

REPORT OF THE CHIEF LEGISLATIVE ANALYST

DATE: September 27, 2024

TO: Honorable Members of the City Council

FROM: Sharon M. Tso
Chief Legislative Analyst

Council File No.: 23-1348
Assignment No.: 24-01-0016

SUBJECT: Interim Housing Bed Rate – Practice Standards and Scope of Required Services

SUMMARY

On December 1, 2023, the City Administrative Officer (CAO) released a report with recommendations to the Council to approve an interim increase to the interim housing rates beginning January 1, 2024. The report also includes a recommendation with instruction to the CAO and the Chief Legislative Analyst (CLA), in coordination with Los Angeles Homeless Services Authority (LAHSA) and the County of Los Angeles (County), to develop a transparent funding formula for interim housing bed rates. Council approved the recommendations in this report on January 9, 2024. The instruction to develop a transparent funding formula for interim housing bed rates includes a more permanent and robust increase to the interim bed rate that is supposed to supplement the 10 percent interim increase that was approved in January 2024.

The CAO and CLA's offices have been meeting with the County partners, including Homeless Initiative, Department of Mental Health (DMH), and Department of Health Services (DHS), as well as LAHSA and their technical consultant Abt Associates who have been working on the research and formula components of a new interim housing bed rate. The CAO has prepared a report covering the bed rate formula component of this issue, including fiscal analysis and impact of an interim housing bed rate increase.

During the bed rate review process, it was determined that it was necessary to review and revise the Practice Standards for interim housing and the Scope of Required Services (SRS) for its operations. This report is a supplement to the CAO's report on the formula of the new interim housing bed rate and provides the Council with an overview of the programmatic component of the new bed rate involving the Practice Standards and SRS. This report provides recommendations to instruct CLA and CAO to work with LAHSA to finalize the SRS and to report to Council for approval of the revised SRS, that would cover the complete adult interim housing portfolio in the City before it re-procures. The report also provides recommendations on improving City contracts relative to interim housing by including additional accountability measures.

The results of these efforts will be incorporated into the procurement process for the adult interim housing system that LAHSA will initiate soon. LAHSA will report to Council separately on this procurement process.

RECOMMENDATIONS

That the City Council:

1. Instruct the Los Angeles Housing Department (LAHD) to amend any contract regarding the operations of interim housing facilities with the Los Angeles Homeless Services Authority (LAHSA) to include a requirement that the Scope of Required Services (SRS) for interim housing in the City be presented for review and approval by the Council, including any re-procurement for this system;
2. Instruct the Chief Legislative Analyst (CLA) and City Administrative Officer (CAO) to work with LAHSA to make revisions to the SRS and incorporate any changes made by the Council into the SRS and require that any amendments to this draft SRS be presented to Council for review and approval;
3. Instruct the CLA, CAO, and LAHD to identify and include best practices in contract management and administration to enhance accountability for LAHSA and service providers, relative to the revised SRS for interim housing, beginning in Fiscal Year 2025-26;
4. Instruct the CLA, in coordination with LAHD, CAO, and LAHSA, to develop a set of City key performance indicators (KPIs) relative to the revised SRS for interim housing, to be included in applicable City contracts with LAHSA; and to develop and report on a review process related to the City KPIs for interim housing, including the requirement that service providers participate in this process, to be included in contracts with LAHSA and service providers; and
5. Instruct LAHD to amend any contract with LAHSA regarding procurement of the interim housing system to implement the policy and program revisions adopted by Council.

BACKGROUND

Interim housing is defined as an intervention that provides people experiencing homelessness (PEH) with short-term emergency shelter in order to resolve their immediate experience of unsheltered homelessness. An interim housing intervention should connect PEH to permanent housing opportunities and connect them to additional services which could resolve their homelessness. There are various types of interim housing within the City's portfolio such as Crisis and Bridge housing, A Bridge Home, Tiny Home Villages, Inside Safe, and Winter/Seasonal shelter. The effort to increase the rate of the interim housing nightly bed rate covers the City's 24-hour interim housing sites, excluding the Inside Safe program.

The interim housing bed rate covers the nightly rate of an interim housing bed at an interim housing site. In order to move forward with a new increased bed rate within the City and the County, it is important to clearly define what is and what is not covered within an interim housing bed rate. The new bed rate covers the cost for a service provider who has been contracted to operate an interim housing facility, including the cost of facility operations, food, program supplies, staffing, client supports, and administration. These components cover the operational cost of facilitating the day-to-day operations of an interim housing site.

The interim housing bed rate does not cover services such as mental health treatment, substance use disorder treatments, medical care, and specialized care for people with chronic illness or physical disability. These services, known sometimes as intensive case management services, enhanced services, mainstream services, or simply services, are under the purview of specific County departments who are trained and equipped to provide them. The word “services” is often used when discussing the nightly bed rate of interim housing, but should more accurately be understood and referred to as “client support.” Client support includes case management that provides clients with linkages to the aforementioned services such as mental health treatment, substance use disorder treatment, and other specialized care, as well as transportation assistance, conflict management, de-escalation, and other assistance or resources to help a person transition from unsheltered homelessness. Significantly, case management will include development of a housing plan and document readiness assistance to help people prepare for residency in permanent stable housing.

DISCUSSION

Historically, LAHSA has produced and maintained an interim housing Practice Standards (Attachment I) document that established minimum requirements for the operation of interim housing programs in Los Angeles County. LAHSA has attached the Practice Standards to other contractual requirements by any funder in their system, such as the City. On their website, it is stated that the Practice Standards are reviewed on an ongoing basis and may get amended to reflect current best practices.

In the process of setting a new bed rate that would accommodate the true cost of operating an interim housing site and to enable service providers to achieve full capacity, the stakeholders (City, County, and LAHSA) decided that there needs to be alignment on which required services are expected out of the new bed rate. The need was identified for a standard document that would lay out program expectations that service providers would have to accomplish and guidelines that they would have to follow. As the City, LAHSA, and the County came to a mutual decision to increase the rate for service providers, it was determined that it should be clear to all parties involved, the stakeholders and the service providers, the exact terms related to the scope of work and obligations that are expected of the service provider who holds an interim housing contract. The stakeholders group then embarked on a path to achieve this alignment by contributing to a single interim housing Practice Standards document.

It should be noted that the Practice Standards is a minimum standards document, not a required scope of service for interim housing operations. The actual scope of work for interim housing funded by a local jurisdiction or agency can be enhanced or revised as determined by the jurisdiction or agency and is documented in the SRS into contracts with service providers. The Practice Standards lay out a recommended base for interim housing operations, and funders are encouraged to adopt these as minimum Practice Standards. But each funder can adopt their own program.

Revised Interim Housing Practice Standards

The proposed interim housing Practice Standards (Revised Practice Standards, Attachment II), is a document formulated in collaboration between the City, County, and LAHSA. This document is

based on a previous Practice Standards document that was in use by LAHSA and the County. Stakeholders conducted meetings and revised the Practice Standards multiple times to ensure clarity and alignment. Past practice is that service providers are provided this document as part of any contract it holds with LAHSA and would be obligated to follow the policies set forth in this document. In addition to these Revised Practice Standards, service providers would comply with all applicable Federal, State, and local laws, codes, rules, regulations, ordinances, and directives. The Revised Practice Standards should be used as a guiding tool by LAHSA and its sub-contractors for any and all contracts for interim housing that is funded by the City. The following sub-sections describe the contents of the Revised Practice Standards which is broadly divided into three general categories of Facility Operations, Client Support, and Staffing.

Facility Operations

Facility operations include minimum provisions such as meal distribution which should occur three times a day, including one hot meal. It also includes access to hygiene, clean linens, and laundry service, including 24/7 access to restrooms and shower for all participants. It also includes janitorial and maintenance support, such as housekeeping services on a regular basis to ensure safe and sanitary environment and prevention of any insect and rodent infestation. Facility operations also include provisions such as storage and retention of personal belongings and medication management as well as establishment of policy and procedure for all safe entry and exits, system to address participant crisis situation 24/7, and trainings to ensure CPR and NARCAN, and emergency first aid procedures. More detailed description of all minimum standards of facility operations is provided in the attached Practice Standards.

Client Support

Client support includes provisions such as transportation, connection to benefits, document collection, data collection, reporting, and staff training. At a minimum, service providers will provide transportation assistance to participants for their ongoing transportation needs to navigate housing search and acquiring documents. Participants will also be supported to make connections to public benefits, including but not limited to CalWorks, General relief, CalFresh, Social Security Income, and Social Security Disability Insurance. Client Supports also includes minimum standards for document and data collection such as maintenance of program records and records related to each participant and data entry and incident reports by staff. Program staff will also be maintaining participant progress notes and bed report among other data points. More detailed description of all minimum standards of client support is provided in the attached Practice Standards.

Staffing

The staffing section of the Revised Practice Standards includes a minimum configuration of staff which includes staff for site program management, site support, security, and case management. Site program management will ensure the management and oversight of day-to-day program activities and will serve as a liaison to the funder. Site support personnel will conduct regular walk-throughs of the site and perform various other duties as needed. Security personnel will ensure safety of participants and provide on-site security to the site.

Staff will also be required to take trainings including, but not limited to, Harm Reduction, Trauma-Informed Care, Housing First and Low Barrier Practices. Staff will also train on mandated reporting requirements such as child abuse and elder and dependent abuse.

Case management will be provided in each interim housing site and will assist participants to become document ready by obtaining identification documentation, assist with completion of Universal Housing Application, establish connection to mainstream County benefits, and make linkages to enhanced services such as substance use treatment, mental health or other supportive services, as needed. The proposed bed rate requires that service providers maintain a ratio of one Case Manager for 25 interim housing clients (1:25) to ensure focused attention to client supports. Case management will be offered no less than once a week on-site and will also provide problem-solving and crisis management support. Any additional supportive services outside of making linkages and connections is not included in case management under the proposed new interim housing bed rate.

Scope of Required Services

It is important to note that the Revised Practice Standards (Attachment II) is not an SRS. LAHSA creates and attaches an SRS to each contract that it executes with service providers. Currently, LAHSA has unique SRSs for different kinds of interim housing within its portfolio (Crisis and Bridge, Tiny Home, Roadmap, etc.). LAHSA has stated in discussions with the City and County that they are working on a consolidated SRS for all interim housing for adults would incorporate the minimum Practice Standards as well as additional details on interim housing termination and exit strategies. It would also include more detailed data collection and reporting requirements that will be used for measuring key performance indicators for the health of the interim housing system and for evaluating service provider performance.

LAHSA has prepared a draft SRS (Attachment III) for the City which would be attached to all contracts executed under the pending interim housing procurement process for the adult system. Initial evaluation by the CLA has determined that it incorporates the key elements of the Revised Practice Standards and provides enhanced case management services. Since the new consolidated SRS will be a crucial component of new interim housing contracts, it is important that the Council has an opportunity to review it and approve it in final form before inclusion in the upcoming procurement process.

