

PERMANENT SUPPORTIVE HOUSING SERVICES

SERVICE STANDARDS FOR RYAN WHITE HIV/AIDS PROGRAM CARE AND TREATMENT SERVICES

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Introduction

Service standards outline the elements and expectations a Ryan White HIV/AIDS Program (RWHAP) provider follows when implementing a specific service category. The purpose of service standards is to ensure that all RWHAP 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 RWHAP-funded agency or provider may offer in Los Angeles County.

While there are time limitations for using RWHAP funding for housing services, other resources may be leveraged to identify and secure permanent supportive housing for People Living with HIV (PLWH). With several local initiatives aimed at combatting homelessness in Los Angeles County, opportunity exists for complementing RWHAP-funded housing services with longer term, permanent supportive housing under program such as <u>Housing for Health</u>, <u>Measure H</u>, and <u>Proposition HHH</u>.

Permanent Supportive Housing Programs Description

Permanent Supportive Housing Programs (PSHPs) include permanent housing with supportive services that assist PLWH and their families to adjust to new living arrangements, maintain independent living and coordinate overall housing and service needs. PSHP services include service coordination, mental health counseling and treatment, and substance use counseling and treatment. While PHSPs cannot, in most cases, require 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 though scattered-site master leasing.

General Requirements

PSHPs will comply with program requirements of the funding entity. PSHPs that provide rental subsidies will do so in accordance with guidelines approved by the subsidizing entity. Depending on the needs of the client(s), PSHPs are required to provide these <u>minimum services</u> to clients, either directly or through referrals to other agencies:

- Jointly with each client 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/or 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, 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 clients (e.g., residential treatment facilities and hospitals)

- Life skills training, such as household maintenance, nutrition, cooking, laundry, and 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 services
- Linkage to Medical Care Coordination activities
- Referrals to food backs and/or linkage to meal delivery services
- Referral to agencies that can assist with activities of daily living (ADLs)
- If applicable, childcare, as needed
- Referrals to needed services

Service Standards

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 PSHP. Reassessments will be offered to clients at least twice a year. Assessments are developed collaboratively and signed by both the client and PSHP staff completing the assessment. Assessment information should include, at minimum:

PSHP ASSESSMENT		
STANDARD	MEASURE	
Assessment completed within 30 days of	Signed, dated assessment on file in client chart.	
admission to a PSHP. Reassessments will be		
offered to clients at least twice per year.		
Assessments will include the following:	Signed, dated assessment on file in client chart.	
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		

EDUCATION

Client education is a continuous process. To ensure the relevance of the information provided, clients should be given ongoing opportunities to have input into the education planning process. Upon intake, clients should be offered information about the PSHP 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 use
- Hepatitis
- Health and self-care practices
- Referral information
- Pet-owner responsibilities
- Neighbor relations
- TB

PSHP EDUCATION		
STANDARD	MEASURE	
Clients will be educated about building, policies and procedures and services.	Record of education contacts in client chart.	

INTENSIVE CASE MANAGEMENT (ICM) OR SIMILAR SUPPORTIVE SERVICES

Based on the assessment of client needs and strengths, ICM or similar supportive services may be provided to the client. ICM services should follow requirements from the Los Angeles County Department of Health Services Supportive Housing contractors.

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

PSHP ICM SERVICES OR SIMILAR SUPPORTIVE SERVICES		
STANDARD	MEASURE	
Documentation of client need for ICM services through assessments and client medical and social needs history.	ICM services documented in client chart. s	

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

Based on assessment and client needs, eligible individuals should be linked to RWHAP-funded MCC services and BSS. MCC service providers must follow DHSP's MCC protocol. For MCC specific service standards, click <u>HERE</u>. For BSS specific service standards, click <u>HERE</u>.