2023 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only:
Grant_____

Organization / Agency Information

1)Organization/Agency Name: Homeless Health Care Los Angeles		
2)Physical Address: 1282 W. 2nd Street		*City/State/Zip* Los Angeles, CA 90026
3)Mailing Address: 1282 W. 2nd Street		*City/State/Zip* Los Angeles, CA 90026
4)CEO or Director: Mark Casanova		*Title:* Executive Director
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Program / Grant Information

Interest Area: ☐Animal Protection ☐ Education ☐Environment X Health ☐Human Dignity

14)Program/Project Name: 721 Harm Reduction Center Overdose Response Project			*15)Amount of Grant Requested:* $250,000
16)Total Organization Budget: $16,731,650	*17)Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100):* 89%	*18)Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100):* 9%	*19)Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100):* 11%
20)Purpose of Grant Request (one sentence): To end overdose death among unhoused members of the Skid Row community who use drugs.			
21)Program Start Date (Month and Year): November 2023		*22) Program End Date (Month and Year):* October 2024	
23)Gimbel Grants Received: List Year(s) and Award Amount(s) N/A. Homeless Health Care Los Angeles has not yet applied for or received a Gimbel Grant.			

Signatures

24) Board President / Chair: (Print name and Title) Scott Fears, MD, PhD, Chair	*Signature:* Scott Fears	*Date:* 7/25/2023
25) Executive Director/President: (Print name and Title) Mark Casanova, Executive Director	*Signature:* Mark Casanova	*Date:* 7/31/2023

2023 S.L. Gimbel Foundation Fund APPLICATION
Narrative

Please provide the following information by answering **ALL** questions (I to IV), **12 Font, One Inch Margins, Times New Roman.** Use the format below (I to IV). **Type the question**. Type your complete answers to the question directly below the question. Please do not delete instructions. Please be thorough, clear, specific, and concise.

I. Organization Background

A) What are the history, mission and purpose of your organization?

Homeless Health Care Los Angeles (HHCLA) is a harm reduction, community-based organization located in Southern California. Founded in 1986, HHCLA provides a continuum of services for people experiencing or impacted by homelessness throughout the Los Angeles area including street outreach, case management, medical, behavioral health and psychiatric care, substance use treatment, housing, and a 24/7 hygiene and access center. HHCLA's primary mission is to provide innovative strategies for reducing the harms associated with homelessness, substance use, and mental and physical health conditions, while maintaining a broader commitment to ending homelessness through advocacy efforts that target the historical and structural causes implicated in the ongoing production of homelessness. In the 1990s, the organization opened the Center for Harm Reduction (CHR) in Skid Row, originally as a Syringe Services Program, that has grown to now include a variety of additional services for people who use drugs (PWUD). And while the philosophy of harm reduction *is* practiced throughout all of the organization's programming, the services at the Center for Harm Reduction are the most targeted and innovative around overdose response.

B) How long has the organization been providing programs and services to the community?

HHCLA has been serving the Los Angeles community since its beginnings in 1986. The organization opened a Syringe Services Program in Skid Row in 1994, and established the Center for Harm Reduction in the Skid Row community in 1996.

C) What are some of your past organizational accomplishments (last three years)?

In the last few years, HHCLA has expanded its overdose response activities to include a few new, innovative strategies. While clients have always played an important role in the development of any new programming that is created at HHCLA, in 2019 the Center for Harm Reduction (CHR) was finally able to receive a grant award to support a work stipend program for client participation in work duties to support the Center. Not only does this accomplishment elevate the voices of people with lived and living experience, but it also upholds the basic tenet of harm reduction in recognizing that people are the experts on their own lives and are therefore being paid to drive the innovation of the work. Then, in 2022, after a few years of continuous training and consultation with harm reduction partners in Copenhagen and New York, HHCLA began using oxygen as a tool to support individuals using drugs in Skid Row as a less invasive and more client-centered harm reduction approach to overdose response. As part of the Oxygen Project, all staff at the Center

for Harm Reduction (CHR) received and continue to receive extensive training on its use and the intricate procedures involved in this innovative approach. More detail about the Oxygen Project is outlined in section 2 of this proposal. Also in 2022, HHCLA was able to secure a new space in Skid Row to expand its operations and programs for people who use drugs. The space, located at 721 E. 5th Street in Downtown Skid Row, is slated to open in the fall of 2023 and will have a drop-in center space and offer the full range of harm reduction services including syringe exchange, overdose prevention education and materials, safer substance use information and supplies, access to medical services such as wound care and Medication Assisted Treatment and other supportive services. All of these latest developments are rooted in the philosophical approach of harm reduction wherein the individual is the expert on their own lives and the community has the knowledge for how to respond to their own needs.

D) What are your key programs and activities?

HHCLA has several programs to respond to the needs of unhoused community members in Los Angeles. HHCLA started as a Training and Education organization, and continues to develop and provide cutting edge training to its staff, clients and community overall. HHCLA is the lead organization for all homeless services case management providers in Los Angeles for training on best practices in homeless services, as well as preventing and responding to an overdose. Creating a community of stewards on these best practices is a continuous key strategy of HHCLA. Additionally, the Center for Harm Reduction (CHR) in Skid Row, founded by HHCLA as a Syringe Services Program in the 1990s, is a key program and often considered to be the heart of the organization. The CHR offers a safe space for people who are homeless and who use drugs in Skid Row to not only access all of the resources they may need to be safe, but also the relationships rooted in unconditional positive regard that instill empowerment. Furthermore, HHCLA provides a quality, comprehensive supportive housing program for over 500 individuals who have transitioned into permanent housing in a model wherein individuals can remain connected to the organization for life upon moving into housing; this model was first piloted by HHCLA in the early 2000s and has since been adopted and expanded by the Los Angeles County Department of Health Services to include dozens of other non-profit organizations throughout Los Angeles County because of this program's effective ability for not only transitioning people experiencing homelessness into housing, but helping them maintain their housing long-term and stabilize in all other areas of their life. HHCLA has several other programs and activities that are essential, but the aforementioned are perhaps the most notable to the ongoing mission of the organization.

E) Describe the communities you serve. Include populations, geographic locations served, and relevant statistics.

As an organization overall, Homeless Health Care Los Angeles (HHCLA) serves people experiencing or impacted by homelessness throughout Los Angeles County. HHCLA works with clients in permanent, supportive housing across all geographic lines in the LA County region, yet the majority of HHCLA's harm reduction services are located, and targeted at, the area near or around Downtown Los Angeles where homelessness and the overdose crisis are the most prominent. HHCLA's services for people who use drugs are located primarily at its Center for Harm Reduction (CHR) in Skid Row. While homelessness and drug overdose have had devastating

impacts nationwide, statistics demonstrate the disproportionate impacts they have had upon people living in Skid Row.