It is recommended that the City base its SRS for interim housing on the Revised Practice Standards document but that the City require LAHSA to obtain City approval of any SRS for interim housing prior to the procurement of any interim housing contract. Further, since the Revised Practice standards are not a City-approved policy, it is not recommended that the Practice Standards be incorporated into the SRS as a requirement, but rather serve in its stated purpose as a guide to SRS development. The Revised Practice Standards may be subject to revision by LAHSA or the County without consideration and approval by an elected body. As such, the City should retain its authority to review and approve any changes to interim housing operations that it funds.

This report, therefore, recommends that Council instruct CLA and CAO to work with LAHSA to make necessary changes to the SRS and to report to Council before the final SRS is adopted for the re-procurement process. The recommendations also require that any revisions be presented to

Council for review before finalizing in a procurement process. Alternatively, Council could direct that revisions to the draft SRS be considered and approved jointly by CLA and CAO or by the Homeless Strategy Committee.

Finally, LAHSA also maintains a document called “Program Standards” that outlines general requirements for all program contracts across the homelessness response system. We would encourage LAHSA to streamline the contracting process to ensure clarity of understanding by consolidating documentation into a single source document, the SRS.

Contract Administration

Contract Management

The Council has expressed that accountability for service providers is a priority for contract requirements. Discussions concerning bed rate and the interim housing Practice Standards have been focused on the SRS, the program elements that are necessary to provide support to interim housing clients. However, there are other contract components that must also be considered, such as contract management. Council has expressed that quality control practices must be established related to services delivered under City-funded contracts for interim housing, and related both to the contractual relationship between the City and LAHSA and the implementation through service providers.

To improve contract management, contractual elements need to be reviewed to incorporate best practices in City contracts that enhance accountability. Therefore, our Office recommends that the CLA, LAHD, and CAO review current contract requirements and include best practices for performance management, with associated metrics and data, and allow for greater Council oversight.

Data and Metrics

Current City contracts with LAHSA require that data related to the following outcomes be collected at City-funded interim sites: Occupancy Rate, Exits to Permanent Housing, and Data Completeness. LAHSA reports that business rules surrounding data completeness were not effectuated in Fiscal Year 2024, and are under development in Fiscal Year 2025. Additionally, data related to the below metrics must be collected and tracked.

LAHSA releases quarterly reports related to these metrics, which are termed “LAHSA Interim Housing Key Performance Indicators (KPIs).” However, these quarterly reports are related to the performance of interim housing throughout the entire Continuum of Care. LAHSA’s quarterly reporting on interim housing KPIs does not currently provide the public with City-specific data. As well, California Policy Lab (CPL) informs our Office that exits to permanent housing, outside of TLS and PSH move-in, are largely unverifiable. CPL thus does not use a majority of exit data, which is currently collected at City interim housing, for the purposes of predictive and/or statistical analysis. Further, LAHSA has expressed that current LAHSA interim housing KPIs are not meant to be used as management tools.

As such, the current set of data and metrics, and the related LAHSA interim housing KPIs, are insufficient for performance management. However, LAHSA has been developing new reporting tools and expect these to be available shortly. City staff have not had an opportunity to review

these new tools, however. As a result, our Office recommends that the CLA coordinate with LAHD, CAO, and LAHSA to produce a final set of KPIs, which will be included in City contracts with LAHSA relative to interim housing. These KPIs should provide the City the means to evaluate the effectiveness of the operations of interim housing sites and the delivery of client support consistent with the SRS. Further, KPI's included in City contracts should provide a basis for understanding whether, and to what extent, those support services help resolve the homelessness status of City interim housing participants. Through this process, KPIs put forward in LAHSA's forthcoming SRS may be revised and replaced to the extent necessary to establish an effective evaluation framework, with regular reports to Council. Moreover, LAHSA dashboards relative to City interim housing must reflect the set of metrics that Council approves.

Table 1

Program Type	Metric
Interim Housing	Number and percentage of clients that are Document Ready
	Number and percentage of clients connected to Housing Navigation (HN)
	Number and percentage of clients connected to Time Limited Subsidy (TLS)
	Number and percentage of clients that are receiving Housing Case Management (HCM) services at the IH site
	Average and median time to housing connection: Housing Navigation, TLS, HCM at IH
	Number and percentage of enrollments into TLS with a move-in date
	Number and percentage of enrollments into PSH with a move-in date
	Number and percentage of exits to a PH destination
	Average and median time to exit
	Number and percentage of exits to temporary housing
	Number and percentage of exits to unsheltered homelessness
	Number and percentage of exits to institutions - Criminal
	Number and percentage of exits to institutions - Medical
	Number and percentage of exits - Deceased
	Number and percentage of exits to Unknown Destination

Finally, a process should be established for the City, LAHSA, and service providers to regularly and systematically review the KPIs, metrics, and site operations to address system needs and the provision of support to persons experiencing homelessness. CLA, CAO, LAHD, and LAHSA should be directed to develop and report on a quarterly review and reporting process, with a requirement in interim housing service provider contracts that service providers participate in this process. Such a process could be incorporated into the Homeless Strategy Committee or into a standalone review process.



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Attachments:

- I. LAHSA Interim Housing Practice Standards (2023)
- II. Draft Los Angeles and County Interim Housing Minimum Service and Operations Practice Standards (2024)
- III. FY 25-26 Individual Adult Interim Housing Scope of Required Services

ATTACHMENT I

LAHSA Interim Housing Practice Standards (2023)

Revised: 2023

Los Angeles City and County

Interim Housing Minimum Service and Operations Practice Standards

INTERIM HOUSING OVERVIEW

Interim Housing (IH) is an intervention that provides people experiencing homelessness with temporary housing intended to resolve their immediate experience of unsheltered homelessness, connect participants to permanent housing opportunities in their communities, and provide various other services. IH, as defined by Los Angeles County, includes Crisis Housing, Winter/Seasonal Shelter, Bridge Housing, Recovery Bridge, Recuperative Care, Stabilization Housing, and Safe Haven programs (see Glossary for definitions). The Department of Health Services, Department of Mental Health, and Los Angeles Homeless Services Authority have established the following practice standards for regular operational use by shelter providers. Practice Standards are made available to any jurisdiction, non-profit organization, faith-based organization, other funders of Interim Housing to utilize as minimum standards for care across shelters.

INTERIM HOUSING PRACTICE STANDARDS

These Interim Housing Practice Standards (Standards) establish minimum requirements for the operation of IH programs (Programs) in Los Angeles City and County, to which such programs (formerly known as “emergency shelters” within Los Angeles County) shall adhere. They will be required in conjunction with Interim Housing funders’ other contractual requirements. In addition to these Standards, IH providers shall be in compliance with all applicable Federal, State, and local laws, codes, rules, regulations, ordinances, and directives. These Standards will be reviewed on an ongoing basis and may be amended to best reflect current best practices, priorities, and stakeholder feedback.

APPROACHES TO SERVICES AND CARE

Programs shall be required to serve all participants with a Housing First approach. The Housing First philosophy is based on the premise that stable housing is a critical determinant of health, education, employment, and other positive outcomes related to well-being. Housing First programs do not require any preconditions for admittance. Instead, the focus is on quickly moving people experiencing homelessness into housing with needed and desired services. In practice, this means that participants shall not be rejected or exited from Interim Housing due to lack of sobriety or income, or based on the presence of mental health issues, disabilities, or other psychosocial challenges.

Programs shall ensure that a Harm Reduction approach is used in serving participants. Programs using Harm Reduction strategies work with participants to reduce the negative consequences of continued use of alcohol, drugs, or non-adherence with prescribed medications rather than establishing no-tolerance policies or discharging participants from the program based on their inability to achieve sobriety or due to medication non-adherence. Program service strategies shall include all possible approaches to assisting participants in their efforts to reduce or minimize risky behaviors, while at the same time helping participants move into, and stabilize in, permanent housing.

In addition to implementing a Housing First model which incorporates Harm Reduction techniques, all programs shall incorporate Trauma Informed Care into their delivery of services. Trauma Informed Care is an organizational structure and service framework that involves understanding, recognizing, and responding to the effects of all types of traumas. Trauma Informed Care emphasizes physical, psychological, and emotional safety for participants, families, and service providers alike, and helps participants rebuild a sense of control, personal empowerment and reduce re-traumatization. In practice, Trauma Informed Care accounts for trauma in all aspects of service delivery and prioritizes the trauma survivor’s safety, choice, and control. Trauma Informed Care services create and promote a culture of nonviolence, learning, and collaboration.

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Interim Housing Minimum Service and Operations Practice Standards

SYSTEM COLLABORATION

1. Programs shall participate in the greater Los Angeles County homelessness assistance system, including the Los Angeles Coordinated Entry System (CES).
2. Program staff shall serve as a Point of Contact for participants in the Homeless Management Information System (HMIS) and participate in all relevant CES and SPA-level activities as directed by the funder.

Programs shall leverage resources through active collaboration with other programs that provide services to participants within their respective communities.

ADMISSION, INTAKE, AND ASSESSMENT

1. Programs shall not deny participation based on race, religion, ancestry, color, national origin, sex, sexual orientation, gender identity, age, or disability. However, facilities may serve target populations as directed by the funder.
2. Programs funded by the Los Angeles Homeless Services Authority, Los Angeles County Departments of Mental Health and Health Services shall accept referrals according to their direction.
3. Programs shall not establish supplementary admission requirements or criteria in addition to those established by Program funders.
4. Programs shall ensure that intake and assessment practices consider the safety, security, and privacy of persons who are fleeing, attempting to flee, and/or are survivors of domestic violence, sexual assault, and/or human trafficking who are referred to IH programs.
5. Programs shall establish program rules, grievance and termination policies and procedures that are approved by the funder. These shall be provided to the participant and posted in common areas to the participants.
6. Programs shall provide participants with the following participant rights upon admission and post these in an area visible to them.
 - a. The right to be treated with dignity and respect;
 - b. The right to religious liberty;
 - c. The right to privacy and confidentiality;
 - d. The right to be treated with cultural sensitivity;
 - e. The right to self-determination in identifying and setting goals;
 - f. The right to present complaints and grievances;
 - g. The right to request a reasonable accommodation;
 - h. The right to have an advocate present during appeals and grievance processes with written consent by the participant that approves the advocate's participation;
 - i. The right to have all records and disclosures maintained according to the written standards and rules regarding confidentiality and privacy;
 - j. The right to review their records and external disclosures of any personal participant information, as governed by the written program standards and rules regarding confidentiality and privacy;
 - k. The right to be clearly informed, in understandable and applicable language, about the purpose of the services being delivered
 - l. **The right to leave and return to the facility at reasonable hours in accordance with the program rules and standards;**
 - m. **The right to stay in the facility 24 hours per day, except during required facility maintenance or non-operational hours or as approved by the funder.**
 - n. **The right to receive written termination notice at least 30 days prior to the proposed termination unless the underlying cause for a proposed termination constitutes a "direct threat," as defined in paragraph (3) of subdivision (b) of Section 12179 of Title 2 of the Code of California Regulations.**

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CASE MANAGEMENT

1. Programs shall provide and/or coordinate with other service agencies to ensure participants are provided with the following case management services:
 - a. Assistance with obtaining identification, a birth certificate, a Social Security card, bank statements and other necessary documents needed for permanent supportive housing.
 - b. Assistance and advocacy with benefits establishment.
 - c. Linkages to physical health care, substance use treatment, and other supportive services, as needed.
 - d. Transportation or linkages to transportation resources, including the metro, buses, and taxicabs.
 - e. Development and implementation of a housing plan. This plan shall be updated as the participants' needs and/or goals change, and as steps are completed or updated.
 - f. Case management services shall be offered no less than once a week or as required by the funder.
 - g. Additional case management services may be required by the funder.
2. Case Management services shall always be participant centered.

