

A Guide to Accessing Mainstream Services in Interim Housing

County of Los Angeles

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Overview

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



Coordination

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

Referrals

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

Service Provision

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

Resources

County Mainstream Services



Department of Health Services





Program Description - Countywide Benefits Entitlement Services Team

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

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

1. Program Eligibility

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

2. Hours of Operation

Monday – Friday, 8AM – 5PM

3. Program Contact Information

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

The CBEST Program flyer is included in the Attachment section.



C.B.E.S.T.
COUNTYWIDE BENEFITS ENTITLEMENTS SERVICES TEAM

4. Protocol to Access CBEST Services

a. CBEST's Standard Referral Process

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

b. On-Site Services

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

Additional Resources for Interim Housing Operators

1. Technical Assistance and Training



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

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

2. Enrolling a Client in Medi-Cal

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

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

a. DHS Health Centers

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

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

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

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

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

d. **My Health LA**

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

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

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

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

Completing the Redetermination Process:

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

At BenefitsCal.com, clients can:

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



Things to keep in mind:

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

Under Development



Impending Care Assessment Teams

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

Reference Documents

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



Department of Mental Health



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

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

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

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

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

Program Description

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

a. **Emotional Support Line:** The support line provides trained active listeners who provide emotional support to LA county residents. The line is not staffed by mental health clinicians and is not a substitute for professional treatment.

- **Basic Eligibility:** LA County Residents of All Ages
- **Hours of Operation:** 10:30am-9pm daily
- **Protocol to access services:** Call 800-854-7771 select option #2

b. **Veterans Support Line:** The Veteran line is staffed by veterans and military family members. These trained peers are available to provide emotional support and resources for veterans and military family members. Veteran line agents are not clinicians and the support they provide is not a substitute for professional treatment.

- **Basic Eligibility:** Veteran or Military Family Member
- **Hours of Operation:** 9am-8pm daily
- **Protocol to access services:** Call 800-854-7771 select option #3



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

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

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

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

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

• **Protocol to Access Services:**

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



• **Program Contact Information:**

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

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



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

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

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

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

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



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

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

If you need more information or have additional questions, please email ChildYAFSP@dmh.lacounty.gov.

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

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

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



- **Basic Eligibility Requirements:**

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

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

- **Protocol to Access Services:**

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

- **Program Contact Information:**

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

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

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



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

- **Basic Eligibility Requirements:**
 - LA County Resident of All Ages
 - Experiencing a mental health which renders the individual a danger to themselves, others, or gravely disabled (e.g. unable to provide for their basic needs of food clothing or shelter)
 - The risk of harm and/or disability does not require immediate medical or law enforcement intervention to prevent harm (e.g. the person is not running into traffic, brandishing weapons, in the act of assaulting someone. These examples should be directed to 911 for possible activation of a Law Enforcement Team).
- **Hours of Operation:** Monday- Friday 8am-2am daily
- **Protocol to Access Services:** Call the DMH 24/7 ACCESS line 800-854-7771
- **Program Contact Information:**
 - To elevate concerns regarding PMRT the please contact Program Manager, Jolene Friestad at JFriestad@dmh.lacounty.gov or (213)761-0185
 - If are unable to reach Jolene Friestad you may escalate your concern to Deputy Director Miriam Brown at MBrown@dmh.lacounty.gov (213)305-9575



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

- **Hours of Operation:** Monday- Friday 8am-2am daily
- **Protocol to Access Services:** Law Enforcement Teams are accessed through the 911 emergency dispatch system. Patrol officers will be dispatched to assess the safety of the situation and will determine the appropriateness of activating a law Enforcement Team LET. If you believe an individual is in psychiatric crisis which poses an imminent danger to themselves, others, involves weapons or requires immediate medical attention dial 911.

Additional Resources for Interim Housing Operators



1. Training and Technical Assistance

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

To request a MHFA training please contact our MHFA Training Coordinator Adam Benson abenon@dmh.lacounty.gov or 323-481-8888

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

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

Under Development

Coming
Soon

Impending Care Assessment Teams

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

Reference Documents

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



Department of Public Health



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

1. Program Information



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

Services provided by the CENS include:

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

2. CENS Target Population

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

3. CENS Hours of Operation

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

4. Protocol to Access Specialty SUD Services

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

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

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

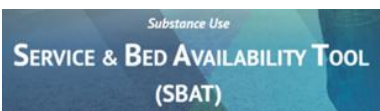
5. Protocol to Access CENS Services

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

6. Additional Entryways to Access Specialty SUD Treatment Services



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



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



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



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

7. Contact Information

a. CENS Area Office Contact List

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

b. Department Contact Information

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

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

Additional Resources for Interim Housing Operators



1. Technical Assistance and Training

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

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


If you have any training specific questions, please contact the CST team at sapc.cst@ph.lacounty.gov.

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

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

2. Domestic Violence Housing and Supportive Services

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

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

a. Program Contact

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

b. Client Eligibility

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

3. Public Health Centers



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

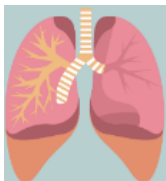
- Sexual Health Services - To schedule services, please call the health center directly to make an appointment. [Sexual Health Clinic Registration Schedule](http://publichealth.lacounty.gov/chs/SexualHealthClinicSchedule.pdf) and contact information may be viewed at <http://publichealth.lacounty.gov/chs/SexualHealthClinicSchedule.pdf>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

4. Communicable Diseases

a. Tuberculosis Control Program

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

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



- **Tuberculosis Control Program Contact**

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

- **Infection Control Guidance for TB**

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

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

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

b. Other Infectious Diseases

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

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

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

- **Outbreaks and Investigation Program**

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

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

- **Program Contact:**

Outbreaks and Investigation Program

5050 Commerce Drive, Baldwin Park, CA 91706

Tel: (626) 430-5201

ehsurvey@ph.lacounty.gov <http://publichealth.lacounty.gov/eh/>

- **Permitting of Interim Housing Facilities**

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



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

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

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

- **Program Contact:**

Lodging and Institutions Program

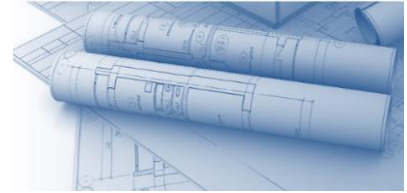
3530 Wilshire Blvd., Ste 1110, Los Angeles, CA 90010

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

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

- **Plan Check Program**

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



- **Hours of Operation:**

Monday – Friday 8:00am - 5:00pm

- **Program Contact:**

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

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

Additional Resources for Interim Housing Operators

Technical Assistance and Training



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If you have any training specific questions, please contact the CST team at sapc.cst@ph.lacounty.gov.

Under Development



Impending Care Assessment Teams

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

Reference Documents

- Attachment 17: Client Engagement and Navigation Services (CENS) Flyer
- Attachment 18: Client Engagement and Navigation Services (CENS) Fact Sheet
- Attachment 19: Screening Referral Treatment Follow-Up Form
- Attachment 20: Substance Use Disorder (SUD) Brochure in English and Spanish
- Attachment 21: Domestic Violence Housing and Support Services Flyer
- Attachment 22: Domestic Violence Housing and Support Services Hotlines
- Attachment 23: Public Health Centers Sexual Health Clinic Registration Schedule
- Attachment 24: Tuberculosis (TB) Control Program Guidance For Shelters
- Attachment 25: Public Health Centers Nurse Only Clinic Registration Schedule
- Attachment 26: Public Health Centers



5

**Department of
Public Social Services**



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

1. Programs and Target Population

a. Medi-Cal



Medi-Cal

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

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

• Basic Eligibility Requirements:

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

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



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

b. CalFresh



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

• Basic Eligibility Requirements:

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

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

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



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

c. CalWORKs



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

• **Basic Eligibility Requirements:**

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

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

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

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



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

d. General Relief



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

- **Basic Eligibility Requirements:**
 - o Must be an L.A. County Resident
 - o Your monthly net income is less than \$221
 - o Personal Property is less than \$2000
 - o Motor Vehicle is valued less than \$4500 (if homeless and using vehicle as a residence its value is \$11,500 or less)
 - o Cash on hand is less than \$100 at time of application
 - o Real property (your residence) is valued \$34,000 or less
(Note: You must agree to sign a lien, allowing the County to recover GR payments received under certain circumstances)
- **Program Website and training video on “What is General Relief?”**
<https://youtu.be/xzi-nvZxVoU>

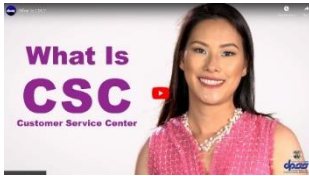


2. Protocol to Access DPSS Services



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

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



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

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

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

a. Process for IH Operators to request services:



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

Service Modes

On-Site Services

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

Remote Services

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

Next Steps

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

3. Eligibility Redetermination Process

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



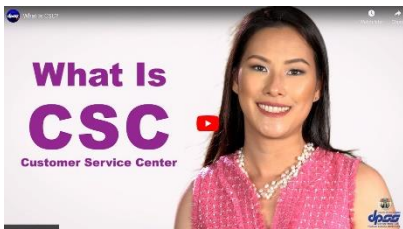
The Customer Service Center is also available to respond to general inquiry for all programs including CalFresh, General Relief, CalWORKs, Medi-Cal, and CAPI.

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

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

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

4. DPSS Hours of Operation:



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

5. DPSS Contact Information

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

Additional Resources for Interim Housing Operators

1. Training and Technical Assistance



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

2. Accessing Client Information

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

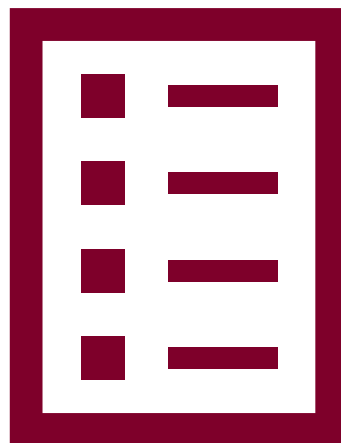
Lynette Franklin at LynetteFranklin@dpss.lacounty.gov

Reference Documents

- Attachment 27: Homeless Services Brochure
- Attachment 28: Client Right of Access Request Form
- Attachment 29: Program Overview
- Attachment 30: Federal Poverty Limit Chart
- Attachment 31: BenefitsCal Brochure



Mainstream Programs Summary



Mainstream Programs – Summary

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



Program Attachments



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



C.B.E.S.T.

