn around the client’s wrist or another part of their body. It provides stability for families who otherwise may be forced to live with their family member (or vice versa) which would impact on finding and/or maintaining a job due to the care giving responsibilities that would be created. Provides security for the economic future of the community.
- **Adult Day Care Programs** – This program provides a safe, supervised setting for seniors who are challenged with debilitating physical and emotional conditions and are unable to care for themselves without a custodial presence (family caregiver). The program provides the caregiver an opportunity to maintain employment and securing the economic future of the community.

Domestic Violence Shelter Operations (DVSO)

The 2003-2008 Five-Year Consolidated Plan Goals referenced the need for services and funding for special needs populations that are prone to victimization. Included in these populations were persons that have experienced domestic abuse and violence directed toward them or their children and that are in immediate need of shelter and supportive services. The need for such services for victims of domestic abuse and their families is still very much in evidence and will continue to be a critical element of CDBG programs assisting those with special needs.

The following information on reported domestic violence incidents to the Los Angeles Police Department is provided by the State of California, Attorney General’s office. There has been a steady decline in the total number of domestic violence calls, and those that involved dangerous weapons. However, the City still leads the state in the number of reported domestic violence incidents; much work remains to be done to assure that this downward trend continues.

Jurisdiction	2004		2003		2002		2001		2000		1999	
	Total Calls	Involved firearms, knives or other dangerous weapons	Total Calls	Involved Firearms, knives or other dangerous weapons	Total Calls	Involved Firearms, knives or other dangerous weapons	Total Calls	Involved Firearms, knives or other dangerous weapons	Total Calls	Involved Firearms, knives or other dangerous weapons	Total Calls	Involved Firearms, knives or other dangerous weapons

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Los Angeles	27,539	4,432	31,163	5,399	33,205	5,461	34,760	5,328	35,740	5,261	36,801	5,241
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The City has set aside approximately \$3 million in CDBG funds yearly to provide funding for domestic violence agencies. The City's DVSO program is a key component of the Human Service Delivery System (HSDS). Assistance offered by the City's Domestic Violence Shelters to victims and their children ranges from emergency and transitional shelter services, psychological counseling, job preparation/readiness, job search assistance, financial management, parenting skills, support with legal assistance, schooling for children, clothing and other household supplies, coordination with placement in long term housing, among other services needed to enhance their personal stability and improve their economic opportunities.

Emergency shelters offer immediate, short-term refuge from an imminent dangerous or life-threatening environment for up to 90 days in a confidential setting. Transitional shelters extend this refuge in a safe and secure location to a minimum of six months. The primary focus in domestic violence transitional housing is helping victims develop the tools to gain self-sufficiency and independence.

DVSO is largely funded through the Community Development Block Grant (CDBG). The DVSO provide exclusively to survivors of domestic violence and their families, an individualized case-managed plan of services that will ensure their immediate safety and, over the longer term, will motivate and equip them with appropriate skills and self-knowledge to support themselves and their families independent of the abuser.

A lack of affordable housing can dramatically reduce options for women experiencing domestic violence, trapping them in abusive situations of forcing them and their children to become homeless if they leave. Women living in poverty are especially vulnerable. Despite this, domestic violence often becomes so severe that women leave their homes, even when they have no place to go. In fact, domestic violence is a major cause of homelessness in this county. In support of the City's anti poverty strategy, goals to protect and assist the City's special needs populations include providing domestic violence survivors the opportunity to enroll in an Individual Development Accounts (IDA) program.

Additionally, several City departments work together to implement a Domestic Abuse Response Team (DART) Car unit. The purpose of the DART program is to respond to the scene of a domestic violence call and to provide intervention through family counseling, referrals to shelters, assistance in obtaining emergency protection orders (EPO), as well as other forms of intervention depending on the particular domestic violence situation.

The DART program consists of various community members and sworn personnel. Individual training is provided to officers assigned to the DART unit as well as handout material, and DART volunteers are required to complete a vigorous course of training. The goal of the program is to provide each volunteer with the fundamentals of handling domestic violence crimes. The curriculum consists of laws pertaining to domestic violence, safety issues, restraining orders and role-playing skits involving scenarios that might be encountered in the field.

DART includes three different models for operation; however, the purpose is crisis intervention and advocacy for the survivor. Community based organizations have domestic violence advocates on call 24 hours to:

- Roll-out with Police on domestic violence calls; or

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- Assist survivors after the perpetrator has been arrested and the scene is clear or provide counseling and other services when available upon learning of a domestic violence call.

HIV and AIDS Prevention

According to the Los Angeles County Department of Public Health, Office of AIDS Programs and Policy, an individual's socioeconomic status shapes social and individual factors that affect care of individuals infected with HIV, the risk of HIV infection, and the high probability of relying on publicly funded health care services. Poverty and homelessness play a large role in individuals' risk for infection with HIV.

When looking at homelessness, 51% of the homeless population resides within four council districts, CD1, CD8, CD 9 and CD 15. The rates of HIV in specific geographic locations of the city generally fall within those areas.

The Los Angeles County Office of AIDS Programs and Policy estimates that 60,000 individuals are living with HIV/AIDS in Los Angeles County. It is estimated that between 12,500 and 15,000 individuals are living with HIV but do not know that they are infected. Approximately fifty-three percent of those individuals living with HIV/AIDS in the county reside within the City of Los Angeles. The city makes up about 10% of the total size of the county, but carries the burden of more than half of HIV/AIDS cases.

The AIDS Coordinator's Office (ACO) plays a vital role in framing the delivery of services for all the people living with HIV/AIDS in the city. With the bulk of the epidemic falling within the city, the ACO ensures that all services are funded and administered to provide the highest quality of services to residents.

The ACO has always been a national leader in the development and implementation of services for the HIV/AIDS community. Being distinctly apart from the County Office of AIDS allows the ACO flexibility to focus HIV/AIDS prevention efforts towards specific high-risk populations living within the city.

Though the ACO has a small operating budget, it has been able to leverage resources to develop programs that enable agencies to develop or augment innovative approaches to reaching people infected or affected with HIV/AIDS, technical assistance to community based organizations so they may develop their capacity to provide better programming, and special research studies that look into promising new approaches for HIV/AIDS prevention.

Special Research Studies, funded under the policy and planning category, identify underserved/hidden populations or areas of HIV/AIDS prevention in the city that are either under documented and/or under funded through traditional HIV/AIDS prevention and research. The office is currently working on three special research projects with university and other research partners:

- The Pre-Exposure Prophylaxis study will look into the acceptability of an intervention that would give HIV negative individuals a single dose of Highly Active Anti-Retroviral Treatment prior to engagement in high-risk activity.
- The Neighborhood Council study is looking into the attitudes and beliefs towards HIV/AIDS of members of city neighborhood councils, and how they can be engaged in prevention efforts.

