LOS ANGELES COUNTY
COMMISSION ON HIV

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STANDARDS AND BEST PRACTICES COMMITTEE MEETING

TUESDAY, MARCH 11, 2025
10:00 AM -- 12:00 PM (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020

**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

Agenda and meeting materials will be posted on our website at https://hiv.lacounty.gov/standards-and-best-practices-committee

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/r6afcd969965240d4039703a9c4d70563

Notice of Teleconferencing Sites

Public Comments

You may provide public comment in person, or alternatively, you may provide written public comment by:

- Emailing hivcomm@lachiv.org
- Submitting electronically at https://www.surveymonkey.com/r/PUBLIC_COMMENTS

** Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting. All public comments will be made part of the official record.*

Accommodations

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at hivcomm@lachiv.org or 213.738.2816.

Scan QR code to download an electronic copy of the meeting packet. Hard copies of materials will not be available in alignment with the County's green initiative to recycle and reduce waste. If meeting packet is not yet available, check back prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.

together.

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LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: https://hiv.lacounty.gov

AGENDA FOR THE SPECIAL MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, MARCH 11, 2025 | 10:00AM – 12:00PM

510 S. Vermont Ave
Terrace Level Conference Rooms TK02
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles, CA 90020

For those attending in person, as a building security protocol, attendees entering the first-floor lobby must notify security personnel that they are attending the Commission on HIV meeting.

MEMBERS OF THE PUBLIC WHO WISH TO JOIN VIRTUALLY, REGISTER HERE:
https://lacountyboardofsupervisors.webex.com/weblink/register/r6afcd969965240d4039703a9c4d70563
To Join by Telephone: 1-213-306-3065
Password: STANDARDS Access Code: 2539 598 6119

Standards and Best Practices Committee (SBP) Members:			
Erika Davies *Co-Chair*	Arlene Frames *Co-Chair*	Dahlia Ale-Ferlito	Mikhaela Cielo, MD
Sandra Cuevas	Kerry Ferguson (Alternate)	Lauren Gersh, LCSW *(Committee-only)*	David Hardy, MD *(Alternate)*
Mark Mintline, DDS *(Committee-only)*	Andre Molette	Byron Patel, RN	Martin Sattah, MD
Kevin Stalter	Russell Ybarra		
QUORUM: 8			

AGENDA POSTED: March 4, 2025.

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: http://hiv.lacounty.gov or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. **Validated parking is available at 523 Shatto Place, Los Angeles 90020.** **Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.*

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically

here. All Public Comments will be made part of the official record.

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

I. ADMINISTRATIVE MATTERS

1.	Call to Order & Meeting Guidelines/Reminders		10:00 AM – 10:03 AM
2.	Introductions, Roll Call, & Conflict of Interest Statements		10:03 AM – 10:05 AM
3.	Approval of Agenda	**MOTION #1**	10:05 AM – 10:07 AM
4.	Approval of Meeting Minutes	**MOTION #2**	10:07 AM – 10:10 AM

II. PUBLIC COMMENT

10:10 AM – 10:15 AM

5. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking here, or by emailing hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS

6. Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

IV. REPORTS

7. Executive Director/Staff Report — 10:15 AM – 10:25 AM
    a. Operational and Commission—Updates
8. Co-Chair Report — 10:25 AM – 10:35 AM
    a. 2025 Committee Meeting Calendar—Updates
    b. Service Standards Revision Tracker—Updates
9. Division on HIV and STD Programs (DHSP) Report — 10:35 AM—10:45 AM

V. DISCUSSION ITEMS

10. Housing Services Standards Review — **MOTION #3** — 10:45 AM—11:15 AM
    a. Temporary Housing Services
        i. Residential Care Facility for the Chronically Ill (RCFCI)
        ii. Transitional Residential Care Facility (TRCF)
        iii. Transitional Housing (TH)

11. Transitional Case Management Service Standards Review 11:15 AM—11:45 PM

VI. NEXT STEPS 11:45 AM – 11:55 AM

12. Task/Assignments Recap
13. Agenda development for the next meeting

VII. ANNOUNCEMENTS 11:55 AM – 12:00 PM

14. Opportunity for members of the public and the committee to make announcements.

VIII. ADJOURNMENT 12:00 PM

15. Adjournment for the meeting of March 11, 2025.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the Standards and Best Practices Committee minutes, as presented or revised.
MOTION #3	Approve the Housing Services service standards (RCFCI, TRCF, TH), as presented or revised, and elevate to the Executive Committee.

LOS ANGELES COUNTY
COMMISSION ON HIV

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 7.15.24)

☐ This meeting is a **Brown-Act meeting** and is being recorded.
- Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
- Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

☐ The **meeting packet** can be found on the Commission's website at https://hiv.lacounty.gov/meetings/ or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.

☐ Please comply with the **Commission's Code of Conduct** located in the meeting packet.

☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*

☐ For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**

☐ Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances**" must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.

☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial HERE or contact Commission staff at hivcomm@lachiv.org.

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COMMISSION ON HIV

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Approved by COH 6/8/23

CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

1) **We approach all our interactions with compassion, respect, and transparency.**
2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
3) **We listen with intent, avoid interrupting others, and elevate each other's voices.**
4) **We encourage all to bring forth ideas for discussion, community planning, and consensus.**
5) **We focus on the issue, not the person raising the issue.**
6) **Be flexible, open-minded, and solution-focused.**
7) **We give and accept respectful and constructive feedback.**
8) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
9) **We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
10) **We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 2/10/25

In accordance with the Ryan White Program (RWP), conflict of interest is defined as any financial interest in, board membership, current or past employment, or contractual agreement with an organization, partnership, or any other entity, whether public or private, that receives funds from the Ryan White Part A program. These provisions also extend to direct ascendants and descendants, siblings, spouses, and domestic partners of Commission members and non-Commission Committee-only members. Based on the RWP legislation, HRSA guidance, and Commission policy, it is mandatory for Commission members to state all conflicts of interest regarding their RWP Part A/B and/or CDC HIV prevention-funded service contracts prior to discussions involving priority-setting, allocation, and other fiscal matters related to the local HIV continuum. Furthermore, Commission members must recuse themselves from voting on any specific RWP Part A service category(ies) for which their organization hold contracts. ***An asterisk next to member's name denotes affiliation with a County subcontracted agency listed on the addendum.***

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALE-FERLITO	**Dahlia**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated representative	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & Linked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			High Impact HIV Prevention
			Mental Health
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Data to Care Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	**Danielle**	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Biomedical HIV Prevention
			Transportation Services
CIELO	**Mikhaela**	Los Angeles General Hospital	Biomedical HIV Prevention
CONOLLY	**Lilieth**	No Affiliation	No Ryan White or prevention contracts
CUEVAS	**Sandra**	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	Community Engagement/EHE

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	**Kerry**	ViiV Healthcare	No Ryan White or prevention contracts
FRAMES	**Arlene**	Unaffiliated representative	No Ryan White or prevention contracts
FRANKLIN*	**Arburtha**	Translatin@ Coalition	Vulnerable Populations (Trans)
GARCIA	**Rita**	No Affiliation	No Ryan White or prevention contracts
GERSH (SBP Member)	**Lauren**	APLA Health & Wellness	High Impact HIV Prevention
			Benefits Specialty
			Nutrition Support
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
			Intensive Case Management
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated representative	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	**David**	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated representative	No Ryan White or prevention contracts
JONES	**Terrance**	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated representative	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	**Leonardo**	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	**Leon**	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	**Vilma**	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts
MOLETTE	**Andre**	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Oral Healthcare Services
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Community Engagement/EHE
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	High Impact HIV Prevention
			Benefits Specialty
			Nutrition Support
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
			Case Management
OSORIO	**Ronnie**	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations
PATEL	**Byron**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			High Impact HIV Prevention
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON*	**Dechelle**	AMAAD Institute	Community Engagement/EHE
ROBINSON	**Erica**	Health Matters Clinic	No Ryan White or prevention contracts
RUSSEL	**Daryl**	Unaffiliated representative	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			High Impact HIV Prevention
			Mental Health
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Data to Care Services
SAUNDERS	**Dee**	City of West Hollywood	No Ryan White or prevention contracts
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
TALLEY	**Lambert**	Grace Center for Health & Healing	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	**Russell**	Capitol Drugs	No Ryan White or prevention contracts

DRAFT

LOS ANGELES COUNTY
COMMISSION ON HIV

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Presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.
Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

FEBRUARY 4, 2025

COMMITTEE MEMBERS P = Present | A = Absent					
Erika Davies, *Co-Chair*	P	Arlene Frames	P	Martin Sattah, MD	A
Kevin Stalter, *Co-Chair*	P	Lauren Gersh, LCSW	P	Russell Ybarra	P
Dahlia Ale-Ferlito	P	David Hardy, MD	A		
Mikhaela Cielo, MD	P	Mark Mintline, DDS	P		
Sandra Cuevas	P	Andre Molette	A	Danielle Campbell, MPH, *COH Co-chair*	
Kerry Ferguson	P	Byron Patel, RN	P	Joseph Green, *COH Co-Chair Pro-Tem*	P
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, Jose Rangel-Garibay, Lizette Martinez					
DHSP STAFF					
Sona Oksuzyan					
COMMUNITY MEMBERS					
Lilieth Conolly, Katja Nelson, Jayda Arrington, Savvoy Toney, Travis Truong, Steph Siordia					

**Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.*
**Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.*
**Meeting minutes may be corrected up to one year from the date of Commission approval.*
***LOA: Leave of absence*

Meeting agenda and materials can be found on the Commission's website at
https://hiv.lacounty.gov/standards-and-best-practices-committee/

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS
The meeting was called to order at 10:12am.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA
MOTION #1: Approve the agenda order, as presented ***(Passed by consensus).***

2. APPROVAL OF MEETING MINUTES
MOTION #2: Approve the 1/07/25 SBP Committee meeting minutes, as presented ***(Passed by consensus).***

II. PUBLIC COMMENT

3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION: There were no public comments.