COUNTYWIDE BENEFITS ENTITLEMENTS SERVICES TEAM



WHO IS ELIGIBLE FOR SERVICES?

Individuals experiencing homelessness or at risk of homelessness who are:

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

CBEST IS A PROGRAM OF:

Los Angeles County Department of Health Services (DHS)

- Housing for Health (HFH)



FUNDED BY:

The Los Angeles County Homeless Initiative and Measure H



WHAT IS CBEST?

THE COUNTYWIDE BENEFITS ENTITLEMENTS SERVICES TEAM

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

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

CBEST SCOPE OF SERVICES*

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

HOW DO WE SEND REFERRALS TO CBEST?

ELECTRONIC REFERRALS

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

WALK- INS

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

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

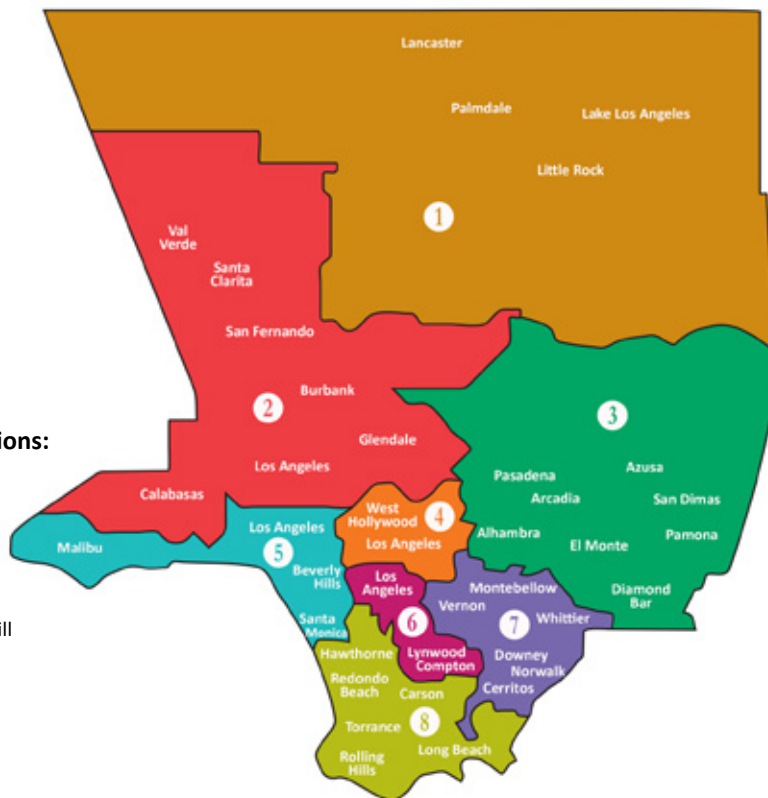
Department of Health Services | Housing for Health Division | 655 S. Maple Ave. LA, CA 90014

WHERE ARE SERVICES AVAILABLE?

CBEST intake services can be accessed at the following locations:

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

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



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

**Attachment 3:
Help Line Flyer
in English and Spanish**



▶▶ **LACDMH HELP LINE**
1-800-854-7771



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

Services provided by our Help Line staff include:

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

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

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

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



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



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

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

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

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

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

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

Attachment 4: Homeless Outreach and Mobile Engagement (HOME) Brochure



▶▶ HOME Team

Program Description

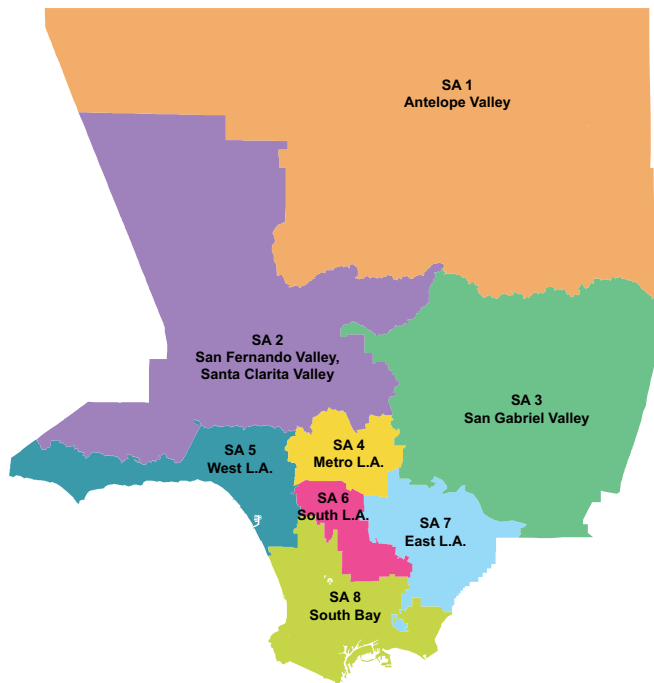
The Homeless Outreach & Mobile Engagement (HOME) program provides field based outreach, engagement, support, and treatment to individuals with severe and persistent mental illness who are experiencing unsheltered homelessness. Services are provided by: addressing basic needs; conducting clinical assessments;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

DMH Website dmh.lacounty.gov/our-services/countywide-services

Target Population

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

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



Service Area Coverage

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

Referrals

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

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

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

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



Get the Help You Need Now

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

FSP for Adults/Older Adults

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

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

Key Components of FSPs

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

LACDMH Values

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

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

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

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

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

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

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

If you are in crisis and need help right away, call our 24/7 toll-free Help Line: 800.854.7771

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

dmh.lacounty.gov



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



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



About

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

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

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

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

Eligibility

Adult FSP Eligibility (21+)

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

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

Meet one or more of the focal population criteria:

- Homeless
- Justice-involved
- High utilizers

Older Adult Eligibility (60+)

- At risk of immediate physical harm or institutionalization



Interested in FSP Services?

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

The referral will be screened for eligibility by LACDMH.

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

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

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

Service Area Navigation

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

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

Privacidad y Confidencialidad

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

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

¿Qué Información Se Recopila?

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

¿Qué Sucede con Su Información?

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

¿Tiene Preguntas o Inquietudes sobre Sus Derechos de Privacidad?

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

Valores de LACDMH

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

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

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

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

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

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

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

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

800.854.7771

dmh.lacounty.gov



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



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



Acera

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

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

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

¿Quién es Elegible para Recibir Servicios FSP para Adultos?

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

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

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

¿Qué Servicios FSP se Proporcionan a los Adultos?

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

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

Localice Los Servicios FSP en su Comunidad

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

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

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

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



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



Get the Help You Need Now

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

FSP for Children/Young Adults

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

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

Key Components of FSPs

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

LACDMH Values

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

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

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

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

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

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

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

If you are in crisis and need help right away, call our 24/7 toll-free Help Line: 800.854.7771

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

dmh.lacounty.gov



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



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



About

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

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

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

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

Eligibility

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

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

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



Interested in FSP Services?

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

The referral will be screened for eligibility by LACDMH.

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

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

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

Service Area Navigation

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

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

Obtenga Ahora la Ayuda que Necesita

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

Asociación de Servicios Completos para los Niños

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

Componentes Claves de FSPs

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

Valores de LACDMH

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

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

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

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

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

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

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

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

800.854.7771

dmh.lacounty.gov



▶▶ Asociación de Servicios Completos (FSP)
Niños/Jóvenes



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



Acera

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

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

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

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

¿Quién es Elegible para Recibir Servicios FSP para Niños?

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

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

¿Te Interesa los Servicios FSP?

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

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

Unidades de Impacto

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

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



Attachment 16: Psychiatric Mobile Response Teams (PMRT) Fact Sheet

Psychiatric Mobile Response Teams (PMRT)

Addressing Mental Health Crises with Rapid Personalized Care

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



Specialized Teams Ready to Help

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

Crisis Response With Better Outcomes for Clients

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

Attachment 17: Client Engagement and Navigation Services (CENS) Flyer

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

Connecting you to SUD treatment services!

WHAT DOES CENS OFFER?

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



HOW CAN CENS HELP?

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

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

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

CONTACT YOUR NEAREST CENS NAVIGATOR

to learn more about no-cost¹ treatment services available.

SPA: _____

Location: _____

Name: _____

Email: _____

Phone: _____

Office Hours: _____

¹ Some services and treatments require pre-authorization for eligible youth and adults.

Attachment 18: Client Engagement and Navigation Services (CENS) Fact Sheet

Project Overview

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

Target Population

All Los Angeles County residents but not limited to:

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

Goals

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

CENS Services to Be Provided

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

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

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

Responsibilities of CENS Counselors

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

Attachment 20:
Substance Use Disorder (SUD)
Brochure in English and Spanish

What is Substance Use Disorder?

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



How to Get Help?

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



▶ Go to the **Online Provider Directory**
sapccis.ph.lacounty.gov/sbat/



What are My Rights?

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

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

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

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

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

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



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SUBSTANCE ABUSE SERVICE HELPLINE



1.844.804.7500

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



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

Does This Happen to You?

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

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

What Happens When I Call?

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

SUBSTANCE ABUSE SERVICE HELPLINE



1.844.804.7500

CALL ANYTIME TOLL-FREE!

Am I Eligible?

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

- You are a resident of Los Angeles County; and
- You are eligible for Medi-Cal³, My Health LA or other select County-funded programs.

What Services Are Available?⁴

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



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

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

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

⁴ Some services and treatments require pre-authorization for eligible youth and adults.

¿Que es Abuso de Sustancias?

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



¿Cómo obtener ayuda?

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



¿Cuáles son mis derechos?

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

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

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

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

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

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



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LÍNEA DE AYUDA DE SERVICIO DE ABUSO DE SUSTANCIAS



1.844.804.7500

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



¿Eres uno de los

20 millones

que luchan con la adicción
al alcohol o las drogas y
necesitas tratamiento de
Abuso de Sustancias?¹

¿Le ocurre esto a usted?

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

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

LÍNEA DE AYUDA DE SERVICIO DE ABUSO DE SUSTANCIAS



1.844.804.7500

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

¿Qué Sucede Cuando Llamo?

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

¿Soy elegible?

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

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

¿Qué servicios están disponibles?⁴

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

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

³ Es posible que se requiera un costo compartido para algunos servicios elegibles para Medi-Cal.

⁴ Algunos servicios y tratamientos requieren preautorización para jóvenes y adultos elegibles.



