Los Angeles County Department of Health Services (DHS)  
Housing For Health  

Interim Housing Programs  

Juataun Mark, MPA – Director  

July 16, 2019
DHS Interim Housing Programs serves individuals with complex health and/or behavioral health conditions who need a higher level of support services than is available in most shelter settings. Program offers temporary housing in a stable environment to assist clients in increasing independence and completing housing goals.

**Stabilization**
- Medically and psychiatrically stable individuals who may be vulnerable to decompensation if not placed into shelter housing.

  **Common Health Conditions:**
  - HIV/AIDS
  - Diabetes
  - Hepatitis
  - Mental Health (e.g. Schizophrenia, Depression, Bipolar, etc.)
  - ETOH

**Recuperative Care**
- Medically and psychiatrically stable patients requiring low-level medical oversight for:
  - Wound care
  - Recovery from surgical procedure
  - Need additional time to recuperate from illness and/or injury

  **Common Health Conditions:**
  - End Stage Renal Disease
  - Congestive Heart Failure (EF > 20%)
  - Cancer
  - Decubitus (Stages I-III)
Interim Housing Program:

- **Who is eligible for Interim Housing?**
  - Individuals exiting institutions include jails, prisons, foster care, hospitals, urgent care centers and other medical, behavioral health, and substance abuse treatment facilities
  - Individuals currently homeless on the streets
  - Individuals eighteen years of age or older and families with minor children

- **Referral Pathways**

<table>
<thead>
<tr>
<th>Dept. of Health Services Hospitals and Clinics</th>
<th>Coordinated Entry System</th>
<th>Street Based Engagement Outreach Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Hospitals</td>
<td>Jails/Custody Settings</td>
<td>Mental Health Providers</td>
</tr>
<tr>
<td>Substance Use Disorder Providers</td>
<td>Homeless Service Providers</td>
<td>+More</td>
</tr>
</tbody>
</table>
Interim Housing Programs Support Services
Coordinates services with HFH partners to assist participant with:

- **Room and Board**
  - ✓ 3 meals per day
  - ✓ Allow clients to stay in facility 24/7 days a week
  - ✓ Hygiene supplies
  - ✓ Laundry services
  - ✓ Secured/personal storage for medication
  - ✓ Case Management, Mental Health, Medication Support, Recuperative Care & Transportation services

- **Mental Health/Behavioral Health Services**
  - ✓ Full biopsychosocial assessment
  - ✓ Mental Health treatment and substance abuse counseling
  - ✓ Regular ongoing evaluations and monitoring of mental health status

- **Case Management Services**
  - ✓ Engagement, assessments of clients’ needs, & ongoing monitoring
  - ✓ Assistant with obtaining Identification, birth certificate
  - ✓ Assistance and advocacy with benefits
  - ✓ Maintain regular contact with clients permanent housing ICMS
  - ✓ Assistance with life skills and community re-integration, including social programming

- **Medication Support Services**
  - ✓ Assist with medication support and adherence to treatment/care plans
  - ✓ Ensuring participants have access to medication on a timely basis
  - ✓ Maintain list of prescribed medication and sufficient quantities
Referrals at a Glance:

Savanah Walseth, HFH Program Manager
Private Hospital Data...

Applications By Month

Result of All Private Hospital Referrals

- Accepted: 52%
- Request Rescinded: 26%
- Pending Determination: 2%
- Not Accepted: 13%
- Further Info Needed: 7%
Making a Good Referral:

Rosanna Clarito, Registered Nurse, HFH
Making a Good Referral....

➢ **Required Documentation**
  ✓ New Referral Forms
  ✓ New Authorization Forms

➢ **Coming from a medical inpatient setting**
  ✓ Face Sheet
  ✓ History & Physical and Most Recent Physician Progress Notes
  ✓ Current Medication List
  ✓ Occupation Therapy (OT)/Physical Therapy (PT) Notes
  ✓ Psychiatric/Mental Health Notes (if applicable)
  ✓ Follow-Up Appointments (if applicable)
  ✓ TB Test/Chest X-ray
  ✓ Other documentation as requested

➢ **What We Need To Know**
  ✓ Mobility (e.g., paraplegic, wheelchair, walker/cane, cannot climb stairs)
  ✓ Pet(s) – Emotional Support/Service Animals
  ✓ Area CANNOT live in
  ✓ Register Sex Offender (RSO) – nature and date of the offense
  ✓ Arson history (past or present)
  ✓ Behavior Issues (e.g., aggression – past & present history)
  ✓ Ability to Live Independently - ADLs & IADLs
  ✓ Cognitive Impairments (affect on functioning)
  ✓ Mental Health issues
  ✓ Assistance with medication
The Referral Process:

Rasheena Buchanan, HFH Program Manager
Referral Guidelines...