III. COMMITTEE NEW BUSINESS ITEMS

4. **OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA**: There were no committee new business items.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**

- **Operational and Programmatic Updates**
  Cherly Barrit, COH Executive Director, reported that the next COH meeting will be on February 13, 2025, at 9am at the CA Endowment. The meeting will be followed by the "Consumer Resource Fair" form 12pm-5pm. She added that the COH's restructuring will be a key focus area for 2025 and will be discussed at the February 13 COH meeting. She noted that the Operations Committee has been engaged in the process of updating the COH bylaws and reviewing the County ordinance that established the COH. Most of the changes were in consideration of the feedback from the Health Resources and Services Administration (HRSA) technical assistance site visit. AJ King and Collaborative Research will facilitate the restructuring discussion at the February 13 COH meeting and help guide commissioners through the process. Jospeh Green, COH co-chair, asked COH staff to send a link to the County Ordinance that established the COH to committee members.
- C. Barrit reminded committee members to complete the Conflict-of Interest form and the "Parity, Inclusion, and Reflectiveness" (PIR) survey as soon as possible. She added that the PIR survey collects contact information from commissioners, and it is used to determine the assignment/re-assignment of seats on the commission. Any questions regarding both items can be directed to Sonja Wright, COH staff.
- C. Barrit thanked all attendees for showing up to the meeting despite the tumultuous political environment and reminded everyone to give themselves permission and grace to pause, breathe and avoid jumping into chaos. Generating chaos and confusion is part of the strategy to divide and oppress. She also mentioned that there is a lot of work happening behind the scenes to address the ongoing and frenetic policy changes. Lastly, she reassured committee members and attendees that the COH will continue to disseminate data and information related to HIV care, prevention, services, clinical trials/research opportunities, and events with the community. She noted these items are all vital to ending the HIV epidemic in Los Angeles County and that the COH will continue to refer people to meaningful resources that they need.

6. **CO-CHAIR REPORT**

- **2025 Committee Co-Chair Elections**
  Erika Davies, committee co-chair, reported that Kevin Stalter will not seek another co-chair term. Jose Rangel-Garibay, COH staff, reminded the committee that Russell Ybarra and Arlene Frames were nominated for co-chair at the January committee meeting. R. Ybarra declined nomination. A. Frames accepted the nomination and shared that she is willing to take on the challenge of becoming co-chair and will need a lot of support from the committee and COH staff to fulfill the co-chair role duties. She also shared that she is passionate about seeing lives improved for those living with HIV/AIDS and to educate the communities of color to eliminate stigma and prevent the spread of HIV. Lastly, she noted that she will need support from the committee members and COH staff to accommodate her hearing loss. The committee unanimously voted to approve Arlene Frames as co-chair for the SBP committee for 2025. COH staff will follow-up with the A. Frames and orient her on the co-chair role. E. Davies was nominated for the second committee co-chair seat and was also approved to serve as co-chair for the SBP committee for 2025. E. Davies thanked K. Stalter for his years of service a committee co-chair.
- **Review 2025 Committee Meeting Calendar**
  E. Davies provided an overview of the 2025 committee meeting calendar and noted that the committee will continue to meet on the first Tuesday of the month from 10am-12pm at the Vermont corridor building. She added that most meetings will take place on the 9th floor with a couple taking place on the 14th floor due to lack of conference/meeting room availability on the 9th floor; please refer to the meeting calendar included in the meeting packet for more information. The committee also decided to reschedule the March 4, 2025, committee

meeting to March 11, 2025, to accommodate committee members and commissioners who plan to attend the "2nd Annual HIV Care, Prevention, and Research Community Advisory Board Conference" hosted by the UCLA-Charles Drew University (CDU) CFAR Community Engagement & Clinical Informatics Core on March 4, 2025, from 8:30am-3:30pm at the St. Anne's Family Services building. COH staff will send a notice to all commissioners regarding the date change.

- **Service Standards Revision Tracker—Updates**
  J. Rangel-Garibay, COH staff, provided an overview of the service standards revision tracker document and noted the following:
    - The Executive Committee (EC) approved the Emergency Financial Assistance service standards at their 12/12/24 meeting. The document will be elevated to the full COH for review and approval at their 2/13/25 meeting.
    - The EC approved the Ambulatory Outpatient Medical service standards at their 12/12/24 meeting. The document will be elevated to the full COH for review and approval at their 2/13/25 meeting.
    - The EC approved the Transportation Services standards at their 10/24/24 meeting. The document will be elevated to the full COH for review and approval at their 2/13/25 meeting.
    - The SBP committee is currently reviewing the Temporary Housing Services: Transitional Residential Care Facility (TRCF) and Residential Care Facility for the Chronically Ill (RCFCI).
    - The SBP committee will begin the development of a global Transitional Case Management service standard document which will include various priority populations such as youth, older adults (50+), and justice-involved individuals.

7. DIVISION ON HIV AND STD PROGRAMS (DHSP) REPORT
There was no report.

V. DISCUSSION ITEMS

8. "Housing Services" Services Standards Review: Residential Care Facility for the Chronically Ill (RCFCI) and Transitional Residential Care Facility (TRCF)
J. Rangel-Garibay provided a recap of the service standards review discussion that took place at the January 7, 2025, committee meeting. He noted that the committee held a panel discussion with Savvoy Toney from Project New Hope, and Terry Goddard II from the Alliance for Housing and Healing in which they shared their experiences with managing RCFCI and TRCF programs. They provided a brief history of the programs and answered the committee's questions regarding the number of beds available for each program, the average length of stay for clients, and general service operations. Both S. Toney and T. Goddard noted the critical need the RCFCI and TRCF programs meet and advocated for the continued support of the programs. For additional notes from the panel discussion, refer to the January 7, 2025, SBP committee meeting minutes available on the COH website.

J. Rangel-Garibay noted that the version of the RCFCI and TRCF documents in the meeting packet reflect edits based on public comments received. The main edits are as follows:

- Removed language in the RCFCI General Requirements section that lists unemancipated minors as a population eligible to receive the service.
- Removed language in the RCFCI General Requirements section that described fees clients would pay while receiving the service; clients are not charged any fees to receive the service.

S. Toney stated she will send more detailed comments to COH staff regarding the TRCF service standards. She noted that the TRCF document is not as comprehensive as the RCFCI and that it was missing important components. E. Davies encouraged S. Toney to submit a written public comment when ready and asked if she could provide a brief overview of the proposed changes to allow the committee the opportunity to ask questions.

S. Toney proposed the following edits to the RCFCI document:

- Page 2 of the RCFCI General Requirements section, there is a typo on the eligibility criteria standard "Be a client of Los Angeles County client."
- In the RCFCI Intake section, rephrase the standard "Intake process is begun as soon as possible upon acceptance" to "Intake is begun after completion of eligibility screening" and place it under the "Eligibility for services is determined" standard. Eligibility screening takes place before the intake process.
- Remove "Proof client is not eligible for Housing Opportunities for People with AIDS (HOPWA) or other housing services. Ryan White is the payor of last resort" from the list of items included in the client file under documentation for the "eligibility for services is determined" standard. C. Barrit asked how do agencies ensure that Ryan White is the payor of last resort? S. Toney noted that during the interview process, the agency staff determine that there are no other housing options available or that the client is not eligible for any other options.
- Revise the first sentence under the "Assessment" narrative section to "Prior to acceptance of a client, the facility will obtain a written medical assessment of the client which enables the facility to determine if they are able to provide the necessary health-related services required by the client's medical condition."
- Revise the second sentence under the "Assessment" narrative section to "If the assessment is not completed prior to admission of the client, a Registered Nurse (RN) must provide a health assessment within 24 hours of admission to determine if any immediate health needs are present which may preclude placement." S. Toney noted that this practice may vary by agency and advised the committee to seek feedback from other provider agencies. COH staff will highlight this section and add a note on the document asking, "How feasible is this for providers?".
- "Representative payee" and "Legal assistance on a broad range of legal matters and advocacy" are two separate items.
- Remove "Risk reduction practices" and "harm reduction: from the list of items facilities must provide clients upon intake. RCFCI programs do not offer these services; clients must be sober before entering the program. If clients experience relapse while in the facility, the facility engages outside resources such as outpatient treatment services or inpatient treatment services if needed.
- Per California Department of Social Services Community Care Licensing Division regulation, ISPs must be completed within seven days of admission to the facility.
- Remove the last bullet point regarding unemancipated minors in the list of items included in the ISP assessment, and from the ISP team list.
- Under "RCFCI Emergency Medical Treatment" removed the second standard that reads, "Provider will have a written agreement(s) with a licensed medical facility or facilities within the community for provision of emergency services as appropriate."
- Under "RCFCI Discharge Planning" rephrase the bullet point regarding early intervention services to "Ensuring linkage to primary care"
- Under "RCFCI Program Records" revise typo "Record of IST contacts" to "Record of ISP contacts"

S. Toney noted that RCFCI and TRCF facilities have emergency plans and procedures that are tailored to each site and reviewed by the CDSS Community Care Licensing Division and DHSP contract auditors. Additionally, S. Toney will provide comments for the TRCF service standards with a focus on adding more detail to the document.

