

# **A Guide to Accessing Mainstream Services**

**County of Los Angeles**

April 21, 2023



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## Overview

Mainstream system services are essential in enabling a family/individual to exit homelessness. The mainstream resources include health care (Medi-Cal), income supports (Supplemental Security Income, Social Security Disability benefits and Temporary Assistance for Needy Families), food security (CalFresh), and mental health and substance use disorder services among many others. These services go hand-in-hand with those offered by the interim housing operators (Operators) to successfully transition people experiencing homelessness to stable housing.



### Coordination

The *Guide to Accessing Mainstream Services in Interim Housing* (Guide) serves as a resource for interim housing operators to access and navigate the County mainstream services at their fingertips. This Guide aims to increase Operators' awareness of mainstream benefits available to people experiencing homelessness; understand the basic requirements of each benefit, eligibility requirements, application process and documentation needed; and understand where to go for additional information or questions when needing to connect people experiencing homelessness to mainstream services.

### Referrals

This Guide includes an overview of mainstream services frequently utilized by Operators including Department of Health Services, Department of Mental Health, Department of Public Health – Substance Abuse Prevention and Control and Department of Public Social Services, including: program description; client eligibility; hours of operation; protocols to access services; training resources to increase Operators' capacity to navigate homeless crisis response systems, and engage complex clients; and County Department contact information. A program summary of all four Departments is also included.

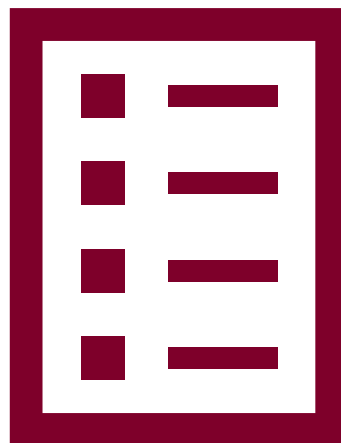
### Service Provision

Operators play a vital role in assisting clients to access mainstream services. Strengthening partnerships between County Departments and Operators is important to foster effective and efficient inter-agency coordination to optimally serve people experiencing homelessness. To that end, this Guide serves as a living document that will continually be edited and updated incorporating key stakeholders' insight for quality improvement.

### Resources



## **Mainstream Programs Summary**





## Mainstream Programs – Summary

	Dept. of Health Services	Dept. of Mental Health	Dept. of Public Health - SAPC	Dept. of Public Social Services
<b>Programs</b>	<a href="#">Countywide Benefits Entitlement Services Team</a> (CBEST)	<b>General Support</b> <ul style="list-style-type: none"> <li>DMH 24/7 <a href="#">ACCESS</a> line 800-854-7771</li> <li><a href="#">Emotional Support</a> Line 800-854-7771, #2</li> <li><a href="#">Veterans Support</a> Line 800-854-7771, #3</li> <li><a href="#">Suicide &amp; Crisis Lifeline</a> 988</li> </ul> <b>Outpatient Services</b> <b>Specialty Field Services</b> <ul style="list-style-type: none"> <li><a href="#">Adult and Older Adult Full Service Partnership (FSP)</a></li> <li><a href="#">Children and Young Adult FSP</a></li> <li><a href="#">Homeless Outreach and Mobile Engagement</a> (HOME)</li> </ul> <b>Crisis Services</b> <ul style="list-style-type: none"> <li><a href="#">Psychiatric Mobile Response Team</a> (PMRT)</li> <li><a href="#">Law Enforcement Teams</a> (LET)</li> </ul>	<ul style="list-style-type: none"> <li>SAPC <a href="#">Client Engagement and Navigation Services (CENS)</a></li> <li><a href="#">Substance Abuse Service Helpline</a> 844-804-7500</li> <li>SAPC <a href="#">Service &amp; Bed Availability Tool</a> (SBAT)</li> <li>SAPC <a href="#">Recover LA</a></li> <li>SAPC <a href="#">CORE Center</a></li> <li><a href="#">Office of Women's Health - Domestic Violence Housing and Support Services</a> (DVHSS) and <a href="#">DV Hotline</a></li> <li><a href="#">Public Health Centers</a> (sexual health, TB testing immunization, etc.)</li> <li><a href="#">Tuberculosis Control Program</a></li> <li>Dept of Environmental Health (DEH) <a href="#">Outbreaks and Investigation</a> (626) 430-5201</li> <li>DEH <a href="#">Permitting of IH Facilities</a> (213) 351-0288</li> <li>DEH <a href="#">Plan Check</a> (626) 430-5560</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Medi-Cal</a></li> <li><a href="#">CalFresh Program</a></li> <li><a href="#">California Work Opportunity and Responsibility to Kids</a> (CalWORKs)</li> <li><a href="#">General Relief</a> (GR)</li> <li><a href="#">BenefitsCal.com</a></li> </ul>
<b>Referrals or Access Services</b>	Submit to <a href="#">CBEST Referrals</a> Client/Referrer can call the CBEST hotline four to six weeks after the intake is completed for case updates: (323) 274-3777.	<ul style="list-style-type: none"> <li><a href="#">DMH 24/7 ACCESS</a> line 800-854-7771</li> <li><a href="#">Adult and Older Adult FSP Referral Form</a></li> <li><a href="#">Children and Young Adult FSP Referral Form</a></li> <li>FSP Referrals to <a href="#">Service Area Navigator</a> for the specified age group</li> <li><a href="#">HOME referral</a> and submit to <a href="mailto:home@dmh.lacounty.gov">home@dmh.lacounty.gov</a></li> <li>PMRT - ACCESS line 800-854-7771</li> <li><a href="#">Law Enforcement Teams</a> (LET) 911</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CENS Referral Form</a> to CENS Area Offices</li> <li><a href="#">DV Housing and Support Services Providers and Hotlines</a></li> </ul>	<b>For New Applicants:</b> <ul style="list-style-type: none"> <li>Apply <a href="#">online</a> through the <a href="#">BenefitsCal</a> website or call the DPSS Customer Service Center at (866) 613-3777.</li> </ul> <b>For Existing Customers:</b> <ul style="list-style-type: none"> <li>Customers can upload period reports, annual recertifications or renewals, or online verifications through the <a href="#">BenefitsCal</a> website or call the Customer Service Center at (866) 613-3777.</li> </ul>
<b>Contact Information (Troubleshoot)</b>	Steven Yu <a href="mailto:syu4@dhs.lacounty.gov">syu4@dhs.lacounty.gov</a> or Lidia Melchor <a href="mailto:lmelchor@dhs.lacounty.gov">lmelchor@dhs.lacounty.gov</a>	<ul style="list-style-type: none"> <li>Children and Young Adult FSP <a href="mailto:ChildYAFSP@dmh.lacounty.gov">ChildYAFSP@dmh.lacounty.gov</a></li> <li>Homeless Outreach and Mobile Engagement Aubree Lovelace <a href="mailto:ALovelace@dmh.lacounty.gov">ALovelace@dmh.lacounty.gov</a> La Tina Jackson <a href="mailto:LTJackson@dmh.lacounty.gov">LTJackson@dmh.lacounty.gov</a></li> <li>Psychiatric Mobile Response Teams (PMRT) Jolene Friestad at <a href="mailto:JFriestad@dmh.lacounty.gov">JFriestad@dmh.lacounty.gov</a> If unable to reach Jolene Friestad contact Miriam Brown at <a href="mailto:MBrown@dmh.lacounty.gov">MBrown@dmh.lacounty.gov</a></li> <li>Training - MHFA Training Coordinator Adam Benson <a href="mailto:abenson@dmh.lacounty.gov">abenson@dmh.lacounty.gov</a> or 323-481-8888</li> </ul>	<ul style="list-style-type: none"> <li>SAPC Services Leslie Lopez, Homeless Service Unit <a href="mailto:leslopez@ph.lacounty.gov">leslopez@ph.lacounty.gov</a> or Sandy Song, Adult Services <a href="mailto:sasong@ph.lacounty.gov">sasong@ph.lacounty.gov</a></li> <li>SAPC Training <a href="mailto:sapc.cst@ph.lacounty.gov">sapc.cst@ph.lacounty.gov</a></li> <li>Public Health Center <a href="mailto:chs@ph.lacounty.gov">chs@ph.lacounty.gov</a></li> <li>TB Control (213) 745-0800</li> <li>Other infectious diseases (213) 240-7821</li> </ul>	<ul style="list-style-type: none"> <li>Customer Service Center (866) 613-3777 or</li> <li>Lynette Franklin <a href="mailto:LynetteFranklin@dpss.lacounty.gov">LynetteFranklin@dpss.lacounty.gov</a> or Marjorie Arora <a href="mailto:MarjorieArora@dpss.lacounty.gov">MarjorieArora@dpss.lacounty.gov</a> or Lisa Hayes <a href="mailto:LisaHayes@dpss.lacounty.gov">LisaHayes@dpss.lacounty.gov</a></li> <li>Training for Countywide Homeless Information Portal (CHIP) Lynette Franklin <a href="mailto:LynetteFranklin@dpss.lacounty.gov">LynetteFranklin@dpss.lacounty.gov</a></li> </ul>



## **Department of Health Services**





## Program Description - Countywide Benefits Entitlement Services Team

Countywide Benefits Entitlement Services Team (CBEST) is a comprehensive program of the Department of Health Services comprised of benefit advocates, clinicians, and legal partners that assist individuals with applying for the following disability benefits programs with the goal to increase income which is important in securing and retaining stable housing:

- a. Supplemental Security Income (SSI)
- b. Social Security Disability Insurance (SSDI)
- c. Cash Assistance Program for Immigrants (CAPI)
- d. Early/Full Retirement
- e. Survivor's Benefits
- f. Veteran's Benefits
- g. Appeals support for SSI/SSDI cases

### 1. Program Eligibility

- a. Be low income: SSI and CAPI is a means-tested safety-net program, which requires applicants to have less than \$2,000 in assets/resources (The Social Security Administration does not count value of the applicant's one owned car and one owned home if they live in it). SSDI does not have resource limitations.
- b. Medical eligibility: Impairment (physical and/or mental health) must be so severe as to prevent the individual from being able to work a full-time job for at least 12-consecutive months.
- c. Be a U.S. citizen or documented/qualified immigrant. SSA only accepts certain documents as proof of immigration status (e.g. Permanent Resident Card) or U.S. citizenship (e.g. Certificate of Citizenship or Naturalization and U.S. Passport). Additional information can be found [here](#).

### 2. Hours of Operation

Monday – Friday, 8AM – 5PM

### 3. Program Contact Information

- a. Referrals: [cbestreferrals@dhs.lacounty.gov](mailto:cbestreferrals@dhs.lacounty.gov)
- b. To request additional program information or elevate concerns regarding the HOME program please contact:
  - Associate Director: Lidia Melchor, [lmelchor@dhs.lacounty.gov](mailto:lmelchor@dhs.lacounty.gov)
  - Staff Analyst: Steven Yu, [syu4@dhs.lacounty.gov](mailto:syu4@dhs.lacounty.gov)

The CBEST Program flyer is included in the Attachment section.

#### 4. Protocol to Access CBEST Services



##### a. CBEST's Standard Referral Process

- Complete the CBEST referral form.
- Submit to [cbestreferral@dhs.lacounty.gov](mailto:cbestreferral@dhs.lacounty.gov)
- Someone from the CBEST team will be in touch with the client within 10 business days to schedule an intake appointment.
- CBEST's Health Program Coordinator who is assigned the referral will complete the intake (in person or remote), retrieve copies of vital documents, and obtain signed consent forms to assess client's eligibility.
- Client/Referrer can call the CBEST hotline to four to six weeks after the intake is completed for case updates: (323) 274-3777.

##### b. On-Site Services

- If there are clients at the Interim Housing site interested in CBEST services, CBEST will provide on-site services. Otherwise, the standard referral process (outlined above) is the most expeditious way to connect clients with CBEST services.
- CBEST management staff and Site operator coordinate a planning call to discuss the parameters of DHS CBEST services (e.g. eligibility and criteria) and coordination of on-site provisions.
- During the planning call, CBEST requests site operator to create a schedule of participants for engagement during site visit. The site operator is required to submit the schedule three days prior to on-site services. CBEST will provide services to both scheduled clients and walk ins during days of on-site services.
- After the planning call, site operator engages on-site participants to assess participant interest and eligibility.
- CBEST Health Program Coordinators (HPCs) and management engages and conducts screenings, including those who do not have an appointment, and complete intakes for participants who meet DHS CBEST eligibility criteria.
- Site operator, in particular Case Managers, should be present when the CBEST team is on site coordinating services and engaging difficult to serve clients during the program intake. Because of the ongoing relationship with the client, the site operator plays a pivotal role in navigating challenging situations. For example, the CBEST intake form requires HPCs to ask personal (invasive) questions. If the site operator is present, they are able to help alleviate a situation where the client may become agitated or resistant to services.
- Upon completing participants services at a site, CBEST provides the site operator with the list of participants engaged and guideline for referring future participants. CBEST will then conduct additional on-site appointments with enrolled participants on an ad hoc basis utilizing CBEST's standard referral process using the Referral Form.
- Site Operators are encouraged to continue assessing their clients for their eligibility and submit referrals as needed.

## Additional Resources for Interim Housing Operators

### 1. Technical Assistance and Training



CBEST provides presentations on CBEST scope of services and referral process to homeless service providers, homeless coalition, elected offices, faith-based organizations, etc. Trainings are offered virtually and in person.

Please contact Steven Yu ([syu4@dhs.lacounty.gov](mailto:syu4@dhs.lacounty.gov)) to schedule a presentation.

### 2. Enrolling a Client in Medi-Cal

- a. Log in to Your Benefits Now (<https://www.dpssbenefits.lacounty.gov/ybn/>) or take your participant to Department of Public Social Services Office.
- b. Find a certified enrollment center (<https://www.coveredca.com/find-help/>)
- c. Managed Care Plan Enrollment:
  - <https://www.healthcareoptions.dhcs.ca.gov/enroll>
  - (800) 430-4263

### 3. Connecting a Client to a Primary Care Provider (PCP) of Choice

#### a. DHS Health Centers

- A full list of clinic list may be accessed at [dhs.lacounty.gov/our-locations](https://dhs.lacounty.gov/our-locations).
- Once the client selects a clinic, the following must be done in order to designate that clinic as the client's primary medical care home:
  - Walk-in to eligibility area at the clinic. Clinics are usually open Monday through Friday from 8AM - 4:30PM (Please call to verify hours for a specific clinic)
  - Client must bring with them: Identification, Medi-Cal card and/or Social Security Card.
  - The eligibility worker will have the client fill out paperwork to designate that clinic as the client's medical home.
  - After the clinic has been determined to be the client's designated medical home the eligibility person will schedule an appointment for the client with the new PCP.

#### b. Community Health Clinics (and other clinics that accept Medi-Cal)

- There are privately run clinics distributed throughout Los Angeles County that accept Medi-Cal.
- Patients are generally low income with some clinics experienced in homeless services
- To make a referral to a Community Clinic
  - Please visit [www.CCALAC.org](http://www.CCALAC.org) and click on "Find a Clinic."
  - Type in the zip code of where the client lives and the number of miles the patient is willing to travel to visit the clinic.
  - After the client chooses a clinic, call and schedule an eligibility appointment.
  - After the eligibility appt, and once the client designates the clinic as their medical home, the eligibility worker will schedule an appt with the new PCP.

c. **Medi-Cal Health Maintenance Organization (HMO)**

- You can also go to any of Medi-Cal HMO plan's website to search for local providers.
- Providers are usually found under "Find a Doctor," "Find Care," etc. in the search function.
  - *Examples:* Venice Family Clinic; Saban Community Clinic; Hollywood LGBT; JWCH/Wesley Health Centers; St. John's; AHF/AIDS Healthcare Foundation

d. **My Health LA**

- My Health LA is a no-cost health care program for low-income individuals who live in Los Angeles County.
- Participants must be 26 or older and unable to get health insurance.
- Many community health clinics also participate in My Health LA.
- For more information please visit <https://dhs.lacounty.gov/my-health-la/>

#### 4. **Medi-Cal Redetermination Process to Retain Services through CalAIM**

The Consolidated Appropriations Act signed in December uncoupled the Public Health Emergency and continuous coverage. What this means is that while clients' protected status will end March 31, 2023 they will remain protected and have coverage until their renewal date or if there is a household event that makes them ineligible.

There is no need to panic. This does not mean that all Medi-Cal beneficiaries are required to complete a renewal by March 31, 2023. The renewal process for LA County Medi-Cal beneficiaries will be completed over a 12-month period. If your renewal is due in June 2023, beneficiaries' renewal packets will be mailed on April 1, 2023. All other beneficiaries will be mailed their packets when it is time for their annual renewal (e.g., if you go online and your renewal date is in May, your first renewal will be due in May).

##### **Completing the Redetermination Process:**

The most effective way for beneficiaries to find information, change information and complete the redetermination paperwork is online at [BenefitsCal.com](https://BenefitsCal.com). If the client calls or goes in person to DPSS District Offices, there may be a wait time.

At [BenefitsCal.com](https://BenefitsCal.com), clients can:

1. Check their redetermination date.
2. Check or change their mailing address, if necessary, so that the packet is mailed to clients.
3. Complete their redetermination packet which will become available online in their account no later than 1 month before *their* annual redetermination date.



##### **Things to keep in mind:**

1. Be sure DPSS has clients' updated address. Clients can report this information online at [BenefitsCal.com](https://BenefitsCal.com), by phone, or in-person.
2. Packets will be mailed to the address DPSS has in file starting two (2) months before *their* redetermination due date. Please give time for it to reach them.
3. Complete and submit packets by the renewal due date or coverage will terminate on the 1<sup>st</sup> of the following month. If benefits are discontinued, clients can still submit their packet and any missing documentation to the DPSS for up to 90 days after the termination date but they will not be able to keep their doctor's appointments or pick up their medicines or prescriptions until they complete their renewal.

## Under Development



### Impending Care Assessment Teams

To increase support and services for clients in interim housing who have more complex health, mental health, and substance use disorder conditions, as well as clients who need assistance with Activities of Daily Living (ADL), the Los Angeles County Homeless Initiative is partnering with Medi-Cal Managed Care Plans and DHS, Department of Mental Health (DMH), and Department of Public Health (DPH) to implement Enhanced Care Assessment Teams that will assess clients for a full array of medical, behavioral, functional, and social service needs to inform appropriate housing placements and service connections. The assessments will include assessing for ADL needs and connecting clients to caregiving services, In Home Supportive Service (IHSS), and enriched residential care. In addition, DMH is seeking Mental Health Services Act (MHSA) funding to further expand the Enhanced Care Assessment Teams. DPH will work with interim housing funders to identify interim housing sites with a high need for substance use disorder treatment services and coordinate field-based services at these identified sites.

## Reference Documents

- Attachment 1: Countywide Benefits Entitlement Services Team (CBEST) Program Flyer
- Attachment 2: Countywide Benefits Entitlement Services Team (CBEST) Referral Form



## Department of Mental Health



LOS ANGELES COUNTY  
**DEPARTMENT OF  
MENTAL HEALTH**  
hope. recovery. wellbeing.



**The Department of Mental Health (DMH)** provides a spectrum of specialty mental health services to people of all ages to support hope, recovery, and wellbeing. Mental health services provided include assessments, case management, crisis intervention, medication support, peer support and other rehabilitative services. Services are provided in multiple settings including outpatient, remote and field-based settings (including interim housing). Special emphasis is placed on addressing cultural competence, co-occurring mental health disorders and other health problems such as addiction. Services are designed to address the severity of the individual's symptoms, the degree of functional impairment and the type of support needed to improve immediate and/or future recovery. Levels of care are as follows:

- General Support Services
- Outpatient Services;
- Specialty Field Services; and
- Crisis Services

The information that follows provides descriptions services likely to be beneficial to residents in interim housing settings.

Please note that DMH has a “No Wrong Door” policy, as such, in addition to the instructions noted below, all DMH programs described in this document (with the exception of our Law Enforcement Teams) may also be accessed via the [DMH 24/7 ACCESS line 800-854-7771](tel:800-854-7771).

## Program Description

1. **General Support Services** provide real time peer/emotional support. Though the support provided is given by trained professionals, they are not licensed professionals. These services may prove useful for someone requiring emotional support in the moment however they are not a substitute for profession treatment.

- a. **Emotional Support Line:** The support line provides trained active listeners who provide emotional support to LA county residents. The line is not staffed by mental health clinicians and is not a substitute for professional treatment.
  - **Basic Eligibility:** LA County Residents of All Ages
  - **Hours of Operation:** 10:30am-9pm daily
  - **Protocol to access services:** Call 800-854-7771 select option #2
- b. **Veterans Support Line:** The Veteran line is staffed by veterans and military family members. These trained peers are available to provide emotional support and resources for veterans and military family members. Veteran line agents are not clinicians and the support they provide is not a substitute for professional treatment.
  - **Basic Eligibility:** Veteran or Military Family Member
  - **Hours of Operation:** 9am-8pm daily
  - **Protocol to access services:** Call 800-854-7771 select option #3



- c. **988:** Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) offers 24/7 call, text and chat access to trained crisis counselors who can help people experiencing suicidal thoughts, mental health crisis, substance use crisis or any other kind of emotional distress.

- **Basic Eligibility:** None
- **Hours of Operation:** 24/7

2. **Outpatient Services:** Outpatient services (aka clinic-based services) are targeted to individuals requiring specialty care who have a lower degree of functional impairment and are able to navigate an outpatient system (e.g., can schedule and keep appointments, navigate to the clinic, take medication independently or with assistance from their support system). Approximately 70% of our the DMH client population are served in an outpatient setting.

a. **Outpatient Clinics:** Outpatient clinics provide specialty mental health care to individuals diagnosed with a severe mental illness requiring specialty mental health treatment. Services include: diagnostic assessment, medication, individual/group therapy, individual/group rehabilitation, case management, peer support, housing navigation, and collateral support. Services are available at clinics directly operated by DMH or by clinics contracted by DMH to provide specialty care.

- **Basic Eligibility Requirements:** LA County Resident of All Ages Diagnoses of a severe mental illness or severe emotional disturbance requiring specialty care
- **Hours of Operation:** Hours may vary by location but generally Monday- Friday 8am-5pm (some clinics do offer evening appointments)

- **Protocol to Access Services:**

- Outpatient services may be accessed via the [DMH website](#) where you may enter an address, zip code or city to find providers in your area or by calling the [24/7 ACCESS line at 800-854-7771](#) to speak to an agent that can help refer you to the nearest clinic or clinic of your choice
- Once the clinic receives the referral from ACCESS, the clinic will call you to schedule an appointment that works best for you.
- Note some clients may require support when calling to schedule an appointment (e.g. making sure they note the appointment date and time in their calendars, answering questions about symptoms etc.). To ensure optimal success connecting to services, please consider providing support when indicated.



- **Program Contact Information:**

- Each outpatient clinic has a Program Manager who oversees access to care and treatment services. If you were referred by the ACCESS center and did not receive a call back to schedule an appointment beyond 3 days please call the clinic directly and ask to speak to the Program Manager.
- Additionally, all service areas have a Service Area Chief who oversees all county operated DMH clinics in the region. If your concerns are not adequately addressed by the Program Manager please reach out to the Service Area Chief for the respective region (see list of DMH Directly Operated Clinics).

3. **Specialty Field Services:** Specialized Field Services are designed for individuals with severe mental illness that are unable to navigate outpatient clinic services due to the severity of their mental illness. These programs provide intensive field-based support (e.g. on the street, in an individual's residents, etc.) to engage and connect individuals to long term treatment.



- a. **Adult Full Service Partnership (FSP)** programs are designed for adults ages 26-59 who have been diagnosed with a severe mental illness and would benefit from an intensive service program. The foundation of FSP is doing “whatever it takes” to help individuals on their path to recovery and wellness. Full Service Partnerships embrace client driven services and supports with each client choosing services based on individual needs. Unique to FSP programs are a low staff to client ratio, a 24/7 crisis availability and a team approach that is a partnership between mental health staff and consumers.

Adult FSP programs assist with housing, employment and education in addition to providing mental health services and integrated treatment for individuals who have a co-occurring mental health and substance abuse disorder. Services can be provided to individuals in their homes, the community and other locations. Peer and caregiver support groups are available. Embedded in Full Service Partnership is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate.

Adult and Older Adult FSP Brochure is available in [English](#) and [Spanish](#). [Adult and Older Adult FSP Referral Form](#) and a [training video](#) are also available to IH operators.

- **Basic Eligibility Requirements For Adult FSP:** Adult age 21-59 with a severe mental illness who meets one or more of the following criteria:
  - Homeless or at risk of homelessness
  - Justice involved
  - High Utilizers of emergency or high acuity mental health services
  - 2 or more encounters in the past 90 days with a mental health crisis intervention team
  - 1 psychiatric hospitalization of more than 5 inpatient days in the previous 6 months Released from an Institution for Mental disease (IMD) or a state hospital within the past 6 months
  - At least 2 psychiatric hospitalizations within the last 12 months
  - Currently on a Lanterman-Petris-Short (LPS) conservatorship or a temporary conservatorship due to a determination of grave disability
  - 3 or more visits to a medical or psychiatric emergency room or urgent care center
- **Hours of Operation:**
  - Most FSP services are provided Monday Friday 8am-5pm
  - All FSP providers have 24/7 capability to respond to psychiatric crisis calls or other urgent matters.
- **Protocol to Access Services:**
  - FSP services are accessed by the [Adult FSP Referral Form](#).
  - Submit the completed referral to the [Service Area Navigator](#) for the specified age group.

## b. Children's Full Service Partnership and Children's Field Capable Clinical Services



The [Children's Full Service Partnership](#) (FSP) program is a unique intensive in-home mental health service program for children ages 0 – 15 and their families. Child FSP providers are dedicated to working with children and their families to assist them plan and accomplish goals that are important to the health, well-being, safety and stability of the family. Services may include but are not limited to individual and family counseling, 24/7 assessment and crisis services, and substance abuse and domestic violence counseling and assistance. Services are provided in the language of the families' choice.

You may view Children and Young Adult FSP Brochure in [English](#) and [Spanish](#), [FSP Navigator Contact List](#), [Children's FSP Provider Contact List](#) and [Children and Young Adult FSP Referral Form](#) by visiting these links.

If you need more information or have additional questions, please email [ChildYAFSP@dmh.lacounty.gov](mailto:ChildYAFSP@dmh.lacounty.gov).

- **Basic Eligibility Requirements for Child/Young Adult FSP** - Age 0-20 diagnosed with a severe emotional disturbance who meet one or more of the following criteria
  - School suspensions and/or expulsions
  - School absences-considered chronically truant (missing 10% of school days within a year)
  - Psychiatric hospitalization(s) within the last six months
  - 3 or more visits to a medical or psychiatric emergency room or urgent care center
  - History of suicidal and/or homicidal ideation
  - Experiencing prodromal or first episode of psychosis
  - Active case with Department of Children Family Services (DCFS)
  - Active case with the Department of Probation Department
  - Transitioning into the community from a restrictive setting
  - Experiencing Co-Occurring Disorders (e.g. substance abuse)
  - Experiencing severe mental health issues and not engaging in mental health services
  - Lacking a fixed, regular, and adequate nighttime residence and/or experienced two or more placements due to behavioral health needs.
- **Hours of Operation:**
  - Most FSP services are provided Monday Friday 8am-5pm
  - All FSP providers have 24/7 capability to respond to psychiatric crisis calls or other urgent matters.
- **Protocol to Access Services:**
  - FSP services are accessed by referral. You may access the [Children and Young Adult FSP Referral Form](#) here.
  - Submit the completed referral to the [Service Area Navigator](#) for the specified age group.
- **Program Contact Information:**
  - Questions or concerns regarding FSP services should be directed to the [Service Area Navigator](#) for the appropriate region and age group.
  - If your concern is not adequately addressed by the Service Area Navigator please contact the Service Area Chief for the appropriate region to assist (see list of DMH Directly Operated Clinics)

**c. Homeless Outreach and Mobile Engagement (HOME):**

[Homeless Outreach and Mobile Engagement](#) (HOME) provides field -outreach, engagement, support, and treatment to individuals 18 and older with severe and persistent mental illness who are experiencing unsheltered homelessness ([HOME brochure](#)). HOME clients generally have profound mental health needs and associated impairments requiring more extended engagement and intensive treatment than can be provided by FSP. These vulnerable and disengaged individuals struggle with securing appropriate food, clothing, and shelter due to their mental illness. In addition, they may have critical deficits in hygiene and communication, and are generally highly avoidant of services. HOME clients are often unable to live safely in the community and require specialized mental health services in order to secure and sustain housing. Services are provided by: addressing basic needs; conducting clinical assessments; providing street psychiatry; and providing linkage to appropriate services (including mental health services substance abuse treatment and housing). HOME services are generally accessed via referral from other homeless outreach teams and direct outreach. Referrals to HOME may be submitted directly to the program using the attached [HOME referral form](#) which can be emailed to [home@dmh.lacounty.gov](mailto:home@dmh.lacounty.gov)



- **Basic Eligibility Requirements:**

- 18 and older
- Experiencing unsheltered homelessness
- Severe Mental Illness (e.g. primary impairment not caused but substance use)
- Unable to access lower levels of mental health care (e.g. outpatient services, FSP)

- **Hours of Operation:** Monday- Friday 8am-5pm

- **Protocol to Access Services:**

- Most referrals for HOME are submitted by generalist homeless outreach providers who identify individuals with high service needs, severe impairment, and require more specialized and intensive support than general outreach teams can provide.
- If you wish to refer an individual to the HOME program please complete [HOME referral form](#) and submit to [home@dmh.lacounty.gov](mailto:home@dmh.lacounty.gov)

- **Program Contact Information:**

- To elevate concerns regarding the HOME program please contact:
- Aubree Lovelace, Program Manager [ALovelace@dmh.lacounty.gov](mailto:ALovelace@dmh.lacounty.gov) (213) 349-7944 or
- La Tina Jackson, Deputy Director [LTJackson@dmh.lacounty.gov](mailto:LTJackson@dmh.lacounty.gov) (818) 610-6717



4. **Crisis Services** are available for individuals experiencing psychiatric distress who require evaluation to assess the need for psychiatric hospitalization. All crisis services are field-based DMH has two types of crisis teams: Psychiatric Mobile Response Teams and Law Enforcement Teams

- a. **Psychiatric Mobile Response Teams (PMRT):** Provides non-law enforcement-based mobile crisis response for clients experiencing a psychiatric emergency in the community. [PMRT](#) consists of DMH clinicians designated to perform evaluations for involuntary detention of individuals determined to be at risk of harming themselves or others, or who are unable to provide food, clothing, or shelter for themselves. PMRT enables successful triage of each situation involving mentally ill, violent or high-risk individuals. PMRT provides caring, deescalating and less traumatizing approaches to crisis intervention—and whenever possible avoids outcomes that involve hospitalization, incarceration, or additional injury. PMRTs' tactics support clients and their families through trust and attention, and ultimately contribute to reducing stigma surrounding mental health and accessing help.