Department of Public Health

Attachment 21: Domestic Violence Housing and Support Services Flyer

Domestic Violence Housing & Support Services

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



Department of Public Health

Attachment 23: Public Health Centers Sexual Health Clinic Registration Schedule

SEXUAL HEALTH CLINIC REGISTRATION SCHEDULE

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

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

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

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

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

Pomona Health Center SPA 3	Pomona Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	11:30-3:00PM	7:30-11:00	No Clinic	7:30-11:00	No Clinic
		PM	4:30-8:00	12:00-4:00	No Clinic	12:00-4:00	No Clinic
		Address: 750 S. Park Avenue Pomona, CA 91766			Business Office: (909) 868-0235		

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

South L.A. SPA 6	MLK Jr. Center for Public Health		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	7:30-11:00	7:30-11:00	11:00-3:00PM	7:30-11:00	7:30-11:00
		PM	12:00-4:00	No Clinic	4:00-7:00	12:00-4:00	No Clinic
		Address: 11833 S. WILMINGTON AVENUE LOS ANGELES, CA 90059 (On the corner of 118th and Wilmington Avenue)			Business Office: (323) 568-8100		
	Ruth Temple Health Center		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM	7:30-11:00	7:30-11:00	7:30-11:00	11:00-3:00PM	7:30-11:00*
		PM	12:00-4:00	12:00-4:00	12:00-4:00	4:00-7:00	No PM Clinic
		Address: 3834 S. WESTERN AVENUE LOS ANGELES, CA 90062 (Between Exposition and Martin Luther King, Jr. Boulevard)			Business Office: (323) 730-3507		
*Closed every first (1 st) Friday of the month							

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

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

Additional Information

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

Learn more by visiting the following links:

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



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

Los Angeles County Department of Public Health SEXUAL HEALTH CLINIC LOCATIONS



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



Department of Public Health

Attachment 24: Tuberculosis (TB) Control Program Guidance For Shelters

Los Angeles County Department of Public Health
Tuberculosis Control Program

Preventing Tuberculosis (TB) and other Aerosol Transmittable Diseases (ATD) in Shelters:

A Guide for Preventing and Controlling TB and other Aerosol Transmissible
Diseases in Los Angeles County Facilities



Recommendations to help shelter service providers prepare their facility, staff, and clients for possible cases of aerosol transmissible diseases, like tuberculosis.

Updated March 10, 2023

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Introduction

Dear Public Health Partners,

The Los Angeles County Department of Public Health (DPH) is pleased to present a set of recommendations meant to help shelter services providers prepare their facility, staff and clients for possible cases of Aerosol Transmissible Diseases, also known as ATDs.

ATDs are infectious diseases that can spread through coughing and sneezing. They spread from person-to-person either through the air, like tuberculosis (TB) and measles, or through droplets, like influenza (flu) or meningitis.

As a shelter service provider, you work closely with clients to help meet their needs. This vital function makes you a key partner in the fight to prevent the spread of TB and other ATDs in LA County shelters.

TB prevention and control among sheltered persons may be challenging. But together, we can reduce and even eliminate the spread of TB and other ATDs. These guidelines aim to make this work easier and more efficient. They include tools and procedures that help...

- Increase awareness of TB and other ATDs among medical providers, staff, and clients.
- Establish procedures to assure clients showing signs of TB or other ATDs are assessed and referred to a healthcare provider in a timely manner and are not turned away for infectious disease-related concerns.
- Encourage ongoing, confidential, and free screening to help identify and treat TB and other ATD infections among staff and clients, in their earliest stage.
- Promote immunizations to decrease the risk of outbreaks of vaccine preventable ATDs, such as pertussis and influenza.
- Increase communication between shelter and DPH staff for things like disease reporting, receiving the latest TB and other ATD trends, and coordinating annual educational updates.

You are key partners in protecting the health and well-being of some of LA County's most vulnerable residents and communities. We thank you for your continued support and sincerely hope this manual proves useful in your disease control and prevention efforts.

Responsibilities: The Department of Public Health

The ATD regulation (8 CCR 5199, Aerosol Transmissible Diseases) is a standard put in place by the California Occupational Safety and Health Administration (Cal/OSHA). It is meant to protect workers at facilities and in occupations that have a higher risk of ATD exposure, such as healthcare settings, correctional facilities, drug treatment programs, and shelters.

The Tuberculosis Control Program, Community Field Services and Clinic Services are components of the LA County Department of Public Health. They use the ATD regulations to help shelters and other facilities prevent and control TB/ATDs in their facilities and operations. They also work together to provide the following TB/ATD prevention and control activities:

Preventing TB and other ATDs

- Investigate, follow up, and treat all reported cases and suspected cases of TB and their “contacts.” “Contacts” refers to people who have been exposed to a person with a communicable disease, including TB.
- Operate several public health centers throughout LA County to provide TB medications, diagnostic follow-up, periodic clinical evaluations, contact investigation, and case management services ([See Appendix F](#)).
- Provide short-term, single-room occupancy housing and meal assistance to facilitate treatment completion, as needed.

Providing expert consultation and training

Each shelter in LA County has an assigned District Public Health Nurse (DPHN). DPHNs have several responsibilities, including:

- Serve as the DPH liaison to shelters in LA County
- Meet with shelter staff to discuss TB/ATD prevention protocols
- Help shelter staff understand their role in cough alert screening through “role modeling” activities
- Facilitate appropriate and timely public or private health care provider assessments for symptomatic shelter clients
- Assist clients to obtain appropriate TB clearance, if necessary
- Coordinate and conduct contact investigations in shelters
- Facilitate TB/ATD education for shelter staff, volunteers and clients
- Answer shelter staff’s TB-related questions

Gathering data through mandated reporting and ongoing surveillance

- Work with doctors, hospitals, labs, and other important community partners, including shelters, that can help identify possible cases at their earliest stages
- Work with community organizations, like shelters, to help their staff recognize symptomatic clients who might need medical evaluation
- Monitor and report disease-related data to local, state, and federal agencies

[See Appendix F](#) for a list of DPH health centers and appropriate phone numbers.

Responsibilities: LA County Shelters

Reading Cal/OSHA's ATD regulation is the best way to make sure your facility is compliant with all of its components. [See Appendix A](#) for links to the ATD regulation that lists all related diseases, settings, roles, and expectations.

Shelter agencies in LA County should implement TB and ATD infection prevention guidelines to accomplish the following goals:

- Protect clients, staff, and volunteers from TB and other ATD exposures
- Detect active TB disease among clients at an early stage
- Decrease the chance that shelter persons will be turned away from shelters because of infectious disease-related concerns
- Ensure referral to a health care provider for medical screening and care

Taking the following steps will help meet these goals and help you implement the main components of the ATD regulation, particularly as they relate to TB.

6 Steps to Reduce the Spread of ATDs in Your Facility

- 1 Appoint an ATD Administrator/TB Liaison.
- 2 Create an environment that limits the spread of ATDs.
- 3 Enforce screening & other requirements for staff.
- 4 Enforce screening and referral requirements for clients.
- 5 Keep accurate, legible, and confidential records.
- 6 Establish clear communication pathways.

1. Appoint an ATD Administrator/TB Liaison.

Under the Cal/OSHA ATD standard, shelters must appoint one of their staff as an ATD administrator to oversee activities that prevent and control the spread of TB and other ATDs as noted below in administrative shelter duties. Note: This person doesn't need to be a clinician or manager/supervisor/facility administrator. However, they should have some knowledge of infection control principles.

Key Area	Activities
Administrative— Shelter duties	<ul style="list-style-type: none"> • Serves as or delegates a “TB Liaison” • Ensures confidential at-hire and annual medical screening of staff and volunteers that have direct client contact • Coordinates referrals for clients that need a TB evaluation • Assists clients that need a TB evaluation with their transportation needs • Maintains medical confidentiality policies and procedures
Administrative— DPH PHN liaison duties	<ul style="list-style-type: none"> • Serves as a liaison to the Department of Public Health (DPH) • Coordinates screening activities and referrals with DPH (See Appendix F for a list of DPH health centers and appropriate phone numbers) • Assists DPH to conduct infectious disease contact investigations • Coordinates communication with the DPH local health officer • Maintains confidential records
Administrative— Shelter duties Compliance	<ul style="list-style-type: none"> • Establishes, implements, maintains, and posts written procedures • Ensures staff adheres to TB/ATD prevention procedures • Ensures staff adheres to TB/ATD Cough Alert and documentation procedures • Ensures staff and clients receive mandatory TB/ATD prevention education (See Appendix G for TB Control Program health education services) • Ensures that identified medical providers maintain confidential medical records • Maintains other required records

2. Create an environment that limits the spread of ATDs in your facility.

Remember, reading the standard is the best way to make sure your facility is doing all it can to prevent the spread of TB and other ATDs. But taking the following steps will help limit the spread of TB in your facility:

- Ensure mechanical ventilation systems are working properly and are maintained regularly
- Keep records of all inspections, maintenance, and repairs done on the facility's mechanical ventilation systems
- Consult an environmental engineer to find out if using ultraviolet lighting, which kills TB bacteria, is right for your facility
- Open doors and windows to promote air exchange, especially in areas where clients congregate
- Make sure each bed is numbered to help DPH track potentially infectious clients
- Maintain as much space as possible between beds in sleeping areas
- Position beds in a "head to toe" pattern rather than "head-to-head" pattern
- Make hand sanitizer, tissues, and trash cans readily available
- Post TB-related posters and pamphlets ([See Appendix G](#) for TB Control Program health education services)

3. Enforce screening and other requirements for staff and volunteers that have direct client contact.

Volunteers and staff that work directly with clients have a higher chance of coming into contact with people that may be sick with an ATD. Putting the following measures in place will help keep shelter staff and volunteers healthy:

TB Screening and Medical Services for Employees

Shelters must require staff to get a TB evaluation when they first start working and then again annually as long as they continue their service. Shelters should make these annual medical exams available, without cost, to employees who have a greater risk of coming into contact with ATDs while on the job. Shelters must also provide access to free vaccine(s) and respiratory protection for identified job risks. Shelters should also advise staff to stay home if they have prolonged coughing. If they don't improve, advise them to see a physician. Staff sent off work because of their coughing must get clearance to return to work from a licensed healthcare provider. Under state and federal law, employees' TB screening and other medical results/records are confidential and should not be disclosed by the medical provider to employer management personnel or to anyone in the workplace.

For initial evaluation, persons who have a prior positive TB test should get a chest x-ray or have written copy of a radiologist's report of a chest x-ray that was performed within the past six months. Medical providers must ensure that all persons with a new positive TB skin or blood test must also have a chest x-ray.

Remember, reading and implementing the Cal/OSHA ATD standard is the best way to make sure your facility is doing all it can to prevent the spread of TB and other ATDs among its employees.