MOTION #3: Post the Temporary Housing Services: Residential Care Facility for the Chronically Ill (RCFCI), and Transitional Care Facility (TRCF) service standards for a public comment period starting on February 4, 2025, and ending on March 7, 2025. ***(PASSED; Yes: 9; D. Ale-Ferlito, M. Cielo, A. Frames, L. Gersh, M. Mintline, B. Patel, R. Ybarra, E. Davies, K. Stalter; No: 0; Abstain: 0).***

VI. NEXT STEPS

9. TASK/ASSIGNMENTS RECAP:

- COH staff will send a link to the County ordinance that established the COH.
- COH staff will follow-up with Arlene Frames to orient her on the co-chair role.
- COH staff will send a notice regarding the date change for the March SBP committee meeting.
- COH staff will post the "Housing Services" service standards on the COH website and announce a public comment period starting on February 6, 2025, and ending on March 7, 2025.
- COH staff will prepare the initial draft of the global Transitional Case Management service standards document for the committee to being their review in March 2025.

11. AGENDA DEVELOPMENT FOR NEXT MEETING:

- Review public comments received for the "Housing Services" service standards and hold vote to approve the document.
- Begin initial review of the global Transitional Case Management service standards.

VII. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- COH staff shared a flyer for the "2nd Annual HIV Care, Prevention, and Research Community Advisory Conference" taking place on March 4, 2025. See the meeting packet for more details.
- J. Green shared that in celebration of Valentine's Day, the Hollywood United Methodist Church will be holding a renewal of wedding bows for LGBTQ+s couple presented by the Los Angeles Queer Interfaith Clergy Council.

VIII. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at 11:41 am.

Los Angeles County Commission on HIV

REVISED 2025 TRAINING SCHEDULE

***SUBJECT TO CHANGE**

- All training topics listed below are mandatory for Commissioners and Alternates.
- All trainings are open to the public.
- Click on the training topic to register.
- Certificates of Completion will be provided.
- All trainings are virtual via Webex.
- For questions or assistance, contact: hivcomm@lachiv.org

Commission on HIV Overview	February 26, 2025 @ 12pm to 1:00pm
Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities	~~March 26, 2025~~ @ 12pm to 1:00pm April 2, 2025
Priority Setting and Resource Allocations Process	April 23, 2025 @ 12pm to 1:00pm
Service Standards Development	May 21, 2025 @ 12pm to 1:00pm
Policy Priorities and Legislative Docket Development Process	June 25, 2025 @ 12pm to 1:00pm
Bylaws Review	July 23, 2025 @ 12pm to 1:00pm

Service Standard Development

LOS ANGELES COUNTY COMMISSION ON HIV

KEYWORDS AND ACRONYMS

BOS: Board of Supervisors
COH: Commission on HIV
SBP: Standards and Best Practices
DHSP: Division of HIV & STD Programs
RFP: Request for Proposal

HRSA: Health Resources and Services Administration
HAB: HIV/AIDS Bureau
RWHAP: Ryan White HIV/AIDS Program
PSRA: Priority Setting and Resource Allocations
PCN: Policy Clarification Notice

WHAT ARE SERVICE STANDARDS?

Service Standards establish the minimal level of service of care for consumers IN Los Angeles County. Service standards outline the elements and expectations a RWHAP service provider must follow when implementing a specific Service Category **to ensure that all RWHAP service providers offer the same basic service components**.

WHAT ARE SERVICE CATEGORIES?

Service categories are the services funded by the RWHAP as part of a comprehensive service delivery system for people with HIV to improve retention in medical care and viral suppression.

Services fall under two categories: **Core Medical Services** and **Support Services**. The COH develops service standards for 13 Core Medical Services, and 17 Support services. As an integrated planning body for HIV prevention and care services, the COH also develops service standards for 11 Prevention Services.

A key resource the SBP Committee utilizes when developing services standards is the HRSA/HAB PCN 16-02 which **defines and providers program guidance for each of the Core Medical and Support Services** and defines individuals who are eligible to receive these RWHAP services.

HRSA/HAB GUIDANCE FOR SERVICE STANDARDS

- Must be consistent with Health and Human Services guidelines on HIV care and treatment and the HRSA/HAB standards and performance measures and the National Monitoring Standards.
- Should NOT include HRSA/HAB performance measures or health outcomes.
- Should be developed at the local level.
- Are required for every funded service category.
- Should include input from providers, consumers, and subject matter experts.
- Be publicly accessible and consumer friendly.

COH SERVICE STANDARDS

Universal Service Standards	• General agency policies and procedures
	  ○ Intake and Eligibility
	  ○ Staff Requirements and Qualifications
	  ○ Cultural and Linguistic Competence
	  ○ Referrals and Case Closures
	• Client Bill of Rights and Responsibilities

Category-Specific Service Standards	• Include link to Universal Service Standards • Core Medical Services • Support Services
Service Standards General Structure	• Introduction • Service Overview • Service Components • Table of Standards & Documentation requirements

REMINDER

Service standards are meant to be flexible, not prescriptive, or too specific. Flexible service standards allow service providers to adjust service delivery to meet the needs of individual clients and reduce the need for frequent revisions/updates.

DEVELOPING SERVICE STANDARDS

Service standard development is a joint responsibility shared by DHSP and the COH. There is no required format or specific process defined by HRSA HAB. **The SBP Committee leads the service standard development process for the COH.**

SERVICE STANDARD DEVELOPMENT PROCESS

SBP REVIEW 	• Develop review schedule based on service rankings, DHSP RFP schedule, a consumer/provider/service concern, or in response to changes in the HIV continuum of care. • Conduct review/revision of service standards which includes seeking input from consumers, subject matter experts, and service providers. • Post revised service standards document for public comment period on COH website.
COH REVIEW 	• After SBP has agreed on all revisions, SBP holds a vote to approve. • Once approved, the document is elevated to Executive Committee and COH for approval. • COH reviews the revised/updates service standards and holds vote to approve. Once approved, the document is sent to DHSP.
DISSEMINATION 	• Service standards are posted on COH website for public viewing and to encourage use by non-RWP providers. • DHSP uses service standards when developing RFPs, contracts, and for monitoring/quality assurance activities. •
CYCLE REPEATS	• Revisions to service standards occur at least every 3 years or as needed. • DHSP provides summary information to COH on the extent to which service standards are being met to assist with identifying possible need for revisions to service standards.

together.

WE CAN END HIV IN OUR COMMUNITY ONCE AND FOR ALL

For additional information about the COH, please visit our website at: http://hiv.lacounty.gov

Subscribe to the COH email list: https://tinyurl.com/y83ynuzt

LOS ANGELES COUNTY
COMMISSION ON HIV

PUBLIC COMMENTS RECEIVED FOR "HOUSING SERVICES" SERVICES STANDARDS (LAST UPDATED 3-7-25)

Name/Source	Comments
Michael Green, PhD, MHSA Chief Planning, Development and Research, DHSP	I've got a couple of questions/comments about the draft housing standards. 1. Not sure why there's a draft standard for Flexible Subsidy Pool when the program is managed by an entity other than DPH. 2. Transitional Housing still seems vague. Is it hotel/motel vouchers? Short-term rentals? Shelters? Please assure that all language pertaining to income verification for eligibility is consistent across service categories.
Terry Goddard II Director Alliance for Housing and Healing, APLA	We have suggested edits the draft housing SOCs: • Under linkage to Medical Care Coordination, should Benefits Specialists be included as well? • Suggest that required documentation for the client file matches the General Eligibility Requirements. For example, the Transitional Housing standard, on page 2 of 5, states that proof of residency is required to determine eligibility. However, proof of residency is not mentioned under General Eligibility Requirements. Since these services are conducted in Los Angeles County for an unstably or unhoused population, is the need for proof of LA County residency necessary? Perhaps a statement that all housing services are provided in Los Angeles County?
Arlene Frames Commissioner (Unaffiliated Consumer, 3rd District Representative) Commission on HIV	My feedback and concerns are as follows: For housing types RCFCI and TRCF, my only concern is that from my understanding the standard covers situations when a client is already in the Ryan White (RW) care system. Who determines that? I am most concerned with those situations where those who are eligible, who may enter into RW contracted facilities and perhaps slip through the cracks? How can the COH/DHSP better advertise and advocate these scenarios. For example, I have been a RW recipient for as long as I can remember. When it was in its early days of existence. Only for dental care. However, I spent 8-10 of those years in hospitals and nursing homes in LA county. I was not linked to any specific services for assistance for myself and young children at home. I had to fight for antiviral therapy while housed as a patient. It was a miracle my children did not become homeless. In addition, case managers, social workers and personal care were very discriminatory due to my AIDS's diagnoses. So, my concern is that of linking people to prevent further catastrophes and saving lives. Educating providers as well as PLWHIV/AIDS and their families. For those who are chronically and severely ill with services, who may not be aware or able to access or advocate on their behalf. This may take additional efforts to link them into service and provide support, perhaps a Wrap Around Service. A service that would provide extended support for both to the patient and/or family before, during and after. Preventative treatment education services nutrition support and counseling as well as mental health support and budgeting counseling at the forefront. Lack of financial support can lead to depression and distress for PLWHIV/AIDS. Also, looking into skilled nursing facilities, hospices and residential mainstream healthcare facilities, that are currently contacted by Ryan White. In order to achieve optimal health outcomes. Thank you!