OVERVIEW

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

PARTICIPANT ELIGIBILITY CRITERIA

1. Age 18 or older
2. Homelessness
   a. Dwelling with a complex health condition, a mental illness and/or other vulnerabilities
   b. Alike and willing to accept medication
   c. Independent with all Activities of Daily Living (ADLs) including bathing, grooming, dressing, feeding and toileting
   d. Independent with mobility/transfer and the safe use of a walkie talkie or other adaptive devices
   e. Comports of power and takes responsibility with the use of compliance supplies
   f. Cognitively alert and oriented to name, place, date and situation

DMH/INTERIM HOUSING PROGRAM ONLY:
   a. Participants must be a U.S. citizen.
   b. Participants must be receiving or willing to receive mental health services from a DMH directly-operated clinic or must be willing to sign an Interim Housing Program Client Agreement.

Gulf DMH Transfer Age (TAX) (ages 18-26) to the Taxi-Emergency Shelter Program gateway by calling 211-210-5114.

SELECT LAHSA BRIDGE HOUSING PROGRAMS ONLY:
   a. Participants must meet criteria for HUD Homeless (Categories 1 or 4 
   b. Be enrolled in health insurance or another permanent supportive housing resource
   c. Have a Coordinated Entry System (CES) Survey Pocket audit score of eight or higher
   d. Present with other qualifying vulnerabilities (see Appendix A for additional participant eligibility criteria and referral guidelines)

NOTE: While participants may meet eligibility criteria for more than one program, submit only one referral per participant. Based on the participant's needs, DMH and LAHSA may consult with each other to determine the most appropriate placement for the participant.

PARTICIPANT ELUSION CRITERIA (Including but not limited to the listed):

1. Requires psychiatric or physical health intervention/transfer hospitalization or other 24-hour treatment
2. Requires daily physical oversight for acute care needs or 24-hour nursing support
3. Requires skilled nursing facility (SNF) level of care, acute physical rehabilitation services, licensed residential care or other 24/7 care and supervision
4. Currently exhibits combative, aggressive or threatening behavior
5. Has cognitive impairments that require constant supervision, monitoring, redirection or verbal cues or that place the participant at risk of wandering
6. Needs care or is on mental health consorship
7. Has wounds/injuries that require more than five (5) dressing changes per day

REFERRAL ENTITY RESPONSIBILITIES

1. Communicate with the participant about the referral to ensure they are willing to accept Interim Housing.
2. Review the Referral Admission Instructions on the DHS/DMH/LAHSA Referral Form for Interim Housing Programs to determine whether the participant should be referred to DMH, DMH or LAHSA
3. Complete the DHS/DMH/LAHSA Referral Form for Interim Housing Programs including any supplemental forms and submit to the appropriate department/agency.

Referrals to DMH are to a medical, mental health and/or behavioral health facility require additional supporting documentation including, but not limited to, the participant's face sheet, medication list, medical history, physical examination results, most recent progress notes from a (physical/psychiatric/occupational) therapist/other service provider, discharge planning notes, follow-up appointment information and other pertinent information for placement.

Referrals to LAHSA involve verification of homeless status and health documentation as applicable to the placement (e.g., TB screening results, County Health releases, etc.).

If the participant is being re-referred to Interim Housing and it has been more than 30 days since they left their last placement, complete and submit a new DHS/DMH/LAHSA Referral Form for Interim Housing Programs.

DHS/DMH/LAHSA INTERIM HOUSING ADMINISTRATIVE RESPONSIBILITIES

1. DHS/DMH/LAHSA Interim Housing Administration will review the referral for program eligibility and contact the referring entity, if the referral is incomplete or requires additional documentation. Incomplete referrals may cause delays in processing.
2. DHS/DMH/LAHA Interim Housing Administration will notify the referring entity on whether there is an available bed or if the participant will be placed on a wait list.

INTERIM HOUSING ADMISSION REQUIREMENTS

1. Date and Time of Arrival
   a. The participant must arrive at the Interim Housing facility between 8:00 a.m. – 5:00 p.m. within one business day following receipt of the placement confirmation email from DHS/DMH/LAHA Interim Housing Administration.
   b. If not, the bed will be available to another participant.
   c. Exceptions to the arrival timeframe may be made on a case-by-case basis with the Interim Housing provider.
   d. Exceptions to the arrival date must be pre-approved by DHS/DMH/LAHA/Interim Housing Administration.
   e. The referring entity is responsible for transportation of the participant (unless they have a car to the Interim Housing facility and they must coordinate the participant's data and time of arrival with the Interim Housing provider prior to transportation the participant).