PMRTs also receive community calls that do not rise to the level of direct services; in these situations, staff provide information, referrals, and other kinds of alternative support. More than 23 entities send referrals to PMRT, making it a critical source of care and response across LA County.

- **Basic Eligibility Requirements:**

- LA County Resident of All Ages
- Experiencing a mental health which renders the individual a danger to themselves, others, or gravely disabled (e.g. unable to provide for their basic needs of food clothing or shelter)
- The risk of harm and/or disability does not require immediate medical or law enforcement intervention to prevent harm (e.g. the person is not running into traffic, brandishing weapons, in the act of assaulting someone. These examples should be directed to 911 for possible activation of a Law Enforcement Team).

- **Hours of Operation:** Monday- Friday 8am-2am daily

- **Protocol to Access Services:** Call the DMH 24/7 ACCESS line 800-854-7771

- **Program Contact Information:**

- To elevate concerns regarding PMRT the please contact Program Manager, Jolene Friestad at [JFriestad@dmh.lacounty.gov](mailto:JFriestad@dmh.lacounty.gov) or (213)761-0185
- If are unable to reach Jolene Friestad you may escalate your concern to Deputy Director Miriam Brown at [MBrown@dmh.lacounty.gov](mailto:MBrown@dmh.lacounty.gov) (213)305-9575



- b. **Law Enforcement Teams (LET):** Co-response teams consisting of an officer and a DMH mental health clinician who respond to 911 calls involving mental health crises. These teams ensure that the individuals in crisis receive appropriate, specialized care, and safe transportation to the treatment facilities. DMH's [Law Enforcement Teams](#) and [Psychiatric Mobile Response Teams](#) (PMRT) support one another as resources permit.

- **Hours of Operation:** Monday- Friday 8am-2am daily

- **Protocol to Access Services:** Law Enforcement Teams are accessed through the 911 emergency dispatch system. Patrol officers will be dispatched to assess the safety of the situation and will determine the appropriateness of activating a law Enforcement Team LET. If you believe an individual is in psychiatric crisis which poses an imminent danger to themselves, others, involves weapons or requires immediate medical attention dial 911.

## Additional Resources for Interim Housing Operators



### 1. Training and Technical Assistance

The Department of Mental Health offers a variety of web-based and in-person trainings that support skills development and empathy for staff working in interim housing settings. One of the most popular foundational trainings is Mental Health First Aid. Mental Health First Aid (MHFA) is an 8-hour course that introduces participants to risk factors and warning signs of mental health concerns, builds an understanding of their impact, and provides an overview of common treatments. The course uses role-playing and simulations to demonstrate a mental health crisis assessment, demonstrate potential interventions for providing initial assistance, and make referrals to mental health services, social supports, and self-help resources. For more information on our MHFA training see the MHFA Fact Sheet.

To request a MHFA training please contact our MHFA Training Coordinator Adam Benson [abenson@dmh.lacounty.gov](mailto:abenson@dmh.lacounty.gov) or 323-481-8888

The trainings listed below offer self-paced and self-directed learning opportunities for interim housing service provider staff at no cost. Most offerings are hosted by the [UCLA Public Mental Health Partnership](#) and require registration. All others may be accessed directly by clicking the associated link.

Training Topic	Training Link
Understanding Mental Health Recovery	<a href="https://learn.wellbeing4la.org/detail?id=211055&amp;k=27391620">https://learn.wellbeing4la.org/detail?id=211055&amp;k=27391620</a>
Understanding Special Needs	<a href="https://learn.wellbeing4la.org/detail?id=211085&amp;k=71881393">https://learn.wellbeing4la.org/detail?id=211085&amp;k=71881393</a>
Mental Health Crisis Intervention	<a href="https://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=8791">https://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=8791</a>
Crisis Intervention and Telehealth	<a href="https://learn.wellbeing4la.org/detail?id=21981&amp;k=1631649583">https://learn.wellbeing4la.org/detail?id=21981&amp;k=1631649583</a>
De-escalation and Safety Webinar	<a href="https://learn.wellbeing4la.org/detail?id=1743&amp;k=1590708738">https://learn.wellbeing4la.org/detail?id=1743&amp;k=1590708738</a>
De-escalation of Anger-Driven Risk	<a href="https://learn.wellbeing4la.org/detail?id=17163&amp;k=1621628265">https://learn.wellbeing4la.org/detail?id=17163&amp;k=1621628265</a>
De-escalation of Suicidal Thoughts and Behavior	<a href="https://learn.wellbeing4la.org/detail?id=17164&amp;k=1621628549">https://learn.wellbeing4la.org/detail?id=17164&amp;k=1621628549</a>
De-Escalation: Prevention, Intervention and Afterwards	<a href="https://learn.wellbeing4la.org/detail?id=17165&amp;k=1621629053">https://learn.wellbeing4la.org/detail?id=17165&amp;k=1621629053</a>
Safety and Crisis Prevention Intervention and Response	<a href="https://learn.wellbeing4la.org/detail?id=17161&amp;k=56775946">https://learn.wellbeing4la.org/detail?id=17161&amp;k=56775946</a>
Crisis Intervention Over the Phone	<a href="https://learn.wellbeing4la.org/detail?id=17166&amp;k=1621629502">https://learn.wellbeing4la.org/detail?id=17166&amp;k=1621629502</a>
Suicide Prevention Center Clinical Presentation	<a href="https://learn.wellbeing4la.org/detail?id=21963&amp;k=26952057">https://learn.wellbeing4la.org/detail?id=21963&amp;k=26952057</a>
Youth Suicide Assessment and Prevention Training	<a href="https://learn.wellbeing4la.org/detail?id=17162&amp;k=1552771">https://learn.wellbeing4la.org/detail?id=17162&amp;k=1552771</a>
Suicide Assessment and Prevention	<a href="https://learn.wellbeing4la.org/detail?id=211081&amp;k=12930736">https://learn.wellbeing4la.org/detail?id=211081&amp;k=12930736</a>

## Under Development

**Coming  
Soon**

### Impending Care Assessment Teams

To increase support and services for clients in interim housing who have more complex health, mental health, and substance use disorder conditions, as well as clients who need assistance with Activities of Daily Living (ADL), the Los Angeles County Homeless Initiative is partnering with Medi-Cal Managed Care Plans and DHS, Department of Mental Health (DMH), and Department of Public Health (DPH) to implement Enhanced Care Assessment Teams that will assess clients for a full array of medical, behavioral, functional, and social service needs to inform appropriate housing placements and service connections. The assessments will include assessing for ADL needs and connecting clients to caregiving services, In Home Supportive Service (IHSS), and enriched residential care. In addition, DMH is seeking Mental Health Services Act (MHSA) funding to further expand the Enhanced Care Assessment Teams. DPH will work with interim housing funders to identify interim housing sites with a high need for substance use disorder treatment services and coordinate field-based services at these identified sites.

## Reference Documents

- Attachment 3: Help Line Flyer in English and Spanish
- Attachment 4: Homeless Outreach and Mobile Engagement (HOME) Brochure
- Attachment 5: Homeless Outreach and Mobile Engagement (HOME) Referral Form
- Attachment 6: Mental Health First Aid Training Fact Sheet
- Attachment 7: Crisis Call Numbers Comparison Chart
- Attachment 8: Full Service Partnership ([FSP](#)) [Navigator Contact List](#)
- Attachment 9: Outpatient Division Directly Operated Mental Health Clinics by Service Planning Area
- Attachment 10: Service Planning Area Map
- Attachment 11: Adult and Older Adult Full Service Partnership (FSP) Brochure in [English](#) and [Spanish](#)
- Attachment 12: [Adult and Older Adult Full Service Partnership \(FSP\) Referral Form](#)
- Attachment 13: Children and Young Adult Full Service Partnership (FSP) Brochure in [English](#) and [Spanish](#)
- Attachment 14: [Children's Full Service Partnership \(FSP\) Provider Contact List](#)
- Attachment 15: [Children and Young Adult Full Service Partnership \(FSP\) Referral Form](#)
- Attachment 16: Psychiatric Mobile Response Teams (PMRT) Fact Sheet





## Department of Public Health



**The Los Angeles County Department of Public Health- Substance Abuse Prevention and Control (DPH-SAPC)** is the County's lead agency on substance use and substance use disorders (SUD). DPH-SAPC is committed to reducing the impact of substance use, abuse, and addiction in Los Angeles County through a diverse set of programs and services including prevention, harm reduction, and treatment services. DPH-SAPC oversees the specialty SUD treatment system and contracts with community-based organizations that deliver services at over 300 treatment sites across the County. Specialty SUD treatment services are available and supported through Drug Medi-Cal. The *Specialty SUD Treatment Brochure* ([English version](#) and [Spanish version](#)), includes information on how to access these services.

## 1. Program Information



**Client Engagement and Navigation Services (CENS)** are intended for prospective clients who may need more hands-on assistance to maximize SUD treatment admission and retention. SUD Counselors offer in-person navigation, screening, and linkage to treatment throughout the County. IH Providers can call their local CENS or submit the [CENS Referral Form](#) and a SUD Counselor will follow up within three (3) business days, or sooner.

Services provided by the CENS include:

- a. Determining Medi-Cal or My Health LA eligibility and assisting the client in the enrollment process.
- b. Conducting a SUD screening using the American Society of Addiction Medicine (ASAM) Triage Tool to determine whether the client may have an SUD and the provisional level of care for treatment.
- c. Scheduling a full ASAM assessment and intake appointment with an appropriate SUD provider.
- d. Assisting clients in navigating the SUD system of care.
- e. Enrolling and conducting early intervention workshops to clients at-risk of SUD.

## 2. CENS Target Population

Youth (aged 12 – 17 years) and adults (aged 18 years and over). This population includes people experiencing homelessness and individuals with co-occurring disorders (e.g., mental health and SUD) are included in the target population.

## 3. CENS Hours of Operation

Area Offices are open Monday - Friday, 8:00AM - 5:00PM

#### 4. Protocol to Access Specialty SUD Services

Interim Housing (IH) providers may access specialty SUD treatment services through any of the entryways listed in section 6 “Additional Entryways to Access Specialty SUD Treatment Services.” For in-person engagement, SUD screening and referral services, the CENS is the primary way Operators should make referrals. IH providers should make referrals through one of the entryways if:

- a. A client asks for SUD services or states that they have a SUD, or
- b. IH staff believes that the client may need SUD services.

A SUD counselor will screen the client and determine if a referral to treatment is necessary and recommend a level of care that is most appropriate.

#### 5. Protocol to Access CENS Services

- a. Site Operators complete the [CENS Referral Form](#).
- b. Site Operators submit referral form directly to the assigned CENS counselor. If assigned CENS counselor is unknown, Site Operator can call the number associated with their SPA and send the form to the corresponding CENS Area Office listed in section 7a, corresponding to the SPA in which the site is located.
- c. The CENS team will review the referral and contact the referring entity if the form is incomplete or requires additional documentation.
- d. A CENS representative will be in touch within one (1) business day to schedule an intake appointment with the participant.
- e. If the CENS representative has difficulty getting a hold of the client, they will engage the IH Operator to coordinate client engagement.
- f. Site Operators may also use any of the entryways listed below in section 6.

#### 6. Additional Entryways to Access Specialty SUD Treatment Services



24/7 call center with trained professionals to screen and link callers to appropriate SUD treatment agencies.



An online provider directory of all specialty SUD treatment providers that contract with DPH-SAPC. This tool is filterable by specific search criteria such as levels of care, population type, etc., and bed availability.



[www.RecoverLA.org](http://www.RecoverLA.org) – For those using mobile devices, Recover LA is a user-friendly web application with a filterable online service locator, as well as other info about specialty SUD treatment services, overdose prevention information, etc.



Community spaces throughout LA County where staff provide alcohol/drug education, resources, and in-person screening and linkages to treatment. Hours of operation vary per site. Visit this [link](#) for locations and contact information.

## 7. Contact Information

### a. CENS Area Office Contact List

Service Planning Area	CENS Provider	Phone Number
1 – Antelope Valley	Tarzana Treatment Centers (TTC)	(661) 726-2630
2 – San Fernando Valley	San Fernando Valley Community Mental Health Center	(818) 285-1900
3 – San Gabriel Valley	Prototypes – HealthRight 360	(626) 444-0705
4 – Metro LA	Homeless Health Care Los Angeles (HHCLA)	(213) 744-0724
5 – West LA	Didi Hirsch Mental Health Services	(310) 895-2300
6 – South LA	Special Services for Groups - Homeless Outreach Program Integrated Care System (SSG-HOPICS)	(323) 948-0444
7 – East LA	Los Angeles Centers for Alcohol and Drug Abuse (L.A.CADA)	(562) 273-0462
8 – South Bay	Behavioral Health Services (BHS)	(310) 973-2272

### b. Department Contact Information

If you are experiencing any issues with any of the entryways, are experiencing difficulty with accessing services for a client, or have any questions, please contact the Homeless Service Unit Team at:

- DPH-SAPC Homeless Service Unit: Leslie Lopez, Homeless Service Unit [leslopez@ph.lacounty.gov](mailto:leslopez@ph.lacounty.gov) OR
- Adult Services Section: Sandy Song, [sasong@ph.lacounty.gov](mailto:sasong@ph.lacounty.gov)

## Additional Resources for Interim Housing Operators



### 1. Technical Assistance and Training

Trainings are available through DPH-SAPC Clinical Standards and Trainings (CST) Unit. Please visit the links below to learn more about the types of trainings, training calendar, and to how to register for upcoming training sessions.

- [Training List](#) – Find training information and resources, including how to register for these sessions.
- [Training Calendar](#) - View dates and times for upcoming trainings.

If you have any training specific questions, please contact the CST team at [sapc.cst@ph.lacounty.gov](mailto:sapc.cst@ph.lacounty.gov).

Trainings that may be of interest to IH operators include, but are not limited to the following:

- Trauma Informed Care Approaches for Working with Individuals with SUD
- Best Practices in Engaging and Delivering Services to People Experiencing Homelessness
- Effecting Change Through the Use of Motivational Interviewing
- Utilizing Naloxone and Other Harm Reduction Strategies
- Providing Culturally Responsive Care to the LGBT Population
- Medications for Addiction Treatment (MAT) & Methadone and Beyond: Medications for Addiction Treatment for Alcohol and Opioid Use Disorder trainings; these help IH providers understand MAT options and how clients can access them

## 2. Domestic Violence Housing and Supportive Services

Office of Women's Health - Domestic Violence Housing and Support Services (DVHSS) Unit administers contracts to a network of providers who provide critical shelter, counseling, and support services essential to facilitating safety, addressing trauma, and working towards long-term stability for survivors. Funded Services include:



- Domestic Violence Shelter Based Services
  - Emergency 24-hour shelter for victims and their children
  - [24/7 Hotline for crisis calls](#)
- Domestic Violence Supportive Services to CalWORKs DV Survivors
  - Case management: Mental health/counseling, life skills and advocacy
  - Legal Services
- American Rescue Plan DV Services
  - Sheltering
  - Legal Assistance
  - Psychological Support and Mental Health
  - Housing Navigation/Case Management
  - Necessities of Life
  - Transportation

### a. Program Contact

- LA County Domestic Violence Hotline (800) 978 – 3600
- Agency and 24-hour domestic violence shelter hotlines may be viewed at <http://publichealth.lacounty.gov/owh/OWHContracts/DV%2024%20Hour%20Hotlines/DVShelter-24hrHotlines.pdf>.

### b. Client Eligibility

A survivor of domestic violence that needs a safe and confidential place to shelter. Eligibility is not contingent on immigration status, residency, or income requirements.

## 3. Public Health Centers



Clinical services offered at [Public Health Centers](#) include various preventative and treatment services including immunizations, and screening and treatment of tuberculosis and sexual health services such as sexually transmitted infection testing, diagnosis and treatment, Monkeypox testing, diagnosis and treatment, and family planning. For a printed list of the Public Health Centers, please visit <http://publichealth.lacounty.gov/chs/Docs/DPH-Clinics.pdf>.

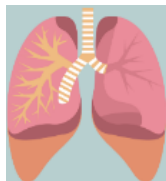
- Sexual Health Services - To schedule services, please call the health center directly to make an appointment. [Sexual Health Clinic Registration Schedule](http://publichealth.lacounty.gov/chs/SexualHealthClinicSchedule.pdf) and contact information may be viewed at <http://publichealth.lacounty.gov/chs/SexualHealthClinicSchedule.pdf>
- For immunization, TB testing and COVID vaccines and testing, please visit the Nurse Only Clinic Registration schedule at <http://publichealth.lacounty.gov/chs/NurseClinic.pdf>
- If clients or operators are experiencing difficulties accessing services, please email [chs@ph.lacounty.gov](mailto:chs@ph.lacounty.gov).

## 4. Communicable Diseases

### a. Tuberculosis Control Program

The Tuberculosis (TB) Control Program is an administrative office that receives reports of suspected TB and confirmed TB disease incidents in Los Angeles County (excluding Long Beach and Pasadena) and oversees referral and linkage for TB services, amongst other activities. Clinical care for TB is provided at one of the eleven Los Angeles County District Public Health Centers or through community medical providers. In one of its roles, the TBCP oversees and sets County policy for infection prevention, including sites serving people with housing instability as well as TB testing. Technical assistance for infection prevention and TB testing is available through the medical and nursing specialists located in the program office.

- **Hours of Operation:** Monday – Friday 8:00am - 5:00pm



- **Tuberculosis Control Program Contact**

2615 S. Grand Ave, Room 507  
Los Angeles, CA 90007  
(213) 745-0800; M-F 8:00-5:00  
<http://www.publichealth.lacounty.gov/tb/>

- **Infection Control Guidance for TB**

- LA County TB Control Program Guidance For Shelters, including Interim Housing <http://ph.lacounty.gov/tb/docs/Shelterguidelines.pdf>
- Technical Assistance for TB Screening in Interim Housing can be requested; please see <http://ph.lacounty.gov/tb/educationandresources.htm>

- **Access TB Testing and Evaluation** If client is uninsured, access TB testing and evaluation at either LAC DPH public health centers

- Los Angeles County DPH Clinic Services (<http://publichealth.lacounty.gov/chs/NurseClinic.pdf>) as well as the
- Leavey Center (Skid Row community)
  - 522 S. San Pedro St. Los Angeles, CA 90013
  - (213) 486-4085 (Business Office at Central Health Center will answer telephone) OR
- Community clinics supported by My Health LA - [dhs.lacounty.gov/my-health-la/](https://dhs.lacounty.gov/my-health-la/):
  - To assess for symptoms of TB, please see Appendix C in the TB Control Program Guidance for Shelters
  - For clients with TB symptoms, please use Appendix D of the TB Control Program Guidance For Shelters as a referral form to your designated receiving healthcare facility for TB care

### b. Other Infectious Diseases

- For covid19 Outbreaks/clusters reporting, use our redcap <https://dphredcap.ph.lacounty.gov/surveys/?s=RERMHDTWAR>
- For any other communicable disease-outbreak, our auto attendant line 888-397-3993 (all communicable diseases), or directly to our morbidity line (213) 240-7821.

## 5. Department of Public Health Environmental Health Division (DEH)

Department of Environmental Health's mission is to assess environmental conditions and reduce exposure to health risks; and to educate the public on sources of environmental risk so they are empowered to protect themselves, their families and their communities.

- **Outbreaks and Investigation Program**

The Outbreaks and Investigation Program, in collaboration with County departments, and City and State agencies, conducts assessments of shelters and homeless encampments to ensure people experiencing unsheltered homelessness are protected to the extent possible. Elements of appropriate sanitation include access to clean and safe water; proper disposal of human and other waste; elimination of biological, chemical, or other hazards from the environment; elimination of animal and insect vectors that can carry and transmit disease; and universal access to hygiene facilities, such as toilets and handwashing sinks. The Program assesses varying unsheltered locations, identifying environmental health hazards, and providing technical assistance to street medicine teams and other programs that engage unsheltered populations. The Program has extensive experience conducting assessments of encampments throughout the County, monitoring conditions, and providing residents with guidance on infection control. The health protective intervention strategies are implemented at a low-cost and prevent a variety of poor health outcomes among PEH.

- **Hours of Operation:** Monday – Friday 8:00am - 5:00pm

- **Program Contact:**

Outbreaks and Investigation Program

5050 Commerce Drive, Baldwin Park, CA 91706

Tel: (626) 430-5201

[ehsurvey@ph.lacounty.gov](mailto:ehsurvey@ph.lacounty.gov) <http://publichealth.lacounty.gov/eh/>

- **Permitting of Interim Housing Facilities**

The Department of Public Health Environmental Health Division's, Lodging & Institutions Program ensures that all Interim Housing Facilities in Los Angeles County are licensed and inspected to meet applicable County Codes and State law.

Interim Housing facilities that reside in Los Angeles County are required to hold a Public Health License in order to operate. The Lodging and Institutions Program collaborates with other county agencies and Los Angeles Homeless Services Authority (LAHSA) to ensure Interim Housing providers obtain proper approvals and licenses. Please note that the cities of Pasadena, Long Beach, and Vernon are not covered under this program.

There is strong evidence that the quality of our housing is a significant determinant of health that affects the physical, social, and mental well-being of each resident. The Lodging and Institutions Program ensures interim housing facilities are maintained and operated in a safe and sanitary manner. The program accomplishes this by conducting three inspections of these facilities annually, and investigating facility complaints related to sewage discharge, vermin (rodents, cockroaches, bed bugs, and other insects), unsanitary conditions and general maintenance of the facility.

- **Hours of Operation:** Monday – Friday 8:00am - 5:00pm

- **Program Contact:**

Lodging and Institutions Program

3530 Wilshire Blvd., Ste 1110, Los Angeles, CA 90010

Tel: (213) 351-0288 Fax: (213) 637-0028

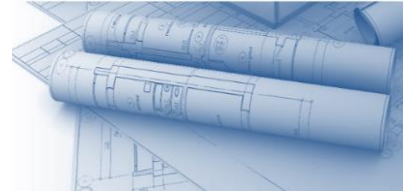
<http://publichealth.lacounty.gov/eh/>





- **Plan Check Program**

If the Interim Housing Facility includes a resident kitchen facility, or other food service, an approval will be required through the Department of Public Health Environmental Health Division, Plan Check Program. This program ensures that new and remodeled food facilities in Los Angeles County comply with California State laws and local ordinances relating to construction, building materials, equipment, equipment installation, and ventilation systems required in a food facility.



- **Hours of Operation:**

Monday – Friday 8:00am - 5:00pm

- **Program Contact:**

Plan Check Program  
5050 Commerce Drive  
Baldwin Park, CA 91706  
(626) 430-5560

<http://publichealth.lacounty.gov/eh/>



## Additional Resources for Interim Housing Operators

### Technical Assistance and Training



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If you have any training specific questions, please contact the CST team at [sapc.cst@ph.lacounty.gov](mailto:sapc.cst@ph.lacounty.gov).

## Under Development



### Impending Care Assessment Teams

To increase support and services for clients in interim housing who have more complex health, mental health, and substance use disorder conditions, as well as clients who need assistance with Activities of Daily Living (ADL), the Los Angeles County Homeless Initiative is partnering with Medi-Cal Managed Care Plans and DHS, Department of Mental Health (DMH), and Department of Public Health (DPH) to implement Enhanced Care Assessment Teams that will assess clients for a full array of medical, behavioral, functional, and social service needs to inform appropriate housing placements and service connections. The assessments will include assessing for ADL needs and connecting clients to caregiving services, In Home Supportive Service (IHSS), and enriched residential care. In addition, DMH is seeking Mental Health Services Act (MHSA) funding to further expand the Enhanced Care Assessment Teams. DPH will work with interim housing funders to identify interim housing sites with a high need for substance use disorder treatment services and coordinate field-based services at these identified sites.

## Reference Documents

- Attachment 17: Client Engagement and Navigation Services (CENS) Flyer
- Attachment 18: Client Engagement and Navigation Services (CENS) Fact Sheet
- Attachment 19: Screening Referral Treatment Follow-Up Form
- Attachment 20: Substance Use Disorder (SUD) Brochure in English and Spanish
- Attachment 21: Domestic Violence Housing and Support Services Flyer
- Attachment 22: Domestic Violence Housing and Support Services Hotlines
- Attachment 23: Public Health Centers Sexual Health Clinic Registration Schedule
- Attachment 24: Public Health Centers Nurse Only Clinic Registration Schedule
- Attachment 25: Public Health Centers

**6**

## **Department of Public Social Services**



The Department of Public Social Services (DPSS) offers various Homeless Programs and Services designed to assist families and individuals who are homeless or at-risk of becoming homeless. Programs include: Medi-Cal, health insurance; In-Home Supportive Services for aged, blind, and disabled individuals; CalFresh, food assistance; CalWORKs, cash assistance for families; General Relief, cash assistance for individuals; and CAPI, cash assistance for immigrants. To be assessed for any of the Homeless Programs and Services we offer, clients must first be eligible for one of our cash/financial assistance programs.

## 1. Programs and Target Population

### a. Medi-Cal



## Medi-Cal

Medi-Cal is California's healthcare program that provides comprehensive health coverage for people with low, or no income. If you have limited income and resources, the [Medi-Cal Program](#) provides comprehensive health coverage to you and your family for free or low-cost. If you need health benefits, you can apply for Medi-Cal anytime throughout the year online or through Covered California.

Depending on income level and household size, customers may be eligible for no or low-cost Medi-Cal. Customers who are not eligible for free or low-cost Medi-Cal, due to income exceeding programs limits, can request to be evaluated for other Medi-Cal programs, which may include coverage with a "Share of Cost," and/or be referred to Covered California.

#### • Basic Eligibility Requirements:

- Must be a California resident
- Be a U.S. Citizen or have Satisfactory Immigration Status (SIS) for full-scope coverage
- Effective May 1, 2022, non-citizens 50 years or older who cannot provide verification of Satisfactory Immigration Status (SIS) now qualify for full-scope coverage, if otherwise eligible
- Must declare household income and family size and be within the Federal Poverty Limit for the household size. (In some instances, provide proof of income and/or property).

Income Limits for Adults 19-64 Years of Age	
Family Size	Income Limit
1	\$1,677
2	\$2,269
3	\$2,860
4	\$3,450
5	\$4,043
6	\$4,633
7	\$5,244
8	\$5,816



- Program Website and training video on "What is Medi-Cal?" <https://youtu.be/cyD1-OoCUeg>

## b. CalFresh



The [CalFresh Program](#) (formerly known as Food Stamps) improves people's nutrition in low-income households by increasing their food-buying power so that they can purchase sufficient food to meet their household's nutritional needs. CalFresh benefits issued through Electronic Benefit Transfer, also known as EBT card, can be used in grocery stores and participating Farmers Markets. Homeless, elderly or disabled persons may purchase prepared meals from participating restaurants with their EBT card. Supplemental Security Income/State Supplemental Payment (SSI/SSP) recipients in California are also eligible for CalFresh benefits, provided all other eligibility requirements are met.