According to a study released in 2023 by the University of California San Francisco Benioff Homelessness and Housing Initiative, California is home to the largest population of people experiencing homelessness in the United States, with 171,000 people experiencing homelessness daily. Of those, over 75,000 are in Los Angeles County and 4,400 reside in Skid Row (according to the Los Angeles Homeless Services Authority's [LAHSA] 2022 and 2023 Homeless Counts). Among those living in Skid Row, the 2022 Los Angeles Homeless Count data indicate that a majority (93%) report being over 18 years of age, and 66% identify as male, while 33% identify as female and 3% as gender non-binary, questioning or transgender. Notably, 56% identify as Black / African American, even though only 9% of Los Angeles' overall population identify as such (according to the 2020 U.S. Census Bureau), and 24% identify as Hispanic / Latino and 13% as White. Nearly 40% report living with a serious mental illness and 25% with a physical disability while more than 30% report using substances. Particularly as it relates to overdose in Skid Row, a Community Needs Assessment Survey (CNAS) that was conducted with 521 clients at the CHR between 2020 and 2021 indicates that nearly half of respondents reported having overdosed themselves, with some overdosing as many as 10 or more times. The overdose crisis has grown with the addition of Fentanyl and other dangerous adulterants entering the drug supply and HHCLA continues to develop strategies to respond. Overall, HHCLA provides services to more than 40,000 individuals with 200,000+ service encounters annually, and roughly 700 unique individuals at the CHR.

II. Project Information:

A) <u>Statement of Need</u>

1. Specify the community need(s) you want to address and are seeking funds for.

Homeless Health Care Los Angeles' (HHCLA) syringe service and harm reduction programs target services to the population of people who use drugs (PWUD) and are experiencing homelessness in the Skid Row community – a 50 block section of downtown Los Angeles that constitutes only .008% of LA County's land area, yet harbors roughly 6% of its homeless population. This constitutes the highest concentration of people experiencing homelessness in the County. The Los Angeles Homeless Services Authority's 2022 Homeless Count estimates that 1,375 of Skid Row's 4,402 unhoused residents use drugs (or 33%). However, due to stigma surrounding drug use, undercounting of use rates is probable, and HHCLA's 30+ years of experience serving the Skid Row community has led the agency to estimate that at least two-thirds of Skid Row's homeless community members use drugs. With estimates of drug use rates among Skid Row's homeless community ranging from as low as LAHSA's 33% estimate, to as high as HHCLA's 67% estimate, the target population consists of between roughly 1400 – 3000 individuals. According to the LA County Department of Public Health's Substance Abuse Prevention and Control (DPH SAPC), only 5% of PWUD are ready or willing to access treatment, which means that, for roughly 1300-2900 PWUD experiencing homelessness in the .4 square mile area of Skid Row, Harm Reduction services such as syringe service programs, safer drug use supplies and education, and overdose prevention and response services are the only evidence-based

interventions proven to minimize their risk of infectious disease, soft tissue infections (STIs), and overdose occurrence and death.

In 2020, overdose deaths in LA County increased by 48%. This drastic uptick is largely attributable to the rise to predominance of the highly potent opioid fentanyl in LA's drug supply (DPH SAPC 2021). While the entire County *has* been impacted, this dramatic uptick has had a disproportionate impact on people experiencing homelessness (DPH SAPC 2021), with Skid Row functioning as the epicenter for the crisis (Davidson 2021). To contextualize this, according to the California Department of Public Health's Overdose Surveillance Dashboard, the overdose death rate for all of Los Angeles County is 15 deaths per 100,000 residents, while the overdose death rate in 90013, Skid Row's zip code, is 1,209 deaths per 100,000 people. This indicates that Skid Row's overdose death rate is more than 8000% higher than the County's. According to the Skid Row Fire Department's internal data, Station 9 responded to over 950 overdoses in 2021 – a figure which nearly doubles the same response figure from 2020, and represents 93% of their total responses for all emergencies. Similarly, in each of the 2021 and 2022 calendar years, CHR staff and clients responded to and reversed over 500 overdoses in the Skid Row community, nearly double the average annual number of overdose responses before the introduction of fentanyl in 2020. Presently, fentanyl's toll continues to excel at an alarming rate, and CHR staff and clients have already reversed over 490 overdoses in the first six months of 2023, which puts the agency on course to double its number of overdose reversals in 2023 when compared to the last two calendar years. While these figures are astronomical, the devastation left in their wake are immeasurable. Since fentanyl's rise to predominance among people who use opioids in Skid Row, the CHR has lost more clients to overdose than any two-year period in its history. After each passing, the CHR community convenes to share our grief, loss, love and strategies to avoid future deaths.

The harm reduction movement began in the 1980s in the United States as a response to the HIV/AIDS crisis. For people who used drugs at this time, the house was on fire. In 2023, the house is again on fire, and the task at hand for harm reduction groups and SSPs, especially those operating in communities such as Skid Row, is to end the death and devastation caused by the overdose crisis.

B) Project Description

1. Describe your project. How does your project meet the community need?

Presently, HHCLA's Center for Harm Reduction (CHR) operates the only harm reduction programming in Skid Row tailored to PWUD in the community. While the CHR does serve 700 unduplicated clients annually, roughly 50% - 75% of the target population still lack access to life-saving harm reduction services. To meet this need, the agency recently secured a lease for a second site in Skid Row, and plans to double its number of unduplicated clients served through establishing this second harm reduction center in the community. This new location, at 721 E. 5th Street, will essentially function as a drop-in community center for PWUD experiencing homelessness in Skid Row, and will include basic needs resources such as food, water, resting areas, bathrooms, computers with internet access, phone access, and device charging stations as well as recreational and creative activities such as books, TV, board games and art supplies. This new location will also provide the full range of harm reduction services including syringe

exchange, overdose prevention and reversal education and materials (including naloxone distribution), safer substance use education and materials, fentanyl and xylazine test strips, wound care, Medication Assisted Treatment, and a locker program, as well as supportive services such as referral to substance use treatment and detox, behavioral health therapy, and case management. The center will also host drop-in classes on art, creative writing, and other topics, a variety of behavioral health groups including acupuncture and processing groups, and client-led classes including safer drug use practices, overdose prevention and response, and Life in Skid Row.

Important to the life-saving objective of the project proposed herein is the frontline overdose response that will be provided by drop-in center staff of this new location. HHCLA's CHR is the only drop-in center in Skid Row designed specifically for people who use drugs who are not actively trying to quit. As such, clients trust CHR staff to provide non-judgmental, non-stigmatizing, non-coercive, compassionate care. Because of this, the CHR has been able to build strong bonds with community members who generally avoid homeless services providers in the community due to past experiences of stigma and judgement associated with their drug use. These strong bonds, combined with the CHR's naloxone distribution program, have solidified the CHR as something of an outpost for frontline response to overdoses as they occur in the community. When somebody is experiencing an overdose in the community, community members generally avoid calling 911 due to fear of police involvement and past experiences of stigma and harassment from the fire department and paramedics. Community members instead either call or come to the CHR to alert CHR staff when an overdose is occurring, and staff respond immediately to reverse the overdose using a variety of tools and hard skills (outlined below). The CHR is also headquarters for HHCLA's Overdose Response Team, which canvases the community 7 days/week in golf carts customized for overdose response. The CHR also equips community members with the tools and the skills to reverse overdoses that occur outside of the CHR's operational hours. In a very real sense, the CHR has spent the last decade forging a life-saving community comprised of staff and clients who have directly intervened and saved the lives of more than 4000 community members. The proposed project aims to expand the geographic reach of, and number of lives saved by, this life-saving community through staffing a second harm reduction center for PWUD experiencing homelessness in Skid Row.