2. Medication/Access Devices
   a. At the time of arrival to the Interim Housing facility, the referring entity must ensure that the participant has a 30-day supply of any medications and any necessary DMH or other assistive devices with them.

3. Service and Emotional Support Allies
   a. Under the Americans with Disabilities Act (ADA), Interim Housing facilities must permit service animals.
   b. Participants with emotional support animals may be requested to provide vaccination records and/or a note from a mental health professional.

NOTE: MEDICAL FACILITIES: If the participant has been accepted to an Interim Housing facility and it is determined post-admission that the participant is not appropriate for the Interim Housing program or did not arrive with their required medications and/or necessary assistive devices, the participant may be sent back to the referring medical facility within 48 hours of arrival.

ADDITIONAL PARTICIPANT ELIGIBILITY CRITERIA AND REFERRAL FORMS FOR SELECT LAHSA BRIDGE HOUSING PROGRAMS

APPENDIX A

A BRIDGE HOME

- Participants must be living in a face to meet for human habitation within a City Council's designated catchment area and/or the city of Los Angeles.
- Send this referral for a Bridge home as directed below:
  - Prior to opening and through the first 30 days of program operation, submit the referral to the SPA Outreach Coordinator.
  - After the first 30 days of program operation, submit the referral to the Supervisor/Interim Housing Manager.

BRIDGE HOUSING FOR PERSONS EATING INSTITUTIONS

- Participants must have exited from an institution in the past 60 days.
  - Eligible institutions include but are not limited to: jail, prison, foster care, detention center, residential care facilities on substance use treatment facilities.
  - Submit documentation substantiating the participant within the first 60 days of program enrollment.

EMERGENT BRIDGE HOUSING FOR WOMEN

- Participants must identify as a woman.
  - This includes both cisgender and trans-identifying persons.
  - Eligibility is based on:
    - Whether the identifying participant is Bridge Housing Program eligible (based on homeless status, CSS County Score and/or enrollment in Rapid Rehousing/match to a Permanent Housing resource).
  - Whether the participant has past trauma and would benefit from Licensed Clinical Case Management from a woman's site.

EMERGENT BRIDGE HOUSING FOR OLDER ADULTS

- Participants must be age 65 or older.
  - Eligibility is based on:
    - Whether the identifying participant is Bridge Housing Program eligible (based on homeless status, CSS County Score and/or enrollment in Rapid Rehousing/match to a Permanent Housing resource).
  - Whether the participant has past trauma and would benefit from Licensed Clinical Case Management from an older adult site.
  - Submit documentation substantiating the participant's age within the first 90 days of program enrollment.

For information on how to refer other to LAHSA Interim Housing programs, including other Bridge Housing Programs, can be found at [https://www.lahsa.org/documents/The-2103/LAHA-Emergency-Housing.pdf](https://www.lahsa.org/documents/The-2103/LAHA-Emergency-Housing.pdf). For referral coordination or questions, email techhelp@lahsa.org.
New Universal Referral Forms ...
New Universal Referral Forms cont...

**HOUSEHOLD INFORMATION**

- Participant Name: [Redacted]
- HHS/CHAMP/IBHS ID#: [Redacted]

**Minor Children**

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Legal Custody</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>DOB</td>
<td>Legal Custody</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Name</td>
<td>DOB</td>
<td>Legal Custody</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*If there are more minor children to be housed with participant, provide the above requested information in the "additional information" section below.*

**Additional Adults in Household**

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Gender</th>
<th>Legal Custody</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>DOB</td>
<td>Gender</td>
<td>Legal Custody</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*Qualified dependents are over 18. In case of employment, due to mental/physical disability and dependent on the participant for financial support.*

**Is the participant pregnant?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Are any other members of the household pregnant?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**PRESENTING ISSUES**

- Select all that apply to the participant.
  - Medical: [Redacted]
  - Mental Health: [Redacted]
  - Substance Use: [Redacted]
  - Cognitive Impairment: [Redacted]
  - Other: [Redacted]

