

DEPARTMENT OF HEALTH SERVICES/ DEPARTMENT OF MENTAL HEALTH / LOS ANGELES HOMELESS SERVICES AUTHORITY REFERRAL GUIDELINES FOR INTERIM HOUSING PROGRAMS

OVERVIEW

Interim Housing (IH) programs administered by the Department of Health Services (DHS), Department of Mental Health (DMH), and the *Los Angeles Homeless Services Authority (LAHSA) provide individuals who are experiencing homelessness with a short-term place to stay along with supportive services while they transition to permanent housing. IH providers offer all participants a safe and clean shelter, 24-hour general oversight, three meals each day, clean linens, clothing, toiletries, and case management services. Some IH providers are contracted to provide additional on-site services including medical oversight, health monitoring, mental health and/or behavioral health services, and transportation assistance. IH programs may also target specific populations such as families with minor children, older adults, women, transition-age youth, and individuals/families fleeing domestic violence.

*The DHS/DMH/LAHSA Referral Form for Interim Housing Programs is only used for referrals to the following LAHSA IH Programs: Enhanced Bridge Housing for Women, Enhanced Bridge Housing for Older Adults, B7 Bridge Housing for Persons Exiting Justice Institutions.

PARTICIPANT ELIGIBILITY CRITERIA

1. Age 18 or older
2. Homeless
3. Presents with a complex health condition, a mental illness, and/or other vulnerabilities (DHS/DMH Requirement only)
4. Able and willing to self-administer medication
5. Cognitively alert and oriented to person, place, date, and situation

FOR DMH IH PROGRAMS:

- a. Participants must be assessed for the presence of a mental illness or have a history of mental health services.
- b. Participants must be receiving or willing to receive mental health services from a DMH directly-operated clinic or contract provider.
- c. Participants must be willing to sign an Interim Housing Program Client Agreement.

FOR LAHSA IH Programs: See Appendix A for additional participant eligibility criteria for LAHSA Interim Housing programs.

PARTICIPANT REVIEW CRITERIA (including but not limited to the below)

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. Currently exhibits combative, aggressive, or threatening behavior
4. Needs or is on a mental health Lanterman, Petris and Short (LPS) and/or probate conservatorship (i.e., danger to self or others, gravely disabled or unable to safely live independently)
5. Has wounds/ulcers that require more than two (2) dressing changes per day
6. Active Tuberculosis/C-DIFF/MRSA of sputum (possibly of the wound) or other communicable/contagious condition(s)

NOTE FOR REFERERS: *If a participant has been referred to an IH facility and it is determined by the funder, post-arrival, that the participant is not appropriate due to the participant criteria listed above or they did not arrive with their required medications and/or necessary assistive devices, the participant may be sent back to the referring medical facility within 48 hours of arrival.*

REQUIRED REFERRAL DOCUMENTS

For All Referring Entities:

1. The DHS/DMH/LAHSA Referral Form for Interim Housing Programs **or** If the referring entity is a DHS hospital/facility/outreach team/ICMS or ODR provider, use the online CHAMP application to refer for IH (do not use the DHS/DMH/LAHSA Referral Form).

Additional Required Documents:

For DMH Referrals:

1. The DMH Authorization for Use or Disclosure of Protected Health Information form and obtain the participant's signature.
2. The DHS Referral Form for Interim Housing Programs Supplemental Information Form (Attachment A) for participants that meet any of the Participant Review criteria on page 1 and for all Care Court referrals.

For DHS Referrals:

1. The DHS Authorization for the Use and Disclosure of Health and Social Service Information (New Universal Consent Form) and the DHS Notice of Privacy Practices Acknowledgement Forms and obtain participant signature on both forms.
2. The DHS Referral Form for Interim Housing Programs Supplemental Information Form (Attachment A).
3. Any additional supporting documentation including, but not limited to; the participant's face sheet, medication list, medical history, physical examination results, most recent progress notes from an MD/physical therapist/occupational therapist/another service provider, discharge planning notes, follow-up appointment information and/or other pertinent information for placement, if the referral is for a participant exiting an institution.

For LAHSA B7 Bridge Housing Referrals:

1. Submit documentation substantiating the exit from the eligible institution. If documentation cannot be provided at the time of referral, it must be submitted within the first 60 days of program enrollment.

REFERRING ENTITIES RESPONSIBILITIES

While participants may meet eligibility criteria for more than one program, submit the referral to one funder only based on the criteria below. DHS, DMH, and LAHSA will consult with each other to determine the most appropriate placement for the participant based on their needs.