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- The Syringe Exchange Evaluation study is developing an electronic data collection and evaluation system that will provide real time data and information on the city's syringe exchange programs.

The **Technical Assistance Program**, funded under the policy and planning category, provides small grants, averaging \$1,000 to \$3,000, to community-based providers to fund one time prevention education and awareness programs and strengthen service delivery systems. The activities are done primary through workshops and seminars, median projects, publications and public forums. These projects must benefit city residents for the purpose of improving services to individuals infected or affected by HIV/AIDS.

The **AIDS Prevention Program**, through contractual services, provides health education and risk reduction programs, HIV counseling and testing, medical and social referrals, harm reduction programs tied to substance use treatment and related social service referrals, safer sex education for HIV positive individuals and people living with AIDS, substance abuse education and awareness, behavior modification programs and AIDS awareness skills building sessions, among others.

Prevention services are delivered through the release of a two-year Request for Proposal (RFP) and contracted primarily with non-profit community-based organizations. City residents most at risk for transmission or acquisition of HIV are targeted and served by the city's prevention programs. The programs measure for clients' understanding of HIV/AIDS, how it is transmitted, who is at risk, how to stay healthy, and how to make informed decisions.

Persons with Disabilities

Information from a recent Independent Living Needs Assessment that summarized data from the 2000 U.S. Census for Los Angeles County revealed that:

- 20.4% of the total population 5 years and older had a disability;
- 44.8% of the population 65 years and older had a disability;
- Of the population 21 to 64 years, 53.5% of persons with disabilities were employed compared to 69.2% of persons without disabilities.

The 2005 American Community Survey revealed a significant number of disabled persons in Los Angeles that are at or below the poverty level, with the largest number being women in the 16-64 year age range (34,960 of 93,957 disabled reported, or 37.2%.

Results from a 2002-2003 Los Angeles County Health Survey indicated that 84.7% of persons with disabilities reported environmental barriers to independent living such as social isolation, lack of resource information, difficulty accessing needed health care due to physical location barriers, and unfair treatment or denial of services by a health care provider.

City Disability Providers

Since its inception as a Los Angeles City Department in 1999, the Department on Disability (DOD) continues to move forward in the progression of the Americans with Disabilities Act (ADA) to ensure equal access to employment and reasonable accommodations as they apply to programs, services and facilities for Persons with Disabilities (PWD). The DOD provides information and referral services through the

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Computerized Information Center (CIC), funded through CDBG; and through the LILA information network (Living Independently in Los Angeles).

The DOD also provides policy recommendations and advocates for improved conditions for persons with disabilities. Funding for services to persons who have HIV/AIDS and HIV/AIDS prevention activities are also administered by the DOD.

The City provides funding through the Neighborhood Action Program (NAP) for the physically and developmentally disabled, and is the primary source of funding for programs that provide direct services to persons with disabilities other than HIV/AIDS. The HSDS supports Independent Living Centers, advocacy services for the disabled, rehabilitation services to help youth regain and improve their cognitive abilities; provide services for the visually impaired and persons with traumatic brain injuries, as well as provide home-based case managed care for parents with severely disabled children.

The Workforce Development Division of CDD (WDD), in partnership with the Workforce Investment Board, supports the EmployABILITY Partnership, which is a collaboration of service professionals working together through the WorkSource system to help people with disabilities find jobs and build careers; and also assist the employers who hire them.

CDD has requested \$90,000 in WIA funding for continued operation of the program for 2007-2008, which consists of staff training and technical assistance facilitating the development of improved assessment tools and service strategies to better serve the employment needs of persons with disabilities. This program received \$160,000 in WIA funds for Fiscal Year 2006-2007.

Goals for the program include continuation of efforts to expand the EmployABILITY Partnership, maintain its website, and pursue additional funding sources, and provide for assistive technology.

Non-homeless Special Needs (91.205 (d) and 91.210 (d)) Analysis (including HOPWA)*

*Please also refer to the Non-homeless Special Needs Table in the Needs.xls workbook.

- 1. Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, victims of domestic violence, and any other categories the jurisdiction may specify and describe their supportive housing needs. The jurisdiction can use the Non-Homeless Special Needs Table (formerly Table 1B) of their Consolidated Plan to help identify these needs. *Note: HOPWA recipients must identify the size and characteristics of the population with HIV/AIDS and their families that will be served in the metropolitan area.***
- 2. Identify the priority housing and supportive service needs of persons who are not homeless but may or may not require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.***

3. **Describe the basis for assigning the priority given to each category of priority needs.**
 4. **Identify any obstacles to meeting underserved needs.**
 5. **To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.**
 6. **If the jurisdiction plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations, it must justify the need for such assistance in the plan.**
- 1. Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services & 2. Identify the priority housing and supportive service needs of persons who are not homeless but may or may not require supportive housing,**

As more fully discussed in the Housing Needs section, certain persons or households face greater challenges than the general population in finding housing given their unique “special needs” and circumstances. Such circumstances range from fixed incomes to limited mobility to large households. Not all housing units in the general housing stock can meet the housing needs of persons or households with such special needs. Persons with special needs represent a significant part of the City’s population. The Table below identifies each of these groups, or subpopulations, and their respective representation within the City’s population. (DCP, 2007)

Special Needs Populations, City of Los Angeles

Subpopulation	Persons	Households	% of Citywide Total
Elderly (65 years +)	345,987	N/A	9%
Persons with Disabilities (16-64 years)	395,014	N/A	6%
Large Families (5 or more persons)	N/A	185,276	14%
Families with Female Heads-of-Household	N/A	195,123	15%
Persons living with HIV/AIDS	30,000***		
Homeless*	48,103*	N/A	4%
Farmworkers**	2,039**	N/A	0.0005%