**TUBERCULOSIS (TB) SCREENING**

1. Has the participant had a cough recently that has lasted longer than 6 weeks?  
   - Yes | No | Don’t Know
2. Has the participant recently lost weight without explanation during the past month?  
   - Yes | No | Don’t Know
3. Has the participant had frequent night sweats or feeling cold at night?  
   - Yes | No | Don’t Know
4. Has the participant coughed up blood in the past month?  
   - Yes | No | Don’t Know
5. Has the participant been feeling much more tired than usual over the past month?  
   - Yes | No | Don’t Know
6. Has the participant had fever across the day for more than one week?  
   - Yes | No | Don’t Know

**INTERIM HOUSING PLACEMENT LOCATION**

1. Is participant willing to reside in a community living environment?  
   - Yes | No | (Most interim housing sites are community living environments)
2. Is participant willing to reside in the Skid Row area?  
   - Yes | No
3. Is there any SPA/A where the participant CANNOT live in Interim Housing? Select all that apply.
   - SPA 1 - Antelope Valley
   - SPA 2 - San Fernando Valley
   - SPA 3 - San Gabriel Valley
   - SPA 4 - Metro LA
   - SPA 5 - West LA
   - SPA 6 - South LA
   - SPA 7 - South East LA
   - SPA 8 - South Bay

**For DMM II Interim Housing Program participants:**

1. Does participant have an interim housing provider preference?  
   - Yes | No | If yes, please specify:
2. Is participant willing to go to an alternate provider?  
   - Yes | No |
New Universal Consent Forms...

Overview of this Form
This document describes what is on the Authorization for the Use and Disclosure of Health and Social Services Information ("Authorization Form").

The County of Los Angeles Department of Health Services ("DHS") operates a social services and health information exchange to allow your information to be shared among partners in the County’s Community Health and Integrated Programs (CHIP).

CHIP helps people get resources and services to improve their health. It coordinates health-care related assistance and social services support. CHIP includes:
- Whole Person Care Los Angeles
- Housing For Health
- Office of Diversion and Re-entry
- Countywide Benefits Entitlement Services Team (CBEST)
- Correctional Health Services — Care Transitions Unit

Many types of organizations work with CHIP, some as subcontractors, including:
- Health care providers
- Mental health providers
- Substance Use Disorder providers
- Social services providers
- Housing providers
- Health plans
- Those involved with the Justice system
- Legal Providers
- Community groups

These providers serve participants in CHIP. The goal of these programs is to improve your health.

Why do you need to share my information?
- To see if you are eligible for programs or resources
- To enroll you in programs
- To coordinate your care and treatment
- To communicate and work with your treating providers and organizations
- To connect you with social services
- Provide you with services
- To receive payment for services we provide
- To improve and evaluate our programs

For reporting purposes
- For other County program activities

Signing the Authorization Form allows CHIP to receive, use and share your information. We only share your information to best help you.

Who can provide my information to the DHS SSHIE for CHIP?
- Your current, past, and future treating providers and organizations, and the California Department of Public Social Services.

Who can use my information?
- Providers working in CHIP and their partners and subcontractors (see above)
- Other providers involved in your care, including:
  - Past provider
  - Current providers
  - Future providers
- DHS SSHIE and other such exchanges operated by or with participation from the County
- CHIP, including CHIP partners and subcontractors, and other organizations that work with CHIP, which are listed in Attachment A.

What are Health Information Exchanges?
- They are electronic systems that allow data sharing.

What information will be shared?
- Information about:
  - Your personal characteristics
  - Your medical history,
  - Your mental or physical condition,
  - Treatment and services you receive, and
  - Your social service information (including CalFresh, General Relief, CalWorks, Cash Assistance Program for Immigrants, Medi-Cal, and other public benefits that you may apply for).

I am in a justice-involved diversion or re-entry program. What information will you share with my probation officer?
- The only information shared with your probation officer would be your name/identifying information and the date of when you started receiving services.

What form will information be shared in?
- Oval
New Universal Consent Forms cont...

COMPANION TO THE AUTHORIZATION FOR THE USE
AND DISCLOSURE OF HEALTH AND SOCIAL SERVICE INFORMATION

- Written
- Electronic

What do I authorize you to do with my information?
- To see if you are eligible for programs or resources
- To enroll you in programs
- To coordinate your care and treatment
- To communicate and work with your other providers
- To connect you with social services
- To receive payment for services we provide
- To improve and evaluate our programs
- For other County program activities

Certain types of health information are more sensitive. You can also allow us to share the following information:
- Information from health care providers about your mental health diagnosis or treatment that is protected under Welfare and Institutions Code § 5328 (excluding psychotherapy notes)
- Information about HIV/AIDS test results
- Information from Substance Use Disorder treatment programs (includes substance use disorder diagnoses and medications, inpatient stays and outpatient visits or residential treatment, provider names and contact information, and names of the treatment programs) that is protected under 42 C.F.R. Part 2 or State law.