2. What is unique and innovative about this project?

There are 2 notably innovative components of the proposed program: 1) The Oxygen Project; and 2) Client Involvement and Leadership

1) <u>The Oxygen Project:</u>

In 2022, HHCLA launched the Oxygen Project, and in so doing, became the only agency in Los Angeles outside of medical facilities and paramedic units to combine the use of concentrated oxygen, oropharyngeal airways, artificial manual breathing unit masks, rebreather masks, pulse oximeters, intramuscular naloxone injections, and automated external defibrillators into a targeted and compassionate overdose reversal technique. In preparation for the launch of the Oxygen Project, the CHR's director visited harm reduction groups in Copenhagen and New York City who run safe consumption sites and have been using concentrated oxygen to reverse overdoses for many years. After several weeks studying with these groups, the director developed and facilitated

a 30-hour training for the entire CHR team, which is currently being augmented with 8-hour monthly follow-up drill sessions to ensure the technique is perfected among all team members.

The administration of concentrated oxygen is an invaluable tool in both overdose response *and* prevention.

Concentrated Oxygen as a Tool in Overdose Response

Opiate overdose is a respiratory emergency. A person who is overdosing on opiates stops breathing on their own, which leads to oxygen deprivation in the brain and eventual death. The administration of oxygen can reverse this process rapidly by restoring the body's oxygen saturation to optimal levels – often within seconds. In effect, the responder becomes the lungs of the person overdosing, and breaths for them until they are able to breath on their own. In a very real sense, CHR staff are a team of frontline overdose responders who are charged with saving lives…one breath at a time. Since the implementation of concentrated oxygen as a tool for overdose response in December of 2022, the CHR community has saved nearly 500 lives in a manner that is compassionate to the trauma endured by the community members who have overdosed. Not only does the administration of concentrated oxygen restore the body's blood oxygen saturation to optimal levels within seconds, thus greatly increasing the odds of surviving the overdose, but it also drastically reduces the horrific withdrawal symptoms induced through the administration of naloxone – thus providing for a smoother transition for the person overdosing to awaken, process the trauma of the overdose, and take the necessary measures to avoid falling back into an overdose.

Concentrated Oxygen as a Tool in Overdose Prevention

Administering oxygen to somebody on the verge of an overdose can also keep the situation from advancing to a respiratory emergency. When someone ingests powerful opiates such as heroin or fentanyl, they often fall into a heavy nod. While someone is nodding, they are not breathing. Their body is so relaxed that not even the involuntary lung muscle is activated. Then suddenly, as if the body realizes it is not breathing, the person jerks – or "catches." This "catch" is the person finally taking a breath. If the person nodding does not catch for 30 seconds or more, they will quite likely fall into a respiratory emergency as their brain becomes so deprived of oxygen that they lose consciousness and become unresponsive, thus losing the ability to resume breathing on their own.

When CHR staff identify a person in an opiate-induced nod, they attempt to gain consent to affix a rebreather mask on them while running an oxygen tank between 6-10 liters per minute. When a person who is nodding is wearing a rebreather mask and suddenly catches, their body is flooded with concentrated oxygen. Hence, every breath that is taken results in higher levels of blood oxygen saturation than would be the case with a normal breath, and the person can thus go longer periods of time between catches without their brain reaching a level of oxygen deprivation that results in the unresponsive state that precedes a full-blown respiratory emergency.

For many years, harm reduction overdose prevention strategies have been defined solely by a series of *hard skills* (or practices) such as "never use alone" or "avoid polydrug use", or "if you are going to use more than one drug, take what hits you fastest first." It goes without saying that these are all highly effective, life-saving strategies. However, with oxygen, we finally have a highly

effective overdose TOOL in addition to these HARD SKILLS. Additionally, these hard skills have all been seatbelts – meaning they are safety mechanisms that require some effort on the part of PWUD. However, oxygen and rebreather masks are guardrails – meaning they are interventions that do not require any effort on the part of PWUD. Harm Reduction as a public health strategy has been defined by a series of seatbelts and guardrails, and guardrails are by far the rarer of the two. Perhaps most importantly, guardrails are equally effective for the most vulnerable PWUD caught in the most chaotic stages of drug use who are less likely to be able to effectively carry out seatbelt strategies. Guard rails are thus a great equalizer. They do not discriminate between people with different abilities and levels of functionality. They just save lives.

2) Client Involvement and Leadership

For over 20 years, clients have played a central role in the development and implementation of all HHCLA programs housed at the agency's Center for Harm Reduction (CHR). Harm Reduction programming is unique in that it was not developed by academics, service providers, politicians or policy makers. Rather, harm reduction in the US context emerged as PWUD developed safer drug use and wellness strategies to keep each other safe and alive. HHCLA has honored this formative peer-driven principal of harm reduction for over 2 decades through a wide array of strategies including hiring staff directly from the client pool of people actively using drugs as well as those who have formerly used drugs; hosting client-led classes on overdose prevention, safe injection, safer drug use and sex practices, creative writing, and art; conducting bi-annual community needs assessments to gauge gaps in service and general community needs; conducting specialized client needs assessments before implementing any new program; and maintaining a Client Advisory Board composed entirely of people who use drugs in the community who advise and provide guidance to ensure effectiveness and cultural relevance of all CHR programs and activities.

In July of 2019, HHCLA was finally able to secure a funder who allowed the agency to pay clients cash for their meaningful involvement. This is a necessary step for two reasons: First, asking clients to assist with program development, implementation and ongoing improvement without pay is exploitative and reaffirms the very processes of dehumanization and stigmatization which harm reduction, as a philosophy and practice, aims to undo. Second, paying clients cash is in and of itself a harm reduction strategy as it allows clients to avoid riskier forms of generating income such as sex work, drug dealing, and theft. With the ability to pay clients cash, HHCLA staff and clients were able to develop and implement the most comprehensive iteration of peer-driven programming at the CHR to date. Through this program, clients are paid a $20/hour cash stipend to assist with duties ranging from daily operations of the syringe exchange and drop-in center, assistance with outreach and overdose response in the community, running client-led classes, syringe and garbage clean up in the community, participating in Skid Row community provider meetings, guest lecturing courses at USC on harm reduction and addiction, and leadership opportunities such as participation on the Client Advisory Board, one-on-one feedback sessions with management, and client-led focus groups to tackle current issues in the community as well as strategize program development, implementation, and ongoing improvement.

With particular relevance to the proposed project, clients have played a central role in helping the CHR target its life-saving overdose response efforts in the community for the last 10 years, and have been fundamental to the establishment of the most recent iteration of the CHR's frontline

overdose response programming. In 2022, the LA County Department of Health Services contracted with HHCLA to launch a field-based Overdose Response Team that canvases the Skid Row community 7 days/week in golf carts customized for overdose response – with the sole purpose of identifying and responding to overdoses as they occur in the community. Honoring the client-driven framework that guides all CHR programs, clients have played a central role in the development and implementation of this program, and are paid $20/hour to join the response team for each and every shift. The role clients play on this team cannot be overstated, as they, more than anybody else in LA County, have real-time access to information concerning the ever-changing and elusive landscape of areas of concentrated drug use are in the community, where the most overdoses are happening. Clients are paid to share this information with response team staff, which the team then uses to map daily outreach routes for the team to follow.

C) Project Goal, Objective, Activities and Expected Outcome

Note: Objective, Outcome and Evaluation must all be based on the SAME QUANTIFIABLE CRITERIA (for example, "number served, or acres improved"). This quantifiable criteria should refer to the grant amount you are requesting from the Gimbel Foundation only and not the total program.

State ONE GOAL, ONE OBJECTIVE, ONE OUTCOME. USE NUMBERS AND DO NOT USE PERCENTAGES.