Department of City Planning (2007) Source: 2005 ACS

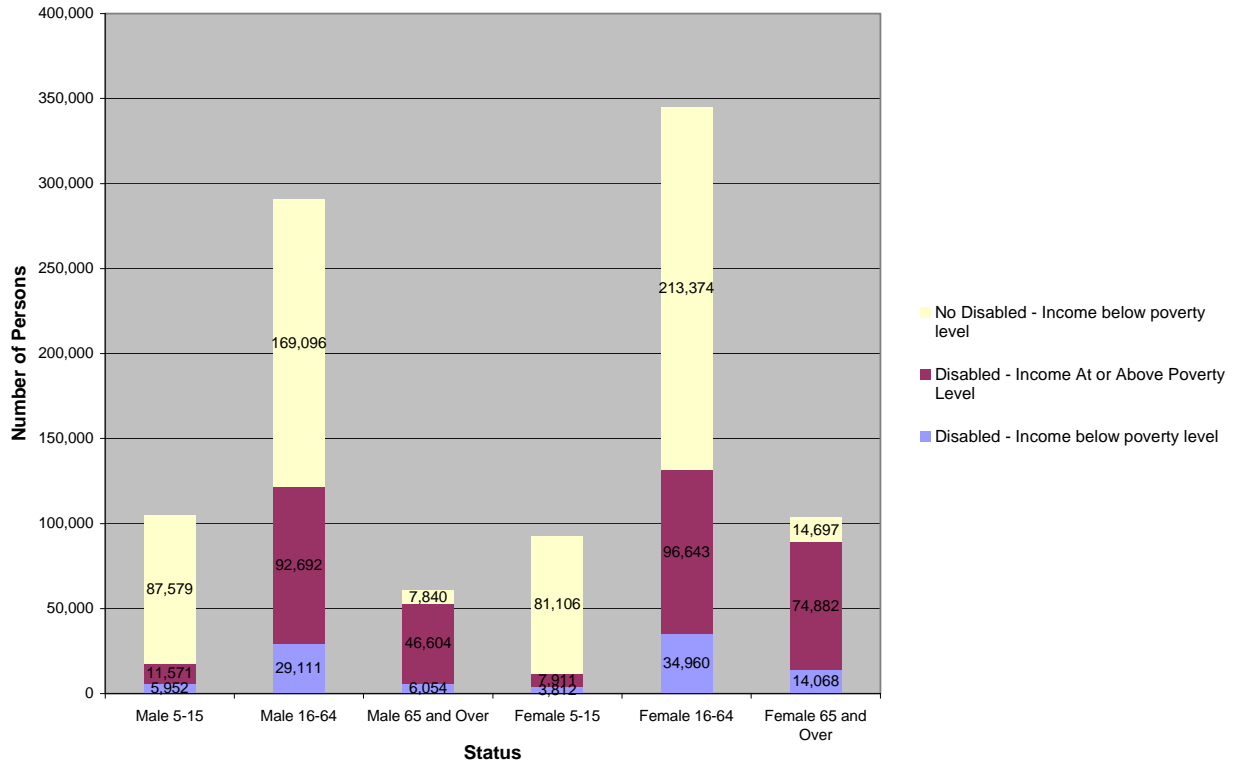
* 2005 Greater Los Angeles Homeless Count

** 2000 Census; 2005 ACS estimate not available.

***Los Angeles County Office of AIDS Programs & Policy (OAPP)

The 2005 American Community Survey revealed a significant number of disabled persons in Los Angeles who are at or below the poverty level, with the largest number being women in the 16-64 year age range (34,960 of 93,957 disabled reported, or 37.2%).

City of Los Angeles - Disability Status, 2005 American Community Survey



Status	Male 5-15	Male 16-64	Male 65 and Over	Female 5-15	Female 16-64	Female 65 and Over	Total
Disabled - Income below poverty level	5,952	29,111	6,054	3,812	34,960	14,068	93,957
Disabled - Income At or Above Poverty Level	11,571	92,692	46,604	7,911	96,643	74,882	330,303
No Disabled - Income below poverty level	87,579	169,096	7,840	81,106	213,374	14,697	573,692
No Disabled - Income At or Above Poverty Level	202,020	964,412	81,710	199,089	887,581	100,132	2,434,944
TOTAL	307,122	1,255,311	142,208	291,918	1,232,558	203,779	3,432,896

Department of City Planning (2007)

Even though it is difficult to estimate the unmet housing needs of persons or households with special needs, since CHAS data is not available for this category, it is reasonable to assume that, given the statistics shown in the two charts above, there are hundreds of thousands of individuals, and families, in Los Angeles who require accessible, affordable housing and do not have it. This assessment is supported by the fact that the City of Los

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Angeles, as a whole, has a combined total of slightly more than 100,000 affordable rental units and Section 8 vouchers, nearly all of which are occupied or in use, respectively.

3. Describe the basis for assigning the priority given to each category of priority needs.

Because the City of Los Angeles has so many low-income residents with different types of serious unmet housing and service needs, we choose to fund a variety of programs to address those needs, knowing that the demand for services and housing is much greater than the supply. The annual budget allocations represent that balance.

4. Identify any obstacles to meeting underserved needs.

The main obstacle to meeting underserved needs is the lack of sufficient funds to provide supportive housing. Other barriers in Los Angeles are the high cost of land, and the “not in my back yard” (NIMBY) opposition of many neighborhoods to affordable housing, particularly for persons with special needs.

5. To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.

There is a severe shortage of permanent supportive housing in the City of Los Angeles, which is why the Permanent Supportive Housing Program (PSHP), described elsewhere in this document, was initiated in 2006. As described more fully in the Homeless Strategic Plan part of this document, there has been a focus for the past several years on ‘discharge planning’, working with local institutions to ensure patients are not discharged with no place to go, resulting in homelessness. In 2005, the Los Angeles County Board of Supervisors adopted a policy of “zero tolerance” for discharging individuals from any County institution or facility or any County-sponsored program to homelessness:

- In 2006, the relevant County departments worked collectively to develop these policies. In some instances, such as foster care, additional State standards apply.
- Los Angeles County public health care inpatient facilities have implemented a policy requiring that all persons exiting health care facilities receive assistance finding appropriate housing opportunities and needed supportive services. Discharges are facilitated by social workers who evaluate each patient that reports being homeless to determine if there are discharge arrangements that can be made with family, friends, or other support systems
- In 2006 the County Department of Mental Health (DMH) finalized and implemented discharge planning procedures for acute care hospitals, State mental hospitals and Institutions for Mental Disease (IMDs) that are designed to ensure that patients are not discharged to homelessness.
- The Los Angeles County Jail, operated by the Los Angeles County Sheriff’s Department, has both policy and an extensive service component in place to prevent inmates being released into homelessness.

6. If the jurisdiction plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations, it must justify the need for such assistance in the plan.

As in the past several years, HOME funds are again proposed to supplement the HOPWA Tenant-Based Rental Assistance program, to be administered by the Housing Authority of the City of Los Angeles (HACLA) for residents seeking housing within the City. In prior years up to \$2 million in HOME was budgeted for this purpose; less is being requested for the 34th Program Year. The need for rental assistance is great among low-income persons living with HIV/AIDS, but the program relies on rental property owners willing to participate in the program, which is difficult given the current high market rents.