STAFF TRAINING

1. Programs shall establish and document training procedures for new staff and update the training procedures for current staff as needed.
2. Training shall include the program policies and procedures, these Practice Standards and funder contractual requirements.
3. Program staff shall receive training on mandated reporting requirements (child abuse and elder and dependent abuse), Housing First, Harm Reduction, Trauma Informed Care, and other training as directed by the funder.

Certificates or other documentation that verifies training attendance shall be maintained for each employee and documented in the employee's file.

PROGRAM OPERATIONS & ADDITIONAL SERVICE STANDARDS

1. Programs shall permit participants, during their period of stay, to report the program address as their mailing address for purposes such as receipt of mail and school and voter registration. This does not establish legal residency for the participant. If program safety policies prohibit listing the address, the program may provide an alternate address.
2. Programs shall not require participants to perform chores or work duties.
3. Programs that are publicly funded shall not charge participants for housing or other services. This includes surrendering cash and non-cash benefits.

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DATA COLLECTION & DOCUMENTATION

1. Programs shall maintain participant records as directed by the funder.
2. Programs shall enter data into the specified data systems as required by funders.
3. Files containing participant information shall be stored in a secure and locked location to maintain confidentiality. Documents shall only be accessible by authorized personnel.
4. Programs shall maintain a census of participants, at a frequency directed by funder.
5. Programs shall complete and submit Incident Reports as directed by the funder.

SECURITY, HEALTH, & SAFETY

1. Programs shall establish a policy and procedure for all entry and exits that include a sign-in/out procedure.
2. Establish and implement a system to address client crisis situations 24 hours a day/7 day a week.
3. Programs shall develop a policy and procedure for disasters, mass casualties, fires, and other emergencies and post them in an area that is visible to participants.
4. Programs shall develop written policies and procedures that address universal precautions, tuberculosis control, and disease prevention, and comply with Department of Public Health Guidelines.
5. Programs are encouraged to have staff that are trained in CPR and emergency first aid procedures.

MEDICATION MANAGEMENT & STORAGE

1. Programs shall develop and implement a medication management and storage policy that is approved by the funder. The policy shall address medication storage, documentation, medication support, and refrigeration, and may include a secured and locked location for medicine storage such as a medication cabinet, locker, or drawer or per funder contractual requirements

MEALS

1. Programs shall provide meals as approved by the funder.
2. Programs shall accommodate participants who have special dietary needs due to as prescribed by a physician.
3. Meals shall be nutritionally adequate in accordance with U.S. Department of Agriculture guidelines.
4. The program shall provide access to drinking water throughout the day.
5. Menus, mealtimes, and any changes to them shall be posted in an area visible to participants.

PRODUCTS, LINENS, LAUNDRY & PERSONAL BELONGINGS

1. Programs shall ensure that hygiene and toiletry items, including but not limited to towels, soap, deodorant, toilet tissue, feminine hygiene products, disposable razors, toothpaste, toothbrush, hairbrush/comb are made available to all program participants, as needed, or as requested by the participant.
2. Programs shall provide and ensure that all sheets, towels, and blankets are laundered weekly or more frequently as needed.
3. Programs shall provide access to free on-site washers/dryers and detergent or provide assistance with accessing laundromat services and funds for tokens and detergent.
4. Programs shall provide access to storage for participants' personal belongings during their stay.
5. Programs shall secure a participant's belongings, post-participant exit, for a period defined by the funder.

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ENVIRONMENT

1. Programs shall provide housekeeping and maintenance to ensure a safe, sanitary, clean, and comfortable environment, and work diligently to prevent and eliminate insect and rodent infestations.
2. Programs shall provide covered trash receptacles throughout the facility. Trash shall be taken out of the facility into a localized dumpster and/or wheeled trash can whenever full.
3. As applicable, family sites shall ensure that all furniture is child-safe and install childproof safety latches for drawers and cabinets with dangerous items and baby changing stations and/or a safe place to change diapers are provided.

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Appendix A. Glossary

Assessment

An evaluation of a participant's strengths and barriers in achieving housing stability and other outcomes related to stability. The information provided through the assessment informs program referrals and Housing, and Services Planning.

Coordinated Entry System (CES)

The Los Angeles County Coordinated Entry System (LA County CES) facilitates the coordination and management of resources that comprise the homeless crisis response system in the county. CES allows users to efficiently and effectively connect people to interventions that aim to rapidly resolve their housing crisis. CES works to connect the highest need, most vulnerable persons in the community to available housing and supportive services equitably.

Coordinated Entry System (CES) Assessment

The Los Angeles County Coordinated Entry System utilizes a triage and prioritization assessment tool called the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). This tool is implemented as part of CES to assist in prioritization of housing program resources based on participant vulnerability.

Equal Access Gender Identity Policy

On August 25, 2017, the LAHSA Board of Commissioners adopted its policy on equal access in accordance with an individual's gender identity in the Los Angeles Continuum of Care. This policy, titled Equal Access and Gender Identity (EAGI), requires that contractor, programs, shelters, other buildings and facilities, benefits, services and accommodations, regardless of funding source, ensure equal access to an individual in accordance with their gender identity.

Family

Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.

Funder

Funder refers to any public or private agency or organization that provides direct financial contribution, as well as fiscal and programmatic administration and oversight of non-profit organizations, community-based organizations, etc., for the operation and services of Interim Housing facilities and programs.

Harm Reduction

Harm reduction is a set of practical strategies that reduces the negative consequences associated with drug use, including safer use, managed use, and non-punitive abstinence.

Housing First

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to safe, stable housing without preconditions and barriers to entry, such as sobriety, treatment or

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service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to safe, stable housing.

Interim Housing Program Types:

1. **Recovery Bridge:** Recovery Bridge Housing (RBH) is a type of abstinence-based, peer supported housing that combines a subsidy for recovery residences with concurrent treatment in outpatient (OP), intensive outpatient (IOP), Opioid Treatment Program (OTP), or outpatient withdrawal management (OP-WM) settings. RBH is often appropriate for participants with minimal risk with regard to acute intoxication/withdrawal potential, biomedical, and mental health conditions. If there is risk potential, these concerns are to be managed by the treating provider.
2. **Recuperative Care:** Temporary housing in which participants receive health and mental health oversight, usually for an acute illness or injury.
3. **Stabilization Housing:** Temporary housing with case management and other supportive services for vulnerable participants, with the goal of improving participants' health and increasing their housing security.
4. **Safe Haven:** Safe havens are extremely low barrier and low demand supportive interim housing that shall not require participation in services and referrals as a condition of occupancy. Instead, it is hoped that after a period of stabilization in a safe haven, residents will be more willing to participate in services or referrals and will eventually be ready to move to more traditional forms of housing.
5. **Transitional Housing:** Transitional Housing is conceptualized as an intermediate intervention between emergency shelter/crisis housing and permanent housing. It is intended to be more long-term, service-intensive and private than emergency shelters, yet remains time-limited to stays of up to 24 months. The purpose is intended to provide a safe, supportive environment where residents can overcome trauma, begin to address the issues that led to homelessness or kept them homeless, and begin to rebuild their support network.
6. **Winter/Seasonal Shelter/Emergency-response Shelter program:** A low-barrier to entry, hypothermia prevention program providing basic shelter operations (showers, two meals, a bed, open for a minimum of 14 hours) through use of regular shelter locations and motel vouchers when activated to a 24-hour model of care due to extreme temperatures.

Intake

The process through which basic participant information is collected and entered into a database upon entry into a program (e.g., capturing and loading required data to HMIS upon entry to interim housing). This process shall also begin to identify participants' service needs and lay the foundation for a housing plan to return the participant to stable housing.

Low Barrier

Policies and practices designed to "screen in" rather than screen out applicants with the greatest barriers to housing, such as having very low-income, poor rental history, or criminal history. Low Barrier is an active approach to the Housing First model that ensures homeless participants and families may quickly exit homelessness.

Motivational Interviewing Principles

An approach or method that involves enhancing a participant's motivation to change and emphasizes a collaborative relationship in which the clinician or case manager "draws out" the participant's own motivations and skills for change, thereby empowering the participant.

Los Angeles City & County

Interim Housing Minimum Service and Operations Practice Standards

Practice Standards

Practice Standards are minimum baseline requirements for each system component, which all funders and funding administrators agree to adopt and incorporate into their program guidance and funding contracts with contractors.

Reasonable Accommodation

Under Title II of the Americans with Disabilities Act (ADA), a Reasonable Accommodation (RA)/Reasonable Modification (RM) is a modification in rules, policies, practices, or services that is provided when such accommodations would be necessary to afford an individual with a disability equal opportunity to participate in programs and/or services of a covered agency. Provision of RA/RM could mean:

- Modification of rules, policies or practices;
- Removal of architectural or communication barriers; or
- Provision of auxiliary aids and services needed for an individual with a disability to utilize a public service.

Trauma Informed Care

An organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both participant and providers, and helps participants rebuild a sense of control and empowerment. Trauma Informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the trauma survivor's safety, choice, and control. Trauma Informed Services create a culture of nonviolence, learning, and collaboration. Contractors must also develop sets of policies and procedures for educating and training staff on Trauma Informed Care practices and how trauma may adversely affect aspects of a person's development.

ATTACHMENT II

Draft Los Angeles and County Interim Housing Minimum Service and Operations Practice Standards (2024)

Revised: 9.2024

**Los Angeles City and County
Interim Housing Minimum Service and Operations
Practice Standards**

DRAFT

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1.0 PRACTICE STANDARDS

This document outlines required minimum Service and Operation Practice Standards (Standards) for Interim Housing Programs (Programs) funded through Los Angeles Homeless Services Authority (LAHSA), Los Angeles County Department of Health Services (DHS), and Los Angeles County Department of Mental Health Services (DMH). The following Interim Housing (IH) project types funded by LAHSA, DHS, and DMH are covered by these Standards: Crisis Housing, Bridge Housing, Recovery Bridge, Recuperative Care, Stabilization Housing, and Safe Haven programs (see Glossary for definitions).

These Standards are required in conjunction with other contractual requirements established by IH funders. In addition, IH providers shall comply with all applicable Federal, State, and local laws, codes, rules, regulations, ordinances, and directives. These Standards will be reviewed on an ongoing basis and may be amended to reflect current best practices, priorities, and stakeholder feedback. These Standards are also made available to any jurisdiction, non-profit organization, faith-based organization, and other funders of Interim Housing to utilize as a base standard of care across shelters.

2.0 INTERIM HOUSING OVERVIEW

IH is an intervention that provides people experiencing homelessness with temporary shelter intended to resolve their immediate experience of unsheltered homelessness, work with participants to obtain vital documents, provide linkages to community resources and participant supports, and connect participants to permanent housing opportunities in their communities.