TB Screening for Volunteers

DPH recommends that shelters require volunteers to get a TB evaluation from their private medical provider or community-based clinic when they first start volunteering and then again once a year as long as they continue their service. [See Appendix F](#) for a list of DPH clinics that offer TB testing. Shelters should keep records that show volunteers completed the screening but should not receive copies of actual medical records or diagnoses. Shelters should take care to respect volunteers' medical privacy rights.

For initial evaluation, persons who have a prior positive TB test should get a chest x-ray or have written copy of a radiologist's report of a chest x-ray that was performed within the past six months. Medical providers must ensure that all persons with a new positive TB skin or blood test must also have a chest x-ray.

Remember, reading the standard is the best way to make sure your facility is doing all it can to prevent the spread of TB and other ATDs among its volunteers.

4. Enforce screening and referral requirements for clients.

Initial Screening at Intake and Annual Screening

- 1) Require written proof of TB screening clearance from a medical provider, dated within the past 12 months. Allow clients 7 days after intake or annual review to provide proof of TB clearance.
- 2) If clients don't have proof of medical clearance, arrange onsite screening and documentation. If onsite screening isn't available, refer clients for outside screening ([See Appendix D](#) "Referral for TB Screening or Clearance" form).
- 3) Track all TB screening clearances, whether done internally or by referral to an outside source. On each new entry to the shelter, staff should ask and observe: DOES THE CLIENT HAVE A COUGH?
 - a. If NO, shelter will advise client to notify shelter staff if a cough develops in the future.
 - b. If YES, shelter staff will refer the client to a private area to complete a symptom screen questionnaire.

- 4) If client has a cough for more than 3 weeks and 1 or more other symptoms of active TB disease, isolate client until referred for medical evaluation. Move client to a well-ventilated area or, if weather permits, an outside area. If the client is unable to get medical services right away, separate them from the other clients.
- 5) Give the client tissues right away and advise them to cover their nose and mouth when coughing or sneezing. Give the client a surgical mask and tell them to place it over their mouth and nose.
- 6) Promptly **refer** all symptomatic clients and clients who lack valid medical clearance to an appropriate health care provider for TB/ATD medical evaluation
([See Appendix D](#) “Referral for TB Screening or Clearance” form).

NOTE REGARDING CONFIDENTIALITY:

Results of medical evaluations for clients are considered protected health information and medical providers must keep them confidential.

Referral Process

Refer symptomatic clients and clients who lack valid medical clearance to the shelter’s onsite or other designated clinic. If none, refer clients as follows:

- 1) Weekday business hours (before 5pm) contact a DPH Public Health Center ([See Appendix F](#)).
- 2) Evenings and weekends contact a Department of Health Services Urgent Care Center ([See Appendix H](#)) or public hospital emergency room ([See Appendix I](#)) where clients can get a medical evaluation on the same or next working day.
- 3) Call the receiving location and arrange to fax or hand deliver the completed forms ([See Appendix C](#) “Symptom Questionnaire” form) and ([See Appendix D](#), “Referral for TB Screening and Clearance” form)
- 4) Give the client a copy of both forms (Appendix C and Appendix D) in an envelope sealed for confidentiality.
- 5) The shelter will need to transport the client to the medical facility for the client’s medical evaluation and be prepared to return the client to the shelter, as needed.
- 6) Follow up to ensure that the receiving clinic/urgent care center/hospital ER received the forms and that the client followed through with the medical evaluation.
- 7) Keep electronic or written log of clients referred for TB medical evaluation and status of client TB clearance.

Shelter TB Clearance

If Medical Evaluation found client to be free of active TB or other ATDs:

After a symptomatic client is referred to a medical provider and active TB/ATD disease is ruled out, the medical provider will give the client signed written clearance to return to a group living situation, like a shelter. This medical clearance should expire one year from the date of the medical provider's signed clearance. (If recent community cases of active TB disease are identified, the Department of Public Health may require more frequent screening).

If Medical Evaluation found client has active TB disease or other ATDs:

Clients with active TB disease or other ATDs can return to the shelter when they show written proof from a licensed health care provider that they are no longer contagious.

Cough Alert Protocol

All shelter staff play an important role in preventing and controlling the spread of TB and other ATDs in their facilities. The list below describes activities staff will carry out to prevent and control TB:

All shelter staff will:

- Observe clients for persistent coughing and signs of active TB disease
- Refer anyone with a cough to a private area to complete the Review of TB/ATD Symptoms form ([See Appendix C](#) "Symptom Questionnaire" form)

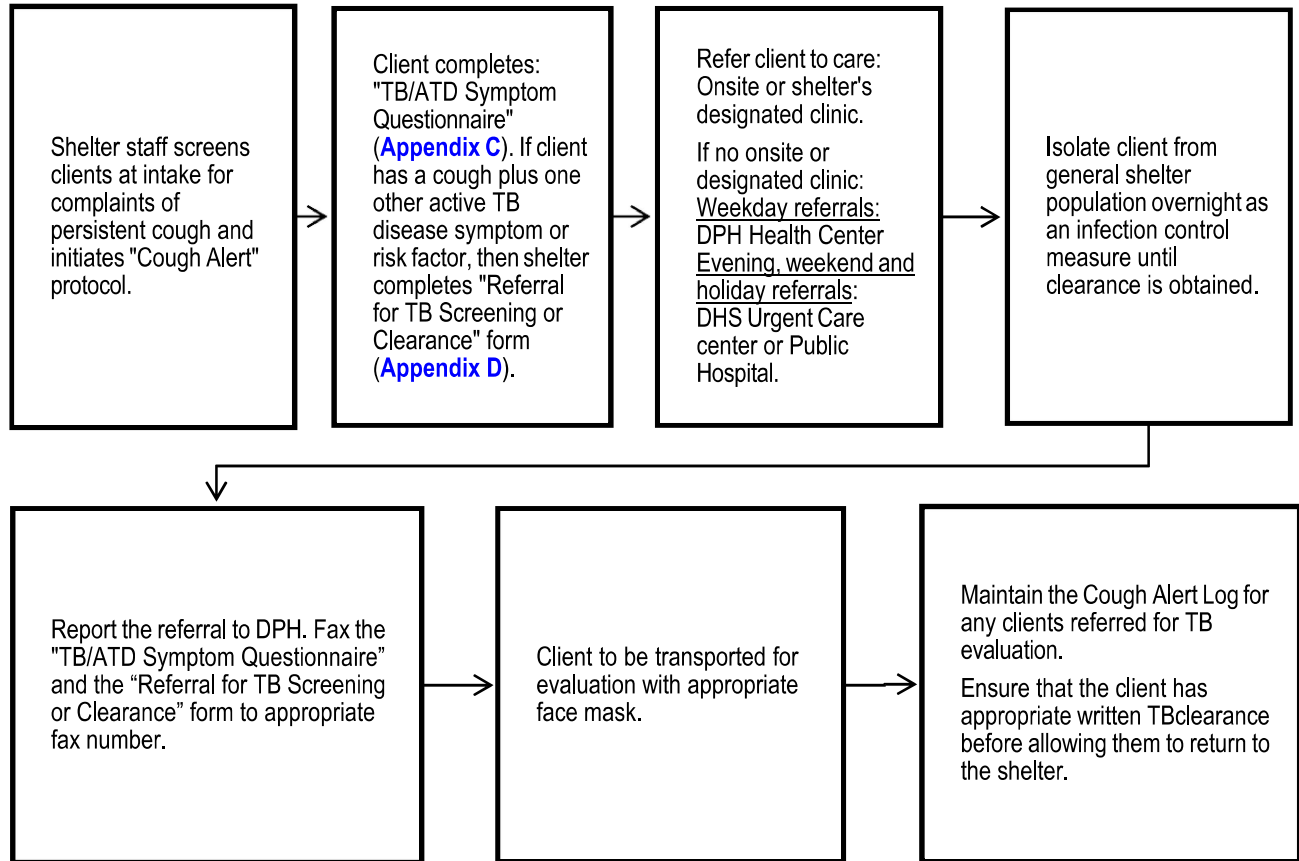
Shelter staff (as directed by the TB Liaison /ATD Administrator) will:

- Complete a Weekly Cough Alert Log ([See Appendix E](#) "Weekly Cough Alert Log")
- Give a copy of the log to the ATD Administrator/TB Liaison right away during the day or the next morning if a coughing client is identified during the night

The TB Liaison/ ATD Administrator (or designee) will:

- Receive the Cough Alert Log
- Review the Cough Alert Log to identify any symptomatic client
- Follow Referral Process to refer symptomatic clients for medical evaluation and clearance.
- Isolate symptomatic clients (see Screening Steps 4, 5, 6 on page 9)
- Prominently display educational posters on Covering Your Cough ([See Appendix G](#) for TB health education services)
- Prominently display educational posters on tissue technique and disposal

Section Summary: Linking Symptomatic Clients to Healthcare



5. Keep accurate, legible, and confidential records.

Following steps in this guide will help protect your shelter from TB and other ATDs. You can also prevent having to pay fines by keeping detailed records of all transports, exposure incidents, trainings, and medical services for staff. The table below lists the main types of records you'll need to keep.

Type of Information	Minimum Information Required
Medical clearances	<ul style="list-style-type: none"> • Employee name and ID number <p>No actual medical records should be accepted or received. Maintain medical providers' medical clearance reports related to:</p> <ul style="list-style-type: none"> ○ Vaccination status ○ Vaccination declination forms ○ TB assessment results (initial and annual screening) ○ Doctors' assessments after exposure incidents
Training records	<ul style="list-style-type: none"> • Date(s) of annual training • Training curriculum and proof that it was developed in consultation with DPH • Names and qualifications of persons conducting training, • Names and qualifications of persons designated to respond to questions • Names and job titles of all training participants
Exposure Incidents	<ul style="list-style-type: none"> • Dated census logs, including bed locations and numbers, for at least six (6) months • Log of clients referred for TB medical evaluation and status of client TB clearance • Date of incident • Names, employee IDs, included in exposure • Disease or pathogen to which employees may have been exposed • Name and job title of person performing evaluation • Identity of any local health officers and physicians consulted • Date of evaluation • Date of contact communication and contact info for any other employers involved
Equipment	<ul style="list-style-type: none"> • Inspection reports of any ventilation systems or other engineering controls • Respiratory protection program audits
Documents	<ul style="list-style-type: none"> • Shelter employer's Cal/OSHA written Injury and Illness Prevention Program, including ATD infection control plan and Respiratory Protection program, as applicable

6. Establish clear communication pathways.

To prepare for possible ATD emergencies, establish clear communication pathways with collaborating employers, identified medical providers, and the local health department before an ATD exposure incident occurs.