Housing Opportunities for People with AIDS (HOPWA)

1. The Plan must include a description of the activities to be undertaken with its HOPWA Program funds to address priority unmet housing needs for the eligible population. Activities will assist persons who are not homeless but require supportive housing, such as efforts to prevent low-income individuals and families from becoming homeless and may address the housing needs of persons who are homeless in order to help homeless persons make the transition to permanent housing and independent living. The plan would identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.

2. The Plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings, where funds are used to develop and/or operate these facilities. The plan can also describe the special features or needs being addressed, such as support for persons who are homeless or chronically homeless. These outputs are to be used in connection with an assessment of client outcomes for achieving housing stability, reduced risks of homelessness and improved access to care.

1. For housing facility projects being developed, a target date for the completion of each development activity must be included and information on the continued use of these units for the eligible population based on their stewardship requirements (e.g. within the ten-year use periods for projects involving acquisition, new construction or substantial rehabilitation).

2. The Plan includes an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale for these geographic allocations and priorities. Include the name of each project sponsor, the zip code for the primary area(s) of planned activities, amounts committed to that sponsor, and whether the sponsor is a faith-based and/or grassroots organization.

3. The Plan describes the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families living throughout the EMSA with the other jurisdictions within the EMSA; (b) the standards and procedures to be used to monitor HOPWA Program activities in

order to ensure compliance by project sponsors of the requirements of the program.

4. The Plan includes the certifications relevant to the HOPWA Program.

1. (a) A description of the activities to be undertaken with its HOPWA Program funds to address priority unmet housing needs for the eligible population.

The Los Angeles Housing Department (LAHD) utilizes HOPWA Program funds to contract with thirty (30) community based non-profit organizations throughout the County of Los Angeles to provide housing-related supportive services and rental assistance programs for the eligible, low-income persons living with HIV/AIDS (PLWH/A). The LAHD funds various supportive service programs for PLWH/A that may be living in permanent housing, homeless or at-risk of homelessness. Rental assistance programs are crucial to enabling PLWH/A to maintain their housing. Many participants live on fixed incomes such as disability insurance and Supplemental Security Income (SSI), while the cost of living throughout Los Angeles County has increased substantially with the recent housing boom.

Persons who are not homeless are assisted by a HOPWA program called Supportive Services in Permanent Housing. Supportive services are critical for PLWH/A to maintain housing, connect to and maintain care, increase financial independence, obtain and retain employment, access health insurance and other benefits, and enhance their quality of life. HOPWA funds are utilized for supportive service workers to assist and follow-up with PLWH/A already living in permanent housing. For PLWH/A with co-occurring disorders, such as mental illness or substance abuse, specialized services responsive to the unique needs of these disorders are required in order for clients to maintain their housing successfully. These barriers further compromise the ability of PLWH/A to access primary medical care, adhere to medication schedules, and suppress risk behaviors that can exacerbate their weakened immune systems and forestall the onset of AIDS.

HOPWA funds are also utilized for a category called Other Supportive Services that enhance the quality of independent living and assist PLWH/A and their families access and retain appropriate and affordable housing. Other Supportive Services are considered ancillary services that are not necessarily provided in a particular housing type or connected to a specific HIV/AIDS housing program. These services include food programs that are designed to educate HIV/AIDS clients about their nutritional needs and encourage proper nutrition through meal provision to foster healthful living and improve clients' quality of life. Legal or housing advocacy services are critical forms of support for PLWH/A to obtain and maintain appropriate housing. HOPWA clients, especially due to their income levels, are often in need of legal assistance or housing advocacy services to access or retain housing, employment, medical care, health insurance, and other public benefits.

The Short Term Rent, Mortgage and Utility (STRMU) Assistance grant is an effective rental assistance program that prevents homelessness among PLWH/A that are already stabilized and housed. Since PLWH/A are frequently facing eviction, foreclosure, or termination of utilities due to nonpayment of these expenses, HOPWA funding is available to provide emergency financial assistance with rent, mortgage, and utility payments to prevent that tenant, mortgagor, or utility customer from becoming

homeless. STRMU assistance is not intended to provide continuous or perpetual assistance. Other types of HOPWA assistance, such as long-term rental assistance, should be employed when client assessments indicate that little or no improvement of the “conditions” that cause this financial burden are likely during the time-limited period of STRMU assistance. Assistance may not be provided for costs accruing over a period of more than 21-weeks in any 52-week period. Currently, an individual may access STRMU assistance of up to \$600 per request; a family unit may access up to \$900 per request. Pursuant Federal Guidelines, clients may receive up to 21 weeks of assistance in any 52-week period, which may or may not be consecutive. Currently, the maximum amounts of assistance cannot exceed \$2,400 per individual or \$3,600 per family unit.

Prior to the receipt of STRMU assistance, the individual or family will receive a housing needs assessment by a housing case manager to determine if the level of financial assistance to be provided will be adequate to allow this individual or family to remain in their own dwelling. All clients wishing to access this program must apply through referral agencies and utilize a case manager or housing case manager to complete the required paperwork for obtaining STRMU assistance grants.

Housing Case Management is a housing-related supportive service program designed for low-income, eligible PLWH/A that may homeless, at-risk of homelessness or living in permanent housing. LAHD funds community based non-profit organizations to provide housing case management services to assist PLWH/A in locating, acquiring, financing, and maintaining affordable and appropriate housing. Housing case managers must be able to provide the following: intake and assessment, formulating housing plans, building housing resource lists, making referrals to appropriate housing within the continuum of care, assisting with the housing search process, assisting clients in applying for housing assistance (e.g., emergency vouchers, STAP, Section 8, etc.), assisting clients in moving into housing, educating clients about tenant rights and responsibilities, and acting as an ongoing liaison between clients and property owners and case managers.

Due to the HOPWA mission of providing stable housing, housing case management differs from case management provided under programs which focus more exclusively on the provision of supportive and other services rather than housing. Housing case management differs significantly from other forms of case management in that it focuses primarily on the activities and concerns associated with assisting low-income people, often those who are homeless or living with disabilities, obtain and maintain affordable, decent, safe housing. Housing Case Managers are trained to be intimately familiar with the housing continuum of care in Los Angeles County. They are able to think creatively, when necessary and depending upon client needs, they can assist PLWH/A to access appropriate housing along any point within the continuum. Housing Case Managers understand that it is imperative that clients graduating from short-term housing programs (i.e., emergency shelter, licensed residential, and transitional housing) are assisted in securing permanent housing immediately upon program exit.

1 (b.) Address the housing needs of persons who are homeless in order to help homeless persons make the transition to permanent housing and independent living.