2.1 APPROACHES TO SERVICES AND CARE

2.1.1 Housing First

Programs shall be required to serve all participants with a Housing First approach. The Housing First model is based on the premise that stable housing is a critical determinant of health, education, employment, and other positive outcomes related to well-being. IH Programs adopt Housing First principles by not requiring any preconditions for admittance and focusing on quickly moving people experiencing homelessness into permanent housing with needed and desired services. In practice, this means that participants shall not be rejected or exited from IH Programs due to lack of sobriety or income, or based on the presence of mental health issues, disabilities, or other psychosocial challenges.

2.1.2 Harm Reduction

Programs shall ensure that a Harm Reduction approach is used in serving participants. IH Programs using Harm Reduction strategies work with participants to reduce the negative consequences of continued use of alcohol, drugs, or non-adherence with prescribed medications rather than establishing no-tolerance policies or discharging participants from the

program based on their inability to achieve sobriety or due to medication non-adherence. Program service strategies shall include all possible approaches to assisting participants in their e f f o r t s to reduce or minimize risky behaviors, while at the same time helping participants move into, and stabilize in, permanent housing.

2.1.3 **Trauma Informed Care**

In addition to implementing a Housing First model which incorporates Harm Reduction techniques, all Programs shall incorporate Trauma Informed Care into their delivery of services. Trauma Informed Care is an organizational structure and service framework that involves understanding, recognizing, and responding to the effects of all types of traumas. Trauma Informed Care emphasizes physical, psychological, and emotional safety for participants, families, and service providers alike, and helps participants rebuild a sense of control, personal empowerment and reduce re-traumatization. In practice, Trauma Informed Care accounts for trauma in all aspects of service delivery and prioritizes the trauma survivor's safety, choice, and control. Trauma Informed Care services create and promote a culture of nonviolence, learning, and collaboration.

2.2 **SYSTEM COLLABORATION**

2.2.1 Coordinated Entry System: Programs shall participate in the greater Los Angeles County homelessness assistance system, including the Los Angeles Coordinated Entry System (CES). This includes following CES Policies and Procedures.

2.2.2 Programs staff shall serve as a Point of Contact for participants in the Homeless Management Information System (HMIS) and participate in all relevant CES and Service Planning Area (SPA) level activities as directed by the funder.

2.2.3 Programs shall leverage resources by actively collaborating with and providing linkages to community-based and mainstream resources that can assist participants with their needs and goals.

3.0 **INTAKE AND ADMISSIONS**

3.1 Programs shall receive and process intakes and referrals Monday through Friday between 9:00AM – 5:00PM, with exceptions as requested by the funder.

3.2 Programs shall not deny participation based on race, religion, ancestry, color, national origin, sex, sexual orientation, gender identity, age, or disability. However, facilities may serve target populations as directed by the funder.

3.3 Programs shall accept referrals in accordance with the direction of their funders.

- 3.3.1 Programs shall not establish supplementary admission requirements or criteria in addition to those established by Program funders.
- 3.4 Programs shall ensure that intake and assessment practices consider the safety, security, and privacy of persons who are fleeing, attempting to flee, and/or are survivors of domestic violence, sexual assault, and/or human trafficking who are referred to IH programs.
- 3.5 All program rules, grievance and termination policies and procedures shall be provided to the participant and posted in common areas to the participants.
- 3.5.1 Programs must receive funder approval for any program rules and procedures the program establishes.
- 3.6 Program shall permit participants, during their period of stay, to report the program address as their mailing address for purposes such as receipt of mailing and school and voter registration. This does not establish legal residency for the participant. If program safety policies prohibit listing the address, the program may provide an alternative address.
- 3.7 Program cannot deny admission based on the participant's ability to pay or work.
- 3.8 Programs that are publicly funded shall not charge participants for housing or other services. This includes surrendering cash and non-cash benefits.
- 3.9 Program shall not require participants to perform chores or work duties.
- 3.10 Programs shall provide participants with the following participant rights upon admission and post these in an area visible to them.
1. The right to be treated with dignity and respect;
 2. The right to religious liberty;
 3. The right to privacy and confidentiality;
 4. The right to be treated with cultural sensitivity;
 5. The right to self-determination in identifying and setting goals;
 6. The right to present complaints and grievances;
 7. The right to request a reasonable accommodation;
 8. The right to have an advocate present during appeals and grievance processes with written consent by the participant that approves the advocate's participation;
 9. The right to have all records and disclosures maintained according to the written standards and rules regarding confidentiality and privacy;
 10. The right to review their records and external disclosures of any personal participant information, as governed by the written program standards and rules regarding confidentiality and privacy;
 11. The right to be clearly informed, in understandable and applicable language, about the purpose of the services being delivered;
 12. The right to leave and return to the facility at reasonable hours in

- accordance with the program rules and standards;
13. The right to stay in the facility 24 hours per day, except during required facility maintenance or non-operational hours or as approved by the funder.
 14. The right to receive written termination notice at least 30 days prior to the proposed termination unless the underlying cause for a proposed termination constitutes a "direct threat," as defined in paragraph (3) of subdivision (b) of Section 12179 of Title 2 of the Code of California Regulations.

4.0 FACILITY OPERATIONS

4.1 GENERAL

- 4.1.1 Programs that are publicly funded shall not charge participants for housing or other services. This includes requiring participants to surrender cash and non-cash benefits.
- 4.1.2 Program shall not require participants to perform chores or work duties.

4.2 MEALS

- 4.2.1 Programs shall provide participants with access to three meals per day – including at least one hot meal.
- 4.2.2 Programs shall accommodate special dietary needs as prescribed by a physician.
- 4.2.3 Meals shall be nutritiously adequate in accordance with U.S. Department of Agriculture guidelines.
- 4.2.3 Programs shall provide access to drinking water at all hours of the day.
- 4.2.4 Programs shall ensure menus, mealtimes, and any changes to them shall be posted in an area visible to participants, daily.

4.3 HYGIENE, LINENS & LAUNDRY

- 4.3.1 Programs shall ensure 24/7 access to restrooms and shower facilities for all participants.
- 4.3.2 Participants must be provided with access to basic hygiene supplies such as toilet paper, towels, wash cloths, soap, shampoo, conditioner, deodorant, toothbrush, toothpaste, hand sanitizer, menstrual hygiene, disposable razors, clothing, and other hygiene products as needed, or as requested by the participant.
- 4.3.3 Programs shall provide access to free on-site washer/dryers and detergent or provide assistance with accessing laundromat services and funds for tokens and detergent so that participants can wash their clothing.

4.3.4 Programs shall provide and ensure that all sheets, towels, and blankets are laundered weekly or more frequently as needed.

4.4 **JANITORIAL & MAINTENANCE**

4.4.1 Programs shall provide housekeeping and maintenance services on a regular basis to ensure safe, sanitary, clean, and comfortable environment, and work diligently to prevent and eliminate insect and rodent infestations.

4.4.2 Program shall provide covered trash receptacles throughout the facility. Trash shall be taken out of the facility into a localized dumpster and/or wheeled trash can whenever full.

4.5 **STORAGE & RETENTION**

4.5.1 Programs shall provide access to secure and/or personal storage space for participant belongings.

4.5.2 Programs shall develop and implement a medication management and storage policy that is approved by the funder. The policy shall address medication storage, documentation, medication support, and refrigeration, and may include a secured and locked location for medicine storage such as a medication cabinet, locker, or drawer or per funder requirements.

4.6 **SAFETY & SECURITY**

4.6.1 Establish a policy and procedure for all entry and exits that includes a sign-in/out procedure.

4.6.2 Establish and implement a system to address participant crisis situations 24 hours a day/ 7 days a week.

4.6.3 Develop a policy and procedures for disasters, mass casualties, fires, and other emergencies and post them in an area that is visible to participants.

4.6.4 Develop written policies and procedures that address universal precautions, tuberculosis control, and disease prevention, and comply with Department of Public Health Guidelines.

4.6.5 Programs are encouraged to have staff on-site who are trained in CPR, NARCAN and emergency first aid procedures at all times.

4.6.7 As applicable, family sites shall ensure that all furniture is child-safe and install childproof safety latches for drawers and cabinets with dangerous items and baby changing stations and/or a safe place to change diapers are provided.

4.7 **SERVICE & EMOTIONAL SUPPORT ANIMALS**

4.7.1 Programs shall accept eligible participants with Service Animals per ADA and must provide reasonable accommodation for

Emotional Support Animals.

5.0 PARTICIPANT SUPPORTS

5.1 TRANSPORTATION

- 5.1.1. Programs may provide transportation assistance by means of bus fare/pass, private vendors, or with agency/personal vehicles to support participants with viewing housing units and as needed.
- 5.1.2. Programs shall assist participants with ongoing transportation needs, including helping participants navigate public transportation systems, assisting with access to paratransit services, and assisting with applications for reduced cost public transit passes.

5.2 CONNECTION TO BENEFITS

- 5.2.1. Program shall assist participants with access and connection to public benefits, including, but not limited to, the Departments of Public Social Services (CalWorks, General relief, and CalFresh), Mental Health, Public Health, and Department of Health Services (Supplemental Security Income, Social Security Disability Insurance).

5.3 DOCUMENT COLLECTION

- 5.3.1. Programs shall generate and maintain retrievable program records and records relating to each participant that received services. The program shall ensure appropriate safeguards are implemented to secure participant's protected health information at all times. Records shall include, but are not limited to:
 - i. Agreement documents such as program policies, consents, rights and confidentiality agreements;
 - ii. Grievance procedures signed and acknowledged;
 - iii. Initial assessments and quarterly (or other frequency as defined by the funder) assessments;
 - iv. Housing Documents such as subsidy application, lease application, deposit applications; and
 - v. Incident reports, case closure documentation, documentation of performance.

5.4 DATA COLLECTION

- 5.4.1. Programs shall maintain participant records as directed by the funder.
- 5.4.2. Programs shall ensure data is entered into data systems as

required by funders.

- 5.4.3 Files containing participant information shall be stored in a secure and locked location to maintain confidentiality and only accessible by authorized personnel.
- 5.4.4 Programs shall maintain a census of participants, at a frequency directed by the funder.
- 5.4.5 Programs shall complete and submit Incident Reports as directed by the funder.

5.5 REPORTING

- 5.5.1 Programs shall ensure all participant data and service documentation is managed appropriately and that participants' personal information is kept secure in accordance with regulations.
- 5.5.2 Maintain participant documentation and progress notes in the funder-approved information management system.
- 5.5.3 Maintain demographic and other data in each participant file in the funder-approved information management system.
- 5.5.4 Programs shall utilize the funder-approved information management system or other electronic systems, such as HMIS.
- 5.5.5 The funder may request utilization of other electronic documentation systems as directed by HUD designated CoC, or Public Housing Authority.
- 5.5.6 Have up to date participant documentation and progress notes in the funder-approved information management system that will be utilized for payment of services provided in the last 30-day period.
- 5.5.7 Programs shall submit a bed report indicating participant census/bed availability to the funder, as directed by the funder.
- 5.5.8 Programs shall maintain Incident Reports, including documentation of how and when issues were resolved. Incidents include injuries, death, disturbances, property damage, etc.