LOS ANGELES COUNTY
COMMISSION ON HIV

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DRAFT *(As of 03/07/25)*

HOUSING SERVICE STANDARDS: RESIDENTIAL CARE FACILITY FOR THE CHRONICALLY ILL (RCFCI) AND TRANSITIONAL RESIDENTIAL CARE FACILITY (TRCF)

PURPOSE: Service standards outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. The purpose of the service standards is to ensure that all Ryan White service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer in Los Angeles County.

Description

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referrals services, including assessment, search placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:

HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

RWHAP funding may be used to pay for a RWHAP client's security deposit **if** a RWHAP recipient or subrecipient has policies and procedures in place to ensure that the security deposit is returned to the RWHAP recipient or subrecipient and not to the RWHAP client.

https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hrsa-hab-security-deposit-program-letter.pdf

BASIC ELIGIBILITY AND DOCUMENTATION REQUIREMENTS FOR RYAN WHITE SERVICES IN LOS ANGELES COUNTY

- Have an HIV-positive diagnosis; Be a resident of Los Angeles County;
- Have an income at or below 500% of Federal Poverty Level, and;
- Be uninsured or underinsured.
- Given the barriers with attaining documentation for unstably housed PLWH, contractors are expected to follow the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP) guidance for using self-attestation forms to documentation eligibility for Ryan White services.

RESIDENTIAL CARE FACILITY FOR THE CHRONICALLY ILL (UP TO 24 MONTHS) GENERAL REQUIREMENTS

Residential Care Facilities for the Chronically Ill (RCFCI) are licensed under the California Code of Regulations, Title 22, Division 6, Chapter 8.5 to provide services in a non-institutional, home-like environment in any building or housing arrangement which is maintained and operated to provide 24-hour care and supervision to the following PLWH: Adults 18 years age or older; unable to work.

The goal of the RCFCI program is to improve the health status of PLWH who need to receive care, support, and supervision in a stable living environment to improve their health status. Clients receiving RCFCI services will have a maximum stay of 24 months. Approval will be required for extensions beyond 24 months based on the client's health status. Additional services provided can include case management services, counseling, nutrition services, and consultative services regarding housing, health benefits, financial planning, and referrals to other community or public resources.

Each RCFCI program must adhere to the following general requirements:

RCFCI GENERAL REQUIREMENTS	
STANDARD	**MEASURE**
RCFCIs are licensed to provide 24-hour care and supervision to any of the following: • Adults 18 years of age or older with living HIV/AIDS	Program review and monitoring to confirm.
RCFCIs may accept clients that meet each of the following criteria: • Have an HIV/AIDS diagnosis from a primary care physician. • Be certified by a qualified a qualified health care professional to need	Program review and monitoring to confirm.

regular or ongoing assistance with Activities of Daily Living (ADLs) • Have a Karnofsky score of 70 or less. • Have an unstable living situation. • Be a resident of Los Angeles County. • Have an income at or below 500% Federal Poverty Level • Cannot receive Ryan White services if other payor source is available for the same service	
RCFCIs may accept clients with chronic and life-threatening diagnoses requiring different levels of care, including: • Clients whose illness is intensifying and causing deterioration in their condition. • Clients whose conditions have deteriorated to a point where death is imminent. • Clients who have other medical conditions or needs, or require the use of medical equipment that the facility can provide	Program review and monitoring to confirm.
RCFCIs will **not** accept or retain clients who: • Require inpatient care. • Require treatment and/or observation for more than eight hours per day. • Have communicable TB or any reportable disease. • Require 24-hour intravenous therapy. • Have dangerous psychiatric conditions. • Have a Stage II or greater decubitus ulcer. • Require renal dialysis in the facility. • Require life support systems. • Do not have chronic life-threatening illness. • Have a primary diagnosis of Alzheimer's disease. • Have a primary diagnosis of Parkinson's disease	Program review and monitoring to confirm.

Maximum length of stay is 24 months with extensions based on client's health status.	Program review and monitoring to confirm.
RCFCI will develop criteria and procedures to determine client eligibility to ensure that no other options for residential services are available.	Program review and monitoring to confirm.

INTAKE

As part of the intake process, the client file will include the following information (at minimum):

RCFCI INTAKE	
STANDARD	**DOCUMENTATION**
Eligibility for services is determined	Client files include documentation that basic eligibility requirements for Ryan White services in Los Angeles County are met.
Intake process is begun after completion of eligibility screening.	Intake tool is completed and in client file.
Confidentiality Policy, Consent to Receive Services and Release of Information is discussed and completed. Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released)	Release of Information signed and dated by client on file and updated annually.
Client is informed of Rights and Responsibility and Grievance Procedures including the DHSP Customer Support Program.	Signed and dated forms in client file.

ASSESSMENT

Prior to acceptance of a client, the facility will obtain a written medical assessment of the client which enables the facility to determine if they are able to provide the necessary health-related services required by the client's medical condition. If the assessment is not completed prior to admission of the client, a Registered Nurse (RN) must provide a health assessment within 24 hours of admission to determine if any immediate health needs are present which may preclude placement. **How feasible is this for providers?**

Clients must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self-sufficiency with Activities of Daily Living (ADL). Upon reaching and sustaining a Karnofsky score above 70, RCFCI clients will be expected to transition towards independent living or to another type of residential service more suitable to their needs. Assessments will include the following:

RCFCI ASSESSMENT	
STANDARD	**MEASURE**
Written medical assessments completed or supervised by a licensed physician not more than three months old are required within 30 days of acceptance.	Signed, dated medical assessment on file in client chart.
Assessments will include the following: • Need for palliative care. • Age • Health status, including HIV and STI prevention needs. • Record of medications and prescriptions • Ambulatory status • Family composition • Special housing needs • Level of independence • Level of resources available to solve problems. • ADLs • Income • Benefits assistance/Public entitlements • Substance use and need for substance use services, such as treatment, relapse prevention, and support groups. • Mental health • Personal finance skills • History of evictions • Co-morbidity factors • Physical health care, including access to tuberculosis (TB) screening and routine and preventative health and dental care. • Treatment adherence	Signed, dated assessment on file in client chart.

• Educational services, including assessment, GED, and school enrollment. • Linkage to potential housing out-placements should they become appropriate alternatives for current clients (e.g., residential treatment facilities and hospitals) • Representative payee • Legal assistance on a broad range of legal and advocacy	
Clients must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self-sufficiency with ADL.	Record of assessment on file in client chart.
If a RCFCI cannot meet a client's needs a referral must be made to an appropriate health facility.	Documentation of client education on file in client chart.
Upon intake, facility staff must provide or link client with the following: • Information about the facility and its services • Policies and procedures • Confidentiality • Safety issues • House rules and activities • Client rights and responsibilities • Grievance procedures • Licit and illicit drug interactions • Medical complications of substance use hepatitis. • Important health and self-care practices information about referral agencies that are supportive of people living with HIV and AIDS.	Documentation of client education on file in client chart.

INDIVIDUAL SERVICE PLAN (ISP)

The RCFCI will ensure that there is an Individual Service Plan (ISP) for each client. A service plan must be developed for all clients within 7 days of admission to RCFCI program. The plan will serve as the framework for the type and duration of services provided during the client's stay in the facility and should include the plan review and reevaluation schedule. RCFCI program staff

will regularly observe each client for changes in physical, mental, emotional, and social functioning. The plan will be updated every three months or more frequently as the client's condition warrants. The plan will also document mechanisms to offer or refer clients to primary medical services and case management services. The ISP should be developed with the client and will include the following:

RCFCI INDIVIDUAL SERVICE PLAN (ISP)	
STANDARD	**MEASURE**
ISP will be completed within 7 days of admission.	Needs and services plan on file in client chart.
The plan will include, but not be limited to: • Current health status • Current mental health status • Current functional limitations and abilities • Current medications • Medical treatment/therapy • Specific services needed. • Intermittent home health care required. • Agencies or persons assigned to carry out services. • "Do not resuscitate" order, if applicable	Needs and services plan on file in client chart.
Plans should be updated every three months or more frequently to document changes in a client's physical, mental, emotional, and social functioning.	Updated needs and services plan on file in client chart.
Clients must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self-sufficiency with ADL.	Record of reassessment on file in client chart.
If a client's needs cannot be met by facility, the facility will assist in relocating the client to appropriate level of care.	Record of relocation activities on file in client chart.
The provider will ensure that the ISP for each client is developed by the ISP team. In addition to the RN case manager, the following persons will constitute the ISP team and will be involved in the development and updating of the client's ISP:	Record of ISP team on file in client chart.