The County of Los Angeles Department of Health Services Office of AIDS Programs and Policy estimates that 7,571 homeless persons are living with HIV/AIDS, including 2,911

persons living with AIDS. Approximately 14% of all PLWH/A are homeless. For many of them, immediate placement into permanent housing alone is often not effective in addressing the long term needs and issues these clients may have. The process of providing stable housing to homeless PLWH/A and their families begins with providing housing in emergency shelters and transitional housing facilities that also offer supportive services to clients. HOPWA funding is available for these purposes.

Emergency shelter and transitional housing programs are expected to work individually with PLWH/A in stabilizing them in their transition to affordable permanent housing. Stabilization activities should address a client's physical, mental, and emotional needs. Emergency shelters meet a client's most immediate needs and provide free stays of up to 30 days. Transitional housing assists PLWH/A in becoming self-sufficient and locating, acquiring, financing, and maintaining permanent housing and provide stays of up to 24 months.

Supportive services provided at these facilities include but are not limited to the following: needs assessments, crisis counseling, food and nutritional counseling, individual and group counseling, self-esteem classes, substance abuse counseling and treatment, benefits counseling and advocacy, individual case planning, budget counseling, medication management, money management, representative payee, transportation, recreational and social activities.

Emergency Housing and Meal Vouchers is another program specifically offered to homeless PLWH/A that LAHD allocates HOPWA funding for. A non-profit organization was selected to serve as a Central Coordinating Agency (CCA) for the coordination and distribution of emergency housing and meal vouchers to PLWH/A and their families who are experiencing homelessness or that were at-risk of homelessness and who are referred by a participating referral agency. The CCA is required to contract with hotels, motels, and restaurants throughout the County of Los Angeles to provide emergency housing and meals to PLWH/A and their families for up to a 30-day period. The Emergency Housing and Meal Voucher program is not an appropriate housing alternative for clients graduating from emergency shelter, transitional housing, or substance abuse treatment programs. The purpose of this program is to temporarily house and feed homeless PLWH/A while these clients work with a housing case manager to develop a individual housing plan to seek more stable housing such as transitional housing or subsidized rental housing.

1 (c) *The plan would identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.*

In addition to the main obstacles, which are a shortage of affordable housing in Los Angeles, County, and insufficient funds to increase the supply, there are a number of other obstacles to meeting the needs of PLWH/A and their families. Most clients live on a fixed income and frequently face eviction, foreclosure, or termination of utilities due to nonpayment of these expenses. HOPWA funds are used for the STRMU program to provide emergency financial assistance with rent, mortgage, and utility payments to prevent that tenant, mortgagor, or utility customer from becoming homeless. Emergency financial assistance is provided to PLWH/A who have experienced a financial hardship 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.

Case Managers work with clients to offer solutions by completing individual budget plans, money management training or assisting clients enrolled in utility discount programs offered to low-income persons. Other types of HOPWA assistance, such as Tenant Based Rental Assistance, Section 8 or Shelter Plus Care are employed when client assessments indicate little or no improvement of the conditions that caused the financial burden.

Another barrier to permanent housing for PLWH/A is the lack of personal savings due to their low, fixed incomes. These clients often require financial assistance when moving into permanent, subsidized or non-subsidized housing. The LAHD uses HOPWA funds to provide Permanent Housing Placement (PHP) grants to pay for costs of: (1) security deposits (not to exceed the equivalent of two months rent for the unit); and (2) utility deposits, including electric, gas, water, and trash (telephone and cable are not eligible expenses). Individuals receiving PHP grants for a security deposit must return the security deposit, less cleaning costs, and utility deposits upon leaving the assisted unit.

The inability of low-income PLWH/A to access appropriate and affordable housing can lead to unstable housing or homelessness, and ultimately poor health outcomes. The lack of knowledge of available housing resources and how to access them remains a significant barrier for PLWH/A. Combined with other barriers, such as poor credit and/or rental history, previous involvement with the criminal justice system, and complicated applications for permanent housing, PLWH/A require housing case management services to improve their ability to locate, acquire, finance, and maintain affordable and appropriate housing. The LAHD allocates HOPWA funds for this purpose.

Lastly, a great impediment for PLWH/A to maintain their permanent housing is the lack of linkages to supportive services, if not provided in connection with their housing. LAHD uses HOPWA monies to fund supportive services for PLWH/A to maintain housing, connect to and maintain care, increase financial independence, obtain and retain employment, access health insurance and other benefits, and enhance quality of life. Co-occurring disorders, such as mental illness or substance abuse are great barriers for PLWH/A. Specialized services that are responsive to the unique needs of these disorders are required in order for them to maintain their housing successfully. These barriers further compromise the ability of PLWH/A to access primary medical care, adhere to medication schedules, and suppress risk behaviors that can exacerbate their weakened immune systems and forestall the onset of AIDS.

According to AIDS Housing of Washington, HIV prevalence rates are especially high among persons with mental illness (ranging from 4% to 18%) and substance abuse issues (ranging from 24% to 40%). The impact these barriers have upon PLWH/A is further compounded when mental health services and substance abuse treatment services systems operate separately, and HIV/AIDS housing providers lack the expertise necessary to coordinate services and funding for PLWH/A with both conditions.

The LAHD utilizes HOPWA funds for supportive services in permanent housing that assist PLWH/A and their families in adjusting to their new living arrangements, successfully maintaining independent living, and coordinating their overall housing and services needs. Eligible supportive services include; service coordination, mental health counseling and treatment, and substance abuse counseling and treatment that are provided at the permanent housing site.

2 (a) The plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings, where funds are used to develop and/or operate these facilities.

Programs	2008-2009 Client Goals
Short Term Rent, Mortgage & Utility	1,200
Scattered Site Master Leasing	27
Tenant Based Rental Assistance	225
Project Based Rental Assistance	31
Lease, Operating & Supportive Services in Emergency Shelter/Transitional Housing	683
Total	2,166

(b.) The plan can also describe the special features or needs being addressed, such as support for persons who are homeless or chronically homeless. These outputs are to be used in connection with an assessment of client outcomes for achieving housing stability, reduced risks of homelessness and improved access to care.

The LAHD issued the January 2007 Request For Proposal (RFP) for HOPWA funding for non-profit community based organizations (CBOs) to submit proposals with innovative approaches to address the issue of homeless, at-risk homeless and chronically homeless PLWH/A throughout Los Angeles County under the Lease, Operating and Supportive Services in Emergency Shelter and Transitional Housing component. The LAHD understands that the process of providing stable housing to homeless PLWH/A and their families begins with providing housing in emergency shelters and transitional housing facilities that offer supportive services to clients. Non-profit providers proposed innovative approaches that work individually with PLWH/A in stabilizing them in their transition to affordable permanent housing. Experienced and trained staff members perform stabilization activities that address a client's physical, mental, and emotional needs.