- **Basic Eligibility Requirements:**

- Have low-income or no income  
Income Eligibility standards can be found at [CalFresh Eligibility Criteria \(lacounty.gov\)](http://lacounty.gov)

Household Size	Gross Monthly Income Limit Income Reporting Threshold (IRT) for Semi- Annual Reporting (SAR) (130% Poverty Level)	Modified Categorical Eligibility Gross Income Limit (200% Poverty Level)
1	\$1,473	\$2,266
2	\$1,984	\$3,052
3	\$2,495	\$3,840
4	\$3,007	\$4,626
5	\$3,518	\$5,412
6	\$4,029	\$6,200
7	\$4,541	\$6,986
8	\$5,052	\$7,772
Each additional member	+ \$512	+ \$788

- Have limited property
- Are a U.S. Citizen or a Legal Permanent Resident
- Are an immigrant that meets certain criteria



- **Program Website and training video on "What is Cal-Fresh?"**  
<https://youtu.be/8YaSxIDQ7yo>

### c. CalWORKs



California Work Opportunity and Responsibility to Kids, also known as CalWORKs, provides temporary financial assistance and employment-focused services to families with minor children whose income and property are below State maximum limits for their family size. In California, cash aid is restricted to a five-year lifetime limit for most aided adults, which includes aid received in other States; however, aid continues for the eligible children. CalWORKs customers who become employed and whose income from earnings exceeds the amount allowed to continue receiving cash assistance may continue to receive ongoing CalFresh benefits, Medi-Cal coverage, and child care and transportation services.

- **Basic Eligibility Requirements:**

- Must be a U.S. Citizen or an immigrant with permission to live in the U.S.
- California Resident
- Have a Social Security Number
- Monthly income is less than the Maximum Aid Payment (MAP) for your family size

Family Size	Current MAP (Non-Exempt)	Current MAP (Exempt) <sup>1</sup>	Family Size	Current MAP (Non-Exempt)	Current MAP (Exempt) <sup>1</sup>
1	\$707	\$779	6	\$1,830	\$2,043
2	\$895	\$1,000	7	\$2,065	\$2,305
3	\$1,130	\$1,264	8	\$2,299	\$2,569
4	\$1,363	\$1,519	9	\$2,532	\$2,828
5	\$1,597	\$1,780	10 or more	\$2,767	\$3,094

- Pregnant or have eligible minor children
- Have less than \$10,000 in cash, bank accounts, and other resources
- Participate in Welfare-to-Work activities

(1) To receive the MAP (higher) exemption the family must have an eligible child and each adult relative caretaker must receive one of the following benefits: Supplemental Security Income, In-Home Supportive Services, Security Disability Insurance, Temporary Workers' Compensation, Temporary Disability, or is a non-needy/nonparent caretaker relative.



- **Program Website and training video on “What is Cal-WORKs?”**  
<https://youtu.be/iQBaHMB-YIk>

#### d. General Relief



General Relief (GR) is a County-funded program that provides cash aid if you are an adult without any income or resources, and children in certain special circumstances who are ineligible for federal or State programs.

- **Basic Eligibility Requirements:**

- o Must be an L.A. County Resident
- o Your monthly net income is less than \$221
- o Personal Property is less than \$2000
- o Motor Vehicle is valued less than \$4500 (if homeless and using vehicle as a residence its value is \$11,500 or less)
- o Cash on hand is less than \$100 at time of application
- o Real property (your residence) is valued \$34,000 or less  
(Note: You must agree to sign a lien, allowing the County to recover GR payments received under certain circumstances)

- **Program Website and training video on “What is General Relief?”**  
<https://youtu.be/xzi-nvZxVoU>

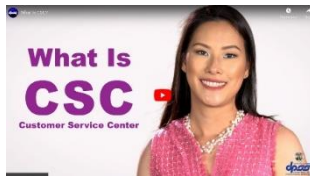


## 2. Protocol to Access DPSS Services



[BenefitsCal.com](https://www.benefitscal.com) is a new website for customers to apply for, view, and renew benefits for Medi-Cal, CalFresh, General Relief and CalWORKs. Videos on how the customers can navigate the BenefitsCal website may be viewed at [BenefitsCal - YouTube](https://www.benefitscal.com/youtube).

**Note:** IH Operators do not have access to BenefitsCal and should not set up or access accounts on behalf of clients.



**DPSS Customer Service Center** is available to assist Monday – Friday, 7:30 am – 6:30 pm. Customer Service Center can assist with:

- General Case information
- Case Updates and Inquiries
- Semi-Annual Reporting (SAR)
- Apply for CalFresh, General Relief, Medi-Cal, and CalWORKs Applications
- Inter-County Transfer
- Automated Self-Service Feature
- Emergency Services
- DPSS Program Hotlines

**DPSS service delivery will be administered at on-site visits and remote service delivery.**

### a. Process for IH Operators to request services:



- Submit a service request to a DPSS Homeless Services Representative by sending a secure email to [MainstreamHomelessServices@dpss.lacounty.gov](mailto:MainstreamHomelessServices@dpss.lacounty.gov).
- Title the Subject Line to read “Request for DPSS Services – Site Name - SPA #.”
- Each request is to include a password-protected Excel spreadsheet containing the client’s full name, DPSS case number (if possible), date of birth, social security number, and client contact number for clearance of DPSS system.
- In addition, the request must be accompanied by the *Client Right of Access Request Form* (consent form) signed by the client, which serves as a confirmation that the client is giving DPSS authorization to share their personal information.
- DPSS will provide the IH Operator an updated roster which will include acknowledgement of DPSS programs in which the clients are enrolled (GR, CalFresh, or Medi-Cal, SSI approved), and due date of periodic reports such as GR semi-annual reporting, CalFresh Annual Agreement, and/or Medi-Cal Redetermination, within five (5) business days from receipt of the request. Processing time is dependent on the number of residents being cleared per request.

**Service  
Modes**

**On-Site Services**

- If there are more than 10 clients who are not in receipt of DPSS benefits, then the site will be scheduled for an initial site assessment and site visit.
- DPSS will coordinate with Operators to secure a date and time for the DPSS Outreach Team to visit the site to administer onsite services.
- DPSS confirms the number of Eligibility Worker(s) and site visit date(s) with the IH Operator via email. DPSS staff will need room(s) to engage in confidential conversations with clients. These rooms also need to be located near site security.
- Prior to the DPSS visit, the IH Operator will promote the upcoming visit and schedule appointment times for the clients for the day of the onsite services.
- During the onsite visit, DPSS will engage clients not enrolled in DPSS services and link them to DPSS services. For those who are enrolled, DPSS will assist with their existing case (e.g., replacement electronic benefit transfer or Medi-Cal cards, DMV waivers, etc.).
- As needed, DPSS adjusts the length of time during which Eligibility Workers will remain at the site to ensure all participants are provided a reasonable opportunity to connect with the mainstream benefits they are eligible.

**Remote Services**

- If there are less than 10 clients who are not in receipt of DPSS benefits, DPSS will provide remote services via a dedicated hotline.
- DPSS will give the IH Operator at least five (5) business days advance notice (including the hotline number) before scheduling services.
- The hotline will be available specifically to the clients at the IH site during the scheduled time provided by DPSS.

**Next  
Steps**

- Upon completing onsite or remote services, DPSS and IH Operator have a debriefing session focusing on outstanding/follow-up items, referral process to promote efficient ongoing service coordination.
- IH Operators continue to engage and assess participants and promote linkages to County Mainstream services to engage (1) new clients and (2) existing clients to prevent interruptions in benefits.
- IH Operators provide ongoing training on Mainstream Services Program to new and existing site staff.
- IH Operators make ongoing referrals as necessary, which will be documented in the client files.



### 3. Eligibility Redetermination Process

Clients/beneficiaries can upload periodic reports, annual recertifications or renewals, or verifications online through the [BenefitsCal](#) website or by calling the Customer Service Center at (866) 613-3777 or (888) 999-7671.



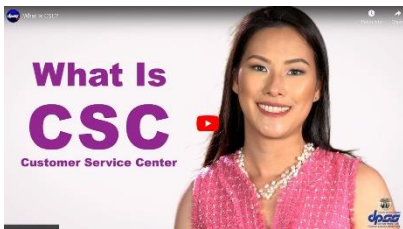
The Customer Service Center is also available to respond to general inquiry for all programs including CalFresh, General Relief, CalWORKs, Medi-Cal, and CAPI.

**Note:** A redetermination interview is not required for Medi-Cal and GR Programs; however, callers will be assisted in ensuring that their renewal is processed.

#### How Operators and DPSS can collaborate to prevent eligibility/service disruptions:

- Operators are encouraged to maintain a document in client files listing clients' benefits and redetermination dates to prevent eligibility and service disruption. Operators should monitor these deadlines and assist clients as appropriate to take necessary steps to apply or retain their benefits in coordination with DPSS.
- If clients are unable to apply or renew their benefits on their own, clients and Operators are encouraged to contact the Customer Service Center together to obtain information on clients' benefit status or to assist clients with enrollment and redetermination.

### 4. DPSS Hours of Operation:



- a. **District Office:** Monday – Friday, 8:00AM – 5:00PM  
To find the closest district office please visit <https://benefitscal.com/Help/HCCOL>
- b. **Customer Service Center** Monday – Friday, 7:30 a.m. – 6:30 p.m. excluding holidays.

### 5. DPSS Contact Information

- a. To request onsite or remote services, vet the client roster, or have any questions on DPSS programs, please contact DPSS via email at [MainstreamHomelessServices@dpss.lacounty.gov](mailto:MainstreamHomelessServices@dpss.lacounty.gov)
- b. If you are experiencing any issues with referral pathways, difficulty with accessing onsite or remote services, please contact the DPSS Homeless Services Section below.
  - Lynette Franklin [LynetteFranklin@dpss.lacounty.gov](mailto:LynetteFranklin@dpss.lacounty.gov) or
  - Marjurie Arora [MarjurieArora@dpss.lacounty.gov](mailto:MarjurieArora@dpss.lacounty.gov) or
  - Lisa Hayes [LisaHayes@dpss.lacounty.gov](mailto:LisaHayes@dpss.lacounty.gov)

## Additional Resources for Interim Housing Operators

### 1. Training and Technical Assistance



- a. Training - DPSS will provide DPSS Overview Training via webinar to case managers or appropriate agency staff, upon request. The training webinar would be recorded and distributed to the IH Operator to train new hires in the future.
- b. Difficult to serve clients - DPSS will provide expedited services, work closely with the case-carrying district office, and execute a warm handoff when necessary to ensure the situation is resolved in a timely manner.

### 2. Accessing Client Information

IH Operators are encouraged to become members of the CHIP System to retrieve Verification of Benefits for adult homeless clients. The process to join is easy and free. To become a member contact:

Lynette Franklin at [LynetteFranklin@dpss.lacounty.gov](mailto:LynetteFranklin@dpss.lacounty.gov)

## Reference Documents

- Attachment 26: Homeless Services Brochure
- Attachment 27: Client Right of Access Request Form
- Attachment 28: Program Overview
- Attachment 29: Federal Poverty Limit Chart
- Attachment 30: BenefitsCal Brochure



## **Program Attachments**



**Attachment 1:**  
**Countywide Benefits Entitlement**  
**Services Team (CBEST)**  
**Program Flyer**



C.B.E.S.T.

COUNTYWIDE BENEFITS ENTITLEMENTS SERVICES TEAM



## WHO IS ELIGIBLE FOR SERVICES?

Individuals experiencing homelessness or at risk of homelessness who are:

- Blind
- Disabled
- Elderly (65+)
- Veterans

## CBEST IS A PROGRAM OF:

Los Angeles County Department of Health Services (DHS)

- Housing for Health (HFH)



## FUNDED BY:

The Los Angeles County Homeless Initiative and Measure H



## WHAT IS CBEST?

### THE COUNTYWIDE BENEFITS ENTITLEMENTS SERVICES TEAM

is a Department of Health Services (DHS) program, comprised of a dedicated team of benefits advocates, clinicians, and legal partners that assist individuals to apply for the following disability programs:

- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Cash Assistance Program for Immigrants (CAPI)
- Veteran's Benefits

## CBEST SCOPE OF SERVICES\*

- Assess and provide linkages to case management & housing resources
- Gather and summarize current/historical medical evidence
- Submit full and complete disability benefits applications
- Full scope legal services for appeals and post-award suspensions and terminations
- Provide representative payee services

## HOW DO WE SEND REFERRALS TO CBEST?

### ELECTRONIC REFERRALS

Organizations can refer potential clients by submitting the CBEST referral form via email to [cbestreferral@dhs.lacounty.gov](mailto:cbestreferral@dhs.lacounty.gov) or by fax at: 213-482-3395.

### WALK- INS

Individuals who believe they may be eligible for CBEST can walk in to any of our partner community based organizations across the county and request a connection to CBEST (see back side of this sheet for locations across the county).

\*The provision of CBEST services are contingent upon client need and CBEST recommendations.

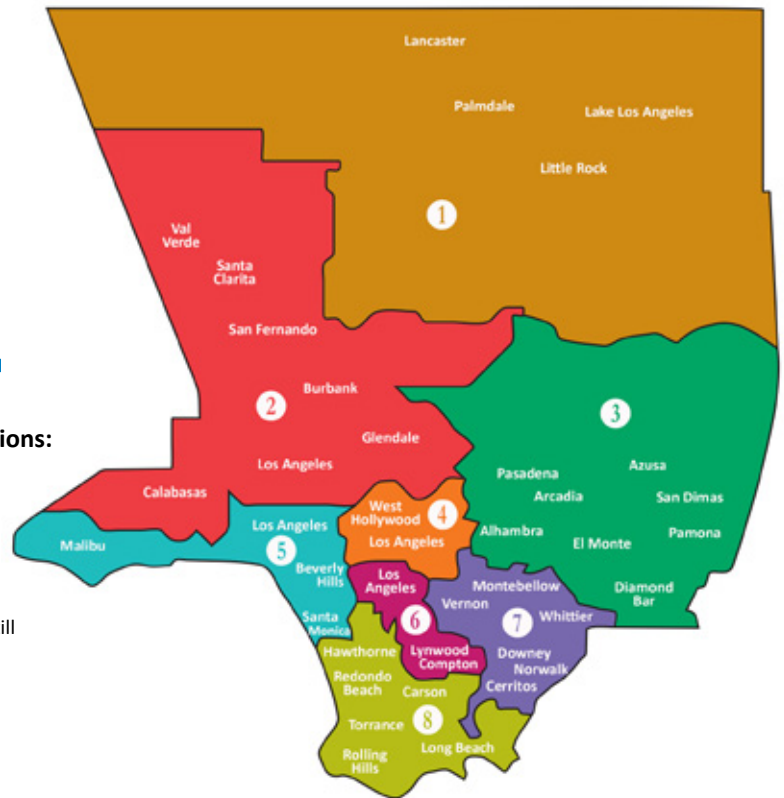
Department of Health Services | Housing for Health Division | 655 S. Maple Ave. LA, CA 90014

## WHERE ARE SERVICES AVAILABLE?

### CBEST intake services can be accessed at the following locations:

- Department of Public Social Services
- Los Angeles County jail facilities\*
- Community-based partner agencies (see below)

\*CBEST staff are not presently co-locating at jail facilities. However we are still receiving and responding to these referrals via our centralized referral email system.



SPA	REGION	ORGANIZATION	PHONE	FAX
SPA 1	<b>Antelope Valley</b>	The Catalyst Foundation	661-948-8559	661-942-0738
SPA 2	<b>San Fernando Valley</b>	Tarzana Treatment Center	818-342-5897	818-975-5008
SPA 3	<b>San Gabriel Valley</b>	Volunteers of America	626-593-2364	626-532-1705
SPA 4	<b>Metro LA</b>	Volunteers of America	213-529-0979	323-364-8779
SPA 5	<b>West LA</b>	St. Joseph Center	310-399-6878	310-392-8402
SPA 6	<b>South LA</b>	Special Service for Groups - HOPICS	323-432-4363	323-432-4393
SPA 6	<b>South LA</b>	Watts Labor Community Action Committee	323-308-8053	
SPA 7	<b>East LA</b>	Lutheran Social Services	562-474-2562	562-218-4123
SPA 8	<b>South Bay Harbor</b>	Lutheran Social Services	562-599-1321	562-474-2561

# **Attachment 3:**

## **Help Line Flyer**

### **in English and Spanish**



## ▶▶ LACDMH HELP LINE 1-800-854-7771



The LACDMH Help Line serves as the primary entry point for mental health services with the Los Angeles County Department of Mental Health.

Services provided by our Help Line staff include:

**Access Center (ext. 1)** for mental health referrals, crisis and general information. Available 24 hours a day, 7 days a week.

**Emotional Support Warm Line (ext. 2)** for callers experiencing increased challenges and stressors. Available 10:30 a.m. to 9 p.m. daily.

**Veteran Line (ext. 3)** for support and assistance connecting to resources. Available 9 a.m. to 8 p.m. daily.

For more information, visit: <https://dmh.lacounty.gov/get-help-now>.





# ▶▶ LÍNEA DE AYUDA DE LACDMH 1-800-854-7771



La Línea de Ayuda de LACDMH (conocida como LACDMH Help Line en inglés) sirve como el principal punto de entrada para servicios de salud mental proveídos por el Departamento de Salud Mental del Condado de Los Ángeles.

Los servicios proporcionados por nuestro personal de la Línea de Ayuda incluyen:

**Centro de Acceso (ext. 1)** para referencias de salud mental, crisis, e información general. Disponibles 24/7.

**Línea de Apoyo Emocional (ext. 2)** para personas experimentando aumento de desafíos y factores estresantes. Los servicios están disponibles de 10:30 a.m. a 9 p.m. todos los días.

**Línea de Veteranos (ext. 3)** para gestión de recursos y apoyo pertinente a veteranos de guerra. Servicios disponibles diariamente de 9 a.m. a 8 p.m.

Para obtener más información, visite: <https://dmh.lacounty.gov/get-help-now>.

# **Attachment 4:**

## **Homeless Outreach and Mobile Engagement (HOME) Brochure**



# ▶▶ HOME Team

## Program Description

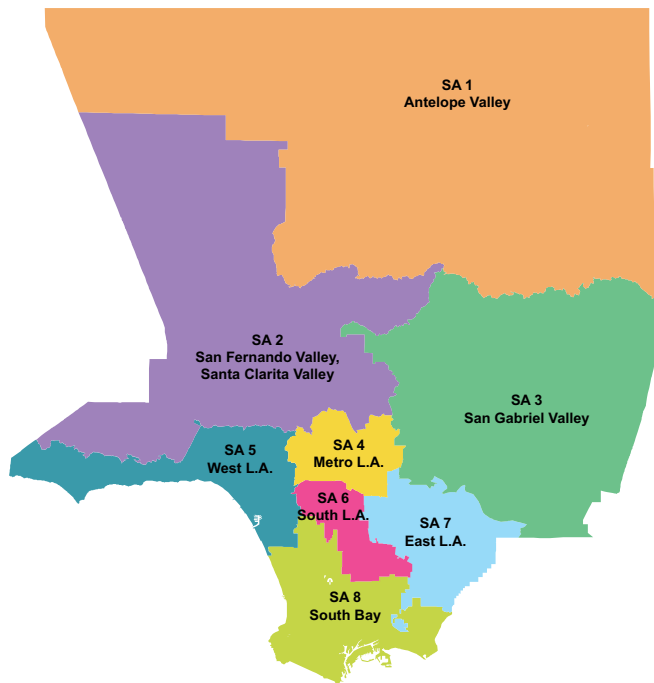
The Homeless Outreach & Mobile Engagement (HOME) program provides field based outreach, engagement, support, and treatment to individuals with severe and persistent mental illness who are experiencing unsheltered homelessness. Services are provided by: addressing basic needs; conducting clinical assessments; providing street psychiatry; and providing linkage to appropriate services (including mental health services substance abuse treatment and housing).

## Target Population

HOME serves individuals 18 and over who are experiencing chronic unsheltered homelessness and who have profound mental health needs and associated impairments. These vulnerable and disengaged individuals struggle with securing appropriate food, clothing, and shelter due to their mental illness. In addition, they may have critical deficits in hygiene and communication, and are generally highly avoidant of services. They are unable to live safely in the community and require specialized mental health services in order to secure and sustain housing.

**DMH Website** [dmh.lacounty.gov/our-services/countywide-services](https://dmh.lacounty.gov/our-services/countywide-services)

▶▶ We have HOME Teams in each Service Area countywide.



## Service Area Coverage

- SA 1 – Antelope Valley
- SA 2 – San Fernando Valley, Santa Clarita Valley
- SA 3 – San Gabriel Valley
- SA 4 – Metro Los Angeles
- SA 5 – West Los Angeles
- SA 6 – South Los Angeles
- SA 7 – East Los Angeles
- SA 8 – South Bay

## Referrals

Most referrals are submitted by generalist homeless outreach providers who identify individuals with high service needs, severe impairment, and require more specialized and intensive support than general outreach teams can provide. Members of the public may initiate a **referral to a general homeless outreach team** through the Los Angeles Homeless Outreach portal at [www.LA-HOP.org](http://www.LA-HOP.org). Individuals will be triaged to a HOME team if the person meets the aforementioned criteria. Homeless outreach providers should complete the **HOME Team Referral Form** found [here](#) and email it to [home@dmh.lacounty.gov](mailto:home@dmh.lacounty.gov). Please contact us if you have any questions.

HOME does not provide emergency services. For emergency response, please call **911**.

▶▶ For 24/7 help, please call our 24/7 Help Line: **1.800.854.7771**

**Attachment 11:**  
**Adult and Older Adult**  
**Full Service Partnership (FSP)**  
**Program Brochure**  
**in English and Spanish**





## Get the Help You Need Now

Los Angeles County Department of Mental Health (LACDMH) provides a range of programs and services designed for adults (21+) and older adults (60+) who reside in Los Angeles County. Mental health services are available through directly operated and contract agencies throughout the County.

## FSP for Adults/Older Adults

LACDMH offers FSP services for adults (21+) and older adults (60+), who would benefit from and are interested in participating in a program designed to address physical, emotional and living situation needs.

FSP programs for adult and older adult who are capable of providing an array of services beyond the scope of traditional mental health outpatient services.

## Key Components of FSPs

Adult/Older Adult FSP program providers may deliver services in your residence as well as in your community. Adult/Older Adult FSP services includes 24/7 crisis response when there is an emergency or crisis. Each client enrolled in an Adult/Older Adult FSP program will participate in the creation of a plan focused on individualized goals with the assistance of clinicians and case managers.

## LACDMH Values

**Integrity.** We conduct ourselves professionally according to the highest ethical standards.

**Respect.** We recognize the uniqueness of every individual and treat all people in a way that affirms their personal worth and dignity.

**Accountability.** We take responsibility for our choices and their outcomes.

**Collaboration.** We work together toward common goals by partnering with the whole community, sharing knowledge, building strong consensus, and sharing decision-making.

**Dedication.** We will do whatever it takes to improve the lives of our clients and communities.

**Transparency.** We openly convey our ideas, decisions and outcomes to ensure trust in our organization.

**Quality and Excellence.** We identify the highest personal, organizational, professional and clinical standards and commit ourselves to achieving those standards by continually improving every aspect of our performance.

**If you are in crisis and need help right away, call our 24/7 toll-free Help Line: [800.854.7771](tel:800.854.7771)**

Those with hearing or speech disabilities may [call 711](tel:711) and ask the operator – who will serve as the interpreter between the caller and our staff – to call our Help Line.

[dmh.lacounty.gov](https://dmh.lacounty.gov)



▶▶ **Full Service Partnership (FSP)**  
**Adult (21+)**  
**Older Adult (60+)**



LOS ANGELES COUNTY  
**DEPARTMENT OF  
MENTAL HEALTH**  
hope. recovery. wellbeing.



## About

Full Service Partnership (FSP) programs provide comprehensive intensive mental health services for adult/older adult and their families in their homes and communities.

FSP programs have several defining characteristics, including providing a wide array of services and supports, guided by a commitment by providers to do “whatever it takes” within the resources available to help individuals within defined populations make progress on their particular paths to recovery and wellness.

Adult/older adult will find the following are potential examples of mental health services and supports clients may receive if participating in FSPs:

- Counseling and psychotherapy
- Assistance in obtaining transportation relating to the mental health treatment goal
- Help obtaining needed medication
- Help receiving physical health care
- Assistance in finding a safe and affordable place to live or assistance remaining in a present home
- Help with educational opportunities
- Help securing financial and health benefits to which you are eligible for
- Treatment for addictions, such as alcoholism, drugs, and other substances
- Help finding employment, vocational training, and/or volunteer opportunities
- Dedicated professionals committed to your success in accomplishing goals that are important to your health, wellbeing, safety and stability
- Support available 24/7

## Eligibility

### Adult FSP Eligibility (21+)

Adults ages 21 and above years old with a serious mental and persistent mental illness that results in difficulty functioning and who have experienced the following within the last year:

- Has a Serious Mental Illness (SMI) (e.g. schizophrenia, bipolar disorder, schizoaffective disorders, or other serious mental health diagnosis resulting in significant impairments to functioning)
- Meet the medical necessity requirements for specialty mental health services
- Is unserved, underserved or inappropriately serve

Meet one or more of the focal population criteria:

- Homeless
- Justice-involved
- High utilizers

### Older Adult Eligibility (60+)

- At risk of immediate physical harm or institutionalization



## Interested in FSP Services?

To be considered for an Adult/Older Adult FSP program, a referral must be submitted to a LACDMH Service Area Navigation Team.

The referral will be screened for eligibility by LACDMH.

If you are **accepted** into the FSP program, you will be contacted by the FSP services provider assigned and service will begin immediately.

If you are **not accepted** into the FSP program, the LACDMH staff will help link you to other services and supports that may be helpful to you.

If you have questions regarding the referral process or how the FSP program works, please contact:

### Service Area Navigation

Antelope Valley	661.223.3800
Long Beach/South Bay	562.256.7717
Metro Los Angeles	213.922.8122
San Fernando Valley	818.610.6734
San Gabriel Valley	626.430.2915
South Central Los Angeles	310.668.4902
Southeast Los Angeles	213.738.6150
West Los Angeles	310.482.6600

For more information, please contact Countywide FSP Administration at 213-948-2972.



## Privacidad y Confidencialidad

Podemos divulgar información del cliente sólo según lo permita la ley.

Después de la inscripción, el proveedor de LACDMH proporcionará al consumidor un "Aviso completo de Prácticas de Privacidad (NPP)." El consumidor recibe información completa y exhaustiva sobre cualquier información de salud confidencial que pueda ser recopilada durante el tratamiento.

## ¿Qué Información Se Recopila?

Podemos recopilar parte o toda la siguiente información sobre usted: su nombre, dirección, fecha de nacimiento, información financiera e información sobre su salud. Con el propósito de proporcionar servicios de atención médica de calidad, también se le puede pedir que dé su historia clínica que puede incluir cualquier medicamento que pueda estar tomando.

## ¿Qué Sucede con Su Información?

La información se utiliza para determinar si usted es elegible para participar en nuestro programa. La información que usted proporciona también puede ayudarnos a hacer la mejor referencia para satisfacer sus necesidades, así como ayudar en su tratamiento. Proteger su información médica es importante para nosotros.

## ¿Tiene Preguntas o Inquietudes sobre Sus Derechos de Privacidad?

Comuníquese con la División de Derechos del Paciente del Departamento de Salud Mental del Condado de Los Ángeles al 213.738.4888.

## Valores de LACDMH

**Integridad.** Nos conducimos profesionalmente de acuerdo con los estándares éticos más altos.

**Respeto.** Reconocemos que cada persona es única y tratamos a todos de una manera que afirme su valor y su dignidad personal.

**Responsabilidad.** Asumimos la responsabilidad de nuestras decisiones y sus resultados.

**Colaboración.** Trabajamos juntos hacia objetivos comunes asociándonos con toda la comunidad, compartiendo conocimientos, construyendo un fuerte consenso y compartiendo la toma de decisiones.

**Dedicación.** Haremos lo que sea necesario para mejorar la vida de nuestros clientes y las comunidades.

**Transparencia.** Transmitimos abiertamente nuestras ideas, decisiones y resultados para garantizar la confianza en nuestra organización.

**Calidad y Excelencia.** Identificamos los estándares más altos a nivel personal, organizacional, profesional y clínico, y nos comprometemos a lograr esos estándares mejorando continuamente en todos los aspectos de nuestro desempeño.

**Si está en crisis y necesita ayuda inmediata, llame a nuestra línea de ayuda gratis que funciona las 24 horas del día, los 7 días a la semana:**

**800.854.7771**

[dmh.lacounty.gov](http://dmh.lacounty.gov)



►► **Asociación de Servicios Completos (FSP) Adultos**



LOS ANGELES COUNTY  
**DEPARTMENT OF MENTAL HEALTH**  
hope. recovery. wellbeing.



## Acera

Asociación de Servicios Completos (FSP por sus siglas en inglés) es un programa de servicios intensivos para consumidores que experimentan y/o están en riesgo de institucionalización, falta de vivienda, encarcelamiento o servicios psiquiátricos hospitalarios.

Cada consumidor inscrito en FSP participa en el desarrollo de un plan de tratamiento que se centra en el bienestar y la recuperación. El equipo de tratamiento está disponible las 24 horas del día, los 7 días de la semana para proporcionar servicios de crisis al cliente.

Los servicios FSP apoyan al consumidor a medida que pasan a un nivel de atención más bajo.

## ¿Quién es Elegible para Recibir Servicios FSP para Adultos?

Adultos de 21+ años de edad con una enfermedad mental grave y persistente que resulta en dificultad para funcionar y que han experimentado lo siguiente en el último año:

- Desamparados (sin vivienda)
- En la cárcel o tiene contacto frecuente con el sistema de justicia penal
- Admisiones frecuentes a hospitales psiquiátricos o recibir servicios de emergencia psiquiátrica
- Vivir con miembros de la familia y en riesgo de cualquiera de las circunstancias anteriores

Juntos, el equipo de consumo y tratamiento determina el tipo y la frecuencia de los servicios prestados en función de los objetivos de recuperación del cliente. Debido a que los servicios prestados son exclusivos de cada consumidor individual, no todas las personas requerirán todos los servicios enumerados.