5.6 STAFF TRAINING

- 5.6.1 Programs shall ensure staff receive training, including, but not limited to, Harm Reduction, Trauma-Informed Care and Housing First & Low Barrier Practices.
- 5.6.2 Program staff shall receive training on mandated reporting requirements, such as child abuse and elder and dependent abuse, and all other training as directed by the funder.
- 5.6.3 Training shall include the program policies and procedures, these Practice Standards and funder contractual requirements.

- 5.6.4 Programs shall establish training procedures for new staff and update the training procedures for current staff as needed.
- 5.6.5 Certificates or other documentation that verifies training attendance shall be maintained for each employee and documented in the employee's file.

6.0 PERSONNEL/STAFFING

- 6.1 Programs shall ensure sites are appropriately staffed with personnel that perform functions as identified in Section 6.0.

6.2 SITE PROGRAM MANAGEMENT

- 6.2.1 Programs shall provide on-site program management to ensure the following services:
 - i. Management and oversight of day-to-day IH program activities;
 - ii. Serve as a liaison to the funder and ensure the funder has access to site management personnel or designated alternate twenty-four (24) hours, 365 days per year.
 - iii. Ensure a Harm Reduction approach is incorporated in all service delivery to participants.
 - iv. Supervision of case management services and all IH program staff.
 - v. Ensure compliance with IH program requirements as directed by the funder.
 - vi. Funder shall be notified immediately when a new Site Program Manager is assigned.

6.3 CASE MANAGEMENT

- 6.3.1 Programs shall provide and/or coordinate with other service agencies to ensure participants are provided with the following case management services:
 - i. Assistance with participants becoming document ready, which may include, but is not limited to, obtaining identification, a birth certificate, a Social Security card, Verification of Disability, bank statements and other necessary documents needed for permanent housing, including assistance with completing the Universal Housing Application.
 - ii. Assist with establishing connections to mainstream benefits;

- iii. Link to physical health, mental health, substance use treatment and other supportive services, as needed;
- iv. Arrange transportation or linkages to transportation resources, including the metro, buses, and taxi cabs;
- v. Develop and implement a housing and/or care plan. This plan shall be updated as the participants' needs and/or goals change, and as steps are completed or updated;
- vi. Case management services shall be offered no less than once a week on-site. Additional case management services may be required by the funder as needed;
- vii. Conduct problem-solving activities, intakes, and assessments;
- viii. Document all provided services and required documents in a system as directed by funders;
- ix. Provide crisis management support;
- x. May assist with participants applying for housing.

6.3.2 Programs shall ensure an appropriate level of case managers are assigned to serve participants and are strongly encouraged to have no fewer than 1 case manager for every 25 participants (1:25).

6.3.3 Case management services shall always be participant centered and include a Harm Reduction approach.

6.4 **SITE SUPPORT PERSONNEL**

6.4.1 Programs shall ensure an adequate level of site program staff are assigned to support oversight and monitoring of program operations, including but not limited to, engaging with participants, conducting regular walk-throughs of the site, and various other client needs/requests.

6.5 **SECURITY**

6.5.1 Programs shall ensure the safety and well-being of participants and staff.

6.5.2 Programs shall provide contracted on-site security guards or designated interim housing staff to perform security responsibilities, as agreed upon by the funder.

Appendix A. Glossary

Assessment

An evaluation of a participant's strengths and barriers in achieving stability and other outcomes related to stability. The information provided through the assessments informs program referrals and Housing, and Services Planning.

Coordinated Entry System (CES)

The Los Angeles County Coordinated Entry System (LA County CES) facilitates the coordination and management of resources that comprise the homeless crisis response system in the county. CES allows users to efficiently and effectively connect people to interventions that aim to rapidly resolve their housing crisis. CES works to connect the highest need, most vulnerable persons in the community to available and supportive services equitably.

Coordinated Entry System (CES) Assessment

The Los Angeles County Coordinated Entry System utilizes a triage and prioritization assessment tool called the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). This tool is implemented as part of CES to assist in prioritization of housing program resources based on participant vulnerability.

Equal Access Gender Identity Policy

On August 25, 2017, the LAHSA Board of Commissioners adopted its policy on equal access in accordance with an individual's gender identity in the Los Angeles Continuum of Care. This policy, titled Equal Access and Gender Identity (EAGI), requires that contractor, programs, shelters other buildings and facilities, benefits, services and accommodations, regardless of funding source, ensure equal access to an individual in accordance with their gender identity.

Family

Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group or persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child who is temporarily away from the home because of a placement in foster care is considered a member of the family.

Funder

Funders refers to any public or private agency or organization that provides direct financial contribution, as well as fiscal and programmatic administration and oversight of non-profit organizations, community-based organizations, etc., for the operation and services of Interim Housing facilities and programs.

Harm Reduction

Harm reduction is a set of practical strategies that reduces the negative consequences associated with drug use, including safer use, managed use, and non-punitive abstinence.

Housing First

Housing First is an approach to connect individuals and families experiencing homelessness quickly and successfully to safe, stable housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to safe, stable housing.

Interim Housing Program Types

1. Recovery Bridge Housing: Recovery Bridge Housing (RBH) is a type of abstinence-based, peer supported housing that combines a subsidy for recovery residences with current treatment in outpatient (OP), intensive outpatient (IOP), Opioid Treatment Program (OTP), or outpatient withdrawal management (OP-WM) settings. RBH is often appropriate for participants with minimal risk with regard to acute intoxication/withdrawal potential, biomedical, and mental health conditions. If there is risk potential, these concerns are to be managed by the treating provider.
2. Recuperative Care: Temporary housing in which participants receive health and mental health oversight, usually for an acute illness or injury.
3. Stabilization Housing: Temporary housing with case management and other supportive services for vulnerable participants, with the goal of improving participants' health and increasing their housing security.
4. Safe Haven: Safe havens are extremely low barrier and low demand supportive interim housing that shall not require participation in services and referrals as a condition of occupancy. Instead, it is hoped that after a period of stabilization in a safe haven, residents will be more willing to participate in services or referrals and will eventually be ready to move to more traditional forms of housing.
5. Transitional Housing: Transitional housing is conceptualized as an intermediate intervention between emergency shelter /crisis housing and permanent housing. It is intended to be more long-term, service-intensive and private than emergency shelter, yet remains time-limited to stays of up to 24 months. The purpose is intended to provide a safe, supportive environment where residents can overcome trauma, begin to address the issues that led to homelessness or kept them homeless, and begin to rebuild their support network.
6. Winter/Seasonal Shelter/Emergency-response Shelter Program: A low-barrier to entry, hypothermia prevention program providing basic shelter

operations (showers, two meals, a bed, open for a minimum of 14 hours) through use of a regular shelter locations and motel vouchers when activated to a 24-hour model of care due to extreme temperatures.

Intake

The Process through which basic participant information is collected and entered into a database upon entry into a program (e.g., capturing and loading required data to HMIS upon entry to interim housing). This process shall begin to identify participants' service needs and lay the foundation for a housing plan to return the participant to stable housing.

Low Barrier

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- Modification of rules, policies or practices;
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ATTACHMENT III

FY 25-26 Individual Adult Interim Housing Scope of Required Services



FY 25-26 Individual Adult Interim Housing Scope of Required Services (SRS)

This Scope of Required Services (SRS) for Adult Interim Housing contains a written summary of, and links to, detailed information regarding the services that must be provided to eligible participants experiencing homelessness. This SRS and the documents that are linked hereto, in combination with *LAHSA Program Standards*, *LAHSA Facility Standards*, *LAHSA Interim Housing Exit and Termination Standards*, and Key Performance Indicators (KPIs) comprise the entire Statement of Work for Individual Adult Interim Housing. LAHSA reserves the right to make any necessary changes related to prioritization, matching, and other aspects of the implementation of the complete Coordinated Entry System (CES). Contractors/Shelter Program Operators will be notified through policies, interim guidance, and other forms of guidance when deemed necessary.

OVERVIEW

Interim Housing provides a safe, Low-barrier, Housing First, and supportive temporary housing solution to persons experiencing homelessness, while they are assessed and connected to a broad range of housing resources and in an effort to resolve their homelessness situation as quickly as possible.

GLOSSARY

Interim Housing: A temporary housing solution for persons experiencing homelessness. The intention of this emergency solution is to provide participants with a safe place to stay while they are assessed, work on housing goals, and connect to permanent and supportive housing resources. Resource referral and case management are primary interventions that are available to all participants.

Coordinated Entry System (CES): The Los Angeles Coordinated Entry System facilitates the coordination and management of a crisis response system's resources that allows service providers, participants, and policy makers to make data-informed decisions from available information to connect people efficiently and effectively to interventions that will rapidly end their homelessness. CES ensures that the highest need, most vulnerable individuals in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. LAHSA funded System Components are connected and coordinated through the CES in response to end homelessness. All programs operating in the LA CES system must operate with a Housing First, Harm Reduction, Low Barrier, and Trauma-Informed Care approach. Please see LAHSA Program Standards for more detailed definitions of these terms. Participants are matched to interim housing beds through CES.

Homeless Management Information System (HMIS/Clarity): HMIS is a U.S. Department of Housing and Urban Development (HUD) mandated information technology system that is designed to capture participant-level information over time, on the characteristics and service needs of homeless persons. Participant data is maintained on a central server, which will contain all participant information in an encrypted state. HMIS integrates data from all homeless service providers and organizations in the community and captures basic descriptive information on every person/household served. Participation in the Los Angeles Continuum of Care (LA CoC) HMIS allows organizations to share information with other participating organizations to create a more coordinated and effective delivery system.

Housing Navigation: Housing Navigation bridges a critical gap in services in the Los Angeles Continuum of Care (LA CoC). Housing Navigation provides housing-focused supportive services for people experiencing homelessness referred from various LAHSA programs with the immediate goal of helping individuals identify, apply for, secure, and move into permanent housing as quickly as possible.

Program Standards: Program Standards are contractual requirements which all LAHSA funded programs providing supportive services must adhere to. This document is not a standalone document and is meant to work in conjunction with the Component’s Scope of Required Services, which may add to, clarify, or supersede any contractual requirements set forth in the Program Standards document. Link to the Program Standards document: <https://www.lahsa.org/documents?id=2280-lahsa-program-standards.pdf>

Time Limited Subsidy Program: is a combination of the programs formerly classified as permanent housing subsidy programs such as: Rapid Re-Housing, Recovery Re-Housing and Shallow Subsidy. Time Limited Subsidy Programs are Housing First, Low Barrier, Harm Reduction, Crisis Response programs focused on quickly resolving the crisis of homelessness for eligible participants and assisting them in moving into a permanent housing situation. Time Limited Subsidy Programs provide case management and financial assistance including rental subsidies for a period of time up to twenty-four (24) months. Case managers use Progressive Assistance to help program participants rapidly obtain and stabilize in permanent housing in either the private rental market or affordable housing market as available. Time Limited Subsidy Programs should design service provision based on the core components of Rapid Re-Housing: Housing Identification, Rent & Move-in Assistance, and Case Management & Supportive Services. Time Limited Subsidy programs are expected to be aligned with the 2019 LA City and County Rapid Re-Housing Minimum Service and Operation Practice Standards (19) approved by all RRH funders in Los Angeles and by the CES Policy Council in 2019.