The services provided by the CBOs are also measured in outcome assessments for housing stability that improve access to care, reduce the risk of further homelessness and increase the potential of a client of obtaining an income producing job. Innovative approaches submitted by the CBOs first addressed the issue of stabilizing the housing needs of homeless clients with Emergency Shelter and Transitional Housing and providing the necessary supportive services. These services include: case management, psychosocial support and counseling, support groups, health care or access to health care, mental health counseling and treatment, assistance in locating and accessing permanent and affordable housing, child care and other children's services, attendant care, and follow-up services.

3. Description of HOPWA funds used for housing developments

As mentioned above, the LAHD has initiated the Permanent Supportive Housing Program to increase the stock of affordable, supportive housing for homeless residents, including those living with HIV/AIDS, in collaboration with the Community Redevelopment Agency (CRA), Housing Authority of the City of Los Angeles (HACLA) and the Department of Water and Power. To preserve HOPWA funds for needed services, the City's Affordable Housing Trust Fund and HOME program dollars are used to finance the development of permanent housing dedicated to persons living with HIV/AIDS -- a key goal of the national HOPWA program.

Through a competitive 2007 Notice of Funding Availability (NOFA) process for the Permanent Supportive Housing Program (PSHP), LAHD allocated HOPWA capital development funds as part of the total financing for the development of the James M. Wood Apartments, to be built on a vacant lot in the City's Skid Row neighborhood. The non-profit developer, SRO Housing Corporation, has secured financing and started construction. Construction completion is expected in early 2009, with full occupancy by April 2009.

The James M. Wood Apartments is intended for homeless residents with a primary diagnosable mental illness, who may have additional diagnoses, including substance addiction, HIV/AIDS or other physical disabilities. SRO Housing Corporation will partner with the Downtown Mental Health Center (DMHC) to conduct outreach activities and initial evaluations of all prospective residents before a referral to the housing is provided. Supportive services to be offered to residents will include case management, medical assistance, benefits counseling and advocacy, nutritional information, transportation assistance, socialization and recreational activities, peer support and self-help groups, referrals for medical and legal assistance, life-skills training, money management, employment and housing assistance, and other services for substance abuse disorders.

Pursuant to the loan agreement between the LAHD and SRO Housing Corporation; below is the schedule of performance for the James M. Wood Apartments and a target date of each individual activity to be completed

(a.) Target date for the completion of each development activity must be included

<u>Development Activity</u>	<u>Date</u>
Leverage Funding Source Award	4/2007
Submit Plans & Specifications to LAHD	9/2007
Submit Construction Package to LAHD	9/2007
Site Acquisition	9/2006
Notice to Proceed (LAHD)	11/2007
Commencement of Construction	11/2007
50% Construction Completion	7/2008
Completion of Construction (TC of O/C of O)	2/2009
90% Stabilized Occupancy	4/2009

(b.) Information on the continued use of these units of the eligible population based on their stewardship requirements

SRO Housing Corporation shall execute a regulatory agreement, which will be recorded against the property upon execution of the Loan agreement. This Agreement shall include the number and type of units targeted to tenants at specific income levels.

Tenants shall be households whose households are at or below the “60% of Area Median Income Limit” as defined by U.S. Department of Housing and Urban Development. The covenant will encumber the property for fifty-five (55) years, regardless of the date upon which the Lender Loan is fully repaid.

4. (a) The Plan includes an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale for these geographic allocations and priorities.

The LAHD administers the formula HOPWA grant for the Los Angeles-Long Beach Eligible Metropolitan Statistical Area (EMSA). According to the County of Los Angeles data published in January 2007 at www.lacounty.info/statistical_information.htm, Los Angeles County covers an area of more than 4,000 square miles, with a population of 10,331,939 residents, of whom nearly 18% live below the poverty line.

Approximately 27% of California’s residents live in the County. There are 88 cities within the County, as well as unincorporated areas. The City of Los Angeles is the largest, most populous city in the County with a population of 4,018,080. According to the HIV/AIDS Semi-Annual Surveillance Summary, published July 2006 by the County of Los Angeles HIV Epidemiology Program for case cases reported as of June 30, 2006; there are a total of 51,011 cumulative cases of persons living with AIDS.

Service Planning Area (SPA)	Communities	Cumulative Number of Cases	Percentage
Antelope Valley- SPA 1	Lancaster and Palmdale	479	1%
San Fernando - SPA 2	East Valley, Glendale, San Fernando and West Valley	7,119	14%
San Gabriel - SPA 3	Alhambra, El Monte, Foothill, Pasadena and Pomona	3,702	7%
Metro - SPA 4	Central, Hollywood-Wilshire and Northeast	19,423	38%
West - SPA 5	Santa Monica	2,884	6%
South - SPA 6	Compton, South, Southeast and Southwest	4,961	10%
East - SPA 7	Bellflower, East Los Angeles, San Antonio and Whittier	2,951	6%
South Bay - SPA 8	Harbor, Inglewood, Long Beach and Torrance	8,023	16%
Unknown Geo Area		1,469	2%
Total		51,011	100%

In Los Angeles County, agencies experienced with serving the housing needs of eligible, low-income PLWH/A are generally located in communities with the highest concentrations of persons living with HIV/AIDS, according to the epidemiological data listed above. For example, given the high concentration of homeless PLWH/A in the downtown Skid Row area, there are several emergency shelter and transitional housing

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providers (e.g. LAMP Community, JWCH, SRO Housing Corporation, Skid Row Housing Trust) funded with HOPWA dollars, in that same area. Service Planning Area (SPA) 4 has the highest concentration of PLWH/A in the entire County, encompassing the communities of Central LA, Hollywood-Wilshire and Northeast LA. Fifteen of the 30 total HOPWA-funded agencies are dedicated to serving this geographic area.

(b) Include the name of each project sponsor, the zip code for the primary area(s) of planned activities in order to ensure compliance with program requirements.