1. Call/meet with the participant to confirm that they agree with the referral to IH.
2. Submit the referral and required documents to:
 - a. InterimHousingApps@dhs.lacounty.gov or fax to (213) 895-0100 if the referring entity is a private hospital or DHS-funded community-based organization and the participant's primary presenting issue requires medical oversight.
 - b. IHP@dmh.lacounty.gov if the referring entity is a DMH directly operated clinic/contract provider or an outreach team that has assessed that the participant has a serious mental illness.
 - c. All other referring entities should submit referrals to Interimhousing@lahsa.org. Information about LAHSA Interim Housing programs that do not require a referral, can be found at <https://www.lahsa.org/documents?id=2196-lahsa-shelter-list.pdf>.
3. If the participant is being re-referred to IH, complete and submit a new DHS/DMH/LAHSA Referral Form.

REFERRAL REVIEW

1. DHS, DMH, or LAHSA IH Administration will review the referral for program eligibility and contact the referring entity if the referral is incomplete or requires additional documentation. Incomplete referrals may cause delays in processing.
2. DHS, DMH, or LAHSA IH Administration will notify the referring entity if the referral is approved or denied. If the referral is approved, the referring entity will be notified if there is an available bed or if the participant will be placed on a waitlist.

INTERIM HOUSING ADMISSION REQUIREMENTS

1. Date and Time of Arrival
 - a. The participant must arrive at the IH facility as specified below or the bed may become available to another participant. Arrival date and times:
 - For DMH, the referring agency must coordinate the client date and time of arrival with the IH facility/provider within the next business day between 8:00 a.m. - 4:00 p.m. prior to transporting the participant to the IH site.
 - For DHS, the referring agency must coordinate the client's date and time of arrival with the IH facility/provider prior to transporting the participant to the IH site.
 - For LAHSA, the referring agency must coordinate the participant's date and time of arrival with the IH provider prior to transporting the participant to the IH site as designated by the IH provider contract.
 - b. Exceptions to the arrival date/time may be made on a case-by-case basis in collaboration with the IH provider, and must be approved by DHS, DMH, or LAHSA IH Administration
 - c. The referring entity is responsible for transporting/coordinating transportation to the IH facility.
2. Medication/Assistive Devices (DHS only)
 - a. At the time of arrival to the IH facility, the referring entity must ensure that the participant has a 30-day supply of any medications and any necessary Durable Medical Equipment (DME)s or other assistive devices with them as applicable.
3. Service and Emotional Support Animals
 - a. Under the Americans with Disabilities Act (ADA), IH facilities must permit service animals.
 - b. Participants with emotional support animals may be required to provide vaccination records for the animal and/or a signed letter from a mental health provider that documents that the individual has a mental health condition for which the animal will provide support.
4. DMH and DHS Programs will determine if any of the following is required prior to the participant arriving at a congregate living setting:
 - a. Requires Skilled Nursing Facility (SNF) level of care, acute physical rehabilitation services, licensed residential care, or other 24/7 care and supervision due to one or more of the following;
 - b. Needs assistance with Activities of Daily Living (ADLs) including bathing, dressing, transferring, toileting, eating;
 - c. Needs assistance with mobility/transfers and the safe use of Durable Medical Equipment (DME) such as walkers, wheelchairs, and other assistive devices;
 - d. Incontinent of bowel or bladder and not independently able to manage the use of incontinent supplies;
 - e. Has cognitive impairments that require 24/7 supervision, monitoring, redirection, or verbal cues or that place the participant at risk of wandering

APPENDIX A
ADDITIONAL PARTICIPANT ELIGIBILITY CRITERIA FOR
SELECT LAHSA BRIDGE HOUSING PROGRAMS

B7 BRIDGE HOUSING FOR PERSONS EXITING JUSTICE SYSTEM INSTITUTIONS

- Participants who have exited from a justice system institution in the past 60 days.
 - Eligible institutions include but are not limited to jails, prisons, and detention centers.
- Participants who are currently in law enforcement custody due to the individual's lack of housing while awaiting an upcoming trial or a court hearing.

ENHANCED BRIDGE HOUSING FOR WOMEN

- Any participant who identifies as a woman, a trans woman, non-binary, or gender non-conforming.

ENHANCED BRIDGE HOUSING FOR OLDER ADULTS

- Participants must be age 55 or older.

For referral coordination or questions, email interimhousing@lahsa.org.