1. **State ONE project goal. The Goal should be an aspirational statement, a broad statement of purpose for the project.**
2. **State One Objective**. The Objective should be specific, measurable, verifiable, action-oriented, realistic, and time-specific statement intended to guide your organization's activities toward achieving the goal. **Specify the activities** you will undertake to meet the objective and number of participants for each activity.
3. **State One Outcome.** An outcome is the individual, organizational or community-level change that can reasonably occur during the grant period as a result of the proposed activities or services. What is the key anticipated outcome of the project and impact on participants? State in a quantifiable and verifiable term.
4. **Evaluation:** How will progress towards the objective (per above) be tracked and outcome measured?
   Provide specific information on how many individuals will be evaluated (should be the same number as in the objective), how you will collect relevant data and statistics that meet your objective and validate your expected outcome, in a quantifiable manner, as you describe your evaluation process.

WRITE YOUR RESPONSES HERE AND Use the following format for your goal, objective, respective activities and expected outcome:

GOAL: To end overdose death among unhoused members of the Skid Row community who use drugs.
OBJECTIVE: To save the lives of at least 250 people experiencing homelessness in the Skid Row community who use drugs through frontline overdose response services, and provide outreach, engagement and harm reduction services to at least 1,000 people.

ACTIVITIES:

1. Provide frontline overdose response to save the lives of 250 people actively experiencing an opioid overdose.
2. For each of the 250 people experiencing an opioid overdose that are identified, administer oxygen and Naloxone as indicated.
3. Distribute harm reduction supplies to 1,000 individuals identified during outreach and engagement activities.

OUTCOME: We will prevent drug overdose of at least 250 people in the Skid Row community during the 12-month grant period, and reach another 1,000 people with additional harm reduction services through outreach and engagement.

EVALUATION: Using the already established data tracking system, generate reports on the number of clients served and the number of harm reduction and overdose response services provided. Track the organization's role in preventing drug overdose for at least 250 people and providing harm reduction services to another 1,000 people identified during outreach.

D) Timeline

Provide a timeline for implementing the project. The start date and end date should be the same dates on the cover page. Start date should be 3 months after the submission date.

The program start date is: November 1, 2023

The program end date is: October 31, 2024

Include timeframes for specific activities, as appropriate.

Provide frontline overdose response to 250 people experiencing an opioid overdose immediately upon program start date and throughout the contract cycle. Begin the distribution of Naloxone and the administration of oxygen to people experiencing an opioid overdose immediately upon program start date and throughout the contract cycle. Additionally, immediately upon execution of award and the program start date, begin distributing harm reduction supplies (i.e. test strips, safer substance use supplies) to each of the 1,000 individuals identified throughout the contract cycle.

E) Target Population

1. Who will this grant serve?

People who use drugs and are experiencing homelessness in the Skid Row community

2. How many people will be impacted? Provide a breakdown: Number of Children, Youth, Adults, Seniors, Animals.

The lives of 250 people who are actively experiencing an opioid overdose will be saved through frontline overdose response services, and at least 1,000 people who use drugs and are experiencing homelessness in Skid Row will receive outreach, engagement and harm reduction services.

F) Projects in the Community

1. How does this program relate to other existing programs in the community?

Besides LAFD Station 9, Skid Row's Fire Department, the CHR's life-saving community of staff and clients reverse more overdoses annually than anybody else in the community, and is on course this year to surpass the number reversed by the Fire Department for the first time. Additionally, the CHR operates from a positionality that inhabits the POV of people who use drugs, as nearly all CHR staff have lived experience with drug addiction and overdose. Because of this, the CHR has honed a compassionate overdose reversal process that is sensitive to the traumatic experience of an overdose, and thus runs counter to the stigma and downright cruelty clients often experience at the hands of other first responders in the community. There is no other team of frontline overdose responders in the entire County – perhaps in the entire nation – that is staffed entirely by people with lived experience. The CHR is quite literally a team comprised of individuals who have each, in their own way, "lived the life" so to speak, have experienced the world from a perspective similar to that of CHR clients, and are now trained to the level of registered nurses in the area of overdose response – working side-by-side with clients to reduce the death, devastation, and immeasurable community trauma endured in Skid Row due to the overdose crisis.

2. Who are your community partners (if any)?

HHCLA has spent the last three decades forging and solidifying a strong network of community partners in the Skid Row community. The list is extensive, but outlined below are a few of the most notable current partnerships who will be leveraging services for clients of the new location, which will be partially funded through the proposed project:

City of LA AIDS Coordinator's Office (ACO): The ACO was the original entity authorized to certify agencies in LA City to conduct Syringe Exchange and Harm Reduction Services, and has certified HHCLA to do so since 1997. The ACO provides HHCLA technical assistance, resources, and funding via a contract that will be leveraged in-kind for the proposed project.

LA County Department of Public Health Substance Abuse Prevention and Control (DPH SAPC): DPH SAPC provides a county-wide infrastructure to address challenges associated with drug use, and provides HHCLA technical assistance, resources and funding via multiple harm reduction and substance use treatment contracts that will be leveraged in-kind for the proposed project.

LA County Department of Health Services (DHS): DHS provides direct service, capacity building, and technical assistance to address public health issues in the County, and provides HHCLA technical assistance, resources and funding via harm reduction and overdose response contracts that will be leveraged for the proposed project.

The Sidewalk Project: The Sidewalk Project is a harm reduction agency that dedicates its services to women and transwomen who do sex work in the Skid Row community. HHCLA and the Sidewalk Project are strong partners who serve distinct yet complementary functions in the community, and thus share many clients and coordinate care when appropriate.

Los Angeles Christian Health Centers (LACHC): LACHC is a Federally Qualified Healthcare Center (FQHC) in Skid Row that accepts referrals from HHCLA for HIV/HCV screening/treatment, MAT, primary care, STIs, and other medical services, and leverages a mobile van to provide HIV/HCV screening/treatment at HHCLA's new location in the community.

AIDS Healthcare Foundation (AHF): The largest provider of HIV/AIDS services in the world, AHF will leverage a mobile van to station at HHCLA's new harm reduction center, and will provide HIV/HCV screening and treatment, and accept referrals to primary care, HIV/HCV medical care, and peer counseling.

Downtown Women's Center (DWC): DWC is a drop-in center that provides a broad range of services management for women experiencing homelessness in Skid Row. DWC accepts referrals from HHCLA for housing, mental health, case management, basic needs, and workforce development services.

Social Model Recovery Systems (SMRS): SMRS provides substance use prevention and treatment services in Skid Row. SMRS accepts referrals from HHCLA for its prevention and residential in-patient treatment programs.

Bay Area Addiction Research and Treatment (BAART): BAART operates a methadone clinic in downtown, and accepts referrals from HHCLA for clients who are addicted to opioids. BAART and HHCLA also participate in joint case planning and monitoring of outcomes.

3. Who else in the community is providing this service or has a similar project?

The Sidewalk Project is the only other harm reduction agency in the community. However, the Sidewalk Project tailors its services exclusively to women and transwomen who do sex work in the community, and HHCLA tailors its services to people who use drugs in the community. HHCLA and The Sidewalk Project thus serve distinct, yet complementary, functions in the Skid Row community.

4. **How are you utilizing volunteers?**

While HHCLA does get numerous requests throughout the year from people interested in volunteering at the Center for Harm Reduction, the agency only has the capacity to properly train between 3-8 people a year to volunteer at this location. Volunteers are provided an orientation training on the core tenets of harm reduction and then assist with daily operations of the syringe exchange and the drop-in center.