## ¿Qué Servicios FSP se Proporcionan a los Adultos?

Adultos de 21+ años de edad con una enfermedad mental grave y persistente que resulta en dificultad para funcionar y que han experimentado lo siguiente en el último año:

- Servicios de divulgación y participación a las comunidades y a aquellas personas que pueden necesitar servicios
- Servicios compatibles cultural y lingüísticamente
- Consejería, psicoterapia y manejo de casos
- Servicios basados en el campo
- Servicios de apoyo entre compañeros y padres
- Servicios de evaluación y crisis disponible las 24 horas de día, los 7 días de la semana
- Grupos de autoayuda y apoyo familiar
- Servicios de empleo, vinculación y apoyo
- Vinculación (enlace) con la educación
- Asistencia en la obtención de transporte relacionado con su plan (objetivo)
- Asistencia para encontrar un lugar seguro y accesible para vivir, o asistencia para permanecer en un hogar
- Acceso a los servicios de atención de salud física
- Establecimiento de los beneficios para personas calificadas
- Servicios de pago para beneficiarios
- Servicios integrados (incluidos) para consumidores con abuso de sustancias y trastornos de salud mental

## Localice Los Servicios FSP en su Comunidad

Comuníquese con su navegador de área de servicio local para obtener información sobre cómo acceder a los servicios de FSP en el Condado de Los Ángeles o llame a la línea de ayuda de LACDMH las 24 horas del día, los 7 días de la semana: 800-854-7771.

Si tiene preguntas sobre el proceso de referencias o cómo funciona el programa FSP, comuníquese con la Unidad de Impacto en su área:

Valle del Antílope	661.223.3813
Valle de San Fernando	818.610.6705
Valle de San Gabriel	626.430.2915
Metro/Centro de Los Ángeles	213.922.8129
Oeste de Los Ángeles	310.482.4902
Sureste Los Ángeles	310.668.5826
Sureste de Los Ángeles	213.738.6150
Long Beach/South Bay	562.256.1278

Para más información, dentro del Condado de Los Ángeles, conéctese con la Administración FSP al teléfono 213.948.2972.



**Attachment 13:**  
**Children and Young Adult**  
**Full Service Partnership (FSP)**  
**Brochure in English and Spanish**





## Get the Help You Need Now

Los Angeles County Department of Mental Health (LACDMH) provides a range of programs and services designed for children (0-15) and young adults (16-20) who reside in Los Angeles County. Mental health services are available through directly operated and contract agencies throughout the County.

## FSP for Children/Young Adults

The Los Angeles County Department of Mental Health offers a FSP for children (0-15) and young adults (16-20), who would benefit from and are interested in participating in a program designed to address physical, emotional and living situation needs.

FSP programs for children and young adult who are capable of providing an array of services beyond the scope of traditional mental health outpatient services. Those participating in an FSP program have services available to them 24 hours a day, 7 days a week.

## Key Components of FSPs

Child/Young Adult FSP program providers may deliver services in your residence as well as in your community. Child/Young Adult FSP services includes 24/7 crisis response when there is an emergency or crisis. Each client enrolled in a Child/Young Adult FSP program will participate in the creation of a plan focused on individualized goals with the assistance of clinicians and case managers.

## LACDMH Values

**Integrity.** We conduct ourselves professionally according to the highest ethical standards.

**Respect.** We recognize the uniqueness of every individual and treat all people in a way that affirms their personal worth and dignity.

**Accountability.** We take responsibility for our choices and their outcomes.

**Collaboration.** We work together toward common goals by partnering with the whole community, sharing knowledge, building strong consensus, and sharing decision-making.

**Dedication.** We will do whatever it takes to improve the lives of our clients and communities.

**Transparency.** We openly convey our ideas, decisions and outcomes to ensure trust in our organization.

**Quality and Excellence.** We identify the highest personal, organizational, professional and clinical standards and commit ourselves to achieving those standards by continually improving every aspect of our performance.

**If you are in crisis and need help right away, call our 24/7 toll-free Help Line: [800.854.7771](tel:800.854.7771)**

Those with hearing or speech disabilities may [call 711](tel:711) and ask the operator – who will serve as the interpreter between the caller and our staff – to call our Help Line.

[dmh.lacounty.gov](https://dmh.lacounty.gov)



►► **Full Service Partnership (FSP)  
Child (Birth-15)  
Young Adult (16-20)**



LOS ANGELES COUNTY  
**DEPARTMENT OF  
MENTAL HEALTH**  
*hope. recovery. wellbeing.*



## About

Full Service Partnership (FSP) programs provide comprehensive intensive mental health services for child/young adults and their families in their homes and communities.

FSP programs have several defining characteristics, including providing a wide array of services and supports, guided by a commitment by providers to do “whatever it takes” within the resources available to help individuals within defined populations make progress on their particular paths to recovery and wellness.

Child/young adult will find the following are potential examples of mental health services and supports clients may receive if participating in FSPs:

- Counseling and psychotherapy
- Assistance in obtaining transportation relating to the mental health treatment goal
- Help obtaining needed medication
- Help receiving physical health care
- Assistance in finding a safe and affordable place to live or assistance remaining in a present home
- Help with educational opportunities
- Help securing financial and health benefits to which you are eligible for
- Treatment for addictions, such as alcoholism, drugs, and other substances
- Help finding employment, vocational training, and/or volunteer opportunities
- Dedicated professionals committed to your success in accomplishing goals that are important to your health, wellbeing, safety and stability
- Support available 24/7

## Eligibility

A child/young adult with a Serious Emotional Disturbance (SED) and may not have responded well to traditional outpatient mental health and/or psychiatric rehabilitation services or those individuals who have incurred high costs related to acute psychiatric hospitalization or long-term care.

Clients **must** also demonstrate one or more of the following:

- School suspensions and/or expulsions
- School absences – considered chronically truant (missing 10% of school days within a year)
- Psychiatric hospitalization(s) within the last six months
- History of suicidal and/or homicidal ideations
- Experiencing prodromal or first episode of psychosis
- Open L.A. County Department of Children Family Services (DCFS) case
- Open L.A. County Probation Department case
- Transitioning into the community from a restrictive setting
- Experiencing co-occurring disorders
- Experiencing severe mental health issues and not engaging in mental health services
- Lacking a fixed regular and adequate nighttime residence
- Experienced two or more placements due to behavioral health needs



## Interested in FSP Services?

To be considered for a Child/Young Adult FSP program, a referral must be submitted to a LACDMH Service Area Navigation Team.

The referral will be screened for eligibility by LACDMH.

If you are **accepted** into the FSP program, you will be contacted by the FSP services provider assigned and service will begin immediately.

If you are **not accepted** into the FSP program, the LACDMH will help link you to other services and supports that may be helpful to you.

If you have questions regarding the referral process or how the FSP program works, please contact:

### Service Area Navigation

Antelope Valley	661.223.3800
Long Beach/South Bay	562.256.7717
Metro Los Angeles	213.922.8122
San Fernando Valley	818.610.6734
San Gabriel Valley	626.430.2949
South Central Los Angeles	310.687.4902
Southeast Los Angeles	213.738.2900
West Los Angeles	310.482.6610

For more information, please contact Countywide FSP Administration at 213-948-2972.



## Obtenga Ahora la Ayuda que Necesita

El Departamento de Salud Mental del Condado de Los Ángeles ofrece una gama de programas y servicios diseñados para niños de 0 a 20 años que residen en el Condado de Los Ángeles. Los servicios de salud mental están disponibles a través de agencias operadas directamente o contratadas en todo el Condado.

## Asociación de Servicios Completos para los Niños

El Departamento de Salud Mental del Condado de Los Ángeles ofrece un Programa de Asociación de Servicio Completo (FSP, por sus siglas en inglés) para Niños/Jóvenes de 0 a 20 años y sus familias que se beneficiarían y estarían interesadas en participar en un programa diseñado para abordar todas las necesidades de una familia cuyo hijo (y posiblemente otros miembros de la familia) están experimentando problemas emocionales, psicológicos o de conducta significativos que están interfiriendo con su bienestar. FSP Programas para Niños son capaces de proporcionar una variedad de servicios fuera del alcance de los servicios ambulatorios tradicionales de salud mental. Aquellos que participan en un Programa FSP tienen servicios disponibles las 24 horas del día, los 7 días de la semana.

## Componentes Claves de FSPs

- Los equipos de FSP proporcionan servicios de crisis las 24 horas del día, los 7 días de la semana y desarrollan planes con las familias para hacer lo que sea necesario dentro de los recursos disponibles y el plan de recuperación acordado entre el cliente y el equipo de proveedores de FSP para ayudar a los clientes a cumplir con los objetivos individualizados de recuperación, resiliencia y desarrollo y/o recuperación o plan de tratamiento
- Los FSP son receptivos y apropiados a las necesidades culturales y lingüísticas del niño y su familia
- Los FSP son proporcionados por equipos multidisciplinarios de proveedores profesionales y para profesionales y voluntarios que han recibido capacitación especializada preparándolos para trabajar eficazmente con los niños y sus familias

## Valores de LACDMH

**Integridad.** Nos conducimos profesionalmente de acuerdo con los estándares éticos más altos.

**Respeto.** Reconocemos que cada persona es única y tratamos a todos de una manera que afirme su valor y su dignidad personal.

**Responsabilidad.** Asumimos la responsabilidad de nuestras decisiones y sus resultados.

**Colaboración.** Trabajamos juntos hacia objetivos comunes asociándonos con toda la comunidad, compartiendo conocimientos, construyendo un fuerte consenso y compartiendo la toma de decisiones.

**Dedicación.** Haremos lo que sea necesario para mejorar la vida de nuestros clientes y las comunidades.

**Transparencia.** Transmitimos abiertamente nuestras ideas, decisiones y resultados para garantizar la confianza en nuestra organización.

**Calidad y Excelencia.** Identificamos los estándares más altos a nivel personal, organizacional, profesional y clínico, y nos comprometemos a lograr esos estándares mejorando continuamente en todos los aspectos de nuestro desempeño.

**Si está en crisis y necesita ayuda inmediata, llame a nuestra línea de ayuda gratis que funciona las 24 horas del día, los 7 días a la semana:**

**800.854.7771**

[dmh.lacounty.gov](http://dmh.lacounty.gov)



►► **Asociación de Servicios Completos (FSP)**  
**Niños/Jóvenes**



LOS ANGELES COUNTY  
**DEPARTMENT OF MENTAL HEALTH**  
hope. recovery. wellbeing.



## Acera

La Asociación de Servicios Completos (FSP por sus siglas en inglés) proporcionan servicios integrales e intensivos de salud mental para los niños y sus familias en sus hogares y comunidades.

Los programas de FSP tienen varias características determinantes, incluyendo proporcionar una amplia gama de servicios y apoyos, guiados por el compromiso de los proveedores de hacer "lo que sea necesario" dentro de los recursos disponibles para ayudar a las personas dentro de las poblaciones determinadas a progresar en sus caminos particulares hacia la recuperación y el bienestar.

Los niños y sus familias encontrarán los siguientes ejemplos potenciales de apoyo y servicios de salud mental que los clientes pueden recibir si participan en FSP:

- Asesoramiento para su hijo y familiares
- Apoyo de compañeros y padres de personas que han tenido experiencias similares a las suyas
- Ayuda con el acceso a la atención de salud física para su hijo y los miembros de su familia.
- Asistencia para encontrar un lugar seguro y accesible para vivir, o asistencia para permanecer en el hogar presente
- Asistencia en la obtención de transporte relacionado con el plan de tratamiento de salud mental.
- Asistencia para obtener los beneficios financieros y de salud para los que su hijo y su familia son elegibles
- Consejería y asistencia para el abuso de sustancias y la violencia doméstica
- Un equipo dedicado a trabajar con su hijo y su familia a medida que planifica y logra metas que son importantes para su salud, bienestar, seguridad y estabilidad
- Evaluación y Servicios de Crisis las 24 horas del día, los 7 días a la semana

## ¿Quién es Elegible para Recibir Servicios FSP para Niños?

Un niño/joven de 0 a 20 años con una perturbación emocional grave (SED) que:

- Ha estado o está en riesgo de ser retirado del hogar por los servicios de protección infantil
- Tiene un padre/cuidador con una enfermedad mental y/o un problema de abuso de sustancias (solo se aplica a niños de 0 a 5 años)
- Tiene problemas de conducta extremos en la escuela
- Ha estado en la colocación fuera de casa y se está mudando de nuevo a un hogar/entorno comunitario
- Ha estado involucrado con libertad condicional, está con medicamentos psicotrópicos y en transición de nuevo a un hogar/entorno comunitario menos estructurado



## ¿Te Interesa los Servicios FSP?

Para ser considerado para un programa FSP para Niños, una referencia debe ser presentada a la Unidad de Impacto de Salud Mental del Departamento de Salud Mental. La referencia será examinada para la elegibilidad por un grupo de representantes del Departamento de Salud Mental, programas FSP y otros profesionales de Servicios Humanos, según corresponda. Es el trabajo del equipo de la Unidad de Impacto asegurar que los niños y las familias elegibles reciban servicios de FSP.

Si tiene preguntas sobre el proceso de referencias o cómo funciona el programa FSP, comuníquese con la Unidad de Impacto en su área:

### Unidades de Impacto

Valle del Antílope	661.223.3800
Long Beach/South Bay	562.256.1280
Metro/Centro de Los Ángeles	213.922.8123
Valle de San Fernando	818.610.6729
Valle de San Gabriel	626.430.2948
Sureste Los Ángeles	310.668.2014
Sureste de Los Ángeles	213.738.2900
Oeste de Los Ángeles	310.482.6610

Para más información dentro del Condado de Los Angeles, conéctese con la Administración FSP al teléfono 213.948.2972.



# **Attachment 16:**

## **Psychiatric Mobile Response Teams (PMRT) Fact Sheet**

# Psychiatric Mobile Response Teams (PMRT)

## Addressing Mental Health Crises with Rapid Personalized Care

The Los Angeles Department of Mental Health (LACDMH) recognizes that each mental health crisis is unique and requires a thoughtful, specialized response. When situations are addressed with intervention methods that do not adequately care for the individual experiencing the crisis, the risk of greater danger and adverse consequences increases – for both the client and responder. The Psychiatric Mobile Response Teams (PMRT) is one example of how the Department uses alternatives to law enforcement-based interventions to respond to clients' needs.



## Specialized Teams Ready to Help

The Psychiatric Mobile Response Teams (PMRT) provides non-law enforcement-based mobile crisis response for clients experiencing a psychiatric emergency in the community. A service offered through LACDMH's ACCESS Center, PMRT consists of LACDMH clinicians designated to perform evaluations for involuntary detention of individuals determined to be at risk of harming themselves or others, or who are unable to provide food, clothing or shelter for themselves. PMRT enables successful triage of each situation involving mentally ill, violent or high-risk individuals. PMRTs also receive community calls that do not rise to the level of direct services; in these situations staff provide information, referrals and other kinds of alternative support. More than 23 entities send referrals to PMRT, making it a critical source of care and response across LA County. In FY19-20, the PMRTs served more than 20,000 clients.

## Crisis Response With Better Outcomes for Clients

Often times, law enforcement-based interventions during a crisis situation involving an individual experiencing psychiatric mental health issues can increase the risk or danger to the individuals or those assisting. PMRTs' specialized triage of each situation yields engagement, support and recovery-focused interventions from mental health clinicians. PMRT provides caring, deescalating and less traumatizing approaches to crisis intervention—and whenever possible avoids outcomes that involve hospitalization, incarceration or additional injury. PMRTs' tactics support clients and their families through trust and attention, and ultimately contribute to reducing stigma surrounding mental health and accessing help.

# **Attachment 17:**

## **Client Engagement and Navigation Services (CENS) Flyer**

**WHAT IS CENS:** CENS ensures connection to Substance Use Disorder (SUD) treatment services for everyone in Los Angeles County.

## Connecting you to SUD treatment services!

### WHAT DOES CENS OFFER?

- Screening to determine if you have an SUD;
- Coordinated treatment service based on your needs;
- Guidance through the SUD system of care;
- Appointment scheduling for assessment with a treatment provider of choice;
- Transportation arrangements to treatment provider locations.



### HOW CAN CENS HELP?

CENS connects you to SUD treatment services that are right for you.

We offer substance use education, workshops for individuals and groups, recovery support, and harm reduction services.

CENS also links you to other essential services such as food, housing, mental health, legal services and more.

**CONTACT YOUR NEAREST CENS NAVIGATOR**  
to learn more about no-cost<sup>1</sup> treatment services available.

SPA: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

Email: \_\_\_\_\_

Office Hours: \_\_\_\_\_

<sup>1</sup> Some services and treatments require pre-authorization for eligible youth and adults.

# **Attachment 18:**

## **Client Engagement and Navigation Services (CENS) Fact Sheet**

## Project Overview

The Client Engagement and Navigation Services (CENS) is comprised of eight contracted community-based organizations with co-located and area offices located throughout the County (e.g., Probation Offices, DCFS Regional Offices, Los Angeles Superior Courts, etc.). CENS engage with clients from referring entities (e.g., Probation, Court, DPSS, DCFS, DMH, etc.) who may be in need of substance use disorder (SUD) treatment services. At a minimum, CENS staff are registered and/or certified SUD counselors who have a working knowledge of SUD screening and referral processes, SUD treatment options, and service navigation.

## Target Population

All Los Angeles County residents but not limited to:

- Criminal justice involved;
- Juvenile Justice Population
- Individuals with co-occurring disorders (i.e., mental health and SUD);
- People experiencing homelessness

## Goals

**To connect clients referred by health, social services, and criminal justice entities to SUD treatment services** for improving health outcomes, reducing frequent use of hospitals and emergency departments, obtaining employment, maintaining income benefits and housing, and satisfying probation requirements or pre or post-plea diversion from the Los Angeles Superior Courts.

## CENS Services to Be Provided

- Determining Medi-Cal or My Health LA eligibility and assisting the client in the enrollment process.
- Conducting a SUD screening using the American Society of Addiction Medicine (ASAM) Triage

Tool to determine whether the client may have an SUD and the provisional level of care for treatment.

- Scheduling a full ASAM assessment and intake appointment with an appropriate SUD provider.
- Assisting clients in navigating the SUD system of care.
- Enrolling and conducting early intervention workshops to clients at-risk of SUD.
- Documenting and reporting to DPH-SAPC and referral entities.

## Responsibilities of CENS Counselors

- Screen each client to determine whether the client may have an SUD and the provisional level of care. Each client will answer questions based on his/her circumstances. If client does not meet the criteria for SUD treatment, then the client will be referred to the appropriate ancillary service as needed (e.g., housing, primary care, and social services).
- Schedule appointments for clients who may have a SUD with a DPH-SAPC contracted SUD treatment provider for a full ASAM assessment to confirm medical necessity for treatment and the appropriate level of care.
- Enroll into At-Risk Program and conduct early intervention workshops.
- Serve as a liaison between the referring entity and SUD treatment provider network, ensuring that interested parties are aware of the treatment status of the client, including where clients are receiving treatment and the anticipated treatment completion date. CENS counselors also communicate any SUD treatment providers' client concerns or issues to the referring entity.
- Request each client's consent to release information to share his/her treatment planning and progress information with the referring entity. All releases shall adhere to all confidentiality laws, including Code of Federal Regulations Title 42, Part 2, Confidentiality of Alcohol and Drug Abuse (42 CFR Part 2) and the Health Insurance Portability and Accountability Act (HIPAA).

# **Attachment 20:**

## **Substance Use Disorder (SUD)**

### **Brochure in English and Spanish**



# What is Substance Use Disorder?

Substance Use Disorder, also known as addiction, is a brain disease that happens when regular use of alcohol or drugs causes harmful and self-destructive behavior, and it can be treated.



## How to Get Help?

- ▶ Call us toll-free at **1(844) 804-7500**.  
Substance Abuse Service Helpline 24/7.



- ▶ Go to the **Online Provider Directory**  
[sapccis.ph.lacounty.gov/sbat/](http://sapccis.ph.lacounty.gov/sbat/)



## What are My Rights?

If you think you qualify, but have been turned away, denied services, or charged any fees, please call the County of Los Angeles Substance Abuse Prevention and Control (SAPC) at 1(626) 299-4532 to file a complaint. To learn more about your rights go to <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>

Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. SAPC complies with applicable Federal and State civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, or in any manner on the basis of sexual orientation.

Call 1(844) 804-7500 (TTY: California Relay 711).

(Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1(844) 804-7500 (TTY: California Relay 711). SAPC cumple con las leyes federales y estatales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo ni de ninguna manera sobre la base de la orientación sexual.

(Chinese) 請注意: 如果你只說中文, 你可以免費獲得語言援助服務, 請致電 1(844) 804-7500. (TTY: 加州中轉 711), SAPC 遵守適用的聯邦和州民權法, 不因種族、膚色、民族出身、年齡、殘疾、性別, 或性取向而歧視任何人。



66



## SUBSTANCE ABUSE SERVICE HELPLINE



# 1.844.804.7500

County of Los Angeles  
Department of Public Health  
Substance Abuse Prevention and Control



Are you one of the  
**20 million**  
who struggle with alcohol  
or drug addiction  
and need Substance Use  
Disorder treatment?<sup>1</sup>

## Does This Happen to You?

- ☐ Do you feel your alcohol or drug use is holding you back or negatively affecting your relationships, work, school, or home life?
- ☐ Are you using more alcohol or drugs than you want to, or is it difficult to cut down or control your substance use?
- ☐ Have you been told that you should stop drinking or doing drugs, or that you should do them less often?
- ☐ Do you feel physically sick or unwell when you stop using alcohol or drugs?

**If you checked any of the boxes above, we can help!**

## What Happens When I Call?

- We have a team available 24 hours a day, 7 days a week to answer your call.
- We will ask you questions about your alcohol and/or drug use, to help you decide if you need treatment.<sup>2</sup>
- We will help you learn your options and find a provider that meets your specific needs.<sup>2</sup>

## SUBSTANCE ABUSE SERVICE HELPLINE



# 1.844.804.7500

**CALL ANYTIME TOLL-FREE!**

## Am I Eligible?

Youth and adults can access **no-cost**<sup>3</sup> substance use treatment services at any provider in the network if you meet the following criteria:

- You are a resident of Los Angeles County; and
- You are eligible for Medi-Cal<sup>3</sup>, My Health LA or other select County-funded programs.

## What Services Are Available?<sup>4</sup>

- |                                  |                                       |                                 |                             |
|----------------------------------|---------------------------------------|---------------------------------|-----------------------------|
| ✓ Outpatient Treatment           | ✓ Case Management                     | ✓ Withdrawal Management (Detox) | ✓ Recovery Support Services |
| ✓ Intensive Outpatient Treatment | ✓ Medications for Addiction Treatment | ✓ Residential Treatment         | ✓ Recovery Bridge Housing   |



<sup>1</sup> <https://www.samhsa.gov/disorders/substance-use>

<sup>2</sup> Services are available to meet your language, cultural, location, and other service preference needs. In some cases, parents/guardians can also make the call on behalf of a minor in need.

<sup>3</sup> A share-of-cost may be required for some Medi-Cal eligible individuals.

<sup>4</sup> Some services and treatments require pre-authorization for eligible youth and adults.



# ¿Que es Abuso de Sustancias?

Abuso de Sustancias, también conocido como adicción, es una enfermedad cerebral que ocurre cuando el uso regular de alcohol o drogas causa un comportamiento dañino y autodestructivo, y puede ser tratado.



## ¿Cómo obtener ayuda?

- ▶ Llámenos sin cargo a **1(844) 804-7500**. Línea de Ayuda de Servicio de Abuso de Sustancias 24/7.
- ▶ Vaya al Directorio de Proveedores en línea **sapccis.ph.lacounty.gov/sbat/**



## ¿Cuáles son mis derechos?

Si cree que califica, pero han sido rechazado/a, se le anegado servicios, o se le cobra algún costo, por favor llame al Condado de Los Ángeles Prevención y Control del Abuso de Sustancias (SAPC) a 1(626) 299-4532 para archivar una queja. Para obtener más información sobre sus derechos, vaya a <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. SAPC complies with applicable Federal and State civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, or in any manner on the basis of sexual orientation.

Ayudas y servicios auxiliares, incluyendo documentos de gran tamaño y formatos alternativos, están disponibles para usted de forma gratuita bajo petición.

Llame al 1(844) 804-7500 (TTY: California Relay 711).

(Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1(844) 804-7500 (TTY: California Relay 711). SAPC cumple con las leyes federales y estatales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo ni de ninguna manera sobre la base de la orientación sexual.

(Chinese) 請注意: 如果你只說中文, 你可以免費獲得語言援助服務, 請致電 1(844) 804-7500. (TTY: 加州中轉 711), SAPC 遵守適用的聯邦和州民權法, 不因種族、膚色、民族出身、年齡、殘疾、性別, 或性取向而歧視任何人。



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# ¿Se te está impedido el camino por el alcohol o las drogas?

**La Recuperación es Posible**

LÍNEA DE AYUDA DE SERVICIO DE ABUSO DE SUSTANCIAS



**1.844.804.7500**

El Departamento de Salud Pública  
del Condado de Los Ángeles  
Prevención y Control del Abuso de Sustancias



¿Eres uno de los  
**20 millones**  
que luchan con la adicción  
al alcohol o las drogas y  
necesitas tratamiento de  
Abuso de Sustancias?<sup>1</sup>

## ¿Le ocurre esto a usted?

- ¿El uso de sustancias está haciendo un impacto negativo en sus relaciones, trabajo, escuela, o vida en su hogar?
- ¿Está usando más sustancias de las que había previsto o le es difícil reducir o controlar el uso de sustancias?
- ¿Le han dicho que debe dejar de tomar alcohol o usar drogas, o que debería hacerlos con menos frecuencia?
- ¿Se siente físicamente mal o indispuesto cuando deja de usar sustancias?

Si marcó alguno de los cuadros de arriba, ¡nosotros podemos ayudar!

LÍNEA DE AYUDA DE SERVICIO DE ABUSO DE SUSTANCIAS



**1.844.804.7500**

**¡LLAMA SIN CARGO EN  
CUALQUIER MOMENTO!**

## ¿Qué Sucede Cuando Llamo?

- Tenemos un equipo disponible las 24 horas del día, los 7 días de la semana para responder a su llamada.
- Le haremos preguntas sobre su consumo de alcohol y/o drogas, para ayudarlo a decidir si necesita tratamiento.<sup>2</sup>
- Le ayudaremos a conocer sus opciones y a encontrar un proveedor que satisfaga sus necesidades específicas.<sup>2</sup>

## ¿Soy elegible?

Jóvenes y adultos pueden obtener servicios para el uso de sustancias **sin costo**<sup>3</sup> alguno dentro de la red si cumple con uno de los siguientes requisitos:

- Usted es residente del condado de Los Ángeles; y
- Califica para Medi-Cal, My Health LA, o otros programas financiados por el condado.

## ¿Qué servicios están disponibles?<sup>4</sup>

- |                                     |   |   |   |
|-------------------------------------|---|---|---|
| ✓ Tratamiento Ambulatorio           | ✓ Manejo de Caso                            | ✓ Manejo de Abstinencia (Desintoxicación) | ✓ Servicios de Apoyo para Recuperación    |
| ✓ Tratamiento Ambulatorio Intensivo | ✓ Medicamentos para Tratamiento de Adicción | ✓ Tratamiento Residencial                 | ✓ Vivienda en Conexión a una Recuperación |



<sup>2</sup> Los servicios están disponibles para satisfacer su idioma, cultura, ubicación y otras necesidades de preferencia de servicio. En algunos casos, los padres / tutores también pueden hacer la llamada en nombre de un menor que necesita servicio.

<sup>3</sup> Es posible que se requiera un costo compartido para algunas personas elegibles para Medi-Cal.

<sup>4</sup> Algunos servicios y tratamientos requieren preautorización para jóvenes y adultos elegibles.

<sup>1</sup> <https://www.samhsa.gov/disorders/substance-use>

# **Attachment 21: Domestic Violence Housing and Support Services Flyer**

# Domestic Violence Housing & Support Services

Domestic Violence Shelter Hotlines	
AGENCY	24 HOUR HOTLINE
1736 Family Crisis Center	(213) 745-6434
Antelope Valley DV Council (AVDC)	(661) 945-6736
Center For The Pacific Asian Family, Inc. (CPAF)	(800) 339-3940
Child & Family Center	(661) 259-HELP (4357)
East Los Angeles Women's Center (ELAWC)	(800) 585-6231
Haven Hills, Inc.	(818) 887-6589
House of Ruth, Inc.	(877) 988-5559
Interval House	(562) 594-4555 (714) 891-8121
Jenesse Center	(800) 479-7328
Jewish Family Service of Los Angeles (JFS Hope)	English and Spanish (818) 505-0900 • (323) 681-2626
The People Concern (Ocean Park Community Center)	(310) 264-6644
Rainbow Services, Ltd.	(310) 547-9343
South Asian Helpline & Referral Agency (SAHARA)	1(888) 724-2722
Su Casa Ending Domestic Violence	(562) 402-4888
Women's and Children's Crisis Shelter	(562) 945-3939
WomenShelter of Long Beach	(562) 437-4663
YWCA of Glendale	1(888) 999-7511
YWCA of San Gabriel Valley	(626) 967-0658

# **Attachment 23:**

## **Public Health Centers Sexual Health Clinic Registration Schedule**



## SEXUAL HEALTH CLINIC REGISTRATION SCHEDULE

All schedules are subject to change and clinics are closed during all [County holidays](#). The following schedule reflects Registration Hours and clinics open 30 minutes after Registration begins. Please call ahead to confirm visit hours and to schedule an appointment. Please arrive 15 minutes prior to your appointment.