• The client and/or their authorized representative • The client's physician • Facility house manager • Direct care personnel • Facility administrator/designee • Social worker/placement worker • Pharmacist, if needed • Others, as deemed necessary	

MONTHLY CASE CONFERENCE

A monthly case conference will include review of the ISP, including the client's health and housing status, the need for and use of medical and other support services, and progress towards discharge, as appropriate. Attendees at the monthly case conference will include the client, the registered nurse, the case manager, and direct care staff representatives. Participants can include housing coordination staff and/or representatives from other community organizations, subject to the client's approval. The client may also invite the participation of an advocate, family member or other representative. The case conference must be documented and include outcomes, participants, and any specific steps necessary to obtain services and support for the client.

RCFCI MONTHLY CASE CONFERENCE	
STANDARD	**MEASURE**
All residents, registered nurse, case manager and direct care staff representatives will participate in monthly case conferences to review health and housing status, need for medical and supportive services and progress towards discharge.	Documentation of case conference on file in client chart including outcomes, participants, and necessary steps.

SERVICE AGREEMENTS

The provider will obtain and maintain written agreements or contracts with the following:

RCFCI MONTHLY SERVICE AGREEMENTS	
STANDARD	**MEASURE**
Programs will obtain and maintain written agreements or contracts with: • A waste disposal company registered by the California Department of Toxic Substance Control and the California Department of Public Health if generating or handling bio-	Written agreements on file at provider agency.

hazardous waste. • A licensed home health care or hospice agency and individuals or agencies that can provide the following basic services: ○ Case management services ○ Counseling regarding HIV disease and AIDS, including current information on treatment of the illness and its possible effects on the resident's physical and mental health. ○ Counseling on death, dying, and the grieving process; psychosocial support services; substance misuse counseling. ○ Nutritionist services ○ Consultation on housing, health benefits, financial planning, and availability of other community- based and public resources, if these services are not provided by provider staff or the subcontracted home health agency personnel	

MEDICATION MANAGEMENT
Administration of medication will only be performed by an appropriate skilled professional.

RCFCI MEDICATION MANAGEMENT	
STANDARD	**MEASURE**
Direct staff will assist the resident with self-administration medications if the following conditions are met: • Have knowledge of medications and possible side effects; and • On-the-job training in the facility's medication practices as specified in	Record of conditions on file at provider agency.

Section 87865 (g) 4.	
The following will apply to medications which are centrally stored: • Medications must be kept in a locked place that is not accessible to persons other than employees who are responsible for the supervision of the centrally stored medications. • Keys used for medications must not be accessible to residents. • All medications must be labeled and maintained in compliance with label instructions and state and federal laws.	Record of conditions on file at provider agency.

SUPPORT SERVICES
Support services provided must include, but are not limited to:

RCFCI SUPPORT SERVICES	
STANDARD	**MEASURE**
Programs will provide or coordinate the following (at minimum): • Provision and oversight of personal and supportive services. • Health-related services • Transmission risk assessment and prevention counseling • Social services • Recreational activities • Meals • Housekeeping and laundry • Transportation • Provision and/or coordination of all services identified in the ISP. • Assistance with taking medication. • Central storing and/or distribution of medications • Arrangement of and assistance with medical and dental care • Maintenance of house rules for the protection of clients • Arrangement and managing of	Program policy and procedures to confirm. Record of services and referrals on file in client chart.

client schedules and activities. • Maintenance and/or management of client cash resources or property.	

EMERGENCY MEDICAL TREATMENT

Clients receiving RCFCI services who require emergency medical treatment for physical illness or injury will be transported to an appropriate medical facility or emergency room.

RCFCI EMERGENCY MEDICAL TREATMENT	
STANDARD	**MEASURE**
Clients requiring emergency medical treatment will be transported to medical facility or emergency room.	Program review and monitoring to confirm.

DISCHARGE PLANNING

Discharge planning should start as soon as the client achieves stability and readiness towards alternative forms of housing. As much as possible, early planning (at least 12 months prior to the end date of the client's term in the program) must be conducted to a ensure a smooth transition/discharge process. In all cases, a Discharge/Transfer Summary will be completed for all clients discharged from the agency. The Discharge Summary will be completed by the RN case manager or the social worker.

RCFCI DISCHARGE PLANNING	
STANDARD	**MEASURE**
Discharge planning services include, but are not limited to, RCFCIs providing discharge planning services to clients that include (at minimum): • Linkage to primary medical care, emergency assistance, supportive services, and early intervention services as appropriate • Linkage to supportive services that enhance retention in care (e.g., case management, meals, nutritional support, and transportation) • Ensure linkage to primary care • Housing such as permanent housing, independent housing, supportive housing, long-term assisted living, or other appropriate housing	Discharge plan on file in client chart.

A Discharge/Transfer Summary will be completed for all clients discharged from the agency. The summary will include, but not be limited to: • Admission and discharge dates • Services provided. • Diagnosis(es) • Status upon discharge • Notification date of discharge • Reason for discharge • Transfer information, as applicable	Discharge/Transfer Summary on file in client chart.

PROGRAM RECORDS

Programs will maintain a separate, complete, and current record for each client in sufficient detail to permit an evaluation of services. These notations will be dated and include, but not limited to, type of service provided, client's response, if applicable, and signature and title of person providing the service.

RCFCI PROGRAM RECORDS	
STANDARD	**MEASURE**
Client records on file at provider agency that include (at minimum): • Client demographic data • Admission agreement • Names, addresses and telephone numbers of physician, case manager and other medical and mental health providers, if any • Names, addresses and telephone numbers of any person or agency responsible for the care of a client. • Medical assessment • Documentation of HIV/AIDS • Written certification that each family unit member free from active TB • Copy of current childcare contingency plan, if applicable • Current ISP	Programs will maintain sufficient records on each resident

• Record of ISP contacts • Documentation of all services provided. • Record of current medications • Physical and mental health observations and assessments	

LINKAGE TO MEDICAL CARE COORDINATION AND BENEFITS SPECIALTY SERVICES (BSS)
Based on assessment and client needs, eligible individuals should be linked to Ryan White-funded Medical Care Coordination (MCC) service and Benefits Specialty services (BSS). MCC service providers must follow the Division on HIV and STD Programs MCC protocol. For MCC-specific service standards, click HERE. For BSS-specific service standards, click HERE.

TRANSITIONAL RESIDENTIAL CARE FACILITY (UP TO 24 MONTHS) GENERAL REQUIREMENTS
A Transitional Residential Care Facility (TRCF) provides short-term housing with ongoing supervision and assistance with independent living skills for people living with HIV who are homeless or unstably housed. TRCF are 24-hour alcohol-drug-free facilities that are secure and home-like. The goal of the TRCF program is to help clients be safely housed while they find a more permanent, stable housing situation. This service focuses on removing housing-related barriers that negatively impact a client's ability to access and/or maintain HIV care or treatment.

BASIC ELIGIBILITY AND DOCUMENTATION REQUIREMENTS FOR RYAN WHITE SERVICES IN LOS ANGELES COUNTY

- Have an HIV-positive diagnosis;
- Be a resident of Los Angeles County;
- Have an income at or below 500% of Federal Poverty Level, and;
- Be uninsured or underinsured.
- Given the barriers with attaining documentation for unstably housed PLWH, contractors are expected to follow the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP) guidance for using self-attestation forms to documentation eligibility for Ryan White services.

TRCFs must maintain a current, written, definitive plan of operation that includes (at minimum):

- Admission/discharge policies and procedures
- Admission/discharge agreements, including policies and procedures regarding drug and/or alcohol use on-site and off-site.
- Provide ample opportunity for family participate in activities in the facility.

- Include a safety plan to include precautions enacted to protect clients and staff (for those facilities that admit or specialize in care for clients who have a propensity for behaviors that result in harm to self or others)
- Adhere to basic facility safety requirements under Federal laws and State of California Health and Safety codes.