ELIGIBILITY FOR INDIVIDUAL ADULT INTERIM HOUSING

1. **Eligible Population:** Detailed eligibility for Individual Adult Interim Housing, as well as Contractor responsibilities to verify eligibility, may be found in Appendix I.
 - 1.1. Homeless Status. Participants must be determined to be homeless (Category 1) per HUD’s Final Rule on “defining Homeless” (24 CFR parts 91, 576 and 578) or (Category 4) per The McKinney-Vento Homeless Assistance Act (42 U.S.C. 11301 et seq.).
 - 1.1.1. Contractor will be responsible for documenting the determination of the participant’s homeless status utilizing LAHSA Approved Homeless Certification Forms. Contractor must upload the LA CoC Homeless Certification Form utilized into HMIS. LA CoC Homeless Certification Forms, ranked in order of preference, include:
 - 1.1.1.1. [LA CoC Homeless Verification](#) (Form 6053)
 - 1.1.2. All documentation is required to be placed inside the participant’s master file and uploaded into the participant’s profile in the Homeless Management Information System (HMIS).
 - 1.1.3. In the case where homelessness is being documented with an HMIS Participant Summary Report, the provider must enter a case note in HMIS indicating the HMIS Participant Summary Report shows the participant was homeless within 7 days of program entry. If hard copy files are maintained, the documentation must be placed inside the participant’s master file. This includes the HMIS Participant Summary. Please see the following video on how to upload documents to HMIS: <https://www.wevideo.com/view/1324198999>.
 - 1.2. Participants must be Adults or Transitional Age Youth, ages 18 and older.
 - 1.2.1. Unaccompanied Minors are not eligible for enrollment or services: an exemption exists for unaccompanied minors who are legally emancipated.
 - 1.3. If participants are unable to manage Activities of Daily Living (i.e. ability to transfer in and out of a bed, bathe, dress, and address hygiene needs independently), participants may still be matched to an interim housing site if a higher level of care is not available at the time.

- 1.3.1. Participants in need of hospitalization or skilled nursing care must be referred to and served by a hospital or specialized programs equipped to offer appropriate levels of care by the contractor
 - 1.3.2. Contractor must appropriately coordinate with IHOP to assist with care support within the interim housing setting.
2. Providers must NOT screen out participants, deny referrals, or delay scheduling an intake appointment based on any of the following criteria:
 - 2.1. Past program participation at Contractor's or other facilities
 - 2.2. Lack of COVID-19 vaccination or test documentation
 - 2.3. Lack of tuberculous test (TB) documentation
 - 2.4. Lack of Service Animal/Emotional Support Animal (ESA) documentation
 - 2.5. Lack of sobriety
 - 2.6. Lack of income or employment status
 - 2.7. Lack of identification documentation
 - 2.8. The presence of mental health barriers, disabilities, or other psychosocial challenges
 - 2.9. Lack of a commitment to participate in treatment
 - 2.10. Justice system involvement
 - 2.11. Presence of or number of evictions
 - 2.12. Inability to complete Activities of Daily Living
 - 2.13. Any other criteria thought to predict challenges/barriers to long-term housing stability
 3. Contractor must NOT permanently ban participants from re-entering the Individual Adult Interim Housing Program, regardless of reason for participant's exit or termination from previous enrollments in Contractor's programs.
 - 3.1. Contractor must have a policy about how to manage the return of participants who were previously exited due to behaviors that impacted or threatened to impact the safety of other participants or staff. Policies should incorporate principles of trauma-informed care, be applied equitably, and may include standardized lengths of time for responses to similar situations (e.g., temporary separation before participants are allowed to re-enroll in the Individual Adult Interim Housing Program based on severity of behavior etc. All providers are required to submit their re-entry policy for review and approval by LAHSA.

COORDINATED ENTRY SYSTEM (CES) PARTICIPATION

4. Individual Adult Interim Housing Programs are an integral part of the Coordinated Entry System (CES), which was created to ensure consistent approaches for access to, and delivery of, services in Los Angeles County. Therefore, Interim Housing programs must work in collaboration with the CES. Please see LAHSA Program Standards for further detail.
5. Participation in the Coordinated Entry System includes attendance in SPA-level case coordination and:
 - 5.1. Contractor must comply with LAHSA's established protocol for regular, timely reporting on current bed vacancies/availability and provide additional occupancy updates as requested.
 - 5.2. Contractor must utilize LAHSA-established tracking and database mechanisms for making and receiving referrals.
 - 5.3. Contractor must follow any LAHSA-issued guidance and/or procedures issued on referrals or the system of referrals to interim housing.
6. Contractor must establish and maintain relationships with public and community-based service agencies to collaborate and make services available to participants.
 - 6.1. Contractor must ensure that appropriate releases of information sharing (consents) are in place prior to case conference meetings.

- 6.2. Contractor must participate in LAHSA-hosted cross-agency coordination, training, and case conferencing sessions with public and community-based service agencies.
7. **CES Initial Assessment:** The CES Survey must be completed as referenced in KPIs listed in this document.
 - 7.1. The CES Survey Tool may only be administered by staff who have completed LAHSA required trainings. Upon LAHSA's adoption of a new or updated CES Survey Tool, Contractor will be required to complete all necessary training to administer the new or updated CES Survey Tool(s) at the designated stage of engagement.
 - 7.2. Contractor must comply with any forthcoming guidance regarding updating or replacing existing CES Survey Tools.
 - 7.3. The new or updated CES Survey Tool must be administered in a place that allows the participant needed privacy for answering the questions.
 - 7.4. A CES Survey Tool may still be required to determine eligibility for certain types of permanent supportive housing (PSH) resources. If one is needed, Contractor should use the existing CES Survey Tool if a new or updated CES Survey Tool has not been released yet.

DELIVERABLES & KEY PERFORMANCE INDICATORS

Key Performance Indicators:

- 1) Sufficient Data Quality Score
- 2) 95% of contracted beds must be utilized throughout the contract period
- 3) 50% of all enrolled participants must be assessed within 45 days of enrollment. Assessments should only be completed after sufficient rapport has been built with the participant and in alignment with the CES Assessment Policy & Guidance.
- 4) 95% of all enrolled participants must be assessed within 120 days of enrollment. Assessments should only be completed after sufficient rapport has been built with the participant and in alignment with the CES Assessment Policy & Guidance.
- 5) 85% of enrolled participants must have their ID within 45 days of enrollment
- 6) 75% of enrolled participants must have verification of their social security number, if eligible to have a social security number, within 45 days of enrollment.
- 7) 85% of participants who are eligible to have a social security card, must obtain their social security card within 90 days of enrollment
- 8) 85% of enrolled participants must have a Housing Navigation Referral Assessment completed within 7 days of obtaining their ID
- 9) 20% of participants must exit to permanent housing destinations
- 10) Permanent Supportive Housing opportunities must be declined within 2 days of match or applications must be completed within 7 days of match notification

SUPPORTIVE SERVICES AND ACTIVITIES

8. Contractor must provide the required Supportive Services and Activities directly or through subcontracted services arrangements. Each participant must be individually assessed for the types of services needed, and Contractor must provide services specifically needed by, and requested by, each participant.
9. **Program Intake:** Contractor must allow same-day site access for matched participants as long as beds are available, including on weekends and evenings.
 - 9.1. Contractors must ensure that program standards and appropriate liability waivers are completed for participants arriving on site after hours, if a full intake is not able to be completed until the next business day.
10. **Bed Inventory Module:** Each interim Housing Program must utilize the bed inventory module and ensure the data reflected is accurate daily. When a participant exits or enters a bed, the inventory module must be updated on the same day by interim housing site staff.

- 10.1. By 8:30am every morning, each provider's Management team must validate their occupancy data, ensuring occupancy is correctly reflected, and ready for matching to commence.
11. **Direct Support Services:** Contractors providing Individual Adult Interim Housing are funded for and must offer the following services directly to participants in the program:
 - 11.1. Twenty-four (24) hour bed availability seven (7) days a week
 - 11.2. Case Management
 - 11.3. Document Collection
 - 11.4. Resource Coordination Meetings
 - 11.5. Problem-Solving
 - 11.6. Connection to LA County's Mainstream Benefits/Services
 - 11.7. Connection to Employment Development/Placement Programs
 - 11.8. Harm Reduction Services (e.g., sharps containers, overdose prevention resources, amnesty lockers, safe use supplies, Narcan)
 - 11.9. 24/7 participant supervision
 - 11.10. Crisis Intervention & Conflict De-escalation
 - 11.11. Restrooms & Showers open 24/7
 - 11.12. Laundry facilities or appropriate access to laundering personal items and linens
12. **Problem-Solving Intervention (Diversion):** The first conversation upon entry will be to assess the possibility of assisting the household to quickly self-resolve their housing crisis through connection/ reconnection with their social support network, connection to community resources, or limited Problem-Solving Assistance Funds (PSAF) provision. For additional information, please see Problem-Solving: A Guide for Implementation and Best Practices which can be accessed here: <https://www.lahsa.org/documents?id=3899-problem-solving-a-guide-for-implementation-and-best-practices-3899.pdf>.
 - 12.1. Problem-Solving Housing Outcomes include (1) maintaining permanent housing, (2) moving in temporarily with family/ friends, (3) moving in permanently with family/ friends, (4) relocation out of town, and (5) identifying new permanent housing.
 - 12.2. If it is determined through Problem-Solving (Diversion) conversations that one-time financial assistance is needed to resolve the participant's housing crisis and successfully divert entry into or quickly exit from the interim housing, the Contractor must review household eligibility and utilize eligible funding to ensure identified outcome. If needed, contractor may submit a request for PSAF (<https://www.lahsa.org/documents?id=3898-form-3898-problem-solving-assistance-request.pdf>). Contractor can contact Problem-Solving@lahsa.org for general questions and case conferencing or PSAssistanceFunds@lahsa.org for PSAF questions or following up on requests for funds.
 - 12.3. If Problem Solving is not initially successful at program entry, Contractor should continue to have ongoing Problem-Solving conversations until a housing outcome is identified while the participant is enrolled in the interim housing.
13. **Meal Distribution:** All participants must be provided access to three (3) nutritious meals daily (breakfast, lunch, dinner) provided by the Contractor or a subcontracted vendor. One (1) meal per day must be a hot meal. Contractor must make accommodations for participants with dietary restrictions or who miss the designated mealtime to ensure that they still receive their meals.
14. **Security:** Contractor is required to oversee and promote the safety of Interim Housing participants, staff, and invited guests. The contractor must take a trauma-informed approach to providing security at the site and have standard operating procedures to ensure safety of all participants and staff.

