

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
COUNTYWIDE HOUSING, EMPLOYMENT AND EDUCATION RESOURCE DEVELOPMENT**

**INTERIM HOUSING PROGRAM GUIDELINES AND PROCEDURES**

**OVERVIEW**

The Department of Mental Health (DMH) Interim Housing Program (IHP) provides temporary shelter services for adults with mental illness and their minor children who are homeless. The IHP provides safe and clean shelter, 24-hour general oversight, three meals each day, clean linens, clothing, toiletries and case management services. The goal of the program is to assist clients with transitioning to permanent housing.

**CLIENT ELIGIBILITY CRITERIA**

- 1) Age 18 or older (Referrals for Transitional Age Youth [TAY] will forwarded to TAY Enhanced Emergency Shelter Program gatekeeper.)
- 2) Homeless
- 3) Has a serious mental illness and is receiving or willing to receive services from a DMH directly operated clinic or DMH contract provider
- 4) Independent with all Activities of Daily Living (ADLs) including bathing, grooming, dressing, feeding and toileting
- 5) Able and willing to self-administer medication
- 6) Independent with mobility and transfers including being able to safely use Durable Medical Equipment such as walkers/wheelchairs/assistive devices
- 7) Continent of bowel and bladder or independent with the use of incontinence supplies
- 8) Cognitively alert and oriented to name, place, date and situation
- 9) Willing to sign and adhere to the IHP Client Agreement specifications

**CLIENT EXCLUSION CRITERIA**

- 1) Requires psychiatric or physical health emergency/inpatient hospitalization or other 24-hour treatment
- 2) Requires daily physician oversight for acute care needs or 24-hour nursing support
- 3) Requires Skilled Nursing Facility (SNF) level of care, acute physical rehabilitation services, licensed residential care or other 24/7 care and supervision
- 4) Currently exhibits combative, aggressive or threatening behavior
- 5) Cognitive impairments that require constant supervision, monitoring, redirection or verbal cues or that place the participants at risk of wandering
- 6) Needs or is on mental health conservatorship
- 7) Wounds/ulcers that require more than two (2) dressing changes per day
- 8) Income/financial benefits to pay for interim housing

## **PROGRAM GUIDELINES AND RESPONSIBILITIES**

### **Mental Health Provider Responsibilities**

- 1) Determine the client's eligibility for the IHP.
- 2) Discuss exceptions to the IHP eligibility criteria with DMH IHP Administration.
- 3) Complete the appropriate Coordinated Entry System (CES) triage tool and enter the information into the Homeless Management Information System (HMIS). Consult with DMH IHP Administration if unable to complete the CES triage tool.
- 4) Discuss with the client what is expected of them in the IHP and confirm their willingness to meet the expectations.
- 5) Securely email the completed DHS/DMH/LAHSAs Standardized Referral Form for Interim Housing Programs to [IHP@dmh.lacounty.gov](mailto:IHP@dmh.lacounty.gov).
- 6) If the referral is approved or the client was on the IHP waitlist and DMH IHP Administration provided notification of an available IHP bed:
  - Coordinate the client's date and time of arrival with the IHP provider.
  - Provide transportation for the client to the IHP site unless they have a car. If the client does not arrive at the IHP site by 3:00 p.m. within one business day following approval/notification, the IHP bed will become available to another client. (Waitlisted clients will not be put back on the waitlist.)
    - Exceptions to the arrival time may be made on a case-by-case basis with the IHP provider.
    - Exceptions to the arrival date require approval by DMH IHP Administration.
- 7) Participate on calls with the IHP provider a minimum of once a month to discuss any concerns they may have about the client's participation in the IHP and to coordinate the development and implementation of a housing plan that takes into consideration the available housing resources that are aligned with the client's CES triage tool acuity score. A housing plan includes identifying whether the mental health provider, IHP provider or Intensive Case Management Services (ICMS) provider, if applicable, will be responsible for:
  - Assisting the client to apply for any income/financial benefits, if applicable. This includes assisting the client to access the Countywide Benefits Entitlement Services Team (CBEST) to apply for SSI/SSDI.
  - Contacting the CES matcher to discuss the client's prioritization and a potential housing resource match.
  - Participating in CES case conferences.
  - Assisting the client to obtain the documents required for housing including a birth certificate, California ID and Social Security card.
  - Assisting the client to complete the appropriate housing subsidy application depending on the housing resource to which the client is matched.
  - Assisting the client with locating housing.
- 8) Meet immediately with the client at the IHP site when requested by the IHP provider or DMH IHP Administration to address any concerns about the client's participation in the IHP, the client's violation of the IHP provider's house rules or other behavior that puts the client at risk of termination from the IHP program.
- 9) Inform the IHP provider if the client is going to be absent from the IHP. DMH IHP Administration approval is required for absences:
  - Exceeding 14 days for hospitalization.
  - Exceeding 3 days for family visits.