If you do not agree to share sensitive information, information may not be available to the CHIP providers and organizations that work with you. Therefore, your participation in CHIP may be limited and in certain cases, you might not receive care coordination services. If you do not have any information in one or more of the categories above, you should check the box anyway, to ensure that your health information may be shared without restrictions.

You may ask for a list of all groups that have received your substance use disorder information.

When does this Authorization Form expire?
- For five years, except that this Authorization will expire for Whole Person Care on December 31, 2021 or the upon the end date of the program, if extended.
- If the Whole Person Care authorization expires, your information will continue to be shared among and between other CHIP programs that you are eligible for or that you participate in.
New Universal Consent Forms cont...
New Universal Consent Forms cont...

**Authorization for the Use and Disclosure of Health and Social Service Information**

- I have the right to cancel or change this Authorization at any time. I can start this process by talking to Care Team Member or calling 844-804-5200. At that time, I will either cancel my Authorization or complete a new Authorization to reflect the change(s) to the sensitive information that I want to share. If I limit my information sharing, my sensitive information will not be shared with partnering providers or organizations from that date forward. Any sensitive information previously shared with current or past treating providers cannot be recalled. Should I elect not to share any sensitive information, I may receive limited care coordination services.

- State and Federal laws already allow health care organizations to share my health information to treat me, obtain payment, and run their operations. I understand that this Authorization does not change the information that can be shared under these laws.

- When my information is shared, there is a chance it will be re-shared with others. Federal law or California privacy law may not protect the re-sharing of my information.

- My ability to receive medical services, treatment, or public social services does not depend upon whether I sign this Authorization. If I choose not to sign this Authorization, CHIP may not be able to share data to coordinate the services I receive, and I may not be able to participate in CHIP.

- I have the right to:
  - Inspect or obtain a copy of my health information and social services information that is shared by this Authorization
  - Refuse to sign this Authorization
  - Receive a copy of this Authorization

I have read this authorization or a CHIP Representative or Care Team Member has read it to me. I authorize the use and sharing of my health and social services information as described above.

**Client Signature**

**Date**

If this Authorization is signed by a person other than the client, please indicate the relationship:

**Relationship to Client**

**Name**

**Date**

**Attachment A**

**Non-Treating Providers:** (for Payment, Benefits Advocacy, etc.)

- CREST Participant Organizations:
  - Catalyst Foundation
  - Tazan Foundation
  - Volunteers of America
  - St. Joseph’s Center
  - Special Services for Groups
  - PATH and Lutheran Social Services

- Other Organizations with Whom Data May Be Shared:
  - U.S. Social Security Administration
  - Disability Determination Services
  - U.S. Veterans Administration
  - California Department of Health Care Services
  - California Department of Public Social Services
  - Centers for Medicare and Medicaid Services
  - LA County Department of Mental Health
  - LA County Department of Public Health
  - LA County Department of Children and Family Services
  - LA County Department of Health Services
  - LA County Department of Public Social Services
  - LA County Department of Military and Veterans Affairs
  - LA County Department of Health Services

**Client Signature**

**Date**

If this Revocation is signed by a person other than the client, please indicate the relationship:

**Relationship to Client**

**Name**

**Date**
The Recuperative Care Experience

Katina Holliday, FNP, Chief of Nursing
Serenity Recuperative Care
The Recuperative Care Experience...

- What clients have to look forward to when arriving the Interim Housing (IH) with Serenity Recuperative Care.
- Support Services Provided while in IH Recuperative.
- Supportive Staff within the Recuperative Care Setting.
- Description of what the IH Recuperative sites look like.
A look Inside Serenity Recuperative Care...
A look Inside Serenity Recuperative Care cont...
Know the Individual-Sample Case Discussion

Savanah Walseth, HFH Program Manager
Tom
64 years old
- Living on the streets of Whittier
- Visits ER/hospitals regularly
- Currently in local private hospital

History of dementia, needs a sitter for fall risk (unsteady gait), oriented to name only-
(according to PT notes)
Terry
34 years old
- Living in car in Van Nuys
- Estranged from family
- Brought in by local Law Enforcement
- Currently on 5150 hold

Came into the local private hospital for a persistent cough/fever
Q & A...
Contact Information

DHS Interim Housing Program

Email: InterimHousing@dhs.lacounty.gov
Main Line: (323) 274-3300
Fax Line: (213) 895-0100