**Limited walk-in appointments are available on the same day.** Walk-in patients should arrive as early as possible to improve the likelihood of being seen.

No fees are charged to the patient for clinic visits at the Los Angeles County DPH STD clinics. Please inform Business Office staff if you would not like your insurance to be billed.

Antelope Valley SPA 1	Antelope Valley Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
		AM	7:30-11:00	No Clinic	7:30-11:00	7:30-11:00	7:30-11:00	
		PM	12:00-4:00	No Clinic	12:00-4:00	12:00-4:00	No Clinic	
		Address: 335-B EAST AVENUE K6 LANCASTER, CA 93535 (Between Division Street & Gingham Avenue)						Business Office: (661) 471-4861

San Fernando Valley SPA 2	North Hollywood Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
		AM	7:30-11:00	7:30-11:00	7:30-11:00	11:00-3:00PM	No Clinic	
		PM	12:00-4:00	No Clinic	12:00-4:00	4:00-7:00	No Clinic	
		Address: 5300 TUJUNGA AVENUE NORTH HOLLYWOOD, CA 91601 (Between Weddington Street & Chandler Boulevard)						Business Office: (818) 766-3982

Pomona Health Center SPA 3	Pomona Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	11:30-3:00PM	7:30-11:00	No Clinic	7:30-11:00	No Clinic
		PM	4:30-8:00	12:00-4:00	No Clinic	12:00-4:00	No Clinic
		Address: 750 S. Park Avenue Pomona, CA 91766					



Metropolitan L.A. SPA 4	Central Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	7:30-11:00	7:30-11:00	11:00-3:00	7:30-11:00	7:30-11:00
		PM	12:00-4:00	12:00-4:00	4:00-7:00	No Clinic	No Clinic
		Address: 241 N. FIGUEROA STREET LOS ANGELES, CA 90012				Business Office: (213) 288-8204	
	Hollywood-Wilshire Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	7:30-11:00	No Clinic	7:30-11:00	No Clinic	7:30-11:00
		PM	12:00-4:00	No Clinic	12:00-4:00	No Clinic	No Clinic
		Address: 5205 MELROSE AVENUE LOS ANGELES, CA 90038				Registration: (323) 769-7901 Business Office: (323) 769-7800	

South L.A. SPA 6	MLK Jr. Center for Public Health		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	7:30-11:00	7:30-11:00	11:00-3:00PM	7:30-11:00	7:30-11:00
		PM	12:00-4:00	No Clinic	4:00-7:00	12:00-4:00	No Clinic
		Address: 11833 S. WILMINGTON AVENUE LOS ANGELES, CA 90059 (On the corner of 118th and Wilmington Avenue)					
	Business Office: (323) 568-8100						
	Ruth Temple Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	7:30-11:00	7:30-11:00	7:30-11:00	11:00-3:00PM	7:30-11:00*
		PM	12:00-4:00	12:00-4:00	12:00-4:00	4:00-7:00	No PM Clinic
		Address: 3834 S. WESTERN AVENUE LOS ANGELES, CA 90062 (Between Exposition and Martin Luther King, Jr. Boulevard)					
		*Closed every first (1 <sup>st</sup> ) Friday of the month					

East L.A. SPA 7	Whittier Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	No Clinic	7:30-11:00	No Clinic	11:00-3:00PM	No Clinic
		PM	No Clinic	12:30-3:00	No Clinic	4:00-7:00	No Clinic
		Address: 7643 S. PAINTER AVENUE WHITTIER, CA 90602 (Between Mar Vista Street & Whittier Boulevard)					
		Business Office: (562) 464-5350					

South Bay/Harbor SPA 8	Curtis Tucker Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
		AM	7:30-11:00	11:00-3:00PM	7:30-11:00	No Clinic	7:30-11:00	
		PM	12:00-4:00	4:00-7:00	12:00-4:00	12:00-4:00	No Clinic	
		Address: 123 W. MANCHESTER BLVD. INGLEWOOD, CA 90301 (West of La Brea at Fir Street)						Business Office: (310) 419-5325 Open between 7:30-11:00AM

## Additional Information

Pre- Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) for HIV are available at select STD clinics.

Learn more by visiting the following links:

- 1) PrEP: <http://getprepla.com/what-is-prep/>
- 2) PEP: <http://getprepla.com/pep/what-is-pep/>



For more information on STDs or a referral to other low- or no-cost clinics in the County of Los Angeles, please call the STD Hotline at: 1-800-758-0880.

# Los Angeles County Department of Public Health SEXUAL HEALTH CLINIC LOCATIONS



- |                                     |  |
|-------------------------------------|--|
| 1. Antelope Valley Health Center    | 7. Pomona Health Center  |
| 2. Central Health Center            | 8. Ruth Temple Health Center   |
| 3. Curtis Tucker Health Center      | 9. Simms/Mann/Burke Health Center ( <b>CLOSED until further notice</b> ) |
| 4. Hollywood-Wilshire Health Center | 10. Torrance Health Center ( <b>CLOSED until further notice</b> )        |
| 5. MLK Jr. Center for Public Health | 11. Whittier Health Center   |
| 6. North Hollywood Health Center    |  |



# **Attachment 24:**

## **Public Health Centers Nurse Only Clinic Registration Schedule**

## Nurse Only Clinic Registration Schedule

**Due to COVID-19 activities, DPH Services at public health centers may be closed, please call ahead to confirm.**

All schedules are subject to change and clinics are closed during all [County holidays](#). The following schedule reflects Registration Hours and clinics open 30 minutes after Registration begins. Please call ahead to confirm visit hours and to schedule an appointment. Please arrive 15 minutes prior to your appointment.

**Limited walk-in appointments are available on the same day.** Walk-in patients should arrive as early as possible to improve the likelihood of being seen.

**Nurse Only Clinic** provides:

- All childhood immunizations and TB testing
- Adult immunizations for those uninsured and underinsured
- TB testing for those in congregate living, school volunteers as well as uninsured and underinsured
- COVID-19 vaccines and testing for all age groups.

There is a \$15 vaccine administration fee per patient for each visit to our Nurse Only Clinic and \$30.00 for families of two or more. This fee covers all vaccines for that visit. If the child has Medi-Cal or MediCare plan, the cost is free if the patient can provide the Medi-Cal coverage card at the time of registration.

Antelope Valley SPA 1	Antelope Valley Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	7:30-11:00	7:30-11:00	7:30-11:00	7:30-11:00	7:30-11:00
		PM	12:00-4:00	12:00-4:00	12:00-4:00	12:00-4:00	No Clinic
	Address: 335-B EAST AVENUE K6 LANCASTER, CA 93535			Business Office: (661) 471-4861 (Between Division Street & Gingham Avenue)			

San Fernando Valley SPA 2	Pacoima Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	No Clinic	No Clinic	No Clinic	No Clinic	7:30-11:00
		PM	No Clinic	No Clinic	No Clinic	No Clinic	No Clinic
	<div><div><b>Address:</b> 13300 Van Nuys Blvd Pacoima, CA 91331</div><div><b>Business Office:</b> (818) 896-1903</div></div>						

San Gabriel Valley SPA 3	Monrovia Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	7:30-11:00	7:30-11:00	No Clinic	No Clinic	7:30-11:00
		PM	No Clinic	12:00-4:00	No Clinic	12:00-4:00	No Clinic
	Address: 330 W. MAPLE AVE MONROVIA, CA 91016						
	Business Office: (626) 256-1600						
	Pomona Health Center *		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	No Clinic	No Clinic	7:30-11:00	No Clinic	7:30-11:00
		PM	No Clinic	No Clinic	12:00-4:00	No Clinic	No Clinic
	Address: 750 S. Park Avenue Pomona, CA 91766						
	Business Office: (909) 8680235						
*ONLY providing COVID-19 vaccinations & Testing, Flu vaccinations & TB Testing							

Metropolitan L.A. SPA 4	Central Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	7:30-11:00	7:30-11:00	7:30-11:00	7:30-11:00	7:30-11:00
		PM	12:00-4:00	12:00-4:00	12:00-4:00	No Clinic	No Clinic
	Address: 241 N. FIGUEROA STREET LOS ANGELES, CA 90012		Business Office: (213) 288-8204				
	Hollywood-Wilshire Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	No Clinic	7:30-11:00	No Clinic	7:30-11:00	No Clinic
		PM	No Clinic	12:00-4:00	No Clinic	No Clinic	No Clinic
	Address: 5205 MELROSE AVENUE LOS ANGELES, CA 90038		Registration: (323) 769-7901 Business Office: (323) 769-7800				

South L.A. SPA 6	MLK JR. Center for Public Health		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	7:30-11:00	7:30-11:00	10:00 – 1:00PM	7:30-11:00	7:30-11:00
		PM	12:00-4:00	12:00-4:00	2:30 – 5:30	12:00-4:00	No Clinic
	Address: 11833 S. WILMINGTON AVENUE LOS ANGELES CA 90059		Business Office (323) 568-8100				

East L.A. SPA 7	Whittier Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	8:00-10:30	No Clinic	8:00-10:30	No Clinic	8:00-10:30
		PM	12:30-3:00	No Clinic	12:30-3:00	No Clinic	No Clinic
	Address: 7643 S. PAINTER AVENUE WHITTIER CA 90602		Business Office (562) 464-5350				



# **Attachment 25: Public Health Centers**

## Department of Public Health **PUBLIC HEALTH CENTERS**

The Department of Public Health operates 14 health centers in LA County that provide free and low-cost services to those with no insurance or regular health care provider. Rather than general medical care, services provided focus on population-health interventions, such as immunizations and communicable disease testing and treatment.



**Antelope Valley**  
335-B East Avenue K-6  
Lancaster, CA 93535  
(661) 723-4526



**North Hollywood**  
5300 Tujunga Avenue  
North Hollywood, CA 91601  
(818) 766-3982



**Central**  
241 N. Figueroa Street  
Los Angeles, CA 90012  
(213) 240-8204



**Pacoima**  
13300 Van Nuys Boulevard  
Pacoima, CA 91331  
(818) 896-1903



**Curtis R. Tucker**  
123 W. Manchester Boulevard  
Inglewood, CA 90301  
(310) 419-5325



**Pomona**  
750 S. Park Avenue  
Pomona, CA 91766  
(909) 868-0235



**Glendale**  
501 N. Glendale Avenue  
Glendale, CA 91206  
(818) 500-5750



**Ruth Temple**  
3834 S. Western Avenue  
Los Angeles, CA 90062  
(323) 730-3507



**Hollywood/Wilshire**  
5205 Melrose Avenue  
Los Angeles, CA 90038  
(323) 769-7800



**Simms/Mann**  
2509 Pico Boulevard, Room 325  
Santa Monica, CA 90405  
(310) 998-3203



**Martin Luther King, Jr.  
Center for Public Health**  
11833 South Wilmington Avenue  
Los Angeles, CA 90059  
(323) 568-8100



**Torrance**  
711 Del Amo Boulevard  
Torrance, CA 90502  
(310) 354-2300



**Monrovia**  
330 W. Maple Avenue  
Monrovia, CA 91016  
(626) 256-1600



**Whittier**  
7643 S. Painter Avenue  
Whittier, CA 90602  
(562) 464-5350

# **Attachment 26:**

# **Homeless Services Brochure**



## Additional Housing Programs available through CalWORKs:

### PERMANENT HOUSING

4-Month Rental Assistance provides up to four months of rental subsidy payments to help families stabilize after resolving their housing crisis.

- Must be living in non-subsidized housing
- May receive the subsidy for an additional 4 months (for a total of 8 months) if participating in Family Stabilization Program. (For GAIN participants)

### Moving Assistance

- Provides up to \$2,500 to pay for:
  - Move-In costs (ex. security deposits)
  - Moving costs (ex. Truck rental)
  - Up to \$405 for the purchase of a stove and/or refrigerator.
  - Utility turn-on fees required for gas, electricity or water. (For GAIN participants)

### PERMANENT HOMELESS ASSISTANCE

Provides assistance to pay for:

- Security deposit costs to secure housing; and
- Utility turn-on fees for gas, electricity and/or water.



## What other services are offered through CalWORKs?

Our Homeless Case Management Program helps determine your family's needs and available resources to you.

Homeless Services are also available to CalWORKs Families through the Coordinated Entry System (CES) for Families administered by Los Angeles Homeless Services Authority (LAHSA). The CES is a regionally coordinated system of care that provides rapid re-housing, homeless prevention, and ongoing case management to homeless families, and families that are at-risk of becoming homeless.

### What other benefits can I get?

DPSS also offers nutrition and healthcare assistance to homeless individuals and families.

### CALFRESH PROGRAM

- Provides a food benefit for individuals or families who have limited income and resources.
- Provides access to prepared meals from participating restaurants for homeless, elderly, or disabled individuals.

### MEDI-CAL

Provides comprehensive health coverage for low income individuals including families with children.

## How can I apply?

### ONLINE

#### BenefitsCal.com

Visit BenefitsCal.com to apply for CalWORKs, General Relief, CalFresh, and Medi-Cal benefits. (Application may also be downloaded)

### IN PERSON

To apply in person, visit any DPSS District Office or outreach site. Visit our website at [dpss.lacounty.gov](http://dpss.lacounty.gov) to find a DPSS office near you.

### PHONE or U.S. MAIL

To apply over the phone or request applications, please call the Customer Service Center (CSC): **(866) 613-3777**  
Open Monday-Friday 7:30 a.m. - 6:30 p.m.

For assistance on weekends, holidays, or after hours, contact the INFO Line of Los Angeles at 211.

If you are disabled and need assistance, please call the ADA Hotline at (844) 586-5550.

PA 6266 (09/2022)

# HOMELESS SERVICES

DPSS offers financial, food, healthcare, and housing programs/services that can help.



[dpss.lacounty.gov](http://dpss.lacounty.gov)



Are you homeless or at risk of becoming homeless?

DPSS offers financial, food, and healthcare assistance. We have housing programs and services that you may be eligible for.

FIRST, you must apply for one of our financial assistance programs

- GENERAL RELIEF (GR)
- REFUGEE CASH ASSISTANCE (RCA)
- CalWORKs

SINGLE OR COUPLE WITH NO DEPENDENTS

What is General Relief?

Temporary Cash Aid of up to \$221 per month, for a single individual.

Who Qualifies?

Adults and certain legal residents who are ineligible for federal or state programs.

Through our General Relief Opportunities for Work (GROW) Program, you may be eligible to receive:

- Employment Development
- Education Services
- Training Services
- Domestic Violence
- Substance Use Disorder
- Youth Services

If you are deemed Unemployable and potentially eligible to Supplemental Security Income (SSI), we offer SSI Advocacy Services through the Department of Health Services' County-wide Benefits Entitlement Services Team (CBEST).

What Housing Programs are available once my GR case is approved?

You may be eligible to our GR Housing Subsidy Program.

GR HOUSING SUBSIDY PROGRAM

- Provides a rental subsidy of up to \$475 + \$100 contribution from your GR monthly grant and
- Move-In Assistance of up to \$500 (once-in-a-lifetime)



REFUGEES

What is Refugee Cash Assistance (RCA)?

Temporary Cash Aid for Refugee/Asylee single adults or couples who are not eligible for other financial assistance.

Who is eligible?

DPSS can help you determine if you qualify as a Refugee/Asylee.

FAMILIES WITH MINOR CHILDREN OR PREGNANT

What is CalWORKs?

- Temporary Cash Aid and
- Employment Focused Services

The amount your family receives depends on your income, resources, and family size.

Who Qualifies?

Pregnant adults or families with minor children who have income and property below the State maximum limit for their family size.

What other types of services will my family receive?

Once your CalWORKs case is approved, and your case includes an adult who is Welfare-to-Work eligible, you will be referred to our GAIN program.

Through our GAIN Program, you may be eligible to:

- Family Stabilization
- Home Visiting Program
- Employment Services
- Educational Services
- Transportation
- Child Care
- Diaper Allowance
- Domestic Violence Services
- Substance Use Disorder
- Ancillaries
- Mental Health

And more...

Ask your GAIN Worker for more information about these services.



What Housing Programs are available through CalWORKs?

PREVENTION

Emergency Assistance to Prevent Eviction (EAPE)

- Provides up to \$5,000 to pay for back due rent and/or utilities. This benefit can cover multiple months of back due rent and/or utilities and it can also pay for utility reconnection fees if needed.

Permanent Homeless Assistance Arrearages

- Provides up to two months of back due rent to prevent eviction.

EMERGENCY HOUSING

Temporary Homeless Assistance (HA)

- Provides up to 16 cumulative days of temporary shelter payments. (Also available to RCA applicants/participants.)

Expanded Temporary Homeless Assistance

- May receive two 16-day Expanded Temporary HA lump-sum payments for a total once-in-a-lifetime maximum of 32 days. (Available to CalWORKs applicants fleeing Domestic Violence.)

Temporary Homeless Assistance +14

- Provides up to 14 days of temporary shelter payments (For GAIN homeless families who have exhausted the Temporary HA Program)



# **Attachment 27: Client Right of Access Request Form**

## **CLIENT RIGHT OF ACCESS REQUEST FORM**

**To:** County of Los Angeles, Department of Public Social Services (DPSS)

I, \_\_\_\_\_, request that DPSS disclose and release the  
CLIENT'S NAME  
information described below, to:

### **Los Angeles Homeless Services Authority (LAHSA) Information**

Name of Agent: \_\_\_\_\_

LAHSA Mailing Address: \_\_\_\_\_

LAHSA E-mail Address: \_\_\_\_\_

### **INFORMATION TO BE DISCLOSED**

Client-provided documents listed below (check all that apply):

☐ Identification Card

☐ Legal Permanent Resident Card

☐ Social Security Card

☐ Verification of Benefits

☐ Birth Certificate

DPSS generated

### **EXPIRATION**

This authorization is valid for one (1) year from the date signed below.

### **CLIENT CONSENT**

This form was completed in its entirety and read by me (or read to me) prior to signing. I agree to be contacted to verify my identity at the phone number provided below. I understand that I can revoke my consent at any time after signing this form.

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT PHONE NUMBER

\_\_\_\_\_  
BIRTHDATE

\_\_\_\_\_  
CASE NUMBER

# **Attachment 28: Program Overview**



HOW TO APPLY



To apply for CalFresh, CalWORKs, General Relief, and Medi-Cal benefits, please visit: **BenefitsCal.com**

To apply over the phone or request applications, please call Customer Service Center (CSC): (866) 613-3777

To apply for Covered California, please call: (800) 300-1506

To apply for IHSS, please call: (888) 944-4477 or (213) 744-4477

GR application may be mailed to: P.O. Box 1580, Inglewood CA, 90308 "Attention GR Application", or faxed to (310) 215-8220

TELEPHONE DIRECTORY

GENERAL INFORMATION

INFO LINE of Los Angeles County*	211 (800) 339-6993
Americans with Disabilities Act (ADA)	(844) 586-5550
Child Protection Hotline **	(800) 540-4000
Civil Rights (CR) Hotline	(562) 908-8501
Domestic Violence Hotline	(800) 978-3600
Elder Abuse Hotline/ Adult Protective Services	(877) 477-3646
Mental Health Services	(800) 854-7771
Safely Surrendered Baby	(877) 222-9723
Substance Abuse Services Hotline	(844) 804-7500
Toy Loan Program	(213) 744-4344
TTY/TDD (for hearing impaired)	(877) 735-2929
Volunteer Services	(213) 744-4348

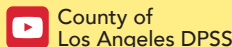
FRAUD

Welfare Fraud Reporting Hotline	(800) 349-9970
WeTip Fraud Hotline	(800) 873-7283
	(800) 782-7463
L.A. County Employee Fraud Hotline	(800) 544-6861

CUSTOMER INFORMATION

Customer Service Center (CSC)	(866) 613-3777
	(626) 569-1399
	(310) 258-7400
	(818) 701-8200
IHSS Helpline	(888) 822-9622
IHSS Provider Self Service Helpline	(844) 800-9095
Appeals and State Hearings	(800) 952-5253
Child Care Hotline	(877) 244-5399

\* For referral to emergency food or shelter, legal services, and other needs.  
\*\* Maintained by the Department of Children and Family Services (DCFS).



PROGRAMS & SERVICES



MISSION

To Enrich Lives Through Effective and Caring Service.

OUR PHILOSOPHY:

We believe we can help the people we serve to enhance the quality of their lives, provide for themselves and their families, and make a positive contribution to the community.

We believe to fulfill our mission, services must be provided in an environment which supports our staff's professional development and promotes shared leadership, teamwork, and individual responsibility.

We believe, as we move toward the future, we can serve as a catalyst for commitment and action within the community, resulting in expanded resources, innovative programs and services, and new public and private sector partnerships.

BRIEF FACTS

DPSS serves a county of more than ten million residents; an area of 4,100 square miles, encompassing 88 cities; and the needs of an ethnically and culturally diverse community.

DPSS has an annual budget of over \$4.6 billion, and provides services to one out of every three residents in Los Angeles County.

DPSS has a workforce of nearly 14,000 employees and serves the public in threshold languages at more than 40 offices located throughout Los Angeles County.

PROGRAMS & SERVICES

Most DPSS programs are mandated by federal and state laws, and fall into the following general categories:

- **Temporary financial assistance and employment services** (Welfare-to-Work) for low-income residents to promote self-sufficiency and independence.
- **Nutrition assistance** to low-income individuals and families.
- **Free and low-cost health care programs and services** for individuals and families with limited income and resources.

FINANCIAL ASSISTANCE

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)

The CalWORKs Program is a time-limited program that provides financial assistance to eligible needy families with (or expecting) children to help pay for housing, food, utilities, clothing, medical care, and other necessary expenses.



CAL-LEARN

Cal-Learn is a mandatory program for CalWORKs participants under 19 years old, who are pregnant or parenting, and have not earned a high school diploma or equivalent. Teens receive intensive case management, which can include child care, transportation, educational expenses, and bonuses to encourage them to stay in school.

CalWORKs HOUSING PROGRAM

This program provides services and benefits designed to assist CalWORKs families who are homeless or at-risk of homelessness. Benefits include: temporary shelter payments, permanent housing payments, short-term rental subsidies, assistance to prevent eviction, moving assistance, and case management services. In addition, DPSS collaborates with the Los Angeles Homeless Services Authority to assist homeless families with services through the Coordinated Entry System, which provides rapid rehousing and prevention services.

CalWORKs CHILD CARE

The CalWORKs Child Care Program provides 12 months of continuous child care to eligible families who request child care upon CalWORKs cash aid approval.



# FINANCIAL ASSISTANCE

## GENERAL RELIEF (GR)

GR is a County-funded program that provides financial assistance to indigent adults who are ineligible for federal or State programs. An average GR case consists of one person, living alone, with no income or resources.

## CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

CAPI provides monthly cash assistance to aged, blind, and disabled legal non-citizens ineligible for Supplemental Security Income/State Supplemental Payment (SSI/SSP) solely due to their immigration status. Individuals may apply over the phone by calling the Customer Service number on the back of this brochure. Individuals may also apply at any DPSS district office. CAPI participants may be eligible for Medi-Cal, In-Home Supportive Services (IHSS), and/or CalFresh benefits.

## REFUGEE CASH ASSISTANCE (RCA)

RCA provides cash assistance, Medi-Cal, and CalFresh to refugees for eight months starting with the month in which the person was admitted into the U.S. as a refugee or the date asylum was granted. Refugees who are receiving CalWORKs or SSI/SSP cannot receive RCA. Applicants for RCA may use the online CalWORKs Program application to apply for RCA benefits.

# WELFARE-TO-WORK PROGRAMS

## GREATER AVENUES FOR INDEPENDENCE (GAIN)

The GAIN Program provides employment-related services to CalWORKs participants to help them find employment, stay employed, and move to higher-paying jobs, which will ultimately lead to self-sufficiency and independence. Services include job club, vocational assessment, education/training, subsidized employment, community service, and post-employment services. To remove barriers to employment, GAIN offers help with transportation, child care, and special job-related expenses such as uniforms and tools, as well as domestic violence, substance use disorder, and mental health services.

- **Domestic Violence (DV)** - CalWORKs participants who are past/present victims of abuse by an intimate partner can access a variety of DV supportive services. Services include, but are not limited to, securing housing, food, clothing, group and individual counseling, and legal assistance with restraining orders, custody, advocacy, and immigration issues.

- **Mental Health (MH)** - CalWORKs participants who have mental health issues may access MH supportive services which include, but are not limited to, rehabilitation, employment services, and group, individual, and family counseling to overcome barriers to employment.
- **Substance Use Disorder (SUD)** - CalWORKs participants who have substance use disorder issues may access SUD supportive services including, residential treatment and individual, group, and family counseling to assist in overcoming barriers to employment.

## GENERAL RELIEF OPPORTUNITIES FOR WORK (GROW)

GROW provides employment and training services to assist employable GR participants obtain jobs and achieve self-sufficiency. Services include job readiness training, vocational assessment, education/training, mental health, substance use disorder, and domestic violence services.

## REFUGEE EMPLOYMENT PROGRAM (REP)

REP provides case management, training, and employment placement services to refugees during the first five years in the United States and to asylees during the first five years they are granted asylum.

# NUTRITION ASSISTANCE PROGRAM

## CALFRESH

The CalFresh Program (SNAP or formerly known as Food Stamps) improves the nutrition of people in low-income households by increasing their food-buying power, so they are able to purchase the amount of food their household needs. CalFresh benefits are used at grocery stores including participating farmers' markets. Homeless, elderly, or disabled individuals and their spouses can purchase prepared meals from any restaurants participating in the Restaurant Meals Program (RMP). CalFresh benefits are issued via an Electronic Benefits Transfer (EBT) card that is used to pay at the cash register in the same way as a Debit card.



# HEALTH CARE PROGRAMS

## MEDI-CAL

The Medi-Cal Program provides comprehensive health care coverage to the following eligible individuals: single adults, pregnant persons, families with children, elderly, and disabled individuals. The Affordable Care Act (ACA) expands Medi-Cal benefits for low-income, childless adults between the ages of 19 and 64 who are not disabled. CalWORKs families receive free Medi-Cal as part of their ongoing CalWORKs case. You can enroll in Medi-Cal during any month of the year.

## FREE & LOW-COST HEALTHCARE PROGRAMS

DPSS accepts Medi-Cal applications and makes referrals for the following free or low-cost health care programs and services: Child Health and Disability Prevention (CHDP) Program; Women, Infants, and Children (WIC); and California Children Services (CCS).

## IN-HOME SUPPORTIVE SERVICES (IHSS)

The IHSS program helps pay for services provided to individuals eligible to Medi-Cal and who are 65 years of age or over, or legally blind, or disabled adults and children, so they can remain safely in their own home. IHSS allows elderly and disabled individuals to receive the help they need at home instead of a nursing home or board and care facility. IHSS authorized services can include: house cleaning, meal preparation, laundry, grocery shopping, personal care services (such as: bowel and bladder care, bathing, grooming, protective supervision, and paramedical services), and accompaniment to medical appointments.



# OTHER PROGRAMS & SERVICES

## EMERGENCY MANAGEMENT

As a lead disaster response County department, DPSS is responsible for the care and shelter of disaster victims in collaboration with food banks and other human services agencies. DPSS maintains an emergency response system to alert, mobilize, and assign personnel in response to calls from the Sheriff's Department, Los Angeles County's Chief Executive Office, or the American Red Cross.

## FRAUD PREVENTION

The Department has four 24-Hour Fraud Hotlines to make anonymous reports of any kind of fraud, including welfare fraud. DPSS Welfare Fraud Prevention and Investigations (WFP&I) Section investigates various forms of welfare fraud, determines the amount, and seeks restitution for fraudulent cash overpayments and CalFresh over-issuances.