- Exceeding more than two 3-day family visits per month.
  - For any other reason regardless of how long the client will be absent.
- 10) If the client requires emergency/inpatient hospitalization during their IHP stay, assess the client to determine their appropriateness to return to the IHP upon hospital discharge.
  - 11) Immediately inform the IHP provider of any client issues including if the client discontinues mental health services.
  - 12) Report all client clinical events reported by the IHP provider per DMH Policy No. 202.18. Clinical events are defined as:
    - A critical event that has or may generate governmental and/or immediate community-wide attention and may require a notification by DMH to the Board of Supervisors;
    - Death – Unknown Cause;
    - Death – Suspected or Known Cause Other Than Suicide;
    - Death – Suspected or Known Suicide;
    - Suspected or Known Suicide Attempt Requiring Emergency Medical Treatment (EMT);
    - Client Self-Injury Requiring EMT (Not Suicide Attempt);
    - Client Injured Another Person Who Required EMT;
    - Suspected or Alleged Homicide by Client;
    - Medication Error Requiring EMT;
    - Suspected or Alleged Inappropriate Interpersonal Relationship with Client by Staff;
    - Threat of Legal Action;
    - Client Assault by Another Client Requiring EMT;
    - Adverse Drug Reaction Requiring EMT;
    - Alleged Assault by Staff Member to Client; or
    - Inaccurate or Absent Laboratory Data Resulting in a Client Requiring EMT.
  - 13) Inform DMH IHP Administration of any concerns about an IHP provider that are observed when visiting the IHP site or reported by the client. Participate in the plan to address the concern if requested by DMH IHP Administration.

### **DMH IHP Administration Responsibilities**

- 1) Review the DHS/DMH/LAHSAs Standardized Referral Form for Interim Housing Programs submitted by the client's mental health provider to determine the client's eligibility for the IHP and prioritization for an IHP bed based on the client's vulnerability.
- 2) Inform the referring mental health staff of whether or not the client meets IHP eligibility. If the client meets IHP eligibility, inform the referring mental health staff if the client will be referred to an IHP provider or will be placed on the waitlist.
- 3) Inform the IHP provider that a client has been referred.
- 4) Approve exceptions to eligibility criteria, bed hold timeframes and client absences from the IHP.
- 5) Ensure the IHP provider submits the IHP Occupancy Report by 9:00 a.m. each business day. Update the IHP Vacancy Log accordingly.
- 6) Ensure the IHP provider submits an IHP Client Outcome Report when the client exits the IHP or transfers to another IHP provider.

- 7) Ensure the IHP provider submits the IHP documents referenced in the IHP Provider Responsibilities Administration Responsibilities section by the 15<sup>th</sup> of the month for the prior month.
- 8) Review the IHP monthly invoices for accuracy including verifying that the dates on the invoices match the Individual Client/Family Sign-in Verification forms. Submit invoices to Brilliant Corners for payment within three (3) business days of receiving the invoice from the IHP provider.
- 9) Collaborate with Brilliant Corners to resolve payment issues and inform the IHP provider of their status.
- 10) Review the IHP providers' Monthly Client Report, Housing and Service Needs Assessments/Plans and progress/case notes and contact the IHP provider as necessary to discuss any concerns.
- 11) Conduct IHP site reviews a minimum of every six (6) months to ensure compliance with the Los Angeles City & County Interim Housing Minimum Service and Operations Practice Standards and the Los Angeles County Health Agency Agreement for Interim Housing Services.
- 12) Coordinate and conduct client satisfaction surveys at each IHP provider site a minimum of once every three (3) months.
- 13) Ensure the completion of any corrective action plan resulting from an IHP site review, client satisfaction survey or client complaint.
- 14) Ensure IHP providers have current fire permits and contact the IHP provider as necessary to inform them of the need to renew any expiring ones.
- 15) Confirm that all client clinical events reported by the IHP provider have been reported to the mental health provider.
- 16) Provide consultation and technical support to mental health and IHP providers.
- 17) Monitor the IHP budget.
- 18) Review the budgets and sites of individuals/organizations that are interested in providing IHP services.
- 19) Prepare new and revised Los Angeles County Health Agency Agreements for Interim Housing Services.
- 20) Coordinate and conduct IHP provider meetings/trainings as needed.
- 21) Provide regular reports for contract monitoring purposes and other reports as requested.
- 22) Review the IHP providers' plans and procedures as required by the Los Angeles City & County Interim Housing Minimum Service and Operations Practice Standards.
- 23) Review all client grievances and provide a written response within ten (10) business days. Inform Department of Public Health-Environment Health of any client facility-related complaint/grievance.