G) Use of Grant Funds

How will you use the grant funds? This answer should align with the specific activities previously outlined in C) Project Goal, Objectives, Activities and Expected Outcomes

As noted earlier in this proposal, the current overdose response services available in Skid Row are not able to adequately meet the need. As such, funding from the Gimbel Foundation will support HHCLA in expanding its overdose response programming at a second harm reduction center for people who use drugs experiencing homelessness in Skid Row in order to respond to an additional 250 opioid overdoses during the 12-month period of the grant funding cycle, and provide outreach, engagement and harm reduction services to another 1,000 people. With Gimbel Foundation funds, HHCLA will hire three (3) Harm Reduction Specialists who will be trained and will provide all of

HHCLA's existing harm reduction and overdose response strategies, including the administration of oxygen, Naloxone use and distribution, overdose response outreach services, syringe services, and safer substance use practices and supplies. Gimbel Foundation funds will also support some of the time of the Director of the new harm reduction center in providing oversight, operational support and program design as well as ongoing training to staff on overdose response best practices. HHCLA will also utilize Gimbel Foundation grant funds for program supplies related to overdose response and harm reduction services and to support its client involvement and leadership program for ongoing feedback from community members on overdose concerns and target outreach areas.

III. Project Future

A) Sustainability

Explain how you will support this program after the grant performance period. Include plans for fundraising or increasing financial support designated for the program.
Homeless Health Care Los Angeles (HHCLA) has a 5-year strategic plan, approved by the Board of Directors, that involves expansion and further development of harm reduction and overdose response services. In this sense, HHLCA will continue with the efforts outlined in this proposal beyond the timeframe of the grant funds. Funds from the Gimbel Foundation will support the initial implementation of the expansion of HHCLA's overdose response services with the new harm reduction center, while additional, sustainable funds will continue to be developed using HHCLA's existing fundraising methods. HHCLA will utilize private discretionary funds including revenue from special events, corporations and foundations, along with local, state and federal funds. HHCLA has also already submitted additional proposals for funding of the new "721 Harm Reduction Center," as indicated in this application in the financial analysis section. HHCLA is also partnering with local City, County and state health authorities for an expansion to the agency's existing contracts for overdose response services to support development of this new site.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Governance

1. Describe your board of directors and the role it plays in the organization.

HHCLA has a Board of Directors responsible for the overall oversight and health of the organization. The Board's twelve members, many of whom have been a part of the Board for several years, meet on a monthly basis to discuss the financial health of the organization and key programs and upcoming initiatives to gain consensus and make decisions relevant to the ongoing business of the agency, and to discuss future-oriented needs and development goals.

2. What committees exist within your board of directors?

The Board of Directors has several committees that help the organization and the Board itself to operate. The Board's Executive Committee meets in between full Board Meetings and includes the Officers of the Corporation such as the Board President, the Vice President, the Secretary and

the Treasurer; the Executive Committee's responsibility is to carry on the business of the organization and ensure key decisions are made. The Board's Finance Committee meets on a regular basis and reviews financial reports and provides updates to the Board during regular meetings. The Board's Program Committee also meets on a regular basis and is responsible for coordinating about the emergence of new programs throughout the agency in order to provide updates to the Board during regular meetings. And finally, the Fundraising & Development Committee is responsible for planning and executing ongoing fundraising events and goals in order to generate financial income for the organization and to convene on development goals related to growth and communications.

3. How does the board of directors make decisions?

HHCLA's Board of Directors makes decisions according to the bylaws of the organization. The current bylaws set forth standards and guidelines for the organization's business including its offices, its mode of delivery services, general powers and duties of the Board, roles of the Officers of the Board, an explanation of the Board's Committees, a guideline for the Board's meetings, and more. The Board uses a quorum, or 51% majority, for the transaction of business.

B) Management

1. **Describe the qualifications of key personnel/staff responsible for the project.**

Darren Willett, PhD, is the Director of the Center for Harm Reduction at Homeless Health Care Los Angeles and will be responsible for the development of the new "721 Harm Reduction Center" and frontline overdose response activities outlined in this proposal. Dr. Willett has a Bachelor's Degree in Postcolonial Literature and a PhD in Sociology. He has 10 years' experience lecturing courses on social inequality at UC Berkeley and UC Santa Cruz, and has dedicated the bulk of his research to exploring the power imbalances produced through racial inequality and social disenfranchisement in Los Angeles. Dr. Willett has spent the last 6 years at Homeless Health Care Los Angeles employing a socio-historically informed framework to work with unhoused community members of Skid Row to design and implement direct-service programs and interventions to address the unique challenges of people experiencing homelessness in the community and to reduce the production of homelessness in LA County. His current research explores the role that the War on Drugs and mass incarceration have played in perpetuating housing instability and social disenfranchisement within Skid Row. Dr. Willett has also spent time in both Copenhagen and New York consulting and learning the best practices for the use of oxygen in overdose response and is now responsible for this cutting edge training and programming at HHCLA. Perhaps most importantly, Dr. Willett has personally responded to, and successfully reversed, dozens of opiate overdoses in the Skid Row community. Before pursuing his PhD and a career in social justice, Dr. Willett also had a decade of his own lived experience with methamphetamine addiction and has been in recovery for the last 17 years. This personal experience grows his passion, and compassion, for the role of harm reduction and client involvement in all areas of this work at HHCLA.

Mark Casanova, Executive Director of Homeless Health Care Los Angeles, graduated from UCLA in 1984 with a Bachelor's Degree in Latin American history. He later received his Master's Degree

in marriage, family, and child therapy. Mark has worked with Los Angeles' unhoused community for over 35 years, through clinical service, training, advocacy, and administration. He began his clinical work in 1985 interning with the Salvation Army Family Shelter and Therapy Center. Two years later, he joined Homeless Health Care Los Angeles as a Case Manager and Mental Health Specialist and stayed through various organizational transitions to become its current Executive Director. He now heads a staff of over 150 and administers a budget of over $16 million. Mark is committed to a harm reduction model of treatment because he believes that caring about people means caring about them wherever they find themselves. Mark's expertise lies in homelessness, "Housing First" and supportive clinical services, harm reduction treatment/therapy, alternative substance use treatments for opioids and other drugs, and overdose prevention, including Narcan / Naloxone distribution. Mark is on the Board of the Wonderseed Foundation, the Los Angeles Central Providers Collaborative, and the California Health Care Foundation Executive Leadership Alumni Network. In addition, Mark has participated in multiple community roundtable clinics and provided public testimony to legislators at the local, state, and federal level.

2. **What is the CEO/Executive Director's salary?**

The CEO / Executive Director's salary is $180,398.

2023 S.L. Gimbel Foundation APPLICATION

V) Project Budget and Narrative (Do not delete these instructions on your completed form and use this form).

A) **Budget Table**: Provide a detailed line-item budget for your **entire** program by completing the table below. Note that if funded, this is the budget that you will have to refer to in the Evaluation (Final) Report.