TRCF GENERAL REQUIREMENTS	
STANDARD	**MEASURE**
TRCF Facilities are short-term housing accommodations providing supervision and supportive services to any of the following: • Adults 18 years of age or older living with HIV/AIDS	Program review and monitoring to confirm.
TRCFs may accept clients that meet each of the following criteria: • Have an HIV/AIDS diagnosis from a primary care physician. • Have a Karnofsky score of 70 or above; able to work, volunteer, and if receiving Supplemental Security Income, able to enroll into ticket to work program • Homeless or have an unstable living situation • Be a client of Los Angeles County • Have an income at or below 500% Federal Poverty Level • Cannot receive Ryan White services if other payor source if available for the same service.	Program review and monitoring to confirm.
TRCF's will not accept or retain clients who: • Require daily assistance with Activities of Daily Living (ADLs) • Are currently engaging in drug or alcohol use • Require direct supervision due to physical or mental health diagnoses	Program review and monitoring to confirm.
Maximum length of stay is 24 months with extensions considered on an as needed basis based on client needs and progress of documented goals.	Program review and monitoring to confirm.

TRCF will develop criteria and procedures to determine client eligibility to ensure that no other options for residential services are available.	Program review and monitoring to confirm.

INTAKE

As part of the intake process, the client file will include the following information (at minimum):

TRCF INTAKE	
STANDARD	**DOCUMENTATION**
Eligibility for services is determined	Client files include documentation that basic eligibility requirements for Ryan White services in Los Angeles County are met. •
Intake process is begun after the interview process is completed and acceptance into program has been determined.	Intake tool is completed and in client file.
Confidentiality Policy, Consent to Receive Services and Release of Information is discussed and completed. Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released)	Release of Information signed and dated by client on file and updated annually.
Client is informed of Rights and Responsibility and Grievance Procedures, including the DHSP Customer Support Program.	Signed and dated forms in client file.

ASSESSMENT

At minimum, each client will be assessed to identify strengths and gaps in their support system to move toward permanent housing. Clients receiving TRCF services must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self-sufficiency with independent living skills. TRCF clients will be expected to transition towards independent living or another type of residential service more suitable to their needs. Assessments will include the following:

TRCF ASSESSMENT

STANDARD	MEASURE
Assessments will include the following: • Age • Health status • Family involvement • Family composition • Special housing needs • Level of independence • ADLs • Income • Public entitlements • Current engagement in medical care • Substance use history; if applicable, current recovery program status, relapse prevention or additional support needs • Mental health • Personal finance skills • History of evictions • Level of resources available to solve problems • Co-morbidity factors • For clients with substance use disorders, case managers must assess for eligibility and readiness for residential substance use treatment facilities. • Eligibility for Medical Care Coordination • Physical health care, including access to tuberculosis (TB) screening and routine and preventative health and dental care. • Treatment adherence • Educational services, including assessment, GED, and school enrollment • Linkage to potential housing placements, as they become available.	Signed, dated assessment on file in client chart.

Clients receiving TRCF services must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self-sufficiency with independent living skills.	Signed, dated assessment on file in client chart.
Upon intake, facility staff must provide client with the following: • Admission agreement, including information about the facility and its services • Policies and procedures • Confidentiality • House rules • Client rights and responsibilities • Grievance procedures • Program requirements and expectations	Signed, dated documentation maintained in client chart.

INDIVIDUAL SERVICE PLAN (ISP)

The TRCF will ensure that there is an Individual Service Plan (ISP) created jointly with each client, complete with action steps to ensure linkage and retention in HIV medical care. Based upon the initial assessment, ISP will be completed within 7 days of the client's admission. The ISP will address the short-term and long-term housing needs of the client and identify resources for housing and referrals to appropriate medical and social services. Plans will also include specialized services needed to maintain the client in housing and access and adherence to primary medical care services. Documentation within the needs and services plan will include the identified goals, steps to achieve the goals, expected timeframe in which to complete the goals, and the disposition of each goal.

TRCF INDIVIDUAL SERVICE PLAN (ISP)	
STANDARD	**MEASURE**
ISP will be completed within 7 days of the client's admission.	ISP on file in client chart signed by client and TRCF staff and updated every 3 month or as needed based on client's individual needs.
The ISP will include, but not be limited to: • Current health status and compliance with care. • Current mental health status and compliance with care, if applicable.	ISP on file in client chart signed by client and TRCF staff.

• Current status of employment OR outlined goal to obtain employment. • Current status of any education or vocational training, if applicable. • Budgeting goals and/or status of current budget plan. • Housing goals, including action step to complete said goals. • Current status of any legal issues and steps being taken to resolve them.	
If a client's needs cannot be met by facility, the facility will assist in relocating the client to appropriate level care. This may include possible RCFCI placement or substance use treatment facilities.	Record of relocation activities on file in client chart.
The provider will ensure that the ISP for each client is developed by the ISP team. In addition to facility management and the master's level social worker (MSW), the following persons will constitute the ISP team and will be involved in the development and updating of the client's ISP: • The client and/or authorized representative • Physical health Care Providers, if needed. • Mental Health Care Providers, if needed. • Social Worker/Care Management, if needed. • Others, as deemed necessary.	ISP on file in client chart signed by client, TRCF staff and any additional participant(s) involved in the ISP.

MONTHLY CARE CONFERENCE

A monthly case conference will include review of the ISP, including progress of goals, health and housing status and progress towards discharge. Attendees at the monthly case conference will include the client, facility management and social worker. Participants can include housing coordination staff and/or representatives from other community organizations, subject to the client's approval. The client may also invite the participation of an advocate, family member or other representative. The case conference must be documented and include outcomes, participants, and any specific steps necessary to obtain services and support for the client.

TRCF MONTHLY CASE CONFERENCE

STANDARD	MEASURE
Each client, facility manager and social worker will participate in monthly case conferences to review current ISP, between quarterly updates; this includes but it not limited to: • Status of current goals. • Status of physical and/or mental health. • Employment. • Status of education or vocational training. • Progress towards discharge.	Documentation of case conference on file in client chart including outcomes, participants, and necessary steps.

MEDICATION STORAGE

Each client is responsible to obtain their medications, keep them stored in the locked area provided to each client and take their medication as prescribed.

TRCF MEDICATION STORAGE	
STANDARD	**MEASURE**
TRCF will keep an updated list of current medications.	Record of medication list to be kept in client file.

SUPPOT SERVICES

Support services provided must include, but are not limited to:

TRCF SUPPORT SERVICES	
STANDARD	**MEASURE**
Programs will provide or coordinate the following (at minimum): • Health-related services • Mental health related services • Transmission risk assessment and prevention counseling • Social services • Maintenance of house rules for the protection of clients • Budget planning • Discharge planning	Program policy and procedures to confirm. Record of services and referrals on file in client chart.

• Assistance with completion of application process for any housing program.	

EMERGENCY MEDICAL TREATMENT

Clients receiving TRCF services who require emergency medical treatment for physical illness or injury will be transported to an appropriate medical facility.

TRCF EMERGENCY MEDICAL TREATMENT	
STANDARD	**MEASURE**
Clients requiring emergency medical treatment will be transported to medical facility.	Program review and monitoring to confirm.

DISCHARGE PLANNING

Discharge planning and goals should start within 30 days of admission. In all cases, a Discharge/Transfer Summary will be completed for all clients discharged from the agency. The Discharge Summary will be completed by facility management and the social worker.

TRCF DISCHARGE PLANNING	
STANDARD	**MEASURE**
Discharge planning services include, but are not limited to, (at minimum): • Linkage to primary medical care, emergency assistance, supportive services, and early intervention services, as appropriate. • Linkage to supportive services that enhance retention in care (e.g., case management, meals, nutritional support, and transportation). • Housing such as permanent housing, independent housing, supportive housing, long-term assisted living, or other appropriate housing.	Discharge plan on file in client chart.
A Discharge/Transfer Summary will be completed for all clients discharged from the agency. The summary will include, but not be limited to: • Admission and discharge dates • Services provided • Diagnoses	Discharge/Transfer Summary on file in client chart.

• Status upon discharge • Notification date of discharge • Reason for discharge • Transfer information, as applicable.	

PROGRAM RECORDS

Programs will maintain a separate, complete, and current record for each client in sufficient detail to permit an evaluation of services. These notations will be dated and include, but not limited to, type of service provided, client's response, if applicable, and signature and title of person providing the service.

TRCF PROGRAM RECORDS	
STANDARD	**MEASURE**
Client record on file at provider agency that include (at minimum): • Client demographic data • Admission agreement • Names, addresses and telephone numbers of physician, case manager and other medical and mental health providers, if any. • Documentation of HIV/AIDS diagnosis • Written certification that client is free from active TB • Current ISP • Record of ISP contacts • Documentation of all services provided • Record of current medications • Physical and mental health observcations	Programs will maintain sufficient records on each resident.

LINKAGE TO MEDICAL CARE COORDINATION AND BENEFITS SPECIALTY SERVICES (BSS)

Based on assessment and client needs, eligible individuals should be linked to Ryan White-funded Medical Care Coordination (MCC) service and Benefits Specialty services (BSS. MCC service providers must follow the Division of HIV and STD Programs MCC Protocol. For MCC-specific service standards, click HERE. For BSS-specific service standards, click HERE.

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DRAFT *(As of 03/07/25)*

HOUSING SERVICE STANDARDS: TRANSITIONAL HOUSING (Up to 24 months)

PURPOSE: Service standards outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. The purpose of the service standards is to ensure that all Ryan White service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer in Los Angeles County.