## **IHP Provider Responsibilities**

### ***Administrative Responsibilities***

- 1) Ensure compliance with the Los Angeles City & County Interim Housing Minimum Service and Operations Practice Standards, the Los Angeles County Health Agency Agreement for Interim Housing Services and the Los Angeles County Department of Public Health's Facility Standards.
- 2) Securely email the IHP Client Occupancy Report that includes any pending referrals to [IHP@dmh.lacounty.gov](mailto:IHP@dmh.lacounty.gov) by 9:00 a.m. each business day. If a referred client does not arrive at the IHP provider site by 3:00 p.m. within one business

day following approval of the referral, the IHP bed should not be held and should be included on the IHP Client Occupancy Report as a vacancy unless DMH IHP Administration has approved otherwise.

- 3) For IHP family providers, complete a Referral to Family Solutions Centers form for each new family served and fax to the appropriate Family Solutions Center (listed on the top of the form).
- 4) Complete an IHP Client Outcome Report when the client exits the IHP or transfers to another IHP provider and securely email it to [IHP@dmh.lacounty.gov](mailto:IHP@dmh.lacounty.gov) with the IHP Client Occupancy Report.
- 5) Securely email the following documents to [IHP@dmh.lacounty.gov](mailto:IHP@dmh.lacounty.gov) by the 15<sup>th</sup> of the month for the month prior:
  - Monthly Client Report (including all clients who stayed at least one night that month)
  - Invoice
  - Individual Client/Family Sign-In Verification forms
  - Staffing Roster
  - Copy of Referral to Family Solutions Centers form (applicable to IHP family providers only)
  - Client Agreements\*\*
  - Authorization for Use/Disclosure of Protected Health Information for Participation in CES for all clients entering the IHP who do not have a CES acuity score in HMIS\*\*

Contact DMH IHP Administration if client is not agreeable to signing any of the above documents that have asterisks (\*\*).

- 6) Contact DMH IHP Administration if payment is not received within 30 business days of submitting the IHP monthly invoice to DMH.
- 7) Maintain the Individual Client and Family Sign-In Verification forms to verify the IHP stay of clients and their minor children (if applicable).
  - If a client refuses to sign-in, inform the client's mental health provider and write on the Verification form the client's name, "refuses to sign" and the initials of the staff completing this information.
  - If the client's mental health provider has approved an absence from the IHP for the client or their minor children, write on the Verification form the client's name, "absence approved by," the name of the mental health provider and the date.
- 8) Provide DMH IHP Administration with copies of plans and procedures (as required by the Los Angeles City & County Interim Housing Minimum Service and Operations Practice Standards), admission agreements, rules or other documents including any requiring the client's signature. All documents requiring a client signature shall be consistent with the IHP program specifications and the Los Angeles County Health Agency Agreement for Interim Housing Services.
- 9) Immediately report all client clinical events to the client's mental health provider and DMH IHP Administration. Client clinical events are defined in the Mental Health Provider Responsibilities section.
- 10) Contact the client's mental health provider immediately if the client:
  - Asks to be absent from the IHP for any reason.
  - Is absent from the IHP without approval.
  - Exhibits behaviors that require psychiatric intervention and/or may require hospitalization for physical or mental health concerns.

- Exhibits any behaviors that put the client at risk of being terminated from the IHP.
- 11) Contact the client's mental health provider and DMH IHP Administration prior to terminating a client. Reasons for termination may include physical aggression, possession of weapons, verbally/physically threatening behaviors, engaging in illegal activity on site, sexual misconduct and destruction and/or defacing property. Exceptions to contacting the client's mental health provider and DMH IHP Administration prior to terminating a client include behaviors necessitating calling 911 and situations requiring immediate termination that occur on the weekends and evenings. In these instances, the client's mental health provider and DMH IHP Administration must be contacted the following business day.
  - 12) Ensure clients are not required to submit to testing/screening for substance and/or alcohol use unless otherwise approved by DMH.
  - 13) Hire qualified employees to perform the required work. All employees must meet employment eligibility criteria and have all applicable certifications/licenses.
  - 14) Complete and implement any corrective action plans requested by DMH IHP Administration.
  - 15) Ensure fire permits are current.

***Case Management Services Requirements***

The following requirements are in addition to the case management services requirements included in the Los Angeles County Health Agency Agreement for Interim Housing Services, Attachment A.1:

- 1) Notify the client's mental health provider if the client is not able or willing to participate in case management services.
- 2) Participate in calls with the client's mental health provider a minimum of once a month to review the client's housing plan and status and participate in calls with DMH IHP Administration as requested.
- 3) Ensure an IHP staff is designated as the Point Of Contact in HMIS and update this information whenever a progress/case note is entered into HMIS which at a minimum must be once a week.

***Client Privacy Requirements***

- 1) Ensure all client records are kept and maintained in accordance with all applicable state and federal laws including the Health Insurance Portability and Accountability Act (HIPAA).

**Brilliant Corner's Responsibilities**

- 1) Process IHP invoices for reimbursement and mail payment to the IHP provider within 14 business days of receipt of the invoice from DMH IHP Administration.
- 2) Notify DMH IHP Administration of any delay in processing payments.
- 3) Collaborate with DMH IHP Administration to resolve any IHP payment issues.