A breakdown of specific line item requests and attendant costs should include:

1) Line item requests for materials, supplies, equipment and others:
   a. Identify and list the type of materials, supplies, equipment, etc.
   b. Specify the unit cost, number of units, and total cost
   c. Use a formula/equation as applicable. (i.e. 40 books @ $100 each = $4000)
2) Line item requests for staff compensation, benefits: **Do not use FTE percentages**.
   a. Identify the position; for each position request, **specify the hourly rate and the number of hours** (i.e. $20/hr x 20 hours/week x 20 weeks = $8,000)
   b. For benefits, provide the formula and calculation (i.e. $8,000 x 25% = $2,000)
3) Line items on Salaries/Personnel included in budget (contribution or in-kind) but NOT requested from the Gimbel Foundation must be broken down per number 2) above: Provide rate of pay per hour and number of hours.
4) The Gimbel Foundation **does not fund indirect costs.**

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel	Line Item Total of Project
Personnel: Director	7.5 hours / week x $61.54 / hour x 52 weeks = $24,000 x 25% benefits rate = $6,000 + $24,000 = $30,000		$15,000*	$15,000	$30,000
Personnel: Harm Reduction Specialists	37.5 hours / week x 52 weeks x $25.64 / hour = $50,000 x 6 staff = $300,000 x 25% benefits rate = $75,000 + $300,000 = $375,000		$187,500*	$187,500	$375,000
Personnel: Medication Assisted Treatment (MAT) Providers	6 hours / week x $165 / hour x 52 weeks = $51,480		$51,480*		$51,480

Staff Development and Training	5 hours / week x $61.54 / hour x 52 weeks = $16,000	$8,000		$8,000	$16,000
Client Involvement and Leadership	10 hours / week x $20 / client x 52 weeks = $10,400		$5,400*	$5,000	$10,400
Program Supplies	Naloxone supplies ($3,000) + Oxygen supplies ($20,000) + Hygiene kit supplies ($20,000) + Safe use / wound care kit supplies ($10,000) + Water ($5,000) + Snacks ($10,000) = $68,000		$35,500*	$32,500	$68,000
Transportation for Outreach Services	$12,000 / golf cart x 3 golf carts = $36,000		$36,000*		$36,000
Mileage and Maintenance	$2,000 / golf cart x 3 golf carts = $6,000		$4,000*	$2,000	$6,000
Equipment	$1,000 / staff x 6 staff = $6,000		$6,000*		$6,000
Office Supplies	$300 / staff x 6 staff = $1,800	$1,800			$1,800
Facility Cost (Rent, Maintenance, Utilities, IT)	Rent ($4,000) + Maintenance ($1,000) + Utilities ($1,000) + IT ($800) = $6,800 x 6 staff = $40,800	$40,800			$40,800
TOTALS:		$50,600	$340,880*	$250,000	$641,480
Indirect Cost (12%)		$6,072 (+ $30,000 Gimbel indirect cost) = $36,072	$40,905*		$76,977

TOTALS:		$86,672	$381,785*	$250,000	$718,457

B) **Narrative:** The budget narrative is the justification of "how" and/or "why" a line item helps to meet the program deliverables. Provide a description for each line item. Each line item must have a narrative. Explain how the line item relates to the program. If you are requesting funds to pay for staff, list the specific duties of each position. See attached SAMPLE Program Budget and Budget Narrative

1. **Personnel: Director.** Provides administrative and programmatic oversight to the 721 Harm Reduction Center and overdose response activities, staff and design and is the point-person for the Gimbel Foundation reports and communications. The Director will allocate 7.5 hours per week (1 day) to the 721 Harm Reduction Center. 7.5 hours / week x $61.54 / hour x 52 weeks = $24,000. HHCLA's benefits rate is 25%. $24,000 x 25% = $6,000. Total cost for 7.5 hours / week is $30,000 annually.

2. **Personnel: Harm Reduction Specialists.** Provide overdose prevention and response services to the priority population identified in this proposal, including syringe services, outreach services, administration of oxygen and Naloxone, and distribution of harm reduction supplies. 37.5 hours / week x 52 weeks x $25.64 / hour = $50,000 / staff x 6 staff = $300,000. HHCLA's benefits rate is 25%. $300,000 x 25% = $75,000. Total cost for 37.5 hours / week is $375,000 annually.

3. **Personnel: Medication Assisted Treatment (MAT) Providers**. Medication Assisted Treatment (MAT) providers are Physicians and/or Nurse Practitioners who prescribe and monitor buprenorphine medication to clients that want opiate detoxification or replacement therapy. 6 hours / week x $165 / hour x 52 weeks = $51,480 annually.

4. **Staff Development and Training.** Hourly rate for Trainer is $61.54 / hour. 5 hours / week x $61.54 / hour x 52 weeks = $16,000.

5. **Client Involvement and Leadership.** 10 hours / week x $20 / client x 52 weeks = $10,400.

6. **Program Supplies.** Naloxone opiate overdose response supplies = $3,000 (HHCLA will in-kind this expense from other funding sources). Oxygen supplies for opiate overdose response (e.g. oxygen tanks, oropharyngeal airways, artificial manual breathing masks, rebreather masks, oximeters, automated external defibrillators, resuscitator bags) = $20,000. Hygiene kit supplies (e.g. shampoo, conditioner, deodorant, comb, toothpaste, etc.) = $20,000. Safe use / wound care kit supplies (e.g. Fentanyl test strips, benzo test strips, Xylazine test strips, gauze swabs, antibacterial wipes, etc.) = $10,000. Water = $5,000 / year. Snacks = $10,000 / year. Total of program supplies = $68,000.

7. **Transportation for Outreach Services.** $12,000 / golf cart = $36,000. HHCLA will in-kind the golf carts for this project.

8. **Mileage and Maintenance**. $2,000 / golf cart for annual mileage and maintenance costs. $1,000 x 3 golf carts = $6,000.

9. **Equipment.** Laptops and cell phones cost $1,000 / staff. $1,000 x 6 staff = $6,000.

10. **Office Supplies**. Paper, binders, pens, etc. for general office supplies. $300 / staff x 6 staff = $1,800.

11. **Facility Cost**. 721 Harm Reduction Center cost for rent, maintenance, utilities, IT is $6,720 per staff x 6 staff = $40,320.

12. **Indirect Costs.** HHCLA is approved for a 12% indirect cost rate which it will in-kind from other funding sources for the 721 Harm Reduction Center Project. HHCLA will pay for the indirect costs associated with the Gimbel Foundation grant through its discretionary costs. The total indirect costs associated with the 721 Harm Reduction Center Project are $76,977.

*In-kind services include funds from the City and County of Los Angeles, the Sierra Health Foundation and the California Department of Public Health (CDPH).

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VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government, Individual Donors, Other (specify)	Amount
City of Los Angeles AIDS Coordinator's Office Department on Disability for Syringe Collection Harm Reduction Services (Government)	$200,000
Los Angeles County Department of Public Health for Syringe Services (Government)	$485,000
Los Angeles Christian Health Center for Medication Assisted Treatment (Government)	$232,000
Sierra Health Foundation for the Low-Barrier Treatment Project for Medication Assisted Treatment (Foundation)	$330,000
Los Angeles County Department of Health Services for an Overdose Response Team (Government)	$900,000
Los Angeles County Department of Health Services for the "E6" Homeless Outreach Team (Government)	$1,701,581
City of Los Angeles the Mayor's Office passed through the Los Angeles Homeless Services Authority for "The Refresh Spot" 24/7 Hygiene and Access Center (Government)	$3,326,525
Los Angeles County Department of Public Health for Client Engagement and Navigation Services (CENS) (Government)	$2,953,777
Los Angeles County Department of Public Health for Outpatient and Intensive Outpatient Substance Use Treatment (Drug Medi-Cal) (Government)	$800,000
Los Angeles Mayor's Office of Reentry for "Project Impact" Behavioral Health Therapy for Justice-Involved (Government)	$537,500
California Community Foundation for Behavioral Health Capacity Building (Foundation)	$100,000
Los Angeles Homeless Services Authority for Housing Navigation (Government)	$842,220
Los Angeles County Department of Health Services for Housing for Health Intensive Case Management Services (Government)	$1,751,500
Los Angeles County Department of Health Services for Project-Based Intensive Case Management Services (Government)	$400,000
Los Angeles Homeless Services Authority for Training (Government)	$450,000
United Way of Greater Los Angeles for Emergency Food and Shelter Program (Government)	$125,000