Project Sponsor/ Subcontractor Name	Primary Service or Site Information: Project Zip Code(s)	2007/2008 Funded Amount	Faith-based Organization/ Grassroots/ No
Aid For AIDS	90046	\$3,169,635.00	No
AIDS Project Los Angeles	90005	\$596,641.00	No
AIDS Service Center	91105	\$257,002.00	No
AltaMed Health Services Corp.	90040	\$30,462.00	No
Bienestar Human Services	90022	\$164,996.00	No
Catalyst Foundation For AIDS Awareness And Care	93534	\$54,250.00	No
Common Ground-The Westside HIV Community Center	90405	\$48,586.00	No
Covenant House California	90027	\$47,519.00	Faith-based
Foothill AIDS Project	91711	\$31,178.00	No
Friends Research Institute, Inc	90064	\$145,643.00	No
HIV & AIDS Legal Services Alliance, Inc.	90010	\$158,851.00	No
Hollywood Community Health Care	90028	\$178,795.00	No
Homeless Health Care Los Angeles	90057	\$99,000.00	No
Housing Authority of the City of Long Beach	90802	\$525,000.00	No
Housing Authority of the City of Los Angeles	90057	\$1,144,074.00	No
Housing Authority of the County of Los Angeles	91755	\$1,271,452.00	No
Joint Efforts, Inc.	90731	\$105,258.00	No
JWCH Institute, Inc.	90026	\$68,274.00	No
LAMP Community	90013	\$180,434.00	No
Los Angeles Family Housing Corp	91605	\$84,219.00	No
Minority AIDS Project	90016	\$40,629.00	No
New Image Emergency Shelter	90802	\$1,530,136.00	No
Palms Residential Care Facility	90003	\$266,243.00	No
Pasadena Community Development Commission	91105	\$49,000.00	No
People Assisting The Homeless	90004	\$78,115.00	No
Pets Are Wonderful Support	90028	\$258,735.00	No
Project Angel Food	90038	\$81,463.00	No
Project New Hope	90026	\$340,296.75	No
Serra Project	91106	\$489,412.00	No
Shelter Partnership, Inc.	90014	\$30,000.00	No
Single Room Occupancy Housing Corp	90013	\$337,862.00	No
Skid Row Housing Trust	90021	\$31,320.00	No
Southern California Alcohol and Drug Programs, Inc	90241	\$134,447.00	No
Substance Abuse Foundation of Long Beach, Inc.	90804	\$132,262.00	No
Tarzana Treatment Centers	91356	\$288,351.00	No
Thompson, Cobb, Bazilio & Associates	90503	\$90,000.00	No
West Hollywood Community Housing Corp	90046	\$61,844.00	No

5. (a.) *The Plan describes the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families living throughout the EMSA with the other jurisdictions with in the EMSA;*

The LAHD continues to strive for improvements in the delivery of the HOPWA Program by consistently convening the monthly Los Angeles Countywide HOPWA Advisory Committee (LACHAC) meetings. LACHAC is the advisory board that assists the HOPWA Program to carry out its goals. LACHAC advises the HOPWA Program on matters related to the planning and policy, administration of the HOPWA grant, coordination with other HIV/AIDS programs, and advocating for low-income persons with HIV/AIDS and their families.

The advisory board consists of, at a minimum, five persons living with HIV/AIDS, representatives of Community Based Organizations (CBOs), and members of the general public. Membership includes those with expertise in emergency shelter and transitional housing, mental health, children's services, and substance abuse. Representatives from three different housing authorities, the LA Commission on HIV, the Los Angeles City AIDS Coordinator and other government agencies participate, as well as apartment owner associations.

Since the spring of 2006, the HOPWA Program has participated in the Los Angeles County HIV Collaborative. This subcommittee was formed by the Los Angeles County Special Needs Housing Alliance that set aside funding for housing development for three specific special needs populations including persons living with HIV/AIDS, chronically homeless persons and foster care emancipated youth. The County of Los Angeles has established a Homeless Prevention Initiative with approximately \$80 million dollars to increase the fight against homelessness and address the core problems that lead individuals to homelessness.

At this subcommittee, the LAHD has been working with various representatives from the Los Angeles County departments including, but not limited to the following; Office of AIDS Programs and Policy (OAPP), Los Angeles County Health Department, Department of Mental Health, Department of Public Social Services (DPSS), Los Angeles Homeless Services Authority (LAHSA) and the Los Angeles County Commission on HIV to strategize methods and priorities to better collaborate and maximize government grant funding. These organizations utilize various government funding sources including Ryan White Care Act, Emergency Shelter Grant, and Community Development Block Grant (CDBG).

LAHD will continue to further encourage community participation and discussion as it did in June 2006, when it proposed a LACHAC subcommittee to evaluate the HOPWA delivery system. From August through October, 2006, six meetings were held in the community to facilitate public participation. The subcommittee's recommendations were presented at the October 25, 2006 LACHAC meeting and were considered for incorporation for the Request for Proposals (RFP) process. Other subcommittee goals and discussion included: assisting AIDS service organizations to provide services that empower their clients towards self-sufficiency, clarifying the highest priority client needs for each specific HOPWA-funded program, and identifying the underserved populations and geographic areas for each of the programs. All of the information obtained during

these meetings was considered for inclusion in the 2007 HOPWA Request for Proposals (RFP), and ideas were solicited from community based non-profit organizations to improve the delivery of services to clients.

5. (b.) *The standards and procedures to be used to monitor HOPWA Program activities in order to ensure compliance by project sponsors of the requirements of the program.*

Successful monitoring of each project is facilitated by off-site monitoring visits, remote monitoring activities, participation of project sponsor staff at the monthly oversight case management oversight and LACHAC meetings and constant communication between Contract and HOPWA staff. In addition to the three contract monitors, the HOPWA Coordinator serves in a supervisory role and serves as the point of contact for the community regarding affordable housing programs serving those living with HIV/AIDS.

The LAHD also conducts Remote Monitoring of all HOPWA-funded contracted agencies. Every month, all HOPWA-funded contractors are required to submit monthly client demographic reports along with their invoices for personnel, program, operations and administrative costs. The client demographic reports capture all of the HUD-required information mandated either through the CAPER or the Integrated Disbursement Information System (IDIS) including but not limited to the following; beneficiary information (both clients with HIV/AIDS and other persons in the family unit), gender and age, race/ethnicity, area of the county clients reside, reasons for leaving, mode of transmission, outcomes and narrative.

Another remote monitoring tool used by LAHD is the quarterly assessment, every three (3) months, a letter is sent to all HOPWA contracted agencies assessing their performance in regards to expenditure rate and client service amounts. Budget amounts and client service goals are stipulated in each individual agency's contract and also in the consolidated plan. The minimum threshold for both of the performance measures is ninety (90) percent and is closely monitored at the conclusion of each twelve (12) month program year. Agencies that do not meet the threshold are required to submit a letter of corrective action to LAHD detailing reasons why they could not meet accomplish their goals and actions to be taken to meet the 90% threshold by the end of the program year.

The LAHD has initiated Off-Site Monitoring activities at all of the project sponsors that includes a comprehensive assessment of client files to ensure all files have an HIV/AIDS diagnosis form and income verification, ensuring at a minimum that all client income is at or below the 80% of the Area Median Income (AMI). Agencies are also monitored to ensure that clients do not have to pay for services (except for rent) and funds are not used for health services. A project sponsor's Policy and Procedures manual is also monitored examining such topics as admissions requirements, waiting list procedures, client confidentiality, termination of service, etc. The LAHD contracts with a technical service provider to provide on-site financial monitoring to ensure agencies accounting and invoicing procedures are accurate and in accord with Office of Management and Budget (OMB) Circular A-133 and those of the LAHD.

