

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

### OVERVIEW

Interim Housing (IH) programs administered by the LA County Homeless Services & Housing (HSH), 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.

**\*HSH Interim Housing Program-serves individuals with complex health and/or behavioral health conditions who need a higher level of support services than is available in most shelter settings.**

### PARTICIPANT ELIGIBILITY CRITERIA

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

### 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)

### REQUIRED REFERRAL DOCUMENTS

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

### **Additional Required Documents:**

#### HSH Referrals:

1. The Authorization for the Use and Disclosure of Health and Social Service Information (Universal Consent Form) and the DHS Notice of Privacy Practices Acknowledgment Forms and obtain participant signature on both forms.
2. The HSH 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.

**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.*

*referring medical facility within 48 hours of arrival.*