15. **Emergency Naloxone Administration:** All interim housing provider staff must be trained to administer Narcan to participants experiencing an opioid overdose emergency and are responsible for maintaining an inventory of Narcan.
16. **Communicable Disease Prevention and Response Practices:** Contractor is required to abide by all screening, prevention, and response practices designated by the LA County Department of Public Health (DPH). Contractor will ensure that staff and participants adhere to any Orders issued by the State or County's Health Officer when in effect. Please see LAHSA Program Standards for additional guidance.
17. **Case Management Services:** Case Management Services are provided by Interim Housing staff to assist participants in moving forward in accessing permanent housing. The primary objective of Case Management/Support Services within Interim Housing is to support participants with obtaining any documents needed to become "Document Ready." Additionally, case management shall also include an organized approach to tracking and managing participant progress including referrals and connections to Housing Navigation and permanent housing programs, including appropriate completion of Universal Housing Applications.
 - 17.1. Contractor must provide Case Management that is offered in accordance with Housing First and trauma-informed care principles to assist participants to self-resolve their housing crisis and/or be connected to a permanent housing provider.
 - 17.2. Contractor must refer participants to health and behavioral health services and other mainstream benefits as necessary to meet the participants specific needs
 - 17.3. To maintain the momentum of participants' progress towards obtaining permanent housing, the Contractor must engage in case management services to each participant at least one (1) time per week. The frequency of how often case management services is provided to each participant should be increased depending on need.
 - 17.4. Contractors must support participants with obtaining documents needed for permanent housing placements including but not limited to: Government Issued Identification Card, Social Security Card, Verification of Disability, and other necessary documents to move swiftly into permanent housing.
 - 17.4.1. Support with document collection includes but is not limited to assisting participants with completing applications and accompanying participants to appointments.
 - 17.5. All efforts on behalf of the Contractor to engage a participant in case management services should be documented in HMIS as well as the response from the participant.
 - 17.5.1. Case notes in HMIS should be documented in a manner that is succinct, objective, and factual, including timely action steps and goal progress. Please see LAHSA's Program Level Case Note video on how to do this: https://www.youtube.com/watch?v=Hg39kR6ms_s.
18. **Case Management Ratio:** Contractors are required to maintain a ratio of one (1) staff to every twenty-five (25) participants.
19. **Resource Coordination Meetings:** Interim Housing contractors are required to coordinate and support oversight of program placements between service providers for participants to move swiftly into permanent housing. Contractors will hold regular meetings with Housing Navigation and Time Limited Subsidy service providers to coordinate care and movement into permanent housing and will have access to overall planning for participants.
 - 19.1. Contractor is responsible for submitting referrals to Housing Navigation in HMIS for eligible participants when Housing Navigation slots are available to them.
 - 19.2. Contractor is expected to follow any prioritization guidance for HN referrals approved by the CES Policy Council.

- 19.3. Contractor should refer to this Interim Housing to Housing Navigation Implementation Training for additional guidance: <https://www.lahsa.org/documents?id=6975-lahsa-ih-to-hn-implementation-training>.
 - 19.4. Contractor must comply with any forthcoming guidance regarding Resource Coordination Meetings and the referral process linking participants to Housing Navigation services.
20. **Mainstream Benefits:** Contractor must establish procedures for referring eligible and interested participants to mainstream benefit services (e.g., services available through Department of Social Services, Department of Health Services – Countywide Benefits Entitlement Service Team (CBEST), Department of Mental Health, Department of Public Health - Substance Abuse Prevention and Control (SAPC)). All providers are required to submit their mainstream benefit policy for review and approval by LAHSA.
 21. **Employment Development/Placement Programs:** Contractor must establish and maintain effective working relationships with employment programs, such as local Work Source Centers to assist participants in engaging in services to prepare for and obtain employment. The goal of these services is to improve the participant’s financial situation to increase the participant’s ability to live independently.
 22. **Client Satisfaction Survey:** Contractor must post LAHSA’s client satisfaction survey in a common space of their facility, allowing participants to access and complete the survey as desired.

LENGTH OF ENROLLMENT

23. Active System Management:

- 23.1. Contractors are required to attend all SPA, program, and site level active system management meetings as directed by LAHSA, where contractors are required to provide participant progress, updates and action steps weekly, for timely throughput from interim housing to permanent housing.
- 23.2. Contractor must assist participants in moving out of Interim Housing and into permanent housing as quickly as possible. The total length of stay can and should be individually determined, based on participant need, utilizing weekly action steps and progress updates through active system management. Progress and engagement towards housing goals must be documented and reviewed weekly by interim housing staff.

PROGRAM PARTICIPATION GUIDELINES

24. Contractor must incorporate as part of their program, a set of program participation guidelines that serve as protocols for ensuring the safety and security of program participants, as well as program staff. These guidelines must be presented to LAHSA staff prior to the start of operations for review and approval by LAHSA.
 - 24.1. Program participation guidelines must incorporate language to support a Low-Barrier, Harm Reduction, and Housing First approach required of all programs.
 - 24.2. Program participation guidelines must be participant-centered to minimize barriers to accessing Interim Housing and also prevent/minimize exits from program due to Rule violations.
 - 24.3. Program participation guidelines must not contradict or impose additional requirements on participants
25. Contractor must review the participation agreement form with the participant upon program enrollment. The form must include a participant consent section that is signed and dated by the participant with a witness signature and dated to be signed by the contractor. Upon signature of the Program Participation Guideline Agreement, the participant is consenting to participate in the program and is certifying that they have read (or have been read) the

program guidelines, and that they understand and consent to the expectations regarding abiding by the program guidelines.

PARTICIPANT EXITS

- 26. Contractor must abide by **LAHSA’s Interim Housing Exit and Termination Standards**, and develop and document clear program termination policies and related procedures that align with these expectations for review and approval by LAHSA
 - 26.1. Pursuant to AB 2835, participants must be issued a 30 day notice of pending program termination if their behavior is not an imminent safety threat to participants and staff.
- 27. Contractors must complete all appropriate interventions to prevent negative exits of participants.
 - 27.1. Behavioral mitigation plans
 - 27.2. Room/Unit/Bed moves within the same site
 - 27.3. Connection to mental health/physical health/substance use treatment
 - 27.4. Providing and maintaining a welcoming, safe, supportive environment
 - 27.5. Other strategies based in trauma informed, low barrier and harm reduction principles as necessary to prevent negative exits
- 28. **Demobilization:**
 - 28.1. Contractors are responsible for demobilizing participants from a site or program that is terminating
 - 28.2. Contractors must notify participants at least 30 days in advance of the site/program end date
 - 28.3. Contractors must do their due diligence to permanently house or transfer participants to other temporary housing solutions

HMIS DATA COLLECTION AND PARTICIPATION REQUIREMENTS

- 29. Contractor shall refer to **LAHSA Program Standards** for details regarding Contractor requirements for utilization of HMIS.
- 30. Program enrollments, and program exits, must be entered in HMIS within one (1) business day following the provision of services or change to a participant’s program status.
- 31. When exiting a participant from the program, the Contractor will use either a) the date of the last service provided, or b) the date following the last bed service – whichever was last provided under the program enrollment.
- 32. With any participant, the Contractor must complete a Status Change Assessment when there are changes in regular Income (as defined in the HUD Data Standards), Employment Status, and/or Disabling Conditions and Barriers as Status Update Assessments throughout their program enrollment.

PARTICIPANT FILE

- 33. Collection of identification and income verification documents is recommended but **not** required for enrollment into the program. If participant does not have these documents at the time of program entry, Contractor must assist participant with obtaining them. Once obtained, copies of these documents must be uploaded to HMIS.
- 34. Core documents for participants in Interim Housing include the following, but are not limited to:

Document	Guidance
Participant Identification	Social Security Card (If eligible) and Government ID
Program Participation Guideline Agreement	Agency created form. Must be dated and signed by the participant and Contractor and must indicate that the program site does not establish tenancy
Grievance Procedure Acknowledgement	Agency created form. Must be dated and signed by the participant and Contractor. See LAHSA Program Standards for additional guidance.

CES Initial Assessment	Complete in alignment with procedures developed by LAHSA.
Verification of Homelessness	Required – Use the LA COC Homeless Verification Form (Form 6053) located here: https://www.lahsa.org/documents?id=6053-la-coc-homelessness-verification-form-6053-.pdf .
Income Documents	Current proof of income must be uploaded to HMIS if it has not already been uploaded. If proof of income is outdated or not currently available, the participant should complete Form 1087 - Self Declaration of Income/ No Income Form and the form should be uploaded to HMIS.
Budget Tool	Optional, use as needed
Case Notes	Required- Enter into HMIS at every meaningful interaction with participant, at least 1x per week
Notice(s) of Noncompliance and/or Termination Notice	Required (as applicable)-Documents must also be uploaded to HMIS. Refer to LAHSA Interim Housing Exit and Termination Standards document for further guidance.

FACILITIES AND OPERATIONS

35. **Harm Reduction and Trauma Informed Program Design:** These principles shall be incorporated into all aspects of the program. Core design components are listed below.
- 35.1. Creating trauma-informed programs requires continual review of policies to see what works and what may be re-traumatizing to trauma survivors. Contractor must have a regular review of policies to update practices and guidelines to make them as relevant as possible to the participants being served.
 - 35.2. Contractor must utilize the Trauma-Informed Organizational Toolkit to self-assess its program and facility for fidelity to the trauma-informed model and to develop aligned policies and procedures. (Trauma-Informed Organizational Toolkit – <https://www.lahsa.org/documents?id=1691-trauma-informed-organizational-toolkit.pdf>)
 - 35.3. Contractors are permitted to prohibit the possession and/or use of weapons, alcohol, and/or illegal controlled substances on the site.
 - 35.3.1 Contractors must, however, establish Harm Reduction policies, practices, and procedures designed to minimize negative consequences resulting from participants use or possession of contraband items as referenced above.
 - 35.4. Sharps Container - Contractor must ensure that a sharps container is available on-site and is accessible to participants. Sharps must be disposed of in an appropriate manner.
 - 35.5. Amnesty Lockers - Contractors shall provide amnesty lockers for participants to discreetly lock and store personal property before entering the shelter. Contractor is expected to develop Policies and Procedures regarding the use of amnesty lockers.
 - 35.5.1. Items stored in amnesty lockers may not be accessible to program participants while within the grounds of the Interim Housing program.
 - 35.5.2. Contractors must return participant’s items upon participant request, and upon exiting Interim Housing.
 - 35.6. Harm Reduction is not intended to prevent the termination of a participant whose actions or behavior constitute a threat to the safety of participants and/or staff.
36. **Pets:** As pets often provide important companionship for participants, Contractors are required to accommodate incoming participants with pets within their capacity to do so. The term “pet” refers to a participant’s animal(s) that is not otherwise identified as a Service Animal or Emotional Support Animal. Contractors must develop policies and procedures for working with participants with pets.