6. *The plan includes the certifications relevant to the HOPWA Program.*

Please see attached.

Specific HOPWA Objectives

- 1. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.***

The Los Angeles Housing Department (LAHD) has implemented a model based on strategic planning studies and the needs of the community. The LAHD continues to strive for improvements in the delivery of the HOPWA Program by consistently convening the monthly Los Angeles Countywide HOPWA Advisory Committee (LACHAC) meetings. LACHAC is the advisory board that assists the HOPWA Program to carry out its goals, advises the LAHD on matters related to the planning, policy and administration of the HOPWA grant, coordination with other HIV/AIDS programs, and advocating for low-income persons with HIV/AIDS and their families.

The Strategic Plan for Providing HIV/AIDS Housing with Supportive Services in Los Angeles County, released in the fall of 2003 under the guidance of the Los Angeles HOPWA Advisory Committee (LACHAC) Strategic Planning Task Force, represented the culmination of a two-year community planning process to better inform the distribution of housing, supportive services, and funding resources for persons living with HIV/AIDS in Los Angeles County.

Historically, the LAHD has been able to use Federal, State, and local public and private sources in conjunction to develop and increase the number of affordable housing units for PLWH/A. This was a categorized as a major objective to increasing the housing options for PLWH/A in the Strategic Plan.

One example of a recent development utilizing layered funding from a number of sources is the Triangle Square Apartments (formerly known as Encore Hall), which was completed in March 2007. This 103-unit building was constructed with \$1.2 million of HOPWA funds as well as funding from the Los Angeles Community Redevelopment Agency, Proposition 46-funded California Multifamily Housing Program (MHP) and the Federal Home Loan Bank Affordable Housing Program (AHP). The \$1.2 million of HOPWA funds only provided enough funding for six units at an average cost of \$200,000 per unit. However through additional leveraging of gap funding from the LAHD, thirty-five (35) of the total 103 units will be set aside for special needs seniors, 18 for seniors living with HIV/AIDS and 17 for very low-income seniors.

The LAHD has long strived to ensure that Supportive Services are provided in conjunction with housing to improve the quality of life for HOPWA-eligible clients. 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. The LAHD used HOPWA monies during program year 2006/2007 to fund the following supportive service categories; Emergency Housing and Meal Vouchers, Housing Information Services Clearinghouse, Lease, Operating and Supportive Services in Emergency Shelter and Transitional Housing, Housing Case Management, Legal Services, Food Banks and the delivery of prepared meals.

Often, HOPWA-eligible clients have prior legal and credit/financial issues and barriers that can prevent them from obtaining housing. Clients may also face HIV/AIDS and/or

sexual orientation discrimination during their progression along the continuum of housing. Other valuable supportive services include food banks and the delivery of prepared meals to HOPWA clients. Clients living a limited fixed income are able to use their financial resources for rent and utility costs rather than on groceries. Permanent Housing Placement Grants provide an essential financial support service to eligible clients with security and utility deposits, enabling them to move into the affordable housing.

Housing Case Management is crucial first link for clients to all HOPWA services. All clients receive an intake assessment of their housing needs and are then evaluated by the housing case managers in regards to which programs are most appropriate to maintain or acquire housing. Housing case managers often assist clients in the completion of lengthy involved forms for TBRA, STRMU, Housing Choice Voucher, Project Based Section 8, Scattered Site Master Leasing or any other supportive service program.

The LAHD will continue to allocate funds for rental assistance programs that are very effective in assisting low-income PLWH/A and their families retain their housing while often living on a fixed income. The objective of the STRMU is to provide short-term rent, mortgage, and utility (STRMU) assistance to persons (and their families) who are HIV symptomatic, diagnosed with AIDS, or infected with HIV and have an unrelated disability, in order to prevent homelessness. STRMU Grants can be used for the payment of rent/mortgage and utilities. Prior to the receipt of a STRMU grant, the individual or family will receive a housing needs assessment to determine if the level of assistance to be provided will be adequate to allow the individual or family to remain in their own dwelling or maintain a new dwelling.

Another major rental assistance program administered by LAHD is the Scattered-site Master Leasing that is contracted out to two community based organizations (project sponsors). Through this program, permanent housing is made available and affordable by a non-profit organization to PLWH/A's and their families. PLWH/A's and their families (subtenants) rent the units from the project sponsors (master tenant) that has master leases over the scattered-site properties with landlords. Rent for master leased units must not exceed 130 percent of the HUD Fair Market Rent (FMR). Rent for master leased units also must be reasonable to other unassisted units in the neighborhood and reasonable to those being charged by the owner for comparable unassisted units. The Project Sponsors are responsible for determining appropriate subtenant rent amounts, associated rental subsidy levels, and ensuring Housing Quality Standards (HQS) for master leased units.

Another rental assistance program that LAHD is committed to administer with HOPWA funds is the Project Based Rental Assistance (PBRA). The Project Sponsor is the Housing Authority of the City of Los Angeles (HACLA). Two Projects are eligible for rental subsidies under the Project Based Rental Assistance Program: Harper Community Apartments and Argyle Court. HACLA acts as a pass through agency for two Project Operators, Hollywood Community Housing Corporation (HCHC) and West Hollywood Community Housing Corporation (WHCHC). Project Operators are responsible for providing or ensuring the provision of supportive services on-site or off-site to Program participants. The rental assistance is tied to the actual apartment building or apartment unit rather than the tenant, that can rent anywhere in the fair market.

Lastly, LAHD utilizes a substantial amount of HOPWA funds for the Tenant Based Rental Assistance (TBRA) program. The four project sponsors are the Housing Authority of the City of Los Angeles (HACLA), the Housing Authority of the County of Los Angeles, the Pasadena Community Development Commission and the Housing Authority of the City of Long Beach.

HOPWA funds provide up to twelve months of tenant based rental assistance to very-low income households of persons with HIV/AIDS or related diseases. The Program operates in the same way as the Section 8 Housing Assistance Program but also provides access to supportive services. Eligible families seek housing in the private sector; the unit they select must pass an inspection to ensure that the unit is habitable. Like Section 8 assistance, the client's portion of the rent is generally 30 percent of the adjusted monthly income of the entire household. At the end of the HOPWA funded period, the Project Sponsor provides continued assistance to Program participants through their Section 8 Housing Program (i.e. rollover) if the household continues to meet the eligibility requirements for on-going rental assistance.