## TOY LOAN PROGRAM

This is a free service that lends toys to children through more than 50 Toy Loan Centers in the same manner in which books are borrowed from the public library. It is a voluntary community effort sponsored by the Los Angeles County Board of Supervisors and DPSS. Toy Loan Centers are located throughout Los Angeles County. For more information, visit: <https://dpss.lacounty.gov/en/community/toy-loan.html>



## VOLUNTEER SERVICES PROGRAM

DPSS serves an ethnically and culturally diverse community through programs designed to both alleviate hardship and promote health, personal responsibility, and economic independence. This program is designed to recruit and assign volunteers to projects that enhance, strengthen, and expand services to participants in departmental programs. For more information, visit: <https://dpss.lacounty.gov/en/community/volunteer.html>

## ADOPT-A-FAMILY PROGRAM

The annual DPSS Adopt-A-Family Program spreads holiday cheer to low-income families and individuals serviced by DPSS. Through this program, families are provided gifts of clothing, toys, food, and other items. For more information, visit <https://dpss.lacounty.gov/en/community/volunteer.html>

## COMMUNITY SERVICES BLOCK GRANT (CSBG)

CSBG is designed to provide a wide variety of services to assist low-income individuals to attain the skills, knowledge, and encouragement necessary to achieve economic stability. For listings of CSBG services available throughout Los Angeles County, visit: <https://dpss.lacounty.gov/en/community/csbgb.html>



# **Attachment 29:**

# **Federal Poverty Limit Chart**

## 2023 MAGI MEDI-CAL FEDERAL POVERTY LEVEL (FPL) INCOME CHART

Category		Pregnant Person			Infant 0-1		Child 1-6			Child 6-19			Expansion Child 6-19	Disabled Adults 19-64	Adults 19-64	*Parents/ Caretaker Relatives
FPL		0-138%	139-213%	214-322%	0-208%	209-266%	0-142%	143-160%	161-266%	0-133%	134-160%	161-266%	108-133%	0-128%	0-138%	0-109%
Family Size	1	\$1,677	\$2,588	\$3,913	\$2,528	\$3,232	\$1,726	\$1,944	\$3,232	\$1,616	\$1,944	\$3,232	\$1,313-\$1,616	\$1,556	\$1,677	\$1,325
	2	\$2,269	\$3,502	\$5,294	\$3,420	\$4,374	\$2,335	\$2,631	\$4,374	\$2,187	\$2,631	\$4,374	\$1,776-\$2,187	\$2,105	\$2,269	\$1,792
	3	\$2,860	\$4,414	\$6,672	\$4,310	\$5,512	\$2,943	\$3,316	\$5,512	\$2,756	\$3,316	\$5,512	\$2,238-\$2,756	\$2,653	\$2,860	\$2,259
	4	\$3,450	\$5,325	\$8,050	\$5,200	\$6,650	\$3,550	\$4,000	\$6,650	\$3,325	\$4,000	\$6,650	\$2,700-\$3,325	\$3,200	\$3,450	\$2,725
	5	\$4,043	\$6,239	\$9,432	\$6,093	\$7,792	\$4,160	\$4,687	\$7,792	\$3,896	\$4,687	\$7,792	\$3,164-\$3,896	\$3,750	\$4,043	\$3,193
	6	\$4,633	\$7,151	\$10,810	\$6,983	\$8,930	\$4,767	\$5,372	\$8,930	\$4,465	\$5,372	\$8,930	\$3,626-\$4,465	\$4,297	\$4,633	\$3,660
	7	\$5,224	\$8,063	\$12,188	\$7,873	\$10,069	\$5,375	\$6,056	\$10,069	\$5,035	\$6,056	\$10,069	\$4,088-\$5,035	\$4,845	\$5,224	\$4,126
	8	\$5,816	\$8,976	\$13,570	\$8,766	\$11,210	\$5,984	\$6,743	\$11,210	\$5,605	\$6,743	\$11,210	\$4,552-\$5,605	\$5,394	\$5,816	\$4,594
Citizenship Status	U.S. Citizen	M7	M9	OE (MCAP)	P9	T5	P7	T4	T3	P5	T2	T1	M5	L6	M1	M3
	Undoc	M8	M0		<ul style="list-style-type: none"> <li>• Effective May 2016, all children under the age of 19 qualify for full-scope benefits regardless of immigration status, if otherwise eligible.</li> <li>• Effective January 2020, all individuals age 19 until they turn 26 qualify for full-scope benefits regardless of immigration status, if otherwise eligible.</li> <li>• Effective May 2022, individuals 50 years of age or older qualify for full-scope (MAGI/Non-MAGI) benefits regardless of immigration status, if otherwise eligible.</li> </ul>									L7	M2	M4

Category		APTC				CA State Subsidy	CSR	600+% Unsubsidized	AI/AN CSR Only
FPL		100% - 150%	151% - 200%	201% -250%	251% - 400%	401% - 600%	100% - 300%	600+%	
Family Size	1	\$1,215-\$1,823	\$2,430	\$3,038	\$4,860	\$7,290	\$1,215-\$3,645	\$7,290+	No Income Test
	2	\$1,644-\$2,466	\$3,288	\$4,110	\$6,576	\$9,864	\$1,644-\$4,932	\$9,864+	
	3	\$2,072-\$3,108	\$4,144	\$5,180	\$8,288	\$12,432	\$2,072-\$6,216	\$12,432+	
	4	\$2,500-\$3,750	\$5,000	\$6,250	\$10,000	\$15,000	\$2,500-\$7,500	\$15,000+	
	5	\$2,929-\$4,394	\$5,858	\$7,323	\$11,716	\$17,574	\$2,929-\$8,787	\$17,574+	
	6	\$3,357-\$5,036	\$6,714	\$8,393	\$13,428	\$20,142	\$3,357-\$10,071	\$20,142+	
	7	\$3,785-\$5,678	\$7,570	\$9,463	\$15,140	\$22,710	\$3,785-\$11,355	\$22,710+	
	8	\$4,214-\$6,321	\$8,428	\$10,535	\$16,856	\$25,284	\$4,214-\$12,642	\$25,284+	
Aid Code		X2	X3	X4	X1	X9	X5	X7	X6

\*A parent/caretaker relative not receiving Medicare may be eligible to MAGI MC up to 138% of FPL.

## 2023 NON-MAGI MEDI-CAL FEDERAL POVERTY LEVEL (FPL) INCOME CHART

Family Size	TMC	Non-MAGI M/C	250% WDP	Medicare Savings Programs (MSP)			ABD FPL	PICKLE- Last SSI/SSP Check Received																														
	185% (2nd 6 Mos) (4/23)	Maintenance Need Levels (MMNL)	250% (4/23)	100% QMB (3/23)	120% SLMB (3/23)	135% QI-1 (3/23)	138% (4/23)	Between	Multiplier																													
1	\$2,248	\$600	\$3,038	\$1,215	\$1,458	\$1,641	\$1,677	1/22-12/22	0.0800																													
2	\$3,042	\$750**	\$4,110	\$1,644	\$1,973	\$2,220	\$2,269	1/21-12/21	0.1313																													
3	\$3,834	\$934	\$5,180	\$2,072	\$2,487	\$2,798	\$2,860	1/20-12/20	0.1424																													
4	\$4,625	\$1,100	\$6,250	\$2,500	\$3,000	\$3,375	\$3,450	1/19-12/19	0.1559																													
5	\$5,419	\$1,259	\$7,323	\$2,929	\$3,515	\$3,955	\$4,043	1/18-12/18	0.1789																													
6	\$6,211	\$1,417	\$8,393	\$3,357	\$4,029	\$4,532	\$4,633	1/17-12/17	0.1950																													
7	\$7,003	\$1,550	\$9,463	\$3,785	\$4,542	\$5,110	\$5,224	1/16-12/16	0.1974																													
8	\$7,796	\$1,692	\$10,535	\$4,214	\$5,057	\$5,689	\$5,816	1/15-12/15	0.1974																													
9	\$8,588	\$1,825	\$11,605	\$4,642	\$5,571	\$6,267	\$6,406	1/14-12/14	0.2109																													
10	\$9,380	\$1,959	\$12,675	\$5,070	\$6,084	\$6,845	\$6,997	1/13-12/13	0.2225																													
Each Additional Person	\$794	**2 Adults \$934	\$1,073	\$429	\$515	\$580	\$593	1/12-12/12	0.2355																													
		\$14						1/11-12/11	0.2621																													
<b>2023 SSI/SSP PAYMENT STANDARDS</b> <b>INDEPENDENT LIVING ARRANGEMENT</b>  <b>INDIVIDUAL</b> <u>Jan-Dec 2023</u>  Aged/Disabled \$1,133.73 Blind \$1,211.00 Disabled Minor \$1,003.07  <b>COUPLE</b> <u>Jan-Dec 2023</u>  Both Aged/ Disabled \$1,927.62 Both Blind \$2,134.14 One Blind/Other Aged or Disabled \$2,055.47			<b>2023 TB</b> <b>INCOME STANDARD</b> \$1,913  <b>INCOME CONVERSION</b> <b>FACTOR</b>  Weekly x4.33 Bi-Weekly x2.167 (every 2 weeks)  <b>2023 SGA DISABLED</b>  <b>Non-blind Individual</b> \$1,470  <b>Blind Individual</b> \$2,460		<b>2023 MEDICARE</b> <b>Part B PREMIUM</b> \$164.90  <b>2022 MEDICARE</b> <b>Part B PREMIUM</b> \$170.10  <b>2023 MSP Property Limits</b> Individual \$130,000 Couple \$195,000  <b>2023 QMB/SLMB/QI-1</b> SSI Standard Allocation \$457 "Any Income" Deduction \$20		<b>AVERAGE</b> <b>PRIVATE PAY</b> (To determine Period of Ineligibility) <table><tr><td>2023</td><td>Pending</td></tr><tr><td>2022</td><td>\$10,933</td></tr><tr><td>2021</td><td>\$10,298</td></tr><tr><td>2020</td><td>\$10,298</td></tr><tr><td>2019</td><td>\$9,337</td></tr><tr><td>2018</td><td>\$8,841</td></tr><tr><td>2017</td><td>\$8,515</td></tr><tr><td>2016</td><td>\$8,189</td></tr><tr><td>2015</td><td>\$8,092</td></tr><tr><td>2014</td><td>\$7,628</td></tr><tr><td>2013</td><td>\$7,549</td></tr><tr><td>2012</td><td>\$7,092</td></tr><tr><td>2011</td><td>\$6,840</td></tr><tr><td>2010</td><td>\$6,311</td></tr><tr><td>2009</td><td>\$5,698</td></tr></table>		2023	Pending	2022	\$10,933	2021	\$10,298	2020	\$10,298	2019	\$9,337	2018	\$8,841	2017	\$8,515	2016	\$8,189	2015	\$8,092	2014	\$7,628	2013	\$7,549	2012	\$7,092	2011	\$6,840	2010	\$6,311	2009	\$5,698
2023	Pending																																					
2022	\$10,933																																					
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2012	\$7,092																																					
2011	\$6,840																																					
2010	\$6,311																																					
2009	\$5,698																																					
<b>2023 SSA COLA MULTIPLIER</b> 1.087  <b>2023 FEDERAL BENEFIT RATE</b>  Individual (ABD) \$914 Couple (ABD) \$1,371  <b>2023 LONG TERM CARE BUDGET FACTORS</b>  Maintenance Need \$35 Community Spouse Resources \$148,620 Allowance (CSRA) Maximum Monthly Maintenance \$3,716 Need Allowance (MMMNA) Family Member Base Allocation (FMBA) \$2,289 <b>(07/01/2022 - 06/30/2023)</b> Home Maintenance Allowance \$209 Shared Home Maintenance Allowance \$138																																						

# **Attachment 30: BenefitsCal Brochure**

## APPLY FOR

### CalFresh

Food Assistance

### CalWORKs

Cash Aid for Families

### Medi-Cal

Health Coverage

### General Relief (GR)

Cash Aid

Visit  
**BenefitsCal.com**

## CUSTOMER SERVICE CENTER

**866-613-3777**

M - F / 7:30 a.m. - 7:30 p.m.

Sat. / 8:00 a.m. - 4:30 p.m.



## RENEW YOUR BENEFITS

It's easy. Here's how:

Call the DPSS Renewal Line to complete  
your CalWORKs or CalFresh renewal at

**424-405-5909** or  
**888-999-7671**

M - F / 8:00 a.m. - 5:00 p.m.

Do you need help because of a disability?  
Please contact the ADA Hotline at



**844-586-5550** M - F / 8 a.m. - 5 p.m.

APRIL 2022  
93



County of Los Angeles  
DEPARTMENT OF  
PUBLIC SOCIAL SERVICES

Save **time.**  
Go **online.**



**BenefitsCal**

Together we **benefit.**

**BenefitsCal.com**

is a new website for  
customers to **apply** for,  
**view**, and **renew benefits**  
for health coverage, food  
and cash assistance.

# HOW-TO GUIDE FOR BENEFITSCAL.COM

## USER LOGIN

1. Click on **Log In**.
2. Enter your **Email** and **Password** or click **Create Account**.

## IF YOU DO NOT REMEMBER YOUR PASSWORD

1. Click on **Log In**.
2. Click on **Forgot Your Password?**
3. Follow the instructions on the screen to reset your password.

## LINK YOUR BENEFITSCAL ACCOUNT TO A CASE

1. On **Things to do** section
2. Click on **Link a case** hyperlink.
3. Enter the **Date of Birth** (MM/DD/YYYY) and **Zip Code**.
4. Select and enter either
  - a. **Last 4 digits of SSN**
  - b. **EBT Number**
  - c. **Case Number**
5. Click **Next**.

## HOW TO UPLOAD DOCUMENTS

1. Select **Documents** or **I want to upload a new document** from the **User Dashboard**.
2. Click on **Upload a Document**.
3. Select the **Case/Application #**.
4. Select a **Person**.
5. Select the **Document Type**.
6. Select **Choose a File** and select the document to upload.  
**Note:** Mobile User – Take a photo of the document then click **Use Photo** or **Retake** to take another photo.
7. Confirm images are ready for upload.
8. Click **Choose Another File** to upload additional documents.
9. Click **Upload** to upload the document.
10. A confirmation receipt will display on the screen.



## HOW TO RENEW BENEFITS

1. From the Dashboard, select the **Renewal** tile.
2. Review the renewal date and summary of steps. Click the **Begin** button.
3. Review the sections and the status for each section. Click the **Start** or **Begin Next Section** button.
4. Follow the alerts on the screen to verify or change your personal information. **Review** the 'Rights and Responsibilities and Other Important Information' section.
5. If you are receiving CalWORKs, **select** the Welfare-to-Work Informational Notice checkbox to confirm.
6. Enter **Head of Household** information. Enter the **signature** of the spouse, domestic partner, or other parent by entering their information. Click the box to **electronically sign** the renewal. Click the **Submit Signature** button to continue.

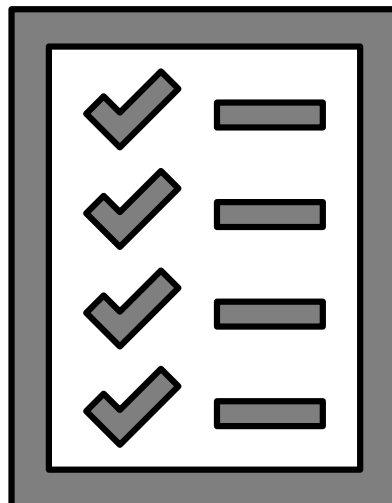
Scan the QR code to learn how to use BenefitsCal.







## **Referral Forms to Mainstream Services**



**Attachment 2:**  
**Countywide Benefits Entitlement**  
**Services Team (CBEST)**  
**Referral Form**



**COUNTYWIDE BENEFITS ENTITLEMENTS SERVICES TEAM  
(CBEST)  
REFERRAL FORM**



Referral Date: \_\_\_\_\_

PRE-SCREENING: CBEST PROGRAM ELIGIBILITY*			
Is the client interested in applying for SSI, SSDI, CAPI?		Yes:	No:
Is the client currently Homeless or at risk of homelessness? (Please check ONE below)			
Homeless (currently NOT housed)		Yes:	Total Number of Months Homeless: _____
At risk of homelessness (currently housed)		Yes:	No:
CLIENT IDENTIFYING INFORMATION			
First Name:		Middle Name:	Last Name:
Known Aliases:	SSN:	Place of Birth:	DOB:
CLIENT CONTACT INFORMATION			
Mailing Address:			
If no address, where is client most likely to be found?			
City:	State:	Service Planning Area (SPA):	Zip Code:
Primary Phone:	Alternate Phone:	Email Address:	
INITIAL SCREENING OF CLIENTS FOR SSI, SSDI, CAPI BENEFITS ELIGIBILITY			
Has the client applied for SSI or SSDI as an adult (18+)?		Yes:	No:
If Yes, please add type of last application and disposition below.			
SSI Application Date: _____		SSDI Application Date: _____	
Disposition:		Disposition:	
Approved      Pending		Approved      Pending	
Denied, when? _____ If appealed, when? _____		Denied, when? _____ If appealed, when? _____	
Unknown		Unknown	
Has the client served in the U.S. Armed Forces?		Yes:	No:
Has the client been incarcerated in the last year? (Response does not affect eligibility)		Yes:	No:
Is the client a U.S. Citizen? (Response does not necessarily affect eligibility)		Yes:	No:
If No, Does the client have proof of their lawful immigration status?		Yes:	No:      Doesn't Know:
If Yes, Please check below what proof the client has and provide the status of the document.			
Lawful Permanent Residents (LPR)/Green Card	Current	Expired (Exp. Date: _____)	Other: _____
Visa	Current	Expired (Exp. Date: _____)	Other: _____
Work Permit	Current	Expired (Exp. Date: _____)	Other: _____
Other: _____	Current	Expired (Exp. Date: _____)	Other: _____
What is/are the main health impairment(s) expected to last more than 1 year that the client feels makes them unable to work?			
Please list below.			
Physical Health: _____			
Is the client currently receiving treatment for the listed physical allegations above?		Yes:	No:      Don't Know:
Mental Health: _____			
Is the client currently receiving treatment for the listed mental health allegations above?		Yes:	No:      Don't Know:
What is the client's language preference(s)?			
REFERRER INFORMATION			
Referring Agency and/or Facility:			
Referrer Name & Title:			
Referrer Phone:		Referrer Email:	

Please send the referral to DHS CBEST Admin Team via:

Fax: (213) 482-3395 or

Email: [cbestreferral@dhs.lacounty.gov](mailto:cbestreferral@dhs.lacounty.gov)

CHAMP ID#: \_\_\_\_\_

*\*Please note: The information contained herein reflects eligibility criteria for the CBEST Program ONLY and does not reflect eligibility criteria from the Social Security Administration. The information in this document is not intended to convey or constitute legal advice on potential eligibility for government benefits.*

# **Attachment 5: Homeless Outreach and Mobile Engagement (HOME) Referral Form**



LOS ANGELES COUNTY  
**DEPARTMENT OF  
MENTAL HEALTH**  
hope. recovery. wellbeing.

# HOME TEAM

Homeless Outreach Mobile Engagement

## REFERRAL FORM

HOME provides outreach, engagement, and street treatment to people experiencing homelessness who present as **gravely disabled**. Such people are unable to access or use food, clothing, and/or shelter due to mental illness.

SEND COMPLETED REFERRALS TO [HOME@DMH.LACOUNTY.GOV](mailto:HOME@DMH.LACOUNTY.GOV)

Please include all information requested below. Incomplete referrals will delay processing.  
Submission of referral does not guarantee acceptance of case.

### REFERRAL SOURCE INFORMATION

TODAY'S DATE: \_\_\_\_\_ AGENCY/ORGANIZATION/PROGRAM\*: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ RELATIONSHIP WITH CLIENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\*Inpatient psychiatric facilities must complete "INPATIENT REFERRAL INFORMATION" section of form.

### CLIENT INFORMATION

FULL NAME AND/OR AKA: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ GENDER: \_\_\_\_\_

RACE/ETHNICITY: \_\_\_\_\_ LANGUAGES SPOKEN: \_\_\_\_\_

PHYSICAL DESCRIPTION: \_\_\_\_\_

(To aid in identification)

LOCATION: \_\_\_\_\_

(Streets and/or nearby landmarks where person can be found)

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

HMIS #: \_\_\_\_\_ IBHIS #: \_\_\_\_\_ ORCHID MRN: \_\_\_\_\_

### COLLATERAL CONTACT INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

## SERVICE HISTORY

DESCRIBE CURRENT AND PAST SERVICES PROVIDED TO CLIENT:

DESCRIBE BARRIERS TO PLACEMENT IN APPROPRIATE SHELTER/HOUSING/TREATMENT SETTING:

PREVIOUSLY REFERRED TO: LA-HOP FSP AOT LPS CONSERVATORSHIP

## FOCAL POPULATION CRITERIA

**Must be unsheltered homeless, gravely disabled, and not currently engaged in adequate mental health treatment**

IS CLIENT CURRENTLY EXPERIENCING UNSHELTERED HOMELESSNESS? ☐ YES ☐ NO

IS CLIENT CURRENTLY ENGAGING IN MENTAL HEALTH TREATMENT? ☐ YES ☐ NO

MENTAL HEALTH CONDITIONS: \_\_\_\_\_

PHYSICAL HEALTH CONDITIONS: \_\_\_\_\_

SUBSTANCE USE: \_\_\_\_\_

DESCRIBE HOW CLIENT'S MENTAL ILLNESS IMPACTS EACH OF THE FOLLOWING:

SECURING/ACCEPTING/CONSUMING FOOD AND WATER:

SECURING/ACCEPTING/UTILIZING APPROPRIATE CLOTHING:

SECURING/ACCEPTING/UTILIZING SHELTER:

ACCESSING APPROPRIATE PHYSICAL HEALTH CARE

## INPATIENT REFERRAL INFORMATION

**Referrals from inpatient psychiatric facilities can only be accepted when the following criteria are met.**

HOME is unlikely to be able to visit during client's inpatient stay.

**Please include a photo of client to aid in identification on street.**

ON 5250 HOLD OR 5270 HOLD? ☐ YES ☐ NO

ON STABLE & EFFECTIVE PSYCHOTROPIC MEDICATION REGIMEN? ☐ YES ☐ NO

REFUSING ALL OTHER DISCHARGE PLANS FOR PLACEMENT? ☐ YES ☐ NO



**Attachment 12:**  
**Adult and Older Adult**  
**Full Service Partnership (FSP)**  
**Referral Form**

**ADULTS (AGES 21 +)  
FULL SERVICE PARTNERSHIP  
REFERRAL FORM****CLIENT INFORMATION**

AGE GROUP: (check one)

- ☐ ADULT 21-59  
☐ ADULT 60+

\*Insufficient details may delay referral process

DATE: \_\_\_\_\_

DMH IBHIS#: \_\_\_\_\_

SSN: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ PREFERRED LANGUAGE: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE/ETHNICITY: \_\_\_\_\_ GENDER: ☐ M ☐ F ☐ OTHER

CONTACT

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CURRENT LIVING SITUATION: \_\_\_\_\_

INSURANCE: ☐ MEDI-CAL ☐ MEDICARE ☐ NONE ☐ PRIVATE: \_\_\_\_\_BENEFITS: ☐ GR RECIPIENT ☐ V.A. ☐ SSI ☐ SSDI ☐ OTHER INCOME: \_\_\_\_\_☐ CLIENT SERVED IN THE MILITARY ☐ CONSERVATOR? ☐ YES

NAME: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

**REFERRAL SOURCE**

Agency: \_\_\_\_\_ Provider # (if applicable): \_\_\_\_\_ Service Area: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is Individual currently receiving mental health services from your agency?

☐ YES ☐ NO ☐ RSOOther Agency Involvement: ☐ Probation ☐ APS ☐ GR/DPSS ☐ Parole:☐ Parolees\*☐ Public Guardian☐ Regional Center☐ Post-Release Community Supervision/PRCS\*\*☐ AOT☐ ODR/MIST☐ CDCR# \_\_\_\_\_

**\*Eligible for FSP services. Must serve those who are Medi-Cal beneficiaries if they meet Specialty Mental Health Services (SMHS) criteria regardless of whether the beneficiary is currently receiving mental health services through the state parole system.**

**\*\*Not eligible for FSP services. Refer to AB 109 program by calling (213) 738-2877.**

If Individual was referred to any other programs, please identify: \_\_\_\_\_

FSP Agency Representative: \_\_\_\_\_

☐ Client is aware that an FSP referral has been made on their behalf.

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

# FOCAL POPULATION

Individual's

Name: \_\_\_\_\_

DMH IBHIS#: \_\_\_\_\_

## CHECK APPROPRIATE FOCAL POPULATION REASON(S) FOR REFERRAL:

	# Days during last 12 months	# Episodes in last 12 months
<input type="checkbox"/> <sup>1</sup> Homeless	_____	_____
<input type="checkbox"/> Jail	_____	_____
<input type="checkbox"/> Institution(s) (mark all that apply):		
<input type="checkbox"/> Institution for Mental Disease	_____	_____
<input type="checkbox"/> State Hospital	_____	_____
<input type="checkbox"/> Psychiatric Emergency Services	_____	_____
<input type="checkbox"/> Urgent Care Center	_____	_____
<input type="checkbox"/> County Hospital	_____	_____
<input type="checkbox"/> Fee for Service Hospital	_____	_____

## FOCAL POPULATION REASON SPECIFIC TO AGE 60 + :

- ☐ Imminent risk for placement in a Skilled Nursing Facility (SNF), Nursing Home or other institution
- ☐ Being released from SNF/Nursing Home      Facility: \_\_\_\_\_
- ☐ Client has a recurrent history or is at risk of abuse or self-neglect and may be typically isolated (e.g. APS-referred clients)
- ☐ Older Adult living independently who is unable to provide food for self, administer medications or is at risk for falls Physical
- ☐ Health risk, serious or multiple chronic or acute physical health issues

**Document any pertinent outreach information regarding client here and provide additional details for checked items: (Ex. Client is difficult to engage, client prefers female staff, language barriers, etc.)**

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<sup>1</sup>An individual living anywhere outside, including on the streets, or any other location not meant for human habitation (e.g. in an abandoned building, vehicle, bus, etc.); or an individual prioritized by and/or assessed as homeless by DMH (e.g. on the Los Angeles County 5% list, identifies as highly vulnerable homeless through predictive rating scales, followed by a DMH homeless outreach team).

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/ authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

## LEVEL OF SERVICE

Individual's  
Name: \_\_\_\_\_

DMH IBHIS#: \_\_\_\_\_

### Check ONE ONLY:

- ☐ Unserved (Not receiving mental health services)  
☐ History of mental health services, but none currently\* ☐ No prior mental health services
- ☐ Underserved (Receiving some MH services, though insufficient to achieve desired outcomes)\*  
☐ Outpatient ☐ PEI ☐ Other: \_\_\_\_\_
- ☐ Inappropriately served (receiving some MH services, though inappropriate to achieve desired outcomes because of cultural, ethnic, linguistic, physical, or other needs specific to the client)\*

\*If client has received community-based mental health services within the last 6 months, (1) identify the program(s); (2) indicate the type and frequency of services; and (3) explain why the services are insufficient/inappropriate to achieve desired outcomes:

## DIAGNOSTIC CONSIDERATIONS

DSM-5/ICD-10 Code: \_\_\_\_\_

Dual Diagnosis (X Code): \_\_\_\_\_

### Check All that Apply to Individual:

- |   |  |
|---|--|
| <input type="checkbox"/> Aggressive Ideation                        | <input type="checkbox"/> Inappropriate Sexual Acts                           |
| <input type="checkbox"/> Aggressive Acts (by history or current)    | <input type="checkbox"/> Psychiatric Hospitalizations (Indicate dates below) |
| <input type="checkbox"/> Aggressive Threats (by history or current) | <input type="checkbox"/> Suicidal Ideation/Attempts                          |
| <input type="checkbox"/> Fire Setting Ideation or Acts              | <input type="checkbox"/> Symptoms of Psychosis                               |
| <input type="checkbox"/> Inappropriate Sexual Ideation              | <input type="checkbox"/> Tarasoff Notifications (past or current)            |
| <input type="checkbox"/> Other _____                                |  |

Provide detail for any checked items, describe candidate's immediate risk, safety concerns and most concerning behavior that occurred including danger to self and others:

**All DMH entities (directly-operated and contracted) must submit the Referral/Authorization Form via the Service Request Tracking System (SRTS). For Non-DMH entities, please fax the completed Referral/Authorization Form to the Service Area Navigation Team:**

SA 1: Angela Coleman	(661) 537-2937	SA 4: Phyllis Moore Hayes	(213) 947-4030	SA 6: Perla Cabrera	(310) 223-0914
SA 1: Salem Redding	(661) 537-2937	SA 4: William Ortega	(213) 947-4030	SA 7: Alicia Ibarra	(213) 402-2309
SA 2: Darrell Scholte	(818) 347-8736	SA 5: Samantha Howard	(310) 313-0813	SA 8: Trisha Deeter	(562) 290-1230
SA 2: Darwin Puno	(818) 347-8736	SA 5: Adriana Guzman	(310) 313-0813	SA 8: Jenny Nguyen	(562) 290-1230
SA 3: Laura Jurado	(626) 331-0121	SA 6: Dawnette Anderson	(310) 223-0914		

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

**Attachment 15:**  
**Children and Young Adult**  
**Full Service Partnership (FSP)**  
**Referral Form**

# COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH



## CHILD / YOUNG ADULT (AGES 0-20) FULL SERVICE PARTNERSHIP REFERRAL FORM

### REFERRAL INFORMATION

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

AGE GROUP (check one):

☐ FSP (ages 0-15)

☐ FSP ages (16-20)

☐ IFCCS (ages 0-21)

DATE: \_\_\_\_\_

DMH IBHIS# \_\_\_\_\_

SSN: \_\_\_\_\_

Last  
Name: \_\_\_\_\_

First  
Name: \_\_\_\_\_

PREFERRED  
LANGUAGE: \_\_\_\_\_

DOB: \_\_\_\_\_

AGE: \_\_\_\_\_

RACE/  
ETHNICITY \_\_\_\_\_

GENDER: ☐ M ☐ F ☐ OTHER

CURRENT

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CURRENT LIVING SITUATION: ☐ ESC ☐ TSC ☐ Home of Parent ☐ Relative

☐ Foster Home ☐ Group Home Facility Name: \_\_\_\_\_ Level: \_\_\_\_\_

☐ Other: \_\_\_\_\_

INSURANCE: ☐ Medi-Cal ☐ MCHIP ☐ Private ☐ None

BENEFITS: ☐ GR Recipient ☐ VA ☐ SSDI ☐ SSI ☐ Other Income

PRIMARY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PREFERRED LANGUAGE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

CONSERVATOR ? ☐ YES ☐ NO NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

**All DMH Entities (DO and contracted) must submit the Referral Form via SRTS. For Non-DMH Entities, fax completed Referral form to the Impact Unit for your Service Area:**

SA 1: Salem Redding (661) 537-2937  
SA 2: Nancy Garcia (818) 347-8738  
SA 3: Vanessa Torres (626) 331-0120

#### Child/Youth FSP Age Group (0-15)

SA 4: Luz Smith (213) 947-4030  
SA 5: Jacqueline Finch (310) 313-0813  
SA 6: Margarita Cabrera (323) 978-6155

SA 7: Cheryl Lopez (213) 402-2309  
SA 8: April Hagerty (562) 290-1230

#### Child/Youth FSP Age Group (16-20)

SA 1: Salem Redding (661) 537-2937  
SA 2: Fang (Colin) Xie (818) 347-8738  
SA 3: Socorro Ramos (626) 331-0120

SA 4: Hannah Lee (213) 947-4030  
SA 5: Jacqueline Finch (310) 313-0813  
SA 6: Gerri Washington (323) 978-6155

SA 7: Cheryl Lopez (213) 384-0729  
SA 8: Mary Marroquin (562) 290-1230

If referring to IFCCS, email completed Referral form to [CSOCIFCCS@dmh.lacounty.gov](mailto:CSOCIFCCS@dmh.lacounty.gov)



This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

## REFERRAL SOURCE

Individual's

Name: \_\_\_\_\_

DMH IBHIS# \_\_\_\_\_

Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Is Individual currently receiving mental health services from your agency? ☐ YES ☐ NO

Other Agency Involvement: ☐ DCFS ☐ Probation ☐ DMH ☐ Regional Center  
☐ START

Parole: ☐ Parolees\* ☐ Post-Release Community Supervision/PRCS\*\*  
☐ CDCR# \_\_\_\_\_

\*Eligible for FSP services. Must serve those who are Medi-Cal beneficiaries if they meet Specialty Mental Health Services (SMHS) criteria regardless of whether the beneficiary is currently receiving mental health services through the state parole system.