Description

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referrals services, including assessment, search placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:

HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

RWHAP funding may be used to pay for a RWHAP client's security deposit if a RWHAP recipient or subrecipient has policies and procedures in place to ensure that the security deposit is returned to the RWHAP recipient or subrecipient and not to the RWHAP client.

https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hrsa-hab-security-deposit-program-letter.pdf

BASIC ELIGIBILITY AND DOCUMENTATION REQUIREMENTS FOR RYAN WHITE SERVICES IN LOS ANGELES COUNTY

- Have an HIV-positive diagnosis;
- Be a resident of Los Angeles County;
- Have an income at or below 500% of Federal Poverty Level, and;
- Be uninsured or underinsured.
- Given the barriers with attaining documentation for unstably housed PLWH, contractors are expected to follow the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP) guidance for using self-attestation forms to documentation eligibility for Ryan White services.

TRANSITIONAL HOUSING (UP TO 24 MONTHS)

Transitional housing (TH) is designed to provide people living with HIV and their families who are homeless or unstably housed with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Transitional housing pertains to short-term rentals, short-term residential and transitional programs designed to stabilize an individual and to support transition to a long-term sustainable housing situation.

INTAKE

As part of the intake process, the client file will include the following information (at minimum):

TRANSITIONAL HOUSING INTAKE	
STANDARD	**DOCUMENTATION**
Intake process is begun as soon as possible upon acceptance.	Intake tool is completed and in client file.
Eligibility for services is determined	Client files include documentation that basic eligibility requirements for Ryan White services in Los Angeles County are met. •
Confidentiality Policy, Consent to Receive Services and Release of Information is discussed and completed. Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should be made	Release of Information signed and dated by client on file and updated annually.

about what type of information can be released)	
Client is informed of Rights and Responsibility and Grievance Procedures	Signed and dated forms in client file.

ASSESSMENT

At minimum, each prospective client will be assessed to identify strengths and gaps in his/ her support system to move toward longer term or permanent housing. Assessments will include the following:

TRANSITIONAL HOUSING ASSESSMENT	
STANDARD	**MEASURE**
Clients or representatives will be interviewed to complete eligibility determination, assessment and participant education.	Record of eligibility, assessment and education on file in client chart.
Assessments will include the following: • Age • Health status • Family involvement • Family composition • Special housing needs • Level of independence • ADLs • Income • Public entitlements • Current engagement in medical care • Substance use • Mental health • Personal finance skills • History of evictions • Level of resources available to solve problems • Co-morbidity factors • For clients with substance use disorders, case managers must assess for eligibility and readiness for residential substance use treatment facilities. • Eligibility for Medical Care Coordination	Signed, dated assessment on file in client chart.

HOUSING CASE MANAGEMENT WITH HOUSING PLAN

TRANSITIONAL HOUSING PLAN	
STANDARD	**DOCUMENTATION**
• Housing plan	• Housing plan that describes specific action and target dates for securing additional services (as needed) and pathway to stable and permanent housing. Additional services may include Ryan White and non-Ryan White funded programs necessary to move the client to longer-term, more permanent housing. • The housing plan is reviewed with the client monthly to ensure that services and timeliness are met to achieve the goal of moving the client to stable and permanent housing. • Evidence of service referrals and completion of medical and supportive services for the client. • Evidence and dates of changes made to the housing plan.

OTHER REQUIRED DOCUMENTATION:
Case managers are responsible for working with the clients with to secure necessary documents such as:

- Client Intake Form - signed by both client and the case manager
- Case Management Housing Plan/Consent to Release Information - signed by client
- Rules and Regulations - reviewed by case manager and signed by both the case manager and the client
- Diagnosis Form
- Other documentation may be required by agencies to comply with funding agency requirements.
- Self-attestation forms or documents already secured under other Ryan White -funded agencies may be used to avoid duplication and ease administrative burden on the client and service providers.

LINKAGE TO MEDICAL CARE COORDINATION AND BENEFITS SPECIALTY SERVICES (BSS)
Based on assessment and client needs, eligible individuals should be linked to Ryan White-funded Medical Care Coordination (MCC) service and Benefits Specialty services (BSS. MCC

service providers must follow the Division of HIV and STD Programs MCC Protocol. For MCC-specific service standards, click HERE. For BSS-specific service standards, click HERE.

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DRAFT *(As of 03/07/25)*

HOUSING SERVICE STANDARDS: EMERGENCY/CRISIS HOUSING ASSISTANCE

PURPOSE: Service standards outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. The purpose of the service standards is to ensure that all Ryan White service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer in Los Angeles County.

Description

Housing provides transitional, short-term, or emergency/crisis housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referrals services, including assessment, search placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:

HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

RWHAP funding may be used to pay for a RWHAP client's security deposit if a RWHAP recipient or subrecipient has policies and procedures in place to ensure that the security deposit is returned to the RWHAP recipient or subrecipient and not to the RWHAP client.

https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hrsa-hab-security-deposit-program-letter.pdf

BASIC ELIGIBILITY AND DOCUMENTATION REQUIREMENTS FOR RYAN WHITE SERVICES IN LOS ANGELES COUNTY

- Have an HIV-positive diagnosis; Be a resident of Los Angeles County;Have an income at or below 500% of Federal Poverty Level, and;
- Be uninsured or underinsured.Given the barriers with attaining documentation for unstably housed PLWH, contractors are expected to follow the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP) guidance for using self-attestation forms to documentation eligibility for Ryan White services.

EMERGENCY/CRISIS HOUSING ASSISTANCE

Emergency/crisis housing assistance may be provided through hotel/motel vouchers and/or placements in emergency shelters. Emergency housing pertains to emergency stays intended to assist clients with immediate housing crises.

Short-term facilities provide temporary shelter to eligible individuals to prevent homelessness and allow an opportunity to develop an Individual Housing and Service Plan to guide beneficiary linkage to permanent housing. Hotel/motel vouchers and emergency shelters are available for a maximum of 60 days per year. Agencies must provide meal vouchers and/or grocery gift cards to ensure that clients have access to food during their stay in motels/hotels or emergency shelters. Eligible clients may receive up to 3 meals per day.

Emergency/crisis housing assistance must adhere to the following requirements:

EMERGENCY HOUSING CASE MANAGEMENT REQUIREMENTS	
STANDARD	**DOCUMENTATION**
To access emergency/crisis housing assistance, a client must be receiving case management services from a Ryan White-funded agency. Case management services will ensure that the client: • Is engaged in care. • Has a definitive housing plan that assesses their housing needs and assists them in obtaining longer term housing within the 60-day limit (residential substance abuse or mental health treatment program, residential care facility for the chronically ill, transitional housing or permanent housing).	Program review and monitoring to confirm.

• Is receiving supporting services that promote stabilization, including needs assessments, case management, mental health counseling and treatment, substance abuse counseling and treatment, benefits counseling, individual case planning, budget counseling, assistance in locating and obtaining affordable housing and follow-up services. • Case managers should attempt to secure other types of housing prior to exhausting a client's emergency voucher limit. • Under extenuating circumstances, a client may receive more than 60 days of hotel/motel, emergency shelter, and meal vouchers under this program (e.g., a client is on a waiting list for a housing program with a designated move-in date that extends past the 60-day period). Such extensions are made on a case-by-case basis and must be carefully verified.	

REQUIRED DOCUMENTATION

Case managers are responsible for working with the clients with to secure necessary documents such as:

REQUIRED DOCUMENTATION	
STANDARD	**MEASURE**
Client Intake Form - signed by both client and the case manager	Signed intake form on file.
Case Management Housing Plan/Consent to Release Information - signed by client	Case management housing plan on file.
Rules and Regulations - reviewed by case manager and signed by both the case manager and the client	Client records.
Diagnosis Form	Client records.
Other documentation required by agencies to comply with funding agency	Agency records and client files.

requirements.	
Housing plan that describes specific action and target dates for securing additional services (as needed) and pathway to transitional and/or permanent housing.	Housing plan in client files.
Self-attestation forms or documents already secured under other Ryan White -funded agencies may be used to avoid duplication and ease administrative burden on the client and service providers.	Client files.

LINKAGE TO MEDICAL CARE COORDINATION AND BENEFITS SPECIALTY SERVICES (BSS)
Based on assessment and client needs, eligible individuals should be linked to Ryan White-funded Medical Care Coordination (MCC) service and Benefits Specialty services (BSS). MCC service providers must follow the Division on HIV and STD Programs MCC protocol. For MCC-specific service standards, click HERE. For BSS-specific service standards, click HERE.

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DRAFT *(As of 03/07/25)*

HOUSING SERVICE STANDARDS: PERMANENT SUPPORTIVE HOUSING

PURPOSE: Service standards outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. The purpose of the service standards are to ensure that all Ryan White service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer in Los Angeles County.

While there are time limitations for using Ryan White Care Act funding for housing services, other resources may be leveraged to identify and secure permanent supportive housing for PLWHA. With several local initiatives aimed at combatting homelessness in Los Angeles County, opportunity exists for complementing Ryan White funded housing services with longer term, permanent supportive housing under programs such as Housing for Health, Measure H and HHH.