Pending

Name of Funder: Foundation, Corporation, Government, Individual Donors, Other (specify)	Amount	Decision Date

City of Los Angeles for Homeless Outreach Teams (Government)	$1,500,000	Unknown / TBD
Community Services Unlimited Inc. for the Healthy Food Kickstarter grant (Government)	$200,000	Late Aug / early Sept 2023
The Center for Disease Control (CDC) Foundation (Foundation)	$100,000	August 21, 2023

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	$524,649	3%	Program Services Fees	$779,982	4.7%
Fundraising/Special Events	$117,000	.7%	Release from Restriction	$164,921	1%
Corp / Foundation Grants	$66,572	.5%	Interest & Other Income	$46,195	.3%
Government Grants	$15,048,113	89.8%			

Notes: Diversity of funding sources reflected above are taken from the most recently completed income statement (Attachment #6). "Contributions" include "Gifts in Kind" ($52,885) and "Donations" ($588,764) minus the fundraising/special events funding, which was $117,000.

S.L. Gimbel Foundation APPLICATION

VII. Financial Analysis

Agency Name: Homeless Health Care Los Angeles
Most Current Fiscal Year (Dates): From: July 1, 2022 **To:** June 30, 2023

This section presents an overview of an applicant organization's financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization.** Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures**!

Form 990, Part IX: Statement of Functional Expenses

1) Transfer the totals for each of the columns, Line 25 - Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
$14,398,633	$12,855,471	$1,313,600	$229,562

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
$14,398,633	Columns B / A x 100 $12,855,471 / $14,398,633 x 100	Columns C / A x 100 $1,313,600 / $14,398,633 x 100	Columns D / A x 100 $229,562 / $14,398,633 x 100
Must equal 100%	89%	9%	2%

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization's Current Total Budget used for Administration	Column C, Management & general expenses per 990 above	**Differential**
11%	9%	2%

If the differential is above (+) or below (-) **10%**, provide an explanation:

S.L. Gimbel Foundation APPLICATION

Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	**+ Accounts Receivables**	**/ Current Liabilities**	**= Quick Ratio**
$5,192,439	$2,787,161	$1,703,534	4.68

Excess or Deficit for the Year:

Excess or (Deficit) **Most recent fiscal year end** FY 22/23: $699,971	**Excess or (Deficit)** **Prior fiscal year end** FY 21/22: $694,532

Notes:

VIII. EMAIL TWO PDF files to
A. One PDF file of the following, #1 to #5 **B. Second PDF file of the following, #6 & #7**

#1	Completed Grant Application Form (cover sheet, narrative), budget page and budget narrative (see sample) and sources of funding, financial analysis page	#6	A copy of your most recent year-end financial statements (audited if available)
#2	Your current operating budget and the previous year's actual expenses (see sample Budget Comparison)	#7	A copy of your most recent 990. **Please make sure that the Form 990 you submit is no more than two (2) years old.**
#3	Part IX **only** of the 990 form, Statement of Functional Expenses (one page). **Please make sure that the Form 990 you submit is no more than two (2) years old.**		
#4	For past grantees, a copy of your most recent final report.		
#5	A copy of your current 501(c)(3) letter from the IRS		

HOMELESS HEALTH CARE LOS ANGELES

Budget Comparison

	Actuals Most Recently Completed Year	Budget Projections	Variance	
	For the FY Ending June 30, 2023	For the FY Ending June 30, 2023		
REVENUE				
Government Contracts	15,048,113	14,691,555	356,558	Rec'd additional funding for harm reduction and housing.
Fees for Program Service	779,982	661,250	118,732	
Corp and Foundation Grants	66,572	550,000	(483,428)	Did not receive a grant expected but expect to receive next FY.
In-Kind Contributions	52,885	80,000	(27,115)	
Donations	588,764	600,000	(11,236)	
Release from Restrictions	164,921	120,000	44,921	
Interest and Other Income	46,195	28,845	17,350	
Total Revenue	**16,747,432**	**16,731,650**	15,782	
EXPENSE				
Salaries (Wages)	8,281,347	8,388,899	107,552	
Payroll Taxes and Benefits	2,339,057	2,421,558	82,501	
Total Personnel	10,620,404	10,810,457	190,053	
			-	
Program Expense:			-	
Rent	725,871	718,890	(6,981)	
Facility Maint. & Repair	261,776	388,345	126,569	
Property Taxes	25,963	25,700	(263)	
Printing, Dues and Postage	4,784	7,390	2,606	
Telephone + Utilities	434,090	359,857	(74,233)	Spent more due to increase in government contracts.
Furn & Equip	330,977	237,761	(93,216)	Spent more due to increase in government contracts.
Program Supplies	454,377	552,158	97,781	
Medical Supplies	38,344	69,820	31,476	
Office Supplies	104,918	70,218	(34,700)	Spent more due to increase in government contracts.
Gift in Kind	56,760	80,000	23,240	
Insurance	96,314	96,358	44	
Accounting & Audit	25,315	23,500	(1,815)	
Bank & Misc Fees	46,044	27,819	(18,225)	
Outside Services	878,460	865,433	(13,027)	
Emerg. Hsg Expenses	560,375	272,248	(288,127)	Spent more due to increased funding in housing programs.
Travel and Education	123,727	105,557	(18,170)	
Subcontractor Payments	1,252,893	1,447,438	194,545	
Interest Expense	3,663	4,080	417	
Depreciation Expense	2,406	-	(2,406)	
Total Operating Expense	5,427,057	5,352,571	(74,486)	Spent more due to increase in contracts.
Total Expense	**16,047,461**	**16,163,028**	115,567	
Net Surplus	**699,971**	**568,622**	131,349	

*HHCLA has not yet completed its operating budget for this current fiscal year (July 1, 2023 - June 30, 2024).
The operating budget reflected here is for the previous fiscal year's projections (July 1, 2022 - June 30, 2023) compared to the actuals for that same fiscal year.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	377,885.	0.	377,885.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	7,188,118.	6,603,563.	446,384.	138,171.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101,103.	88,339.	9,007.	3,757.
9 Other employee benefits	1,351,170.	1,244,918.	93,696.	12,556.
10 Payroll taxes	587,369.	524,159.	52,620.	10,590.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	23,150.		23,150.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	17,448.	13,708.	999.	2,741.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	658,557.	553,691.	89,569.	15,297.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,098.		13,098.	
20 Interest	4,320.		4,320.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	80,967.	69,187.	10,818.	962.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Subcontractors	1,473,112.	1,473,112.		
b Outside Services	690,573.	587,021.	83,481.	20,071.
c Food and Housing Costs	374,944.	374,944.		
d Facilities Repairs and Mainten	293,198.	274,443.	17,683.	1,072.
e All other expenses	1,163,621.	1,048,386.	90,890.	24,345.
25 Total functional expenses. Add lines 1 through 24e	14,398,633.	12,855,471.	1,313,600.	229,562.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Internal Revenue Service
District Director

Department of the Treasury

Date: AUG 0 5 1992

Employment Identification Number:
95-4074970
Person to Contact:
EOMF COORDINATOR HARRIET REED
Contact Telephone Number:
(213) 894-2339
Internal Revenue Code Section: 501(c)(3

HOMELESS HEALTH CARE LOS ANGELES
1010 S. FLOWER ST FIFTH FLOOR
LOS ANGELES, CA 90015-1428

Dear Taxpayer:

Thank you for submitting the information shown below or on the enclosure. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,

Item Changed	From	To
(NAME)	LOS ANGELES HOMELESS HEALTH CARE PROJECT	(SEE ABOVE)

RECEIVED
AUG - 6

P.O. Box 2350, Los Angeles, CA 90053

Letter 976(DO) (Rev. 1-87)

Date:

JAN 21 1987

RECEIVED

JAN 29 1987

HOMELESS PROJ...