\*\*Not eligible for FSP services. Refer to AB 109 program by calling (213) 738-2877 or emailing DMHAB109-Coordinator@dmh.lacounty.gov

☐ Client/Family is aware client has been referred to an FSP Program

If you are referring to IFCCS, please identify your portal:

☐ Child/YA FSP Navigator ☐ DMH WRAP Liaison ☐ DMH MAT ☐ EOTB  
☐ DMH Hospital D/C Unit ☐ TSC ☐ SFC ☐ STRTP Aftercare  
☐ Medical HUB

Please identify recent referrals: ☐ D-Rate ☐ Wraparound ☐ ISFC ☐ STRTP Aftercare  
☐ Other: \_\_\_\_\_

## DCFS INFORMATION

DCFS Case: ☐ Adoption ☐ ER Case ☐ Family Maintenance/Reunification  
☐ New Detention ☐ Voluntary Case

Assigned DCFS Office: \_\_\_\_\_

CSW Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SCSW Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If you are a DCFS referring party, please attach the following documents:

☐ Consents (179) Minute Order ☐ JV 220 (Current) ☐ Court Report/Voluntary Case Report  
☐ Child Profile Report ☐ Placement History

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

## LEVEL OF SERVICE

Individual's

Name: \_\_\_\_\_

DMH IBHIS# \_\_\_\_\_

### Check ONE ONLY:

- ☐ Unserved (Not receiving mental health services)  
☐ History of mental health services, but none currently\* ☐ No prior mental health services
- ☐ Underserved (Receiving some MH services, though insufficient to achieve desired outcomes)\*  
☐ PEI ☐ Outpatient ☐ Other
- ☐ Inappropriately served (receiving some MH services, though inappropriate to achieve desired outcomes because of cultural, ethnic, linguistic, physical, or other needs specific to the client)\*

If client is currently receiving mental health services please indicate:

Therapist: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

\*If client has received community-based mental health services within the last 6 months, (1) identify the program(s); (2) indicate the type and frequency of services; and (3) explain why the services are insufficient/inappropriate to achieve desired outcomes:

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## DIAGNOSTIC CONSIDERATIONS

DSM-5/ICD-10 Code: \_\_\_\_\_

### Check All that Apply to Individual:

- |   |  |
|---|--|
| <input type="checkbox"/> Aggressive Ideation                        | <input type="checkbox"/> Inappropriate Sexual Acts                           |
| <input type="checkbox"/> Aggressive Acts (by history or current)    | <input type="checkbox"/> Psychiatric Hospitalizations (Indicate dates below) |
| <input type="checkbox"/> Aggressive Threats (by history or current) | <input type="checkbox"/> Suicidal Ideation/Attempts                          |
| <input type="checkbox"/> Fire Setting Ideation or Acts              | <input type="checkbox"/> Symptoms of Psychosis                               |
| <input type="checkbox"/> Inappropriate Sexual Ideation              | <input type="checkbox"/> Tarasoff Notifications (past or current)            |
| <input type="checkbox"/> Contact with PMRT or Urgent Care           | <input type="checkbox"/> Exposure to Trauma                                  |
| <input type="checkbox"/> Eating Disturbances                        | <input type="checkbox"/> Hyperactive/Impulsive/Inattentive                   |
|   | <input type="checkbox"/> Other _____   |

Provide Detail for Any Checked Items: \_\_\_\_\_

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## FOCAL POPULATION

Individual's

Name: \_\_\_\_\_

DMH IBHIS# \_\_\_\_\_

### **CHECK APPROPRIATE REASON(S) FOR REFERRAL OF A CHILD OR YOUNG ADULT (AGE 0-21) WHO HAS A SERIOUS EMOTIONAL DISTURBANCE (SED):\* AND AT LEAST ONE OF THE FOLLOWING:**

**Child/Young Adult zero to twenty one years old (0-21) experiencing one or more of the following:**

- ☐ School absences - considered chronically truant (missing 10% of school days within a year)
- ☐ School suspensions and/or expulsions
- ☐ Psychiatric hospitalization within the last six months
- ☐ History of suicidal and/or homicidal ideations
- ☐ Experiencing prodromal or first episode of psychosis
- ☐ Open LAC-Department of Children Family Services (DCFS) case
- ☐ Open LAC-Probation Department case
- ☐ Transitioning into the community from a restrictive setting
- ☐ Experienced two (2) or more placements due to behavioral health needs.
- ☐ Experiencing severe mental health issues and not engaging in mental health services
- ☐ Individual or family who lacks a fixed, regular, and adequate nighttime residence
- ☐ Experiencing co-occurring disorder

**Provide Detail for Any Checked Items:** \_\_\_\_\_

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**""Seriously emotionally disturbed""** means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

- (A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:
  - (i) The child is at risk of removal from home or has already been removed from the home.
  - (ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
- (B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
- (C) The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 or Title 1 of the Government Code. [California Welfare and Institutions Code Section 5600.3]

# **Attachment 19:**

## **Screening Referral Treatment Follow-Up Form**

**Confidential Client Information**

## SUD Referral and Tracking Form

### Section 1: Completed by Individual Requesting SUD Screening

Requestor's Name:		Requestor's E-mail:	
Department/Agency:		Office Phone:	Fax:
Location Name and Address:			
Date of Referral:	Name of Client:		Client's Date of Birth:
Client's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (F to M) <input type="checkbox"/> Transgender (M to F) <input type="checkbox"/> Unknown		Is the Client Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Client's phone number:
Client's email:		Case/Program Identifying #:	
Select Program(s) or Population(s) that best fits with the client:	<input type="checkbox"/> AB 109 <input type="checkbox"/> DCFS <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> General Relief	<input type="checkbox"/> Mental Health <input type="checkbox"/> Family Solutions Center <input type="checkbox"/> MAMA's Neighborhood <input type="checkbox"/> CalWORKS	<input type="checkbox"/> Mainstream Services Interim Housing <input type="checkbox"/> Project Roomkey <input type="checkbox"/> Homeless Outreach / Encampments <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other, specify: _____
<b>Refer the client directly to the CENS counselor at assigned co-location if information is known. Otherwise you may refer the client to one of the CENS Area Office listed below.</b>			

#### CENS Providers and Sites

<input checked="" type="checkbox"/> SPA 1: Tarzana Treatment Centers (661) 726-2630 (Phone) (661) 723-3211 (FAX) <input type="checkbox"/> Co-Located Site Specify Facility name and Address: _____	<input type="checkbox"/> SPA 3: Prototypes (626) 444-0705 (Phone) (626) 444-0710 (FAX) <input type="checkbox"/> Co-Located Site Specify Facility Name and Address: _____	<input type="checkbox"/> SPA 5: Didi Hirsch Mental Health Services (310) 895-2300 (Phone) (310) 895-2353 (FAX) <input type="checkbox"/> Co-Located Site Specify Facility Name and Address: _____	<input type="checkbox"/> SPA 7: Los Angeles Centers for Alcohol and Drug Abuse (562) 273-0462 (Phone) (562-273)-0013 (FAX) <input type="checkbox"/> Co-Located Site Specify Facility Name and Address: _____
<input checked="" type="checkbox"/> SPA 2: San Fernando Valley Community Mental Health Center (818) 285-1900 (Phone) (818) 285-1906 (FAX) <input type="checkbox"/> Co-Located Site Specify Facility Name and Address: _____	<input type="checkbox"/> SPA 4: Homeless Health Care Los Angeles (213) 744-0724 (Phone) (213) 748-2432 (FAX) <input type="checkbox"/> Co-Located Site Specify Facility name and Address: _____	<input type="checkbox"/> SPA 6: Special Service for Groups (323) 948-0444 (Phone) (323) 948-0443 (FAX) <input type="checkbox"/> Co-Located Site Specify Facility Name and Address: _____	<input type="checkbox"/> SPA 8: Behavioral Health Services (310) 973-2272 (Phone) (310) 973-7813 (FAX) <input type="checkbox"/> Co-Located Site Specify Facility Name and Address: _____

I agree to schedule an appointment at one of CENS site and show up to the referred treatment site for SUD assessment and treatment services determined by the CENS counselor.

Signed: \_\_\_\_\_  
Client

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Referral Requestor

Date: \_\_\_\_\_

Section 2: Completed by CENS counselor			
Client has Medi-Cal or My Health LA:	<input type="checkbox"/> If yes, Medi-Cal or My Health LA #: _____	<input type="checkbox"/> If no, Application #: _____ Submitted on: _____	Client's Sage Member ID Number: _____ Sage Referral ID Number (auto generated in Sage) _____
SUD Screening Completed by CENS Counselor:			
Date of Screening:	Screened by:	Phone:	
CENS Agency:	Email:		
For CENS Counselors only - SUD Screening Results			
Based on the American Society of Addiction Medicine (ASAM) Triage Tool the CENS Counselor recommends the following Provisional Level of Care (LOC):			
<b>SCREENED NEGATIVE OR EARLY INTERVENTION FOR TREATMENT</b> <input type="checkbox"/> SUD Treatment Not Recommended <input type="checkbox"/> ASAM Level 0.5: Early Intervention  <b>➤ WAS AT RISK EDUCATION WORKSHOPS PROVIDED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>SCREENED POSITIVE FOR OUTPATIENT TREATMENT</b> <input type="checkbox"/> ASAM Level 1.0: Outpatient Services <input type="checkbox"/> ASAM Level 2.1: Intensive Outpatient Services <input type="checkbox"/> ASAM Level 1-OTP: Opioid (Narcotic) Treatment Program <input type="checkbox"/> ASAM Level 1-WM: Ambulatory WM without Extended On-Site Monitoring  <b>SCREENED POSITIVE FOR RESIDENTIAL TREATMENT</b> <input type="checkbox"/> ASAM Level 3.1: Low-Intensity Residential Services <input type="checkbox"/> ASAM Level 3.3: High-Intensity Residential Services, Population-Specific <input type="checkbox"/> ASAM Level 3.5: High-Intensity Residential Services, Non-Population Specific <input type="checkbox"/> ASAM Level 3.2-WM: Clinically Managed Residential WM		<b>SCREENED POSITIVE FOR INPATIENT TREATMENT</b> <input type="checkbox"/> ASAM Level 3.7-WM: Medically Monitored Inpatient WM <input type="checkbox"/> ASAM Level 4-WM: Medically Managed Intensive Inpatient WM  <b>REFERRED TO OTHER SUPPORT SERVICES</b> <input type="checkbox"/> Recovery Support Services <input type="checkbox"/> Recovery Bridge Housing (requires concurrent enrollment in ASAM 1.0, 2.1, 1-OTP, or 1-WM) <input type="checkbox"/> Other (Specify): _____	
<b>Client Referred to SUD Treatment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <b>If Yes, complete the following information:</b>			
Name of Treatment Agency: _____			
Address: _____		Phone: _____	
Contact Person: _____		Email: _____	
Appointment Date: _____		Time: _____	
<b>If client is referred to SUD treatment, please complete Release of Information (ROI) form</b> <a href="#">ROI – In Network Provider</a> ; <a href="#">ROI – Out of Network</a> <b>The Release of Information (ROI) form has been signed.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section 3: Treatment Provider Must Complete this Section and Return to CENS			
Client showed up to appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, rescheduled to: _____ Date _____ Time _____	
If admitted LOC is different than the ASAM Co-Triage LOC, specify below: _____ (Specify LOC)	If admitted:	Admission Date:	Expected Completion Date:
		Weekly Treatment Hours:	Admission Counselor's Name:



Please return this form to the CENS via [Secure] FAX or email upon Admission, No Show, or Rescheduled Appointment.

Comments:



## Training Resources

**Please refer to the “Technical Assistance  
and Training” sections for each Department  
for additional training resources.**



# **Attachment 6:**

## **Mental Health First Aid Training Fact Sheet**



LOS ANGELES COUNTY  
**DEPARTMENT OF  
MENTAL HEALTH**  
hope. recovery. wellbeing.

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU**

**WORKFORCE EDUCATION AND TRAINING DIVISION**

**MENTAL HEALTH FIRST AID**

**What is Mental Health First Aid?**

Mental Health First Aid (MHFA) is an 8-hour course that introduces participants to risk factors and warning signs of mental health concerns, builds an understanding of their impact, and provides an overview of common treatments. The course uses role-playing and simulations to demonstrate a mental health crisis assessment, demonstrate potential interventions for providing initial assistance, and make referrals to mental health services, social supports, and self-help resources.

MHFA allows for early detection and intervention by teaching participants about the signs and symptoms of specific illnesses such as anxiety, depression, schizophrenia, bipolar disorder, and addictions (i.e. alcohol, substance use). The program offers strategies and answers the questions, “What can I do?” and “Where can someone find help?” Participants are introduced to local mental health resources, national organizations, and support groups for mental health related concerns.

The MHFA training consists of two distinct curriculums: MHFA Adult and MHFA Youth. The Adult curriculum covers topics relevant to mental health disorders associated with adults age 18 or older (young adult, adult, and older adult). The specific mental health disorders and illnesses addressed are Depression, Dementia, PTSD, Panic Attacks, and Anxiety Disorders. Currently MHFA is offered in both English and Spanish.

The Youth curriculum is intended for adults interacting/working with youth ages 12-18. The course introduces common mental health challenges, reviews typical adolescent development, and teaches a 5-step action plan for helping youth both in non-crisis and crisis situations. Youth MHFA is available in English and Spanish.

## **What are the logistics of the MHFA trainings?**

The In-Person training course is conducted by individuals certified by the National Council for Behavioral Health. It can be delivered in two 4-hour sessions or one 8-hour session. There is a minimum of 15 participants and a maximum of 25 participants per course. After completing the course and passing an examination, participants are certified for 3 years as a Mental Health First Aider.

The Live Virtual MHFA training course is also conducted by individuals certified by the National Council for Behavioral Health. There is an introductory 2hr self-paced portion of the training that must be completed by the participants before attending the training. After, the 6hr hour training is then delivered virtually by at least 2 Instructors. Every participant must have access to a computer to take this training. There is a minimum of 10 participants and a maximum of 20 participants per training course. After completing the course and passing an examination, participants are certified for 3 years as a Mental Health First Aider.

Trainings are usually conducted in a team of 2 instructors.

## **What is the targeted population?**

The MHFA Adult course is targeted to a variety of audiences: public mental health rehabilitative staff, health and human services workers, business leaders, faith communities, college and university personnel, law enforcement and public safety staff, veterans and family members, individuals with mental illness and their loved ones, and unserved/underserved communities.

The MHFA Youth course is targeted to teachers, peer advocates/parent partners, community based organizations, high schools, and other others that work with children who may be experiencing anxiety, depression, substance use, disruptive behaviors, and eating disorders.

There is no cost to attend the Adult or Youth course. The venues are provided by the requesting party. LACDMH supplies all training materials (i.e. participant manuals, handouts, service area specific resources).

## **Contact Information:**

For additional information regarding MHFA and/or to schedule training for yourself or your agency personnel, please contact:

Adam Benson, Training Coordinator - MH  
County of Los Angeles – Department of Mental Health  
Office of Administrative Operations, Quality, Outcomes and Training Division Training Unit  
[abenson@dmh.lacounty.gov](mailto:abenson@dmh.lacounty.gov)





## Contact Information





# **Attachment 7: Crisis Call Numbers Comparison Chart**



## Crisis Call Numbers Comparison Chart

Questions	988* *800-273-TALK will route here	LACDMH Helpline (800) 854-7771	911
<b>When should I call?</b>	Anyone can call/text this number if they or someone they know are having a mental health, substance use or suicidal crisis and need support over the phone or through online chat (988lifeline.org)	Anyone can call this number if they or someone they know need non-crisis mental health referrals or need emotional support.	Anyone experiencing a life-threatening emergency or in any situation that requires immediate assistance from the police, fire department or ambulance.
<b>Can I call this number even if I don't have a mental health emergency and just need to speak to someone for mental/emotional support?</b>	Yes	Yes	No
<b>When are services offered?</b>	24/7	24/7	24/7
<b>What services are offered?</b>	Crisis counseling; connections to services; connection to in-person field response by a mental health team.	Referrals to mental health services; emotional support.	Dispatching of first responder services (law enforcement, fire departments, emergency medical services).
<b>Who answers the calls?</b>	Trained mental health crisis counselors.	Trained mental health staff including trained active listeners on the emotional support line.	911 Dispatchers
<b>Can this number provide in-person response in the field?</b>	Yes. Through coordination with LACDMH Help Line staff, field response teams that include mental health professionals and peer workers can be dispatched.	Yes, Help Line staff can dispatch field response teams that include mental health professionals and peer workers.	Yes, dispatchers can deploy first responder units (including law enforcement, firefighter, emergency medical services). If available, co-response teams (which include a law enforcement officer and a mental health professional) will be deployed for calls involving mental health.
<b>When will in-person response be dispatched?</b>	If situation escalates or not stabilized through phone/text/chat, mental health teams will be dispatched.	If situation escalates or not stabilized through phone, will dispatch mental health teams.	Depending on severity of situation, may deploy first responder teams or refer to LACDMH Help Line for mental health team.
<b>Who will be responding when the situation requires an in-person response?</b>	Psychiatric mobile response teams, which are teams of trained mental health professionals and peers.	Psychiatric mobile response teams, which are teams of trained mental health professionals and peers.	First responders such as law enforcement, fire department, EMS, co-response teams (mental health professional and law enforcement)

<b>Will law enforcement be involved in the in-person response?</b>	No, unless there is an immediate risk of safety to the caller or to the public, then the caller will be connected with first responders such as law enforcement or emergency medical services.	No, unless there is an immediate risk of safety to the caller or to the public, then the caller will be connected with first responders such as law enforcement or emergency medical services.	Yes. May dispatch co-response teams (1 law enforcement officer + 1 mental health professional) when available.
<b>Will my location automatically shared when I call?</b>	No.	No.	Yes.
<b>If I have an out of county cell phone number and call this number, will I have access to L.A. County services?</b>	If you are in L.A. County but using an out-of-County cell phone area code, you will reach the 988 call center corresponding to your phone's area code. However, you can provide your location to be connected to L.A. County services in your area.	Yes. You will reach L.A. County Help Line staff.	Your call will be geolocated and you will be connected to dispatchers closest to your physical location.

# **Attachment 8:**

## **Full Service Partnership (FSP)**

### **Service Area Navigator**

### **Contact List**



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**  
**Countywide Full Service Partnership (FSP) Administration**  
**Service Area Navigator Contacts and Impact Unit Coordinators**



Service Area & Supervisors	Child (0-15)	TAY (16-25)	Adult (26+)	Service Area Consumer & Family Advocates
<b>1</b> <b>Cindy Ferguson</b> <a href="mailto:CIferguson@dmh.lacounty.gov">CIferguson@dmh.lacounty.gov</a> (661) 223-3842  Fax (661) 537-2937	<b>Salem Redding</b> <a href="mailto:SRedding@dmh.lacounty.gov">SRedding@dmh.lacounty.gov</a> (661) 223-3816 © (213) 494-8123  Fax (661) 537-2937	<b>Salem Redding</b> <a href="mailto:SRedding@dmh.lacounty.gov">SRedding@dmh.lacounty.gov</a> (661) 223-3816 © (213) 494-8123  Fax (661) 537-2937	<b>Angela Coleman</b> <a href="mailto:AColeman@dmh.lacounty.gov">AColeman@dmh.lacounty.gov</a> (661) 223-3813 © (213) 949-1986  Fax (661) 537-2937	
<b>2</b> <b>Michelle Rittel (Child &amp; TAY)</b> <a href="mailto:MRittel@dmh.lacounty.gov">MRittel@dmh.lacounty.gov</a> (818) 610-6737  Fax (818) 347-8738	<b>Nancy Garcia</b> <a href="mailto:NGarcia@dmh.lacounty.gov">NGarcia@dmh.lacounty.gov</a> (818) 610-6739  Fax (818) 347-8738	<b>Fang (Colin) Xie</b> <a href="mailto:FXie@dmh.lacounty.gov">FXie@dmh.lacounty.gov</a> (818) 610-6729  Fax (818) 347-8738	<b>Darrell Scholte</b> <a href="mailto:DScholte@dmh.lacounty.gov">DScholte@dmh.lacounty.gov</a> (818) 610-6705 © (213) 272-8848 <b>Michele Renfrow</b> <a href="mailto:MRenfrow@dmh.lacounty.gov">MRenfrow@dmh.lacounty.gov</a> © (213) 305-3199 <b>Darwin Puno</b> —Older Adult <a href="mailto:Dpuno@dmh.lacounty.gov">Dpuno@dmh.lacounty.gov</a> © (213) 434-1375  Fax (818) 347-8736	<b>Lucinda Mansfield</b> <a href="mailto:LMansfield@dmh.lacounty.gov">LMansfield@dmh.lacounty.gov</a> (818) 610-6700  <b>Rima Safaryan</b> <a href="mailto:RSafaryan@dmh.lacounty.gov">RSafaryan@dmh.lacounty.gov</a> (818) 610-6700  Fax (818) 347-8736
<b>3</b> <b>Rosalba Trias-Ruiz (Child &amp; TAY)</b> <a href="mailto:RTriasruiz@dmh.lacounty.gov">RTriasruiz@dmh.lacounty.gov</a> (626) 430-2919  Fax (626) 331-0121	<b>Vanessa Torres</b> <a href="mailto:Vltorres@dmh.lacounty.gov">Vltorres@dmh.lacounty.gov</a> (626) 430-2948  Fax (626) 331-0121	<b>Socorro Ramos</b> <a href="mailto:SRamos@dmh.lacounty.gov">SRamos@dmh.lacounty.gov</a> (626) 430-2949  Fax (626) 331-0121	<b>Laura Jurado</b> <a href="mailto:LJJurado@dmh.lacounty.gov">LJJurado@dmh.lacounty.gov</a> (626) 430-2915  Fax (626) 331-0121	<b>Isabel Banuelos</b> <a href="mailto:IBanuelos@dmh.lacounty.gov">IBanuelos@dmh.lacounty.gov</a> (213) 822-9313
<b>4</b> <b>Nancy Weiner</b> <a href="mailto:NWeiner@dmh.lacounty.gov">NWeiner@dmh.lacounty.gov</a> (213) 922-8120 Main: (213) 922-8122  Fax (213) 680-3225 eFax (213) 947-4030	<b>Luz Smith</b> <a href="mailto:LSmith@dmh.lacounty.gov">LSmith@dmh.lacounty.gov</a> (213) 922-8123  eFax (213) 947-4030	<b>Hannah Lee</b> <a href="mailto:HnLee@dmh.lacounty.gov">HnLee@dmh.lacounty.gov</a> (213) 922-8141  eFax (213) 947-4030	<b>Phyllis Moore-Hayes</b> <a href="mailto:PMooreHayes@dmh.lacounty.gov">PMooreHayes@dmh.lacounty.gov</a> (213) 922-8129 <b>William Ortega</b> <a href="mailto:WOrtega@dmh.lacounty.gov">WOrtega@dmh.lacounty.gov</a> (213) 922-8138 <b>Nancy Weiner</b> —Older Adult <a href="mailto:NWeiner@dmh.lacounty.gov">NWeiner@dmh.lacounty.gov</a> (213) 922-8120  eFax (213) 947-4030	<b>Erica Loberg</b> <a href="mailto:ELoberg@dmh.lacounty.gov">ELoberg@dmh.lacounty.gov</a> (213) 922-8136  eFax (213) 947-4030



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
Countywide Full Service Partnership (FSP) Administration  
Service Area Navigator Contacts and Impact Unit Coordinators



Service Area & Supervisors	Child (0-15)	TAY (16-25)	Adult (26+)	Service Area Consumer & Family Advocates
<b>5</b> <b>Bethlehem Assefa (Child &amp; TAY)</b> <a href="mailto:BAssefa@dmh.lacounty.gov">BAssefa@dmh.lacounty.gov</a> © (213) 305-3420 <b>Gwendolyn Davis (Adult)</b> <a href="mailto:GDavis@dmh.lacounty.gov">GDavis@dmh.lacounty.gov</a> (310) 482-6613 <b>Fax</b> (310) 313-0813	<b>Jacqueline Finch</b> <a href="mailto:JFinch@dmh.lacounty.gov">JFinch@dmh.lacounty.gov</a> (310) 482-6610 <b>Fax</b> (310) 313-0813	<b>Jacqueline Finch</b> <a href="mailto:JFinch@dmh.lacounty.gov">JFinch@dmh.lacounty.gov</a> (310) 482-6610 <b>Fax</b> (310) 313-0813	<b>Samantha Howard</b> <a href="mailto:SHoward@dmh.lacounty.gov">SHoward@dmh.lacounty.gov</a> (310) 482-6612 <b>Adriana V. Guzman</b> <a href="mailto:AVGuzman@dmh.lacounty.gov">AVGuzman@dmh.lacounty.gov</a> (310) 482-6616 <b>Fax</b> (310) 313-0813	
<b>6</b> <b>Jackie Cox</b> <a href="mailto:JCox@dmh.lacounty.gov">JCox@dmh.lacounty.gov</a> (310) 668-4884 <b>Fax</b> (310) 223-0695 (temp)	<b>Margarita Cabrera</b> <a href="mailto:MCabrera@dmh.lacounty.gov">MCabrera@dmh.lacounty.gov</a> (310) 668-4374 © (213) 471-0431 <b>Fax</b> (323) 978-6155	<b>Gerri Washington</b> <a href="mailto:GeWashington@dmh.lacounty.gov">GeWashington@dmh.lacounty.gov</a> (213) 598-0970 <b>Fax</b> (323) 978-6155 <a href="mailto:SA6ChildTAYeFax@dmh.lacounty.gov">SA6ChildTAYeFax@dmh.lacounty.gov</a>	<b>Perla Cabrera</b> <a href="mailto:PCabrera@dmh.lacounty.gov">PCabrera@dmh.lacounty.gov</a> (310) 668-4902 <b>Dawnette Anderson</b> <a href="mailto:DwAnderson@dmh.lacounty.gov">DwAnderson@dmh.lacounty.gov</a> (310) 668-5069 <a href="mailto:SA6ChildTAYeFax@dmh.lacounty.gov">SA6ChildTAYeFax@dmh.lacounty.gov</a> <b>Fax</b> (310) 223-0695	<b>Eron Johnson</b> <a href="mailto:EJohnson@dmh.lacounty.gov">EJohnson@dmh.lacounty.gov</a> (310) 668-4170 <b>Fax</b> (310) 668-4498
<b>7</b> <b>Norma Salazar</b> <a href="mailto:NSalazar@dmh.lacounty.gov">NSalazar@dmh.lacounty.gov</a> (213) 924-3982 <b>eFax</b> (213) 402-2309	<b>Cheryl Lopez</b> <a href="mailto:Calopez@dmh.lacounty.gov">Calopez@dmh.lacounty.gov</a> (213) 798-2458 <b>eFax</b> (213) 402-2309	<b>Cheryl Lopez</b> <a href="mailto:Calopez@dmh.lacounty.gov">Calopez@dmh.lacounty.gov</a> (213) 798-2458 <b>eFax</b> (213) 402-2309	<b>Alicia Ibarra</b> <a href="mailto:Albarra@dmh.lacounty.gov">Albarra@dmh.lacounty.gov</a> (323) 705-4376 <b>Jaime Gomez</b> <a href="mailto:JAgomez@dmh.lacounty.gov">JAgomez@dmh.lacounty.gov</a> (323) 705-4372 © (213) 905-2906 <b>eFax</b> (213) 402-2309	<b>Ruth Tiscareno</b> <a href="mailto:RTiscareno@dmh.lacounty.gov">RTiscareno@dmh.lacounty.gov</a> (213) 216-9129 <b>eFax</b> (213) 402-2309
<b>8</b> <b>Lori Willis</b> <a href="mailto:LWillis@dmh.lacounty.gov">LWillis@dmh.lacounty.gov</a> (213) 351-1966 Main: (562) 256-7717 <b>Fax</b> (562) 290-1230	<b>April Hagerty</b> <a href="mailto:AHagerty@dmh.lacounty.gov">AHagerty@dmh.lacounty.gov</a> (562) 256-1280 <b>Fax</b> (562) 290-1230	<b>Mary Marroquin</b> <a href="mailto:MMarroquin@dmh.lacounty.gov">MMarroquin@dmh.lacounty.gov</a> (562) 256-1277 <b>Fax</b> (562) 290-1230	<b>Jenny Nguyen</b> <a href="mailto:JNguyen@dmh.lacounty.gov">JNguyen@dmh.lacounty.gov</a> (562) 256-1278 <b>Trisha Deeter</b> <a href="mailto:TDeeter@dmh.lacounty.gov">TDeeter@dmh.lacounty.gov</a> (562) 256-1279 <b>Fax</b> (562) 290-1230	
<b>Countywide Full Service Partnership (FSP) Administration All Age Groups</b>			<b>Emi Bojan</b> <a href="mailto:EBojan@dmh.lacounty.gov">EBojan@dmh.lacounty.gov</a> (213) 947-6527	