Appendix A

California Code of Regulations, Title 8, Section 5199 Aerosol Transmitted Diseases

The Division of Occupational Safety and Health (DOSH) has prepared this summary sheet to assist employers and employees in understanding how Section 5199 applies in certain operations. This sheet is not intended to modify or replace the actual language of the standard, and employers should consult the actual language of the standard in preparing their programs.

Aerosol Transmissible Diseases – Shelters and Drug Treatment Programs

Employees in shelters and drug treatment programs may be exposed to aerosol transmissible diseases (ATDs) because the populations receiving these services are at greater risk of having tuberculosis and some other ATDs. These workplaces may also be at increased risk of transmission due to a lack of adequate ventilation or crowded housing or treatment facilities. Most of these workplaces do not have trained health care providers on-site to determine whether people who are exhibiting ATD symptoms such as persistent coughing pose an infection risk. [Section 5199, Aerosol Transmissible Diseases](#), requires shelters, drug treatment programs, and other work operations that come within the scope of the standard but that do not have health care providers, to establish some basic procedures for reducing the infection risk to their employees, including identification of clients who need further medical evaluation. These employers are required to:

1. Develop criteria that will be used to identify clients who should be referred to a health care provider. A suggested list of minimum criteria is included in Appendix F (*of the ATD standard*) [5199(c)(3)(B)].
2. Establish written procedures that will be used to refer the client to a health care provider (such as on-site health care services, mobile health care vans, public health agencies, or primary care providers) and to receive information back from the health care provider to determine if employees were exposed to an infectious disease and need follow-up care. (Generally, referral is required within 5 hours, but an exception is provided for initial encounters that occur after 3:30 p.m.) [5199(c)(3)]
3. Establish written source control procedures for persons who enter the facility who are coughing or otherwise appear to have an ATD. These include providing the person with a surgical mask, or tissues and hand hygiene materials [5199(c)(2)].
4. While a person is in the facility awaiting referral, use source control and other measures to reduce employee exposure to droplets that may be coughed out or exhaled. These measures include, as available, placing the person in a separate room or area, preferably with a separate or filtered ventilation system. If the person is not using source control measures, the employer must provide a respirator to employees who must enter the area, if respirator use is feasible [5199(c)(5)]. Where respirators are used, the employer must have a respiratory protection program that meets the requirements of Section 5144, and subsection 5199(g) that includes employee medical evaluation, fit-testing and training.

5. Establish written communication procedures to inform employees, and other employers whose employees will have contact with the person, of the person's infectious disease status. This would apply to people who transport the client, as well as to the hospital or other facility that will receive him or her. The employer must also establish procedures to receive information from health care providers if the provider determines that a referred patient has a reportable¹ ATD [5199(c)(4)].
6. Establish procedures to provide the seasonal flu vaccine and annual TB tests to employees covered by this regulation [5199(c)(6)].
7. Establish written procedures for employees who have been exposed at work to a confirmed case of a reportable ATD. These include medical follow-up and continuation of pay for a period during which an employee is not sick but a physician or other licensed health care professional (PLHCP) recommends removal from the workplace because the employee may be contagious (unless alternate work is available) [5199(c)(6)].
8. Provide training at or prior to an employee's initial assignment to a job covered by this regulation, and at least annually thereafter [5199(c)(7)].
9. Annually review infection control procedures with employees in their work areas, and correct any problems found [5199(c)(8)].
10. Keep vaccination records, exposure incident records, records of inspection of any ventilation systems or other engineering controls, and if applicable, records for the respiratory protection program [5199(j)].
11. Maintain employee (and patient) confidentiality in regard to medical records, including records of vaccinations, TB assessments, and post-exposure medical services [5199(h), 5199(j), 3204(a)].

¹ Title 17, California Code of Regulations, Section 2500 lists diseases that are reportable to the local health officer.

Tuberculosis

1. What Is Tuberculosis (TB)?

TB is caused by germs called bacteria. TB usually affects the lungs. It can be cured with prescription medicine given by a doctor.

You'll hear these two TB terms most often: **Latent TB infection** and **Active TB disease**. Latent TB infection means you have "sleeping" (inactive) TB germs in your body and can't infect anyone. These germs can live in your body without making you sick. Latent TB infection can later become active TB disease if these germs "wake up" (become active) and multiply. If you have active TB disease, you can infect other people.

2. How does TB spread?

TB spreads through the air from one person to another. TB germs spread when a person with active TB disease coughs, sneezes, speaks, sings or laughs. Anyone near the sick person can breathe in (inhale) the TB germs. You can't catch TB from clothes, dishes, food or body contact with someone who has TB. Transmission of TB is usually associated with prolonged or frequent close contact with a person with active TB disease.

3. What are the symptoms of active TB disease?

- Coughing for more than 2-3 weeks
- Weakness
- Chest pain
- Sweating at night
- No appetite
- Weight loss
- Fever
- Chills
- Coughing up blood or mucus

4. How do you test for TB?

A TB skin test or a blood test is used to find out if a person has latent TB infection. For the skin test, a small amount of liquid (tuberculin solution) is injected under the skin on the forearm. Then, 2-3 days later, a health care provider checks to see if there is a reaction to the liquid. It may take 8-12 weeks after coming into contact with the germ for your body to show a reaction to the TB skin test. Other tests show if you have TB disease.

5. What does it mean to have a "positive" test?

A positive TB test shows that the TB germ is present in the person's body but doesn't identify active TB disease. Only about 1 out of every 10 people with latent TB infection will develop active TB disease during their lifetime. If it's positive, other tests, like a chest x-ray, will be done to see if it's latent TB infection or active TB disease. Additional tests will be given to people who test positive on the TB tests. Depending on results, you may be asked to get a re-test in a few months, or you may be given treatment.



Tuberculosis (TB) Terms:

Latent TB Infection

A condition when TB germs are in the body but aren't active. People with latent TB infection have no symptoms, don't feel sick, and can't spread TB to others.

Active TB Disease

An illness caused when TB bacteria attack a part of the body, usually the lungs. A person with active TB disease can spread TB germs to others.

For More Information

Tuberculosis Control Program

<http://publichealth.lacounty.gov/tb/index.htm>

(213) 745-0800

6. How is active TB disease treated?

TB disease can be treated with different anti-TB medicines. It takes at least 6 months to 1 year to kill TB disease in your body. It's very important to take all anti-TB medicine according to schedule. If you don't take the medicines correctly, the germs can become harder to get rid of. If you stop taking the medicines too soon, you can get sick again.

7. Can latent TB infection be treated?

Yes. Your health care provider can help you find the medicine that's best for you. If you have TB infection, you can take medicine to help prevent getting TB disease later. Depending on the type of treatment, it will take about 3-9 months to kill the TB germs in your body.

8. Should someone with active TB disease be restricted from school or work?

People with active TB disease can spread TB germs to family and friends. If you have active TB disease, you may have to stay away from other people until you can't spread TB germs. Taking your medicines correctly will shorten the time you need to be separated from others.

People with latent TB infection aren't contagious and can't spread TB to others. As a result, going to school and work is safe.

9. What is the role of the LA County Department of Public Health in controlling the spread of TB?

The LA County Department of Public Health works with your doctors to assure they have current TB screening, testing, and treatment procedures. When a person with active TB disease is reported to Public Health, our staff conducts an evaluation that includes identifying and screening individuals that may have been exposed to active TB disease.



10. How can TB be prevented?

If you DO NOT have active TB disease

- Avoid spending long periods of time in tight spaces with people who have active TB disease or who have just started treatment.
- Ask your health care worker for a TB test if you've spent a lot of time with someone who had TB disease. If you have a negative reaction to the TB test, have it repeated after 2-3 months.

If you DO have active TB disease

- Take all your medicines correctly.
- Always cover your mouth when you cough and/or sneeze.

Appendix C

TB/ATD Symptom Questionnaire

Instructions for Shelter Staff:

The purpose of this questionnaire is to help identify clients who **may** have infectious TB. Please complete this during the initial intake process if (1) a client reports they have a persistent cough, (2) if shelter staff sees that the client is coughing or (3) if shelter staff notes an existing client has had a cough that has lasted 3 weeks or more.

HISTORY/SYMPTOMS	Yes	No
Do you have a cough that has lasted for 3 weeks or more?		
1. Have you lost weight without explanation during the past month?		
2. Have you sweated so much during the night that you've soaked your sheets or clothing, during the past month?		
3. Have you coughed up blood in the past month?		
4. Have you been more tired than usual over the past month?		
5. Have you had fevers almost daily for more than one week?		

Does the client have a cough that has lasted 3 weeks or more **AND** has answered "yes" to at least one other question above? Yes No

If you marked "YES" above, initiate exposure control methods below and immediately refer the client to services as follows:

During weekdays: [See Appendix F](#) for the nearest DPH Public Health Center

During weekends, evenings, or holidays: [See Appendices H & I](#) for the nearest DHS Urgent Care Center or Public Hospital

Exposure Control Methods Initiated:

- Give the client a surgical face mask to wear: Done
- Instruct the client to cover their nose and mouth when coughing or sneezing: Done
- Separate the client from others and place in a well-ventilated room: Done
- Initiate medical evaluation protocols and transportation: Done

Comments _____

Client Name: _____ Arrival Date: _____

Shelter Name: _____ Shelter Phone #: _____

Shelter Address: _____

Bed Location: _____

Shelter TB liaison/staff Name: _____

Shelter TB liaison/staff Signature: _____ Date: _____

Appendix D

Referral for TB Screening or Clearance

Instructions for Shelter Staff: Please fill out top part and put this form and completed **Appendix C** form in an envelope to assure client confidentiality. Ask the client to take the envelope to the clinic/hospital listed in this referral.

Name of referring shelter: _____

Name shelter contact person: _____ Telephone #: _____

Client's name: _____ Client Date of Birth (MM/DD/YY): _____

Bed location: _____

Date of arrival at shelter: _____ Referral date: _____

Name of clinic/hospital to which client was referred: _____

- Referral for Screening for shelter entrance (complete in 7 days)
- Referral for Clearance due to symptoms (Immediate)

Dear Provider,

This client was referred for a TB test or medical evaluation, a requirement of all persons staying at this facility.

If referral is for general TB clearance, the form must be completed within 7 days. If referral is based on symptoms currently present, please evaluate immediately.