PERMANENT SUPPORTIVE HOUSING PROGRAMS (PSHPS)

PSHP services include permanent housing with supportive services that assist people living with HIV and their families to adjust to new living arrangements, maintain independent living and coordinate overall housing and service needs. Supportive services include service coordination, mental health counseling and treatment and substance abuse counseling and treatment. While programs cannot, in most cases, coerce tenants to use supportive services, they will make every attempt to encourage and engage tenants to do so. Permanent supportive housing can be provided either in a congregate setting or through scattered-site master leasing.

GENERAL REQUIREMENTS

Programs providing permanent housing with supportive services will comply with program requirements of the funding entity. Programs that provide rental subsidies will do so in accordance with guidelines approved by the subsidizing entity.

SERVICE COMPONENTS REQUIREMENTS FOR PERMANENT SUPPORTIVE HOUSING PROGRAMS

Depending on the needs of the clients, service providers are required to provide these Minimum Services to residents, either directly or through referrals to other agencies:

- Jointly with each tenant develop an intensive case management plan or a similar supportive plan linking clients to needed services, complete with action steps to ensure linkage and retention to primary care provider
- Mental health care, such as assessment, crisis counseling, individual and group therapy, and support groups
- Substance use services, such as treatment, relapse prevention, and support groups
- Physical health care, including access to tuberculosis (TB) screening and routine and preventative health and dental care

- Medication management
- HIV treatment and adherence
- Educational services, including assessment, GED, and school enrollment
- Employment services, such as job skills training, job readiness, job placement, and job retention services
- Linkage to potential housing out-placements should they become appropriate alternatives for current residents (e.g., residential treatment facilities and hospitals)
- Life skills training, such as household maintenance, nutrition, cooking, and laundry, personal finance
- Benefits assistance
- Legal assistance on a broad range of legal and advocacy issues
- Peer advocacy
- Transportation assistance
- Social, recreational activities, and community volunteer service
- Linkage to Medical Care Coordination services
- Referrals to food banks and/or linkage to meal delivery
- Referral to agencies that can assist with activity of daily living
- If applicable, childcare, as needed
- Referrals to needed services

ASSESSMENT

An assessment serves as the basis for developing a needs and services plan and to ensure the quality of services provided. Initial assessments must be completed within 30 days of a client's admission to a permanent supportive housing program. Reassessments will be offered to residents at least twice a year. Assessments are developed collaboratively and signed by both the resident and staff member completing the assessment.

Assessment information should include (at minimum):

ASSESSMENT	
STANDARD	**MEASURE**
Assessments will be completed within 30 days of client admission.	Assessment, signed by client and staff on file in client chart that includes: • HIV medical treatment • History of trauma • Substance use and history • ADL needs • Spiritual/religious needs • Social support system • Legal issues • Family issues • Financial/insurance status

	• Nutritional needs • Harm reduction practices • Mental health treatment history • History of housing experiences • Case management history and needs • Needs and current services
Reassessments will be offered to residents at least twice a year.	Reassessments on file in client chart.

EDUCATION

Tenant education is a continuous process. To ensure the relevance of the information provided, tenants should be given ongoing opportunities to have input into the education planning process. Upon intake, tenants should be offered information about the facility, policies and procedures and services to include (at minimum):

- Confidentiality
- Safety issues
- House rules and activities
- Client rights and responsibilities
- Grievance procedures
- Risk reduction practices
- Harm reduction
- Licit and illicit drug interactions
- Medical complications of substance abuse
- Hepatitis
- Health and self-care practices
- Referral information
- Pet-owner responsibilities
- Neighbor relations
- TB

EDUCATION	
STANDARD	**MEASURE**
Tenants will be educated about building, policies and procedures and services.	Education contacts recorded in client chart.

INTENSIVE CASE MANAGEMENT (ICM) OR SIMILAR SUPPORTIVE SERVICES

Based on the assessment of client needs and strengths, intensive case management services or similar supportive services may be provided to the client. ICM services should follow

requirements from Los Angeles County Department of Health Services Supportive Housing Services contractors.

ICMS form the core of the services for people who are homeless, at risk of homelessness, formerly homeless and who have complex health and/or behavioral health conditions; are high utilizers of public services and other vulnerable populations including individuals with criminal justice histories and individuals who are exiting institutions such as hospitals, residential treatment programs, and custody facilities.

ICMS can be provided in a variety of settings including interim housing, rapid rehousing, permanent supportive housing, field-based locations, community-based locations, health and behavioral health facilities, sobering centers, recuperative care centers, criminal justice and custody facilities, and other settings as needed to end homelessness and support the community reintegration of persons leaving institutions.

INTENSIVE CASE MANAGEMENT (ICM)	
STANDARD	**MEASURE**
Documentation of client need for ICM through assessments and patient medical and social needs history.	ICM services documented in client chart.

LINKAGE TO MEDICAL CARE COORDINATION AND BENEFITS SPECIALTY SERVICES (BSS)

Based on assessment and client needs, eligible individuals should be linked to Ryan White-funded Medical Care Coordination (MCC) service and Benefits Specialty services (BSS). MCC service providers must follow the Division on HIV and STD Programs MCC protocol. For MCC-specific service standards, click HERE. For BSS-specific service standards, click HERE.

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DRAFT *(As of 03/07/25)*

TRANSITIONAL CASE MANAGEMENT SERVICES

PURPOSE: Service standards outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. The purpose of the service standards is to ensure that all Ryan White service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer in Los Angeles County.

DESCRIPTION: Transitional Case Management (TCM) is a client-centered activity that coordinates care for special populations living with HIV. TCM includes:

- Intake and assessment of available resources and needs
- Development and implementation of individual service plans
- Coordination of services
- Interventions on behalf of the client or family
    - Engagement in HIV Care
    - Risk Reduction
    - HIV Education
    - Disclosure and Partner Notification Activities
- Appropriate referrals to housing, community case management, medical, mental health, and substance use treatment, dental health
- Services to facilitate retention in care, viral suppression, and overall health and wellness Active, ongoing monitoring and follow-up
- Periodic reassessment of status and needs
- Access to HIV and STI information, education, partner services, and behavioral and biomedical interventions (such as pre-exposure prophylaxis (PrEP)) to prevent acquisition and transmission of HIV/STIs)
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Youth Transitional Case Management (YTCM)

The goals of YTCM (homeless, runaway, and emancipating/emancipated youth) living with HIV include:

- Reducing homelessness
- Reducing substance use/abuse
- Improving the health status of transitional youth
- Easing a youth's transition from living on the streets or in foster care to community care
- Increasing access to education
- Increasing self-efficacy and self-sufficiency
- Facilitating access and adherence to primary health care
- Ensuring access to appropriate services and to the continuum of care
- Increasing access to HIV information and education
- Developing resources and increasing coordination between providers

Justice-Involved Individuals Transitional Case Management

The goals of TCM for justice-involved individuals living with HIV include:

- Reducing re-incarceration (recidivism)
- Improving the health status of justice-involved individuals (incarcerated or recently released)
- Easing a client's transition from incarceration to community care
- Increasing Self-efficiency
- Facilitating access and adherence to primary health care
- Ensuring access to appropriate services and to the continuum of care
- Increasing access to HIV information and education
- Developing resources and increasing coordination between providers

Older Adult Transitional Case Management

- Transition between systems of care (e.g. RW to Medi-Cal to Medicare).

BASIC ELIGIBILITY AND DOCUMENTATION REQUIREMENTS FOR RYAN WHITE SERVICES IN LOS ANGELES COUNTY

- Have an HIV-positive diagnosis;
- Be a resident of Los Angeles County;
- Have an income at or below 500% of Federal Poverty Level, and;
- Be uninsured or underinsured.
- Given the barriers with attaining documentation for unstably housed PLWH, contractors are expected to follow the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP) guidance for using self-attestation forms to documentation eligibility for Ryan White services.

SERVICE STANDARDS

All contractors must meet the Universal Standards of Care approved by the COH in addition to the following Transitional Case Management Services standards. The Universal Standards of Care can be accessed at: https://hiv.lacounty.gov/service-standards

RECOMMENDED TRAINING TOPICS FOR TRANSITIONAL CASE MANAGEMENT STAFF

Transitional Case Management staff should complete ongoing training related to the provision of TCM services. Staff development and enhancement activities should include, but not be limited to:

- HIV/AIDS Medical and Treatment Updates
- Risk Behavior and Harm Reduction Interventions
- Addiction and Substance Use Treatment
- HIV Disclosure and Partner Services
- Trauma-informed Care
- Person First Language
- Mental health and HIV/AIDS including Grief and Loss
- Legal Issues, including Jails/Corrections Services
- Alternatives to Incarceration Training
- Integrated HIV/STI prevention and care services including Hepatitis C screening and treatment
- Sexual identification, gender issues, and provision of trans-friendly services
- Stigma and discrimination and HIV/AIDS
- Health equity and social justice
- Motivational interviewing
- Knowledge of available housing, food, and other basic need support services

We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

On the web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles Public Health
Division of HIV and STD Programs

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

En el sitio web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles
Public Health
Division of HIV and STD Programs