# **Attachment 9:**

## **Outpatient Division Directly Operated Mental Health Clinics by Service Planning Area**

**Service Area 1: James Coomes, LCSW, PM III  
(661) 223-3807**

Palmdale MHC	(661) 575-1800	1529 E. Palmdale Blvd, Ste 150, Palmdale, CA 93550	Mon-Fri 8am-6pm	Mary Camacho Fuentes
Antelope Valley MHC	(661) 723-4260	349-A East Ave K-6, Ste A Lancaster, CA 93535	Mon-Fri 8am-5pm	Amber Anderson
Antelope Valley Wellness & Enrichment Center	(661) 974-8400	251 East Ave K-6, Ste H Lancaster, CA 93535	Mon-Fri 8am-5pm	Amber Anderson

**Service Area 2: Jesus Romero, Jr., PM III  
(818) 488-3880**

San Fernando MHC	(818) 832-2400	10605 Balboa Blvd, Ste 100 Granada Hills, CA 91344	Mon-Fri 8am- 630pm	Dina Nelli
San Fernando Child & Family Center	(818) 256-1124	919 1st Street, San Fernando, CA 91340	Mon-Fri 8am- 6:30pm	Tracie Andrews
LAC-Olive View Community MHC	(818) 485-0888	14659 Olive View Drive Sylmar, CA 91342	Mon-Fri 8am- 7pm Sat 9am-5:30pm	Netta Shonibare
Santa Clarita Valley MHC	(661) 288-4800	23501 Cinema Drive, Ste 200, Valencia, CA 91355	Mon-Fri 8am-5pm	Sabrina Barscheski
Valley Coordinated Children's Services	(818) 708-4500	19231 Victory Blvd, Ste 110, Reseda, CA 91335	Mon-Fri 8am – 6:30pm	Luis Pereira
West Valley MHC	(818) 407-3200	20151 Nordhoff Street Chatsworth, CA 91311	Mon, Tue, Thur and Fri 8am- 5pm Wed. 8am-8pm	Anil Matta Thomas
West Valley MHC Wellness Center	(818) 610-6700	20151 Nordhoff Street Chatsworth, CA 91311	Mon-Fri 8am- 5pm	Anil Matta Thomas

**Service Area 3: Michelle Majors, PM III  
(626) 430-2900**

Arcadia MHC	(626) 821-5858	330 East Live Oak Ave Arcadia, CA 91006	Mon-Fri 8am- 5pm	Dennis Griffin
East San Gabriel Valley MHC	(626)-430-2900 (626) 430-2999	1359 N. Grand Ave Covina, CA 91724	Mon & Wed 8am-7pm Tue, Thu & Fri 8am-5pm	Shawn Kim

**Service Area 4: Stacy Williams, PM III  
(213) 922-8100**

Northeast MHC	(323) 478-8200	3303 N. Broadway Los Angeles, CA 90031	Mon-Fri 8am-5pm	Evelio Franco
Northeast Wellness Center	(323) 478-8200	3303 N. Broadway Los Angeles, CA 90031	Mon-Fri 8am-5pm	Evelio Franco
Hollywood MHC	(323) 769-6100	1224 N. Vine Street Los Angeles, CA 90038	Mon-Fri 8am- 5pm	Carolyn Kaneko
Hollywood MHC Wellness Center	(323) 671- 2600	5000 Sunset Blvd, Ste 600 Los Angeles, CA 90027	Mon-Fri 8am-5pm	Carolyn Kaneko
Downtown MHC	(213) 629-6206	529 S. Maple Avenue Los Angeles, CA 90014	Mon-Fri 8am-5pm	Christina Nairn

**Service Area 5: Jacquelyn Wilcoxon, PM III  
(310) 482-6603**

Edelman MHC	(310) 966-6500	11080 W. Olympic Blvd. Los Angeles, CA 90064	Mon-Fri 8am- 6:30pm	Nilsa Gallardo
Edelman Wellness Center	(310) 966-6500	11080 W. Olympic Blvd. Los Angeles, CA 90064	Mon-Fri 8am-5pm	Nilsa Gallardo
Edelman MHC Child	(310) 482-3200	11303 W. Washington Blvd. Los Angeles, CA 90066	Mon & Thu 8am-6:30pm Tues & Wed 8am-7pm Fri 8am-5:30pm	Patrice Grant

**Service Area 6: Jackie Cox, PM III  
(424) 429-2862**

Augustus F. Hawkins MHC	(310) 668-4271	1720 E. 120 <sup>th</sup> St. Los Angeles, CA 90059	Mon-Wed & Fri 8am- 5pm Thu 8am-6:30pm	Sacha Dovick
Compton MHC	(310) 668-6800	921 East Compton Blvd Compton, CA 90221	Mon-Fri 8am- 5pm	Belen Fuller
West Central MHC	(323) 298-3680	3751 Stocker Street, Los Angeles, CA 90008	Mon-Fri 8am- 5pm	Delia Barreto
West Central Wellness	(323) 298-3680	3751 Stocker Street, Los Angeles, CA 90008	Mon-Fri 8am- 5pm	Delia Barreto

**Service Area 7: Manuel Rosas, PM III (323) 705-5784**

American Indian Counseling Center	(562) 402-0677	17707 S. Studebaker Rd Cerritos, CA 90703	Mon-Fri 8am- 6pm	Melanie Cain
Rio Hondo MHC	(562) 402-0688 (562) 403-0141 (Admission/Intake)	17707 S. Studebaker Rd Cerritos, CA 90703	Mon-Fri 8am - 6pm	Antonio Banuelos
Rio Hondo Centro De Bienestar	(323) 826-6300	6330 Rugby Avenue, Ste 200 Huntington Park, CA 90255	Mon-Fri 8am-5:30pm	Antonio Banuelos
Roybal Family MHC	(323) 267-3400	4701 Cesar Chavez Ave, 2 <sup>nd</sup> Fl Los Angeles, CA 90222	Mon-Wed 8am-6:30pm Thu 8am-7:30pm Fri 8am-5:30pm	Mirtala Parada Ward
San Antonio Family Center	(323) 584-3700	2629 Clarendon Ave, 2 <sup>nd</sup> Fl Huntington Park, CA 90255	Mon-Fri 7:30am-5pm	Silvia Rowe

**Service Area 8: Scott Hanada, PM III, Adult Programs  
(562) 256-7717**

Long Beach MHC	(562) 599-9280	2600 Redondo Ave, 3 <sup>rd</sup> Fl Long Beach, CA 90806	Mon-Fri 8am- 5pm	Emilia Ramos
San Pedro MHC	(310) 519-6100	150 West 7 <sup>th</sup> Street San Pedro, CA 90731	Mon-Fri 8am- 5:00pm	Kathrine Lundy
South Bay MHC	(323) 241-6730	2311 W. El Segundo Blvd Hawthorne, CA 90250	Mon-Fri 8am-5pm	Jennifer Bailey Hernandez
Coastal Asian Pacific MHC	(310) 217-7312	14112 S. Kingsley Drive Gardena, CA 90249	Mon-Fri 8am- 6pm	Helen Chang
Long Beach Asian Pacific MHC	(562) 346-1100	4510 E. Pacific Coast Hwy Ste 600 Long Beach, CA 90804	Mon-Thu 8am-6pm Fri 8am-5pm	Derek Hsieh

**Service Area 8 Harbor UCLA & Child Programs: Lori Willis, Division Chief  
(562) 256-1282**

Harbor UCLA Medical Center Adult Outpatient MHC	(424) 306-5701	1000 W. Carson Street, Bldg D-5 Torrance, CA 90509	Mon-Fri 8am-5pm	Sandra Kramer
Harbor UCLA Child/Adolescent Program	(424) 306-5700	1000 W. Carson Street, Bldg D-5 Torrance, CA 90509	Mon-Thu 8am-6pm Fri 8am-5pm	Sandra Kramer
Harbor UCLA Wellness Center	(310) 781-3400	21732 S. Vermont Ave., Ste 210 Torrance, CA 90502	Mon-Fri 8am-5pm	Sandra Kramer
Long Beach Child & Adolescent Program	(562) 599-9271	2600 Redondo Ave, 6 <sup>th</sup> Fl. Long Beach, CA 90806	Mon-Thu 8am-6pm Fri 8am-5pm	Heather Jensen
TIES for Families – South Bay	(310) 533-6600	21081 S. Western Ave. Suite #295, Torrance, CA 90501	Mon-Fri 8am-5:30pm	G. Kaliah Salas

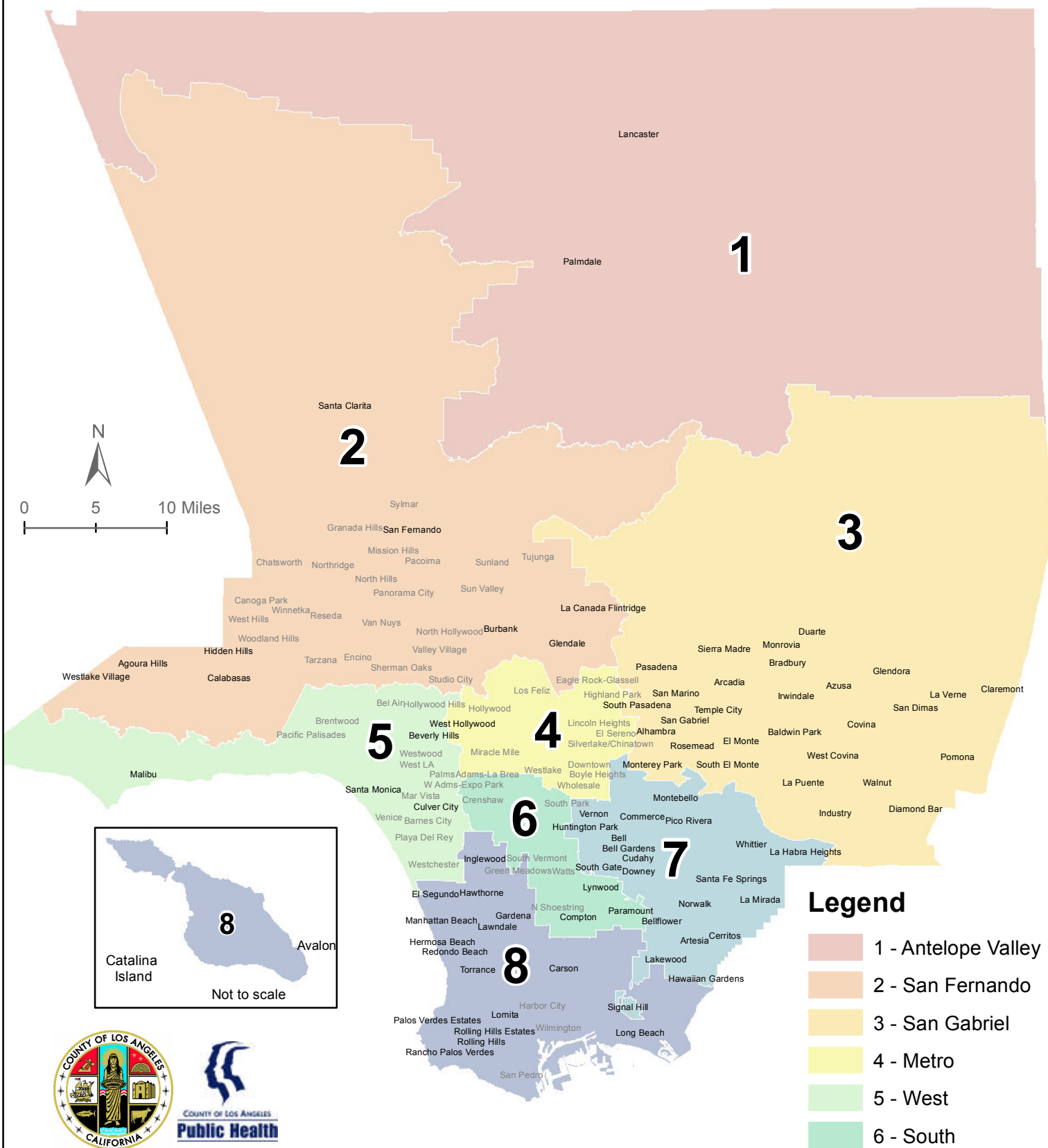
**Countywide Programs: Martin Jones, PM IV, South County Chief  
(213) 947-6507**

DMH/DHS Collaboration Program	(213) 947-6486	510 S. Vermont Ave, 21 <sup>st</sup> Fl Los Angeles, CA 90020	Mon-Fri 7:30am-5pm	Crystal Cianfrini-Perry
GENESIS Countywide Older Adult Program	(213) 351-7284	510 S. Vermont Ave, 17 <sup>th</sup> Fl Los Angeles, CA 90020	Mon-Fri 8am-5pm	Kathryn L. Crain
TAY Navigation Team	(213)738-6194	510 S. Vermont Ave, 21st Fl Los Angeles, CA 90020	Mon-Fri 8am-5pm	Carol Sagusti

# **Attachment 10: Service Planning Area Map**



# Los Angeles County Department of Public Health Service Planning Areas (SPA) - 2012



Created by: Office of Health Assessment and Epidemiology. 07/05/2012.

Note: SPA boundary used was released in 2012 based on Census Tracts 2010.

Cities are in black and Los Angeles City Neighborhoods are in gray.

# **Attachment 14:**

## **Children's Full Service Partnership (FSP) Provider Contact List**

Department of Mental Health - Children's System of Care

**CHILDREN'S FULL SERVICE PARTNERSHIP (FSP) PROVIDER CONTACT LIST**

SA	FSP AGENCY	CONTACT FIRST NAME	CONTACT LAST NAME	PHONE	EXT.	FAX
1	CHILD & FAM. GUID. - VALLEY CHILD GUIDANCE	Tanya	Zoerb	(661) 265-8627	2854	(661) 265-7936
1	OPTIMIST BOYS' HOME AND RANCH, INC.	Jennifer	Evans	(661) 575-8395	227	(661) 272-2784
2	CHILD & FAMILY GUIDANCE CENTER (LENNOX)	Lauren	Richerson	(818) 739-5416		(818) 442-0290
2	CHILD AND FAMILY CENTER - SANTA CLARITA	Veronica	Campbell	(661) 259-9439	3153	(661) 288-1071
2	DIDI HIRSCH GLENDALE CENTER	Mark	Walton	(818) 244-7257	695	(818) 243-5413
2	HATHAWAY-SYCAMORES	Ayana	Rose	(818) 896-2255	8734	(818) 899-7293
2	PACIFIC CLINICS	Stella	Petros	(818) 547-9544		(818) 549-9041
2	SAN FERNANDO VALLEY COMMUNITY MHC, INC	Lisa	Clemente	(818) 908-4999		(818) 780-0153
2	THE HELP GROUP CHILD & FAMILY CENTER - VAN NUYS	Julie	Cohen	(818) 947-2011		(818) 267-2696
3	ALMANSOR CLINICAL SERVICES	Nancy	Miller	(323) 344-5547		(323) 344-9384
3	DAVID AND MARGARET HOME	Paula	Randle	(909) 596-5921	3520	(909) 596-3954
3	FOOTHILL FAMILY SVC	Mayra	Villarreal	(626) 993-3098		(626) 993-3088
3	HATHAWAY-SYCAMORES	Ralph	Weiss	(626) 388-9050	5372	(626) 269-7481
3	HILLSIDES FAMILY CENTER	Liz	Wyknenko	(213) 201-5380	611	(213) 483-1750
3	PACIFIC CLINICS - EL MONTE	Tatiana	Nazarian	(626) 744-5230	210	(626) 433-1318
3	PC-API - ASIAN PACIFIC FAMILY CENTER	Vicky	Kwan	(626) 287-2988		(626) 287-1937
4	CHILDREN'S HOSPITAL OF LOS ANGELES	Magdalena Olivia	Velasquez	(323) 361-3814		(323) 361-8305
4	CHILDREN'S INSTITUTE, INC. (6-15 Age Grp)	Marjorie	George	(213) 385-5100	8228	(213) 260-7791
4	CII OTIS BOOTH CAMPUS OP (0-5 Age Grp)	Marjorie	George	(213) 385-5100	8228	(213) 260-7791
4	HATHAWAY FAMILY RESOURCE CENTER	Maudi	De Jesus	(323) 257-9600	5724	(323) 733-3522
4	HILLSIDES COMMUNITY CENTER	Wyknenko	Liz	(213) 201-5380	611	(213) 483-1750
4	LA CHILD GUIDANCE CLINIC	Jon	Pease	(323) 766-2345	2220	(323) 766-2369
4	ST. ANNE'S	Milena	Melkonyan	(213) 381-2931	239	(213) 381-0884
4	STAR VIEW COMMUNITY SERVICES	Lesley	Castaneda	(323) 999-2404	124	(213) 201-2954
5	SSG PACIFIC ASIAN CLINIC	Beth	Spargo	(310) 337-1550		(310) 337-2805
5	THE HELP GROUP CHILD & FAMILY CENTER - CULVER CITY	Julie	Cohen	(310) 751-1195		(818) 267-2696
6	CHILDREN'S INSTITUTE, INC.	Maricsa	Evans	(213) 385-5100	7825	(310) 669-9482
6	HATHAWAY-SYCAMORES	Gail A.	Jackson	(323) 733-0322	5724	(323) 733-3522
6	HOLLYGROVE (EMQ)	Evelyn	Murtaugh	(323) 769-7132		(323) 694-5115
6	KEDREN COMMUNITY HEALTH CENTER	Allyson	Lamas	(323) 802-0445	411	(323) 432-5186
6	LA CHILD GUIDANCE CLINIC - Svc by 6870	Jon	Pease	(323) 766-2345	2221	(323) 766-2369
6	SSG WEBER COMMUNITY CENTER	Ema	Moya	(323) 234-4445		(323) 234-4477
6	STAR VIEW COMMUNITY SERVICES	Biena	Cooper	(310) 868-5379		(310) 868-5378
6	TESSIE CLEVELAND COMMUNITY SERVICES (7793)	Lorena	Garcia	(323) 586-7333		(323) 588-5622
6	THE GUIDANCE CENTER (COMPTON SOC)	Janet	Fleishman	(310) 669-9510	2806	(310) 669-9501
7	ALMA HOME BASE OFFICE - FSP STAFF	Jill	Kaye	(562) 754-4937		(323) 923-9566
7	COMMUNITY FAMILY GUID. CTR (FAMILY & YOUTH STARS)	Tracy	Schmidt	(562) 865-6444	266	(562) 865-5864
7	ENKI - MARGARITA MENDEZ SITE	Erin	Connaughton	(323) 832-9795		(323) 832-9796
7	HATHAWAY-SYCAMORES	Gail A.	Jackson	(323) 733-0322	5724	(323) 733-3522
7	PACIFIC CLINICS - CENTRO FAMILIAR	Danielle	Kayne-O'Gilvie	(562) 942-8256	264	(562) 949-3587
7	PROVIDENCE COMM SRVS	Karin	Woo	(562) 207-4272	111	(562) 207-4279
7	ROYBAL FAMILY MHS	Rocio	Ortiz Gonzalez	(323) 267-3400	3455	(323) 260-5201
7	SSG - APCTC CERRITOS	Hsiang-Ling	Hsu	(562) 860-8838		(562) 860-0248
7	THE ALMANSOR CENTER	Susan	Bonner	(323) 344-4277		(323) 344-9384
7	THE WHOLE CHILD	Larry	Fernandez	(562) 692-0383	340	(562) 692-0380
8	CHILDREN'S INSTITUTE, INC.	Michelle	Urizar	(213) 385-5100	4223	(310) 329-3611
8	MASADA HOMES	Mariela	De la Yncera	(310) 715-2020	339	(310) 715-1592
8	SSG PACIFIC ASIAN CLINIC	Karen	Lim	(213) 252-2100		(213) 252-2199
8	SPECIAL SERVICE FOR GROUPS (SSG)	Mariko	Kahn	(310) 337-1550		
8	STAR VIEW COMMUNITY SERVICES	Elisa	Kiser	(562) 427-6818	119	(562) 684-4365
8	SUNBRIDGE HARBOR VIEW COMM SVCS			(562) 981-9392		
8	TESSIE CLEVELAND COMMUNITY SRVCS OP	Lorena	Garcia	(323) 586-7333	7654	(323) 588-5622
C	AMERICAN INDIAN COUNSELING CENTER	Angela	Trenado	(323) 871-4652		(323) 463-8141

# **Attachment 22:**

## **Domestic Violence Housing and Support Services Hotlines**

# Domestic Violence Housing and Supportive Services

## Office of Women's Health - Domestic Violence Housing and Support Services (DVHSS) Unit

administers contracts to a network of providers who provide critical shelter, legal, counseling, and support services essential to facilitating safety, addressing trauma, and working towards long-term stability for survivors.

**CLIENT ELIGIBILITY:** The only requirement to receive Domestic Violence Shelter-Based Program (DVSBP) services is to be a survivor of domestic violence that needs a safe and confidential place to shelter. Eligibility is not contingent on immigration status, residency, or income requirements.

### PROGRAM SERVICES

- ❖ Emergency 24 Hour Shelter for victims and their children
- ❖ 24/7 Hotline for crisis calls
- ❖ Mental Health/Counseling/ Case Management
- ❖ Food
- ❖ Referrals to community services
- ❖ Additional services as possible (directly or by referrals):
  - Medical Care
  - Legal Assistance (Immigration and Eviction to avoid housing instability)
  - Psychological Support
  - Social Services
  - Transportation

**LA County  
Domestic Violence  
Hotline:**

**(800) 978-3600**

### AGENCY AND 24-HOUR DOMESTIC VIOLENCE SHELTER HOTLINES

<i>1736 Family Crisis Center</i> (213) 745-6434	<i>Jewish Family Service of Los Angeles (JFS Hope)</i> English and Spanish (818) 505-0900 • (323) 681-2626
<i>Antelope Valley DV Council (AVDC)</i> (661) 945-6736	<i>The People Concern (Ocean Park Community Center)</i> (310) 264-6644
<i>Center For The Pacific Asian Family, Inc. (CPAF)</i> (800) 339-3940	<i>Rainbow Services, Ltd.</i> (310) 547-9343
<i>Child &amp; Family Center</i> (661) 259-HELP (4357)	<i>South Asian Helpline &amp; Referral Agency (SAHARA)</i> (888) 724-2722
<i>East Los Angeles Women's Center (ELAWC)</i> (800) 585-6231	<i>Su Casa Ending Domestic Violence</i> (562) 402-4888
<i>Haven Hills, Inc.</i> (818) 887-6589	<i>Women's and Children's Crisis Shelter</i> (562) 945-3939
<i>House of Ruth, Inc.</i> (877) 988-5559	<i>Women Shelter of Long Beach</i> (562) 437-4663
<i>Interval House</i> (562) 594-4555 and (714) 891-8121	<i>YWCA of Glendale</i> (888) 999-7511
<i>Jenesse Center</i> (800) 479-7328	<i>YWCA of San Gabriel Valley</i> (626) 967-0658

**Attachment 32:**  
**Mainstream Services Department**  
**Contact Information**



COUNTY DEPARTMENT					POINT OF CONTACT (training, troubleshoot service/referrals, etc.)		
Dept	NAME	For	Website or Email Address	Tel #	For	Name	Email
DHS	CBEST	Referrals	cbestreferrals@dhs.lacounty.gov	(323) 274-3777	Troubleshoot	Associate Director: Lidia Melchor, Associate Director or Steven Yu, Staff Analyst	lmelchor@dhs.lacounty.gov or syu4@dhs.lacounty.gov
DHS	CBEST Training				Training	Steven Yu	syu4@dhs.lacounty.gov
DMH	ACCESS Line			(800) 854-7771			
DMH	Emotional Support Line			(800) 854-7771, option #2			
DMH	Veterans Support Line			(800) 854-7771, option #3			
DMH	Suicide & Crisis Lifeline		<a href="https://dmh.lacounty.gov/988-information/">https://dmh.lacounty.gov/988-information/</a>	988			
DMH	Full Service Partnerships	Referrals to Service Area Navigators	<a href="https://file.lacounty.gov/SDSInter/dmh/1102857_ServiceNavigatorContactInformation.pdf">https://file.lacounty.gov/SDSInter/dmh/1102857_ServiceNavigatorContactInformation.pdf</a>				
DMH	Children and Young Adult FSP	Information	ChildYAFSP@dmh.lacounty.gov	(213) 948-2972			
DMH	Children and Young Adult FSP	Contact Providers	<a href="https://file.lacounty.gov/SDSInter/dmh/159267_FSPPProviderListAllforWebsite7-29-14.pdf">https://file.lacounty.gov/SDSInter/dmh/159267_FSPPProviderListAllforWebsite7-29-14.pdf</a>				
DMH	Homeless Outreach and Mobile Engagement (HOME)	Submit Referrals	home@dmh.lacounty.gov		Troubleshoot	Aubree Lovelace, Program Manager or La Tina Jackson, Deputy Director	ALovelace@dmh.lacounty.gov or LTJackson@dmh.lacounty.gov
DMH	Psychiatric Mobile Response Teams (PMRT)	Access Service		(800) 854-7771	Troubleshoot	Jolene Friestad, Program Manager. If unable to reach Jolene Friestad, contact Deputy Director Miriam Brown	JFriestad@dmh.lacounty.gov If unable to reach Jolene Friestad- MBrown@dmh.lacounty.gov
DMH	Law Enforcement Teams (LET)	Access Service		911			
DMH	Training				Mental Health First Aid	Adam Benson	abenson@dmh.lacounty.gov
DPH SAPC	CENS	Area Office Provider Contacts	Refer to DPH's Guide Section #7a.		Troubleshoot	Leslie Lopez, Homeless Service Unit OR Adult Services Section: Sandy Song	leslopez@ph.lacounty.gov or sasong@ph.lacounty.gov

COUNTY DEPARTMENT					POINT OF CONTACT (training, troubleshoot service/referrals, etc.)		
Dept	NAME	For	Website or Email Address	Tel #	For	Name	Email
DPH SAPC	Clinical Standards and Trainings (CST)	Training	sapc.cst@ph.lacounty.gov				
DPH	Office of Women's Health - Domestic Violence Housing and Support Services (DVHSS)			(800) 978- 3600			
DPH	Public Health Centers				Accessing services		chs@ph.lacounty.gov
DPH	Tuberculosis (TB) Control	Information		(213) 745-0800			
DPH	Access TB Testing and Evaluation	Access Service	Refer to DPH's Guide Section #4a				
DPH	Other Infectious Diseases	Information		(213) 240-7821			
DPH DEH	Outbreaks and Investigation		ehsurvey@ph.lacounty.gov	(626) 430-5201			
DPH DEH	Lodging & Institutions	Permitting of IH Facilities		(213) 351-0288			
DPH DEH	Plan Check	IH Food Facility		(626) 430-5560			
DPSS	Customer Service			(866) 613-3777	Troubleshoot	Lynette Franklin or Marjurie Arora. If unable to reach them, contact Lisa Hayes.	LynetteFranklin@dpss.lacounty.gov or MarjurieArora@dpss.lacounty.gov or LisaHayes@dpss.lacounty.gov
DPSS	BenefitsCal	Benefits	<a href="https://benefitscal.com/">https://benefitscal.com/</a>				
DPSS	Eligibility	Renewal		(888)999-7671 (866)613-3777			
DPSS	Countywide Homeless Information Portal (CHIP)	Client data sharing/ access			To become a member	Lynette Franklin	LynetteFranklin@dpss.lacounty.gov