To be completed by clinic/hospital physician or nurse (give a copy to client):

- Cleared for stay in congregate setting Date of clearance*: _____
- Not cleared; pending additional testing/ client needs medical follow up

Clinician Name: _____

Clinic/hospital Name: _____

** Tests should include the tuberculin skin test (TST) or TB blood tests (QuantiFERON or T-SPOT) and/or may also require chest x-ray. If Provider has medical questions, please see L.A. County TB Control Program website at <http://publichealth.lacounty.gov/tb/healthpro.htm> or call (213) 745-0800.*

Appendix E

Weekly Cough Alert Log

Instructions for Shelter Staff:

Please give this log to your ATD Administrator/TB Liaison if you have a client that has a constant cough. The ATD Administrator/TB Liaison is responsible for (1) assessing the client for signs of active ATD/TB disease and (2) determining if the client needs a referral for a medical evaluation.

Name of Shelter: _____ Date (MM/DD/YY): _____

Date TB Liaison received copy of Log (MM/DD/YY): _____

Client Name (Last, First)	Date of Birth (MM/DD/YY)	Bed Location (Bed #)	Date(s) Client Observed to be Coughing (MM/DD/YY)	Name of Staff Member(s) who Observed Client Coughing (Last, First)	Referred to which Medical Facility	Transportation Arrangements Made (e.g. ambulance, taxi, other)	Comments
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Los Angeles County Department of Public Health PUBLIC HEALTH CENTERS

Refer to the following link for the most up-to-date information Nurse Clinic schedule.

***Please note information below is subject to change.**

<http://publichealth.lacounty.gov/chs/NurseClinic.pdf>

 <p>* Antelope Valley Public Health Center 335-B East Avenue K6 Lancaster, CA 93535 (661) 471-4861</p> <p>*Tuberculosis (TB) services only available for persons under 18 and school and healthcare staff.</p>	 <p>Central Public Health Center 241 N. Figueroa Street Los Angeles, CA 90012 (213) 240-8204</p> <p>*Refugee Health Center call (818) 291-8901</p>
 <p>* Hollywood/Wilshire Public Health Center 5205 Melrose Avenue Los Angeles, CA 90038 (323) 769-7800 * Note: Appointment only</p>	 <p>Martin Luther King, Jr. Center for Public Health 11833 South Wilmington Avenue Los Angeles, CA 90059 (323) 568-8100</p>
 <p>Monrovia Public Health Center 330 W. Maple Avenue Monrovia, CA 91016 (626) 256-1600</p>	 <p>Whittier Public Health Center 7643 S. Painter Avenue Whittier, CA 90602 (562) 464-5350</p>
 <p>Pacoima Public Health Center (TB Services Only) 13300 Van Nuys Blvd. Pacoima, CA 91331 (818) 896-1903</p>	

**Los Angeles County Department of Public Health
OTHER TUBERCULOSIS RELATED RESOURCES**

24-hour Communicable Disease Emergency Line

(888) 397-3993

Services:

- Help you report emergencies related to any disease that spreads from person-to-person

Hours:

Everyday 24 hours a day

Tuberculosis Control Program

2615 S. Grand Ave, Room 507, Los Angeles, CA 90007

(213) 745-0800

<http://www.publichealth.lacounty.gov/tb/>

Services:

- Answer questions related to TB screening
- Help you find where to refer clients that have active TB disease symptoms
- Help you get TB-related technical assistance
- Help you get TB-related training videos/DVDs, posters, or presentations
<http://www.publichealth.lacounty.gov/tb/public.htm>
- Help you request a presentation: <http://tinyurl.com/LACSpeakersBureauRequestForm>

Hours:

Monday-Friday 8:00 am to 5:00 pm

Other Resources

- If the client is uninsured and needs access to healthcare services visit: <https://dhs.lacounty.gov/my-health-la/>
- For low-cost clinics that provide LTBI testing visit: <http://ph.lacounty.gov/tb/docs/LTBI-Treatment-Locations.pdf>

Appendix H

Los Angeles County Department of Health Services, URGENT CARE CENTERS

Locations that provide Urgent Care Services

Edward R. Roybal Comprehensive Health Center

245 S. Fetterly Ave. Los Angeles, CA 90022
(323) 362-1010

Monday – Friday 7:30 A.M.– 4:30 P.M.
Saturday 8:00 A.M.– 4:30 P.M.

El Monte Comprehensive Health Center

10953 Ramona Blvd El Monte, CA 91731
(626) 434-2500

Monday – Saturday 8:00 A.M.-4:30 P.M.

H. Claude Hudson Comprehensive Health Center

2829 South Grand Ave. Los Angeles, CA 90007
(213) 699-7000

Monday - Friday 7:30 A.M.-11:00 P.M.
Saturday - Sunday 8:00 AM -11:00 P.M.

Harbor –UCLA Med Center (UCC)

1000 W. Carson St. Torrance, CA 90509
(424) 222-2345

Monday – Friday 8:00 A.M.-9:00 P.M.
Saturday 8:00 A.M.-5:00 P.M.

Harbor –UCLA Med Center (ED)*

1000 W. Carson St. Torrance, CA 90509
(424) 306-5083

Monday – Friday 7:30 A.M.-9:00 P.M.
Saturday 7:30 A.M.-2:00 P.M.

High Desert Regional Health Center

335 East Avenue I Lancaster, CA 93535
(661) 471-4020

Daily 8:00 A.M.- Midnight

Hubert Humphrey Comprehensive Health Center

5850 So. Main St. Los Angeles, CA 90003
(323) 897-6000

Daily 8:00 A.M.-10:00 P.M.

More >

LAC+USC Medical Center (UCC)

1100 N State Street
Los Angeles, CA 90033
Clinic Tower A2B
(323) 409-3753

Monday - Saturday 8:00 A.M.-7:00 P.M.

LAC+USC Medical Center (ED)*

1983 Marengo Street
Los Angeles, CA 90033
D&T Diagnostic Treatment 1st Floor
(323) 409-6681

Monday - Saturday 8:00 A.M.-7:00 P.M.

Long Beach Comprehensive Health Center

1333 Chestnut Ave.
Long Beach, CA 90813
(562) 753-2300

Monday - Friday 7:30 A.M.-7:00 P.M.
Saturday 8:00 A.M.-4:30 P.M.

Martin Luther King, Jr. Outpatient Center

1670 East 120th Street
Los Angeles, CA 90059
(424) 338-1427

Daily 7:30 A.M.-11:00 P.M.
Holidays
7:30 A.M.-11:00 P.M.
Christmas Eve / New Year's Eve 7:30 A.M.-5:30 P.M.

Mid-Valley Comprehensive Health Center

7515 Van Nuys Blvd.
Van Nuys, CA 91405
(818) 627-3040

Monday - Friday 8:00 A.M.-9:00 P.M.
Saturday & Sunday 8 A.M. – 3:00 P.M.

Olive View Medical Center (UCC)

14445 Olive View Drive
Sylmar, CA 91342
(747) 210-3127

Monday - Friday 8:00 A.M.-8:00 P.M.
Saturday 8:00 A.M.-4:00 P.M.
Holidays
8:00 A.M.-8:00 P.M.
Major holidays 8:00 A.M.-4:00 P.M.

Olive View Medical Center (ED)*

14445 Olive View Drive
Sylmar, CA 91342
(747) 210-3942

Monday - Friday 8:00 A.M.-8:00 P.M.
Saturday 8:00 A.M.-4:00 P.M.
Holidays
8:00 A.M.-8:00 P.M.
Major holidays 8:00 A.M.-4:00 P.M.

South Valley Health Center

38350 40th St. East
Palmdale, CA 93550
(661) 471-4000

Daily 8:00 A.M.-Midnight

Appendix I

Los Angeles County Department of Health Services, PUBLIC HOSPITALS

Harbor/UCLA Medical Center

1000 W. Carson St., Torrance, CA 90502

(310) 222-2345

LAC+USC Medical Center

1220 N. State St., Los Angeles, CA 90033

(323) 226-2622

Olive View-UCLA Medical Center

14445 Olive View Dr., Sylmar, CA 91342

(818) 364-1555

Appendix J

Other ATDs: Signs & Symptoms and What to do if Observed

Other aerosol transmissible diseases (ATDs), like pertussis, measles, mumps, rubella (“German measles”) and chicken pox, should also be considered when shelter staff screens clients. The following is a brief list that should prompt shelter staff to make a referral to a health care provider for further evaluation when identified through a screening process:

- Severe coughing spasms, especially if persistent; coughing fits may interfere with eating, drinking and breathing – **consider pertussis (whooping cough)**
- Fever, headache, muscle aches, tiredness, poor appetite followed by painful, swollen salivary glands on one side or both sides of face in front of ears or under jaw – **consider mumps**
- Fever, chills, cough, runny nose, watery eyes associated with onset of an unexplained rash (diffuse rash or blister-type skin rash) – **consider measles or chickenpox**
- Fever, headache, stiff neck, possibly mental status changes – **consider meningococcal disease**
- Health officials may issue alerts for community outbreaks of other diseases. They will provide screening criteria, and people must be referred to medical providers as recommended by the health officer.

If a shelter client has any of these symptoms, then shelter staff should immediately give them a surgical mask to wear, place them in a separate room away from other individuals, and contact the Department of Public Health on-call medical officer by calling the following phone number:

24-hour Communicable Disease Emergency Line

(888) 397-3993

If the shelter staff member’s phone discussion with the on-call medical officer suspects that the client has an ATD, then the on-call medical officer should assist the shelter to arrange for the client to be transferred to a hospital emergency room under ATD precautions.

The on-call medical officer should also transmit specific instructions to the emergency room staff to place the symptomatic client in isolation for ATDs (negative pressure room desirable) and to further assess the client.

Appendix K

References

- San Francisco City and County Department of Public Health. (2011). *Preventing Aerosol Transmissible Disease: A Reference Guide for Homeless Shelters and Residential Treatment Facilities*. <http://tinyurl.com/SFTBShelterGuidelines>.
- Francis J. Curry. (2011). *Tuberculosis Infection Control: A Practical Manual for Preventing TB*, p. 133.
- Centers for Disease Control and Prevention, Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis infection---United States, (2010). Recommendations and Reports, 59(RR05);1-25.
- Cal/OSHA Consultation Service Overview: http://www.dir.ca.gov/dosh/dosh_publications/ConsultOverview.pdf
- How Cal/OSHA Consultation Service can help you with your workplace safety and health needs (rev. Feb 2013) -- http://www.dir.ca.gov/dosh/dosh_publications/consult.pdf#zoom=100
- Title 8, California Code of Regulations:
 - Section 5199, *Aerosol Transmissible Diseases* <http://www.dir.ca.gov/title8/5199.html>
 - Section 5199, Appendix F (of the actual ATD Standard document) *Sample Screening Criteria for Work Settings Where No Health Care Providers Are Available (non-mandatory)* <http://www.dir.ca.gov/title8/5199f.html>
 - Section 5144, *Respiratory Protection* <http://www.dir.ca.gov/title8/5144.html>
 - Section 3203, *Injury and Illness Prevention Program* <http://www.dir.ca.gov/title8/3203.html>
 - Section 3204, *Access to Employee Exposure and Medical Records* <http://www.dir.ca.gov/title8/3204.html>



Department of Public Health

Attachment 25: Public Health Centers Nurse Only Clinic Registration Schedule

Nurse Only Clinic Registration Schedule

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

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

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

Nurse Only Clinic provides:

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

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

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

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

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

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

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

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



Department of Public Health

Attachment 26: Public Health Centers

Department of Public Health **PUBLIC HEALTH CENTERS**

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



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



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



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



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



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



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



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



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



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



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



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



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



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



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

Attachment 27: Homeless Services Brochure

Additional Housing Programs available through CalWORKs:

PERMANENT HOUSING

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

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

Moving Assistance

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

PERMANENT HOMELESS ASSISTANCE

Provides assistance to pay for:

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



What other services are offered through CalWORKs?

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

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

What other benefits can I get?

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

CALFRESH PROGRAM

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

MEDI-CAL

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

How can I apply?

ONLINE

BenefitsCal.com

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

IN PERSON

To apply in person, visit any DPSS District Office or outreach site. Visit our website at dpss.lacounty.gov to find a DPSS office near you.

PHONE or U.S. MAIL

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

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

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

PA 6266 (09/2022)

HOMELESS SERVICES

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



dpss.lacounty.gov

Are you homeless or at risk of becoming homeless?

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

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

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

SINGLE OR COUPLE WITH NO DEPENDENTS

What is General Relief?

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

Who Qualifies?

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

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

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

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

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

You may be eligible to our GR Housing Subsidy Program.

GR HOUSING SUBSIDY PROGRAM

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



REFUGEES

What is Refugee Cash Assistance (RCA)?

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

Who is eligible?

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

FAMILIES WITH MINOR CHILDREN OR PREGNANT

What is CalWORKs?

- Temporary Cash Aid and
- Employment Focused Services

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

Who Qualifies?

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

What other types of services will my family receive?

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

Through our GAIN Program, you may be eligible to:

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

And more...

Ask your GAIN Worker for more information about these services.



What Housing Programs are available through CalWORKs?

PREVENTION

Emergency Assistance to Prevent Eviction (EAPE)

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

Permanent Homeless Assistance Arrearages

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

EMERGENCY HOUSING

Temporary Homeless Assistance (HA)

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

Expanded Temporary Homeless Assistance

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

Temporary Homeless Assistance +14

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



Attachment 28: Client Right of Access Request Form

CLIENT RIGHT OF ACCESS REQUEST FORM

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

I, _____, request that DPSS disclose and release the
CLIENT'S NAME

information described below, to:

Los Angeles Homeless Services Authority (LAHSA) Information

Name of Agent: _____

LAHSA Mailing Address: _____

LAHSA E-mail Address: _____

INFORMATION TO BE DISCLOSED

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

- | | |
|---|--|
| <input type="checkbox"/> Identification Card | <input type="checkbox"/> Legal Permanent Resident Card |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Verification of Benefits |
| <input type="checkbox"/> Birth Certificate | DPSS generated |

EXPIRATION

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

CLIENT CONSENT

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

CLIENT SIGNATURE

DATE

CLIENT PHONE NUMBER

BIRTHDATE

CASE NUMBER

Attachment 29: Program Overview

HOW TO APPLY



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

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

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

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

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

TELEPHONE DIRECTORY

GENERAL INFORMATION

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

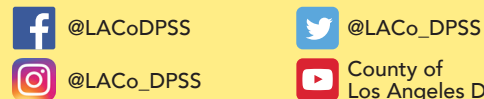
FRAUD

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

CUSTOMER INFORMATION

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

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



PROGRAMS & SERVICES



MISSION

To Enrich Lives Through Effective and Caring Service.

OUR PHILOSOPHY:

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

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

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

BRIEF FACTS

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

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

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

PROGRAMS & SERVICES

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

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

FINANCIAL ASSISTANCE

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)

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



CAL-LEARN

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

CalWORKs HOUSING PROGRAM

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

CalWORKs CHILD CARE

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

FINANCIAL ASSISTANCE

GENERAL RELIEF (GR)

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

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

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

REFUGEE CASH ASSISTANCE (RCA)

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

WELFARE-TO-WORK PROGRAMS

GREATER AVENUES FOR INDEPENDENCE (GAIN)

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

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

- **Mental Health (MH)** - CalWORKs participants who have mental health issues may access MH supportive services which include, but are not limited to, rehabilitation, employment services, and group, individual, and family counseling to overcome barriers to employment.

- **Substance Use Disorder (SUD)** - CalWORKs participants who have substance use disorder issues may access SUD supportive services including, residential treatment and individual, group, and family counseling to assist in overcoming barriers to employment.

GENERAL RELIEF OPPORTUNITIES FOR WORK (GROW)

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

REFUGEE EMPLOYMENT PROGRAM (REP)

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

NUTRITION ASSISTANCE PROGRAM

CALFRESH

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



HEALTH CARE PROGRAMS

MEDI-CAL

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

FREE & LOW-COST HEALTHCARE PROGRAMS

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

IN-HOME SUPPORTIVE SERVICES (IHSS)

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



OTHER PROGRAMS & SERVICES

EMERGENCY MANAGEMENT

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

FRAUD PREVENTION

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

TOY LOAN PROGRAM

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



VOLUNTEER SERVICES PROGRAM

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

ADOPT-A-FAMILY PROGRAM

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

COMMUNITY SERVICES BLOCK GRANT (CSBG)

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

Attachment 30: Federal Poverty Limit Chart

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

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

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

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

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

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

Attachment 31: BenefitsCal Brochure

APPLY FOR

CalFresh

Food Assistance

CaIWORKs

Cash Aid for Families

Medi-Cal

Health Coverage

General Relief (GR)

Cash Aid

Visit

BenefitsCal.com

CUSTOMER SERVICE CENTER

866-613-3777

M - F / 7:30 a.m. - 7:30 p.m.
Sat. / 8:00 a.m. - 4:30 p.m.



RENEW YOUR BENEFITS

It's easy. Here's how:

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

424-405-5909 or 888-999-7671

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

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



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

APRIL 2022
121

Save time. Go online.



BenefitsCal

Together we benefit.

BenefitsCal.com

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

HOW-TO GUIDE FOR BENEFITSCAL.COM

USER LOGIN

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

IF YOU DO NOT REMEMBER YOUR PASSWORD

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

LINK YOUR BENEFITSCAL ACCOUNT TO A CASE

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

HOW TO UPLOAD DOCUMENTS

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



HOW TO RENEW BENEFITS

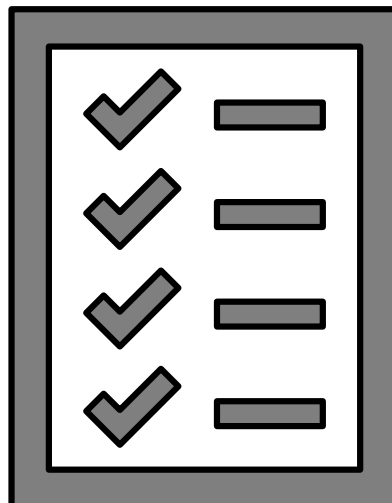
1. From the Dashboard, select the **Renewal** tile.
2. Review the renewal date and summary of steps. Click the **Begin** button.
3. Review the sections and the status for each section. Click the **Start** or **Begin Next Section** button.
4. Follow the alerts on the screen to verify or change your personal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

Scan the QR code to learn how to use BenefitsCal.



8

Referral Forms to Mainstream Services



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



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



Referral Date: _____

PRE-SCREENING: CBEST PROGRAM ELIGIBILITY*

Is the client interested in applying for SSI, SSDI, CAPI?	Yes:	No:
Is the client currently Homeless or at risk of homelessness? (Please check ONE below)		
Homeless (currently NOT housed)	Yes:	Total Number of Months Homeless: _____
At risk of homelessness (currently housed)	Yes:	No:

CLIENT IDENTIFYING INFORMATION

First Name:	Middle Name:	Last Name:
Known Aliases:	SSN:	Place of Birth:
		DOB:

CLIENT CONTACT INFORMATION

Mailing Address: _____

If no address, where is client most likely to be found? _____

City:	State:	Service Planning Area (SPA):	Zip Code:
Primary Phone:	Alternate Phone:	Email Address:	

INITIAL SCREENING OF CLIENTS FOR SSI, SSDI, CAPI BENEFITS ELIGIBILITY

Has the client applied for SSI or SSDI as an adult (18+)?	Yes:	No:
If Yes, please add type of last application and disposition below.		
SSI Application Date: _____	SSDI Application Date: _____	
Disposition:	Disposition:	
Approved Pending	Approved Pending	
Denied, when? _____ If appealed, when? _____	Denied, when? _____ If appealed, when? _____	
Unknown	Unknown	

Has the client served in the U.S. Armed Forces?	Yes:	No:
---	------	-----

Has the client been incarcerated in the last year? (Response does not affect eligibility)	Yes:	No:
---	------	-----

Is the client a U.S. Citizen? (Response does not necessarily affect eligibility)	Yes:	No:
If No, Does the client have proof of their lawful immigration status?	Yes:	No: Doesn't Know:
If Yes, Please check below what proof the client has and provide the status of the document.		
Lawful Permanent Residents (LPR)/Green Card	Current	Expired (Exp. Date: _____) Other: _____
Visa	Current	Expired (Exp. Date: _____) Other: _____
Work Permit	Current	Expired (Exp. Date: _____) Other: _____
Other: _____	Current	Expired (Exp. Date: _____) Other: _____

What is/are the main health impairment(s) expected to last more than 1 year that the client feels makes them unable to work?
Please list below.

Physical Health: _____

Is the client currently receiving treatment for the listed physical allegations above? Yes: No: Don't Know:

Mental Health: _____

Is the client currently receiving treatment for the listed mental health allegations above? Yes: No: Don't Know:

What is the client's language preference(s)? _____

REFERRER INFORMATION

Referring Agency and/or Facility:	
Referrer Name & Title:	
Referrer Phone:	Referrer Email:

Please send the referral to DHS CBEST Admin Team via:
 Fax: (213) 482-3395 or
 Email: cbestreferral@dhs.lacounty.gov

CHAMP ID#: _____

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

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



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

SEND COMPLETED REFERRALS TO HOME@DMH.LACOUNTY.GOV

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

REFERRAL SOURCE INFORMATION

TODAY'S DATE: _____ AGENCY/ORGANIZATION/PROGRAM*: _____

CONTACT PERSON: _____ RELATIONSHIP WITH CLIENT: _____

PHONE NUMBER: _____ EMAIL: _____

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

CLIENT INFORMATION

FULL NAME AND/OR AKA: _____

DOB: _____ SSN: _____ GENDER: _____

RACE/ETHNICITY: _____ LANGUAGES SPOKEN: _____

PHYSICAL DESCRIPTION: _____

(To aid in identification)

LOCATION: _____

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

CITY: _____ PHONE: _____

HMIS #: _____ IBHIS #: _____ ORCHID MRN: _____

COLLATERAL CONTACT INFORMATION

NAME: _____ PHONE: _____

RELATIONSHIP: _____

SERVICE HISTORY

DESCRIBE CURRENT AND PAST SERVICES PROVIDED TO CLIENT:

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

PREVIOUSLY REFERRED TO: LA-HOP FSP AOT LPS CONSERVATORSHIP

FOCAL POPULATION CRITERIA

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

IS CLIENT CURRENTLY EXPERIENCING UNSHELTERED HOMELESSNESS? YES NO

IS CLIENT CURRENTLY ENGAGING IN MENTAL HEALTH TREATMENT? YES NO

MENTAL HEALTH CONDITIONS: _____

PHYSICAL HEALTH CONDITIONS: _____

SUBSTANCE USE: _____

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

SECURING/ACCEPTING/CONSUMING FOOD AND WATER:

SECURING/ACCEPTING/UTILIZING APPROPRIATE CLOTHING:

SECURING/ACCEPTING/UTILIZING SHELTER:

ACCESSING APPROPRIATE PHYSICAL HEALTH CARE

INPATIENT REFERRAL INFORMATION

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

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

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

ON 5250 HOLD OR 5270 HOLD? YES NO

ON STABLE & EFFECTIVE PSYCHOTROPIC MEDICATION REGIMEN? YES NO

REFUSING ALL OTHER DISCHARGE PLANS FOR PLACEMENT? YES NO

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



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

CLIENT INFORMATION

AGE GROUP: (check one)

- ADULT 21-59
 ADULT 60+

*Insufficient details may delay referral process

DATE: _____ DMH IBHIS#: _____
SSN: _____

LAST NAME: _____ FIRST NAME: _____ PREFERRED LANGUAGE: _____

DOB: _____ AGE: _____ RACE/ETHNICITY: _____ GENDER: M F OTHER

CONTACT ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE: _____ CURRENT LIVING SITUATION: _____

INSURANCE: MEDI-CAL MEDICARE NONE PRIVATE: _____

BENEFITS: GR RECIPIENT V.A. SSI SSDI OTHER INCOME: _____

CLIENT SERVED IN THE MILITARY CONSERVATOR? YES NAME: _____
PHONE: () _____

PRIMARY CONTACT: _____ PHONE: () _____
RELATIONSHIP: _____

REFERRAL SOURCE

Agency: _____ Provider # (if applicable): _____ Service Area: _____

Contact Person: _____ Phone: _____ E-mail: _____

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

Other Agency Involvement: Probation APS GR/DPSS Parole: Parolees*
 Public Guardian Regional Center Post-Release Community Supervision/PRCS**
 AOT ODR/MIST CDCR# _____

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

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

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

FSP Agency Representative: _____

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

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

FOCAL POPULATION

Individual's Name: _____
 DMH IBHIS#: _____

CHECK APPROPRIATE FOCAL POPULATION REASON(S) FOR REFERRAL:

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

FOCAL POPULATION REASON SPECIFIC TO AGE 60 + :

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

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

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

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LEVEL OF SERVICE

Individual's Name: _____
 DMH IBHIS#: _____

Check ONE ONLY:

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

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

DIAGNOSTIC CONSIDERATIONS

DSM-5/ICD-10 Code: _____

Dual Diagnosis (X Code): _____

Check All that Apply to Individual:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Aggressive Ideation <input type="checkbox"/> Aggressive Acts (by history or current) <input type="checkbox"/> Aggressive Threats (by history or current) <input type="checkbox"/> Fire Setting Ideation or Acts <input type="checkbox"/> Inappropriate Sexual Ideation <input type="checkbox"/> Other _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Inappropriate Sexual Acts <input type="checkbox"/> Psychiatric Hospitalizations (Indicate dates below) <input type="checkbox"/> Suicidal Ideation/Attempts <input type="checkbox"/> Symptoms of Psychosis <input type="checkbox"/> Tarasoff Notifications (past or current) |
|---|--|

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

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

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

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

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

REFERRAL SOURCE

Individual's Name: _____
DMH IBHIS# _____

Agency: _____ Contact Person: _____

Phone: () _____ Fax: () _____ E-mail: _____

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

Other Agency Involvement: DCFS Probation DMH Regional Center
 START

Parole: Parolees* Post-Release Community Supervision/PRCS**
 CDCR# _____

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

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

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

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

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

Please identify recent referrals: D-Rate Wraparound ISFC STRTP Aftercare
 Other: _____

DCFS INFORMATION

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

Assigned DCFS Office: _____

CSW Name: _____ Phone: _____ E-mail: _____

SCSW Name: _____ Phone: _____ Email: _____

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

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

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

LEVEL OF SERVICE

Individual's Name: _____
DMH IBHIS# _____

Check ONE ONLY:

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

If client is currently receiving mental health services please indicate:

Therapist: _____ Agency: _____ Phone: _____

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

DIAGNOSTIC CONSIDERATIONS

DSM-5/ICD-10 Code: _____

Check All that Apply to Individual:

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

Provide Detail for Any Checked Items: _____

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

FOCAL POPULATION

Individual's Name: _____
DMH IBHIS# _____

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

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

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

Provide Detail for Any Checked Items: _____

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

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

Attachment 19: Screening Referral Treatment Follow-Up Form

Confidential Client Information

SUD Referral and Tracking Form

Section 1: Completed by Individual Requesting SUD Screening

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

Refer the client directly to the CENS counselor at assigned co-location if information is known. Otherwise you may refer the client to one of the CENS Area Office listed below.

CENS Providers and Sites

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

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

Signed: _____
Client

Date: _____

Signed: _____
Referral Requestor

Date: _____

Section 2: Completed by CENS counselor

Client has Medi-Cal or My Health LA: _____	<input type="checkbox"/> If yes, Medi-Cal or My Health LA #: _____	<input type="checkbox"/> If no, Application #: _____ Submitted on: _____	Client's Sage Member ID Number: _____ Sage Referral ID Number (auto generated in Sage) _____
--	--	--	---

SUD Screening Completed by CENS Counselor:

Date of Screening: _____	Screened by: _____	Phone: _____
CENS Agency: _____	Email: _____	

For CENS Counselors only - SUD Screening Results

Based on the American Society of Addiction Medicine (ASAM) Triage Tool the CENS Counselor recommends the following Provisional Level of Care (LOC):

SCREENED NEGATIVE OR EARLY INTERVENTION FOR TREATMENT

SUD Treatment Not Recommended ASAM Level 0.5: Early Intervention

↳ WAS AT RISK EDUCATION WORKSHOPS PROVIDED?

Yes No

<p>SCREENED POSITIVE FOR OUTPATIENT TREATMENT</p> <p><input type="checkbox"/> ASAM Level 1.0: Outpatient Services</p> <p><input type="checkbox"/> ASAM Level 2.1: Intensive Outpatient Services</p> <p><input type="checkbox"/> ASAM Level 1-OTP: Opioid (Narcotic) Treatment Program</p> <p><input type="checkbox"/> ASAM Level 1-WM: Ambulatory WM without Extended On-Site Monitoring</p> <p>SCREENED POSITIVE FOR RESIDENTIAL TREATMENT</p> <p><input type="checkbox"/> ASAM Level 3.1: Low-Intensity Residential Services</p> <p><input type="checkbox"/> ASAM Level 3.3: High-Intensity Residential Services, Population-Specific</p> <p><input type="checkbox"/> ASAM Level 3.5: High-Intensity Residential Services, Non-Population Specific</p> <p><input type="checkbox"/> ASAM Level 3.2-WM: Clinically Managed Residential WM</p>	<p>SCREENED POSITIVE FOR INPATIENT TREATMENT</p> <p><input type="checkbox"/> ASAM Level 3.7-WM: Medically Monitored Inpatient WM</p> <p><input type="checkbox"/> ASAM Level 4-WM: Medically Managed Intensive Inpatient WM</p> <p>REFERRED TO OTHER SUPPORT SERVICES</p> <p><input type="checkbox"/> Recovery Support Services</p> <p><input type="checkbox"/> Recovery Bridge Housing (requires concurrent enrollment in ASAM 1.0, 2.1, 1-OTP, or 1-WM)</p> <p><input type="checkbox"/> Other (Specify): _____</p>
---	---

Client Referred to SUD Treatment: Yes No Refused

If Yes, complete the following information:

Name of Treatment Agency: _____

Address: _____ Phone: _____

Contact Person: _____ Email: _____

Appointment Date: _____ Time: _____

If client is referred to SUD treatment, please complete Release of Information (ROI) form
[ROI – In Network Provider](#); [ROI – Out of Network](#)
The Release of Information (ROI) form has been signed. Yes No

Section 3: Treatment Provider Must Complete this Section and Return to CENS

Client showed up to appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, rescheduled to: _____ Date _____ Time _____		
If admitted LOC is different than the ASAM Co-Triage LOC, specify below: _____ (Specify LOC)	If admitted:	Admission Date: _____	Expected Completion Date: _____
		Weekly Treatment Hours: _____	Admission Counselor's Name: _____

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

Comments:



Training Resources

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



Attachment 6: Mental Health First Aid Training Fact Sheet



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

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

WORKFORCE EDUCATION AND TRAINING DIVISION

MENTAL HEALTH FIRST AID

What is Mental Health First Aid?

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

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

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

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

What are the logistics of the MHFA trainings?

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

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

Trainings are usually conducted in a team of 2 instructors.

What is the targeted population?

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

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

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

Contact Information:

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

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





Contact Information



Attachment 7: Crisis Call Numbers Comparison Chart



Crisis