Employer Identification Number:
95-4074970
Accounting Period Ending:
December 31
Foundation Status Classification:
170(b)(1)(A)(vi) & 509(a)(1)
Advance Ruling Period Ends:
December 31, 1991
Person to Contact:
J. Allison
Contact Telephone Number:
(213) 894-2940

Los Angeles Homeless
Health Care Project
1010 S. Flower St. Fifth Fl.
Los Angeles, CA 90017

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 170(b)(1)(A)(vi) and 509(a)(1).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 170(b)(1)(A)(vi)* organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 170(b)(1)(A)(vi)* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 170(b)(1)(A)(vi)* organization.

(over)

* 509(a)(1).

change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt From Income Tax, only if your gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Frederick C Richter

District Director

1388224

THE LOS ANGELES HOMELESS HEALTH CARE PROJECT

Advocacy, Health Services and Education

Certificate of Amendment of Articles of Incorporation

ENDORSED
FILED
In the office of the Secretary of State
of the State of California

AUG 6 1991

MARCH FONG EU, Secretary of State

RONALD SPOLTORE AND GAIL MADYUN CERTIFY THAT:

1. They are the president and the secretary, respectively, of Los Angeles Homeless Health Care Project, a nonprofit California Corporation.

2. Article I of the articles of incorporation of this corporation is amended to read as follows:

The name of this corporation is Homeless Health Care Los Angeles.

3. The foregoing amendment of article of incorporation has been duly approved by the board of directors.

4. The foregoing amendment of articles of incorporation has been duly approved by the required vote of members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

July 25, 1991

Ronald Spoltore, President

Gail Madyun, Secretary

1010 South Flower Street, Fifth Floor Los Angeles, California 90015 (213) 744-0724

A389077

THE LOS ANGELES HOMELESS HEALTH CARE PROJECT

Advocacy, Health Services and Education

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION

ENDORSED
FILED
In the office of the Secretary of State
of the State of California

JUN 18 1990

MARCH FONG EU, Secretary of State

Ronald Spoltore and Gene Boutilier certify that:

1. They are the president and the treasurer, respectively, of the LOS ANGELES HOMELESS HEALTH CARE PROJECT, a California Corporation.

2. Article V, Sections A and B of the articles of incorporation of this corporation is amended to read as follows:

A. This corporation is not organized nor shall it be operated for pecuniary profit and no part of this corporation's income or assets shall ever inure to the benefit of any director, officer or member of this corporation or to the benefit of any private individual. The property of this corporation is irrevocably dedicated to charitable purposes.

B. On the dissolution or winding up of this corporation, its assets remaining after payment of, or provision for payment of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation as organized and operated exclusively for charitable purposes and that has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code and Section 23701(d) of the California Revenue and Taxation Code.

3. The foregoing amendment of the articles of incorporation has been duly approved by the board of directors.

4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: APRIL 24, 1990

Ronald D. Spoltore, President

Gene Boutilier, Treasurer

1010 South Flower Street, Fifth Floor Los Angeles, California 90015 (213) 744-0724

ENDORSED
FILED
In the office of the Secretary of State
of the State of California

OCT 8 1986

MARCH FONG EU, Secretary of State

ARTICLES OF INCORPORATION

OF

LOS ANGELES HOMELESS HEALTH CARE PROJECT

ARTICLE I

The name of this corporation is LOS ANGELES HOMELESS HEALTH CARE PROJECT.

ARTICLE II

This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law of California for charitable and public purposes. The charitable and public purposes include:

To focus, develop and coordinate health care services on a regional basis so as to better address the health care needs of the homeless in Los Angeles County.

ARTICLE III

The name and address in this state of the corporation's initial agent for service of process is: Gary Blasi, 1550 West Eighth Street, Los Angeles, CA. 90017.

ARTICLE IV

The authorized number and qualifications of members of the corporation, the classes of membership, if any, and the property, voting and other rights and privileges of the members shall be as

set forth in the bylaws and the liability for dues and assessments and the method of collection, if any, shall be as set forth therein.

ARTICLE V

A. This corporation is not organized nor shall it be operated for pecuniary profit and no part of this corporation's income or assets shall ever inure to the benefit of any director, officer or member of this corporation or to the benefit of any private individual. The property of this corporation is irrevocably dedicated to charitable and public purposes.

B. On the dissolution or winding up of this corporation, its assets remaining after payment of, or provision for payment of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation as organized and operated exclusively for charitable and/or public purposes and that has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code and Section 23701(d) of the California Revenue and Taxation Code.

ARTICLE VI

A. This corporation is organized exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (i) by a corporation

exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), or (ii) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

B. No substantial part of the activities of this corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, nor shall this corporation participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for political office.

Dated: October 6, 1986

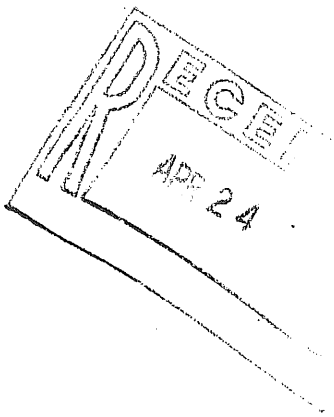
Charles F. Elsesser, Jr.
Incorporator

I declare that I am the person who executed the above Articles of Incorporation and that this instrument is my act and deed.

Charles F. Elsesser, Jr.

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
PO BOX 2350 ROOM 5127
LOS ANGELES, CA 90053

DEPARTMENT OF THE TREASURY



Date:
APR 23 1992

Employer Identification Number:
95-4074970
Contact Person:
CIOLEK, THERESE A.
Contact Telephone Number:
(213) 894-6641

LOS ANGELES HOMELESS HEALTH
CARE PROJECT
1010 S FLOWER ST FIFTH FLOOR
LOS ANGELES, CA 90015

Our Letter Dated:
January 21, 1987
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

You are required to file Form 990 only if your gross receipts each year are normally more than $25,000. For guidance in determining whether your gross receipts are "normally" more than $25,000, see the instructions for Form 990. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

If we have indicated in the heading of this letter that an addendum

applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Michael J. Quinn
District Director

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

HOMELESS HEALTH CARE LOS ANGELES

FILE NUMBER:	C1388224
FORMATION DATE:	10/08/1986
TYPE:	DOMESTIC NONPROFIT CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 22, 2017.

ALEX PADILLA
Secretary of State