- 36.1. Additionally, Contractors are required to adhere to city, county, state and federal laws regarding providing reasonable accommodation to participants with service animals or emotional support animals. Please see LAHSA Program Standards for further guidance on Service Animals and Emotional Support Animals.
 - 36.2.
37. Contractor must allow for twenty-four (24) hour, seven (7) day access to Interim Housing for participants. Contractor may implement quiet hours when needed, such as to address the following:
 - 37.1. Community agreements
 - 37.2. A desire not to create sleep disturbance if in communal areas
 - 37.3. Good neighbor policies
38. Contractor must have, or provide access to, a phone which participants can use within reasonable limits.
39. Contractor must return funds and/or possessions held on behalf of a participant within twenty-four (24) hours of the participant's request.
 - 39.1. Should a participant abandon their items, Contractor must appropriately store participant's belongings for thirty (30) days, and attempt to contact the participant prior to discarding the items.
40. The facilities used to provide Interim Housing may provide beds or cots in a single-site facility with sleeping accommodations in multiple rooms or a congregate dormitory setting. Bunk beds are acceptable for use; however, Contractor must create policies and procedures addressing accessibility.
41. Contractor shall provide basic furnishings in the rooms/units and common areas of the facility.
42. All shared bedrooms must be in compliance with LAHSA's Equal Access Policy.
43. Contractor must allow participants to be placed in an interim housing setting that best fits their preferred gender identity.
44. Contractor must provide accommodation for mixed-gender and same-gender couples, as available.
45. There must be a minimum of three (3) feet, or thirty-six (36) inches between the long side of adjacent beds or cots. The configuration of beds / cots in a dormitory or large room setting must include aisles that are sufficient in size and placement to facilitate ease of passage in the event that an emergency evacuation of the facility is necessary. Appropriate pandemic mitigation measures must be in place as necessary and consultation with LAHSA staff if bed spacing changes are made or required by the Department of Public Health is required.
46. The facilities must also provide, at a minimum, a laundry facility (or provide participants with assistance connecting to laundromat services) so that they can wash their clothing. See LAHSA Facility Standards for further guidance: <https://www.lahsa.org/documents?id=2767-lahsa-facility-standards.pdf>.
47. On-site storage: Contractor must provide each participant with access to storage for personal possessions which they should have access to during their time in Interim Housing. Minimum storage must be the equivalent of a standard 12" x 12" x 12" locker. Additional storage must be made available as facility capacity allows.
 - 47.1. Participants must have a maximum of 2 (two) 60 gallon bags of items

CONTRACTOR OBLIGATIONS

48. Please see the **LAHSA Program Standards** and **LAHSA Facility Standards** for a detailed description of additional requirements.
49. Contractor must submit copies of all Policies and Procedures to LAHSA for approval within ten (10) business days of a site opening OR when new policies/procedures are created OR when changes are made to existing policies and procedures OR as otherwise required by LAHSA.
50. Policies and Procedures that must be submitted to LAHSA for approval include, but are not limited to:
 - 50.1. Participant guidelines
 - 50.2. Mental health crises and psychiatric emergencies
 - 50.3. On-site substance use and substance use-related emergencies
 - 50.4. Conflict response and de-escalation
 - 50.5. Threats, physical altercations, and incidents of violence
 - 50.6. Participant exits (voluntary and involuntary)
 - 50.7. Re-enrollment of previously exited participants
 - 50.8. Storage, training, and distribution of Narcan

PERSONNEL

51. Contractor must assign staff with background experience and expertise to provide the services required in the Scope of Required Services (SRS).
52. Contractor is required to have a minimum of a (1) staff to every twenty-five (25) participant ratio for case managers.
 1. Contractor is required to have a minimum of a (1) staff to every twenty-five (25) participants ratio for other direct participant services staff (e.g. participant coordinators, monitors, etc.) seven (7) days a week, twenty-four (24) hours a day.
 2. Contractor is required to have dedicated Management level site support 24/7, which includes the implementation of an on call system should there be instances where Management level staff is not physically present on site.
 - 52.1. On-call staff must be able to physically arrive at the site within 1 hour should an incident arise that requires on site management support
 - 52.2. On-call staff must be trained in how to operate the specific interim housing site(s) they are providing on-call coverage for
 - 52.3. On-call staff must be able to cover shifts should there not be the required amount of staff on shift at any given time.
 3. Contractor must abide by the list of required staff trainings outlined in the **LAHSA Program Standards**.
 - 52.4. In addition to the trainings outlined in the LAHSA Program Standards, Contractor is required to ensure all support services staff complete a training on administering Naloxone (NARCAN) to a participant in the event of an opioid overdose.
 - 52.5. Direct-service staff are to be offered and required to participate in ongoing training on topics such as trauma-informed care, harm reduction, housing-first, and low barrier access topics. See **Appendix II** for more information.
 - 52.6. Contractor must comply with any additional required trainings as directed by LAHSA.

APPENDIX I. Individual Adult Interim Housing Eligibility

<p>Homelessness Status</p>	<p>Eligible Participants: Participants must be determined to be homeless (Category 1) per HUD’s Final Rule on “defining Homeless” (24 CFR parts 91, 576 and 578) or (Category 4) per The McKinney-Vento Homeless Assistance Act (42 U.S.C. 11301 et seq.).</p> <p><u>Category 1:</u> Literal Homeless- An individual or family who lacks a fixed, regular, and adequate nighttime residence, which includes one of the following:</p> <ul style="list-style-type: none">i. Has primary nighttime residence that is a public or private place not meant for human habitation. Examples include street, park, vehicle, abandoned building, bus/train station, airport, camping ground);ii. Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (Emergency shelter, transitional housing, motel/motel paid by government or charitable organization); <u>or</u>iii. Exiting an institution where (s)he has resided for 90 days or less AND were residing in an emergency shelter or place not meant for human habitation immediately before entering institution. Examples of Institutions include a medical hospital, psychiatric hospital, jail, prison, substance abuse treatment facility, and dependent care facility. <p><u>Category 4:</u> Individuals/families experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual’s or family’s current housing situation, including where the health and safety of children are jeopardized; and includes all of the following:</p> <ul style="list-style-type: none">i. Have no identified residence, resources or support networks; ANDii. Lack the resources and support networks needed to obtain other permanent housing.
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APPENDIX I Individual Adult Interim Housing Eligibility (Continued)

<p>Homeless Status, Continued</p>	<p>Acceptable Verification:</p> <ul style="list-style-type: none"> For individuals determined to be homeless (<u>Category 1 or 4</u>), homelessness status must be verified and documented using either a HMIS Client Summary Report or the LA CoC Homeless Certification Form or the LA CoC Imminent Risk of Homelessness Form (Category 2). <ul style="list-style-type: none"> <i>HMIS Client Summary Report:</i> Providers seeking to document a client’s homelessness (Category 1 or Category 4) should first run the participant’s Client Summary report on HMIS. If the Client Summary Report verifies the individual is actively in a homeless program within seven (7) days, the provider may print the HMIS Client Summary Report and place in the participant’s file. If the Client Summary does not show the client met/meets the Category 1 or Category 4 definition within the last seven (7) days, the provider will need to use one of the LAHSA-approved forms to document a client’s homelessness at program entry. <p>LA CoC Homeless Verification Form (Form 6053) – Use this form to verify homelessness for Categories 1 & 4. https://www.lahsa.org/documents?id=6053-la-coc-homelessness-verification-form-6053-.pdf.</p>								
<p>Geography</p>	<p>Participants must be current residents of the County of Los Angeles. If the person reports that they slept within the County of Los Angeles the night previous to assessment they would be considered a current resident of Los Angeles.</p>								
<p>Participant Identification</p>	<p>Participants are required to have a form of identification on file. If a participant does not have an identification card at the time of the program screening, Contractor must not deny the participant entry to the program rather assist the participant in obtaining an identification card.</p> <p>Category [A] are acceptable forms of government issued photo identification cards. If the participant does not have any of the acceptable identification cards listed in Category [A] they may provide one acceptable form of alternative photo identification in Category [B] along with one acceptable non-photo form of identification in Category [C] to meet the government issue identification requirement. A copy of a social security card is NOT required for the program.</p> <table border="1" data-bbox="272 1220 1498 1759"> <thead> <tr> <th data-bbox="272 1220 618 1318">[Category A] Government issued photo Identification Card (ID)</th> <th data-bbox="618 1220 964 1318">[Category B] Alternative Forms of acceptable photo identification Card (ID)</th> <th data-bbox="964 1220 1498 1318">[Category C] Alternative Forms of acceptable non-photo identification</th> </tr> </thead> <tbody> <tr> <td data-bbox="272 1318 618 1759"> <ul style="list-style-type: none"> State-issued DMV ID State-issued DMV Driver’s license Passport/ Passport Card US Military ID Immigration Services (USCIS) ID Visa issued by department of state Government issued ID </td> <td data-bbox="618 1318 964 1759"> <ul style="list-style-type: none"> Student ID Shelter ID Employment ID Bank/ Debit/ Credit Card Transportation Card (METRO) Library Card Gym Membership Card Warehouse Membership Card </td> <td data-bbox="964 1318 1498 1759"> <ul style="list-style-type: none"> Birth certificate Utility Bill Lease/ rental contract School Records Medical / Dental insurance card Debit/ bank card Credit card Legal records/court documentation Tax Identification Number/Paperwork (TIN) Social Security card American Automobile Association (AAA) card American Association of Retired Persons (AARP) </td> </tr> </tbody> </table>			[Category A] Government issued photo Identification Card (ID)	[Category B] Alternative Forms of acceptable photo identification Card (ID)	[Category C] Alternative Forms of acceptable non-photo identification	<ul style="list-style-type: none"> State-issued DMV ID State-issued DMV Driver’s license Passport/ Passport Card US Military ID Immigration Services (USCIS) ID Visa issued by department of state Government issued ID 	<ul style="list-style-type: none"> Student ID Shelter ID Employment ID Bank/ Debit/ Credit Card Transportation Card (METRO) Library Card Gym Membership Card Warehouse Membership Card 	<ul style="list-style-type: none"> Birth certificate Utility Bill Lease/ rental contract School Records Medical / Dental insurance card Debit/ bank card Credit card Legal records/court documentation Tax Identification Number/Paperwork (TIN) Social Security card American Automobile Association (AAA) card American Association of Retired Persons (AARP)
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<p>APPENDIX I. Individual Adult Interim Housing Eligibility (Continued)</p>									
<p>Length of Stay</p>	<p>Interim Housing has no time limit: the total length of stay can and should be individually determined, based on the participant’s need. Progress and engagement towards housing goals must be documented and reviewed through Active System Management targets and when a participant is approaching an initial 90-day length of stay and, so long as participant stays in the program, and every 90 days after.</p>								

APPENDIX II: Required Staff Trainings - All trainings can be located on LAHSA's Centralized Training Academy website (<https://lahsa.com/figu.com/>).

Required Training	Applicable Staff	Priority Level
HMIS	Case Managers	Immediate
Case Management and Systems Navigation I	All Staff (Entry level)	Immediate
Case Management and Systems Navigation II	Direct service staff (with minimum of 6 months homeless services experience)	Immediate
Care Coordination and System Navigation III	Supervisors Only	Immediate
Problem Solving	Case Managers	Moderate
Boundaries and Ethics	All Staff	Moderate
De-escalation	All Staff	Immediate
Harm Reduction	All Staff	Immediate
Trauma Informed Care 101 & 102	All Staff	Immediate
Motivational Interviewing	Case Managers	Moderate
Quality Standards	Supervisors	Moderate
Mandated Reporter Training	Direct Service Staff	Immediate
Overdose Education and Naloxone Distribution	Direct Service Staff	Immediate
Document Acquisition	Case Managers	Immediate
Review and acknowledge SRS with staff signature	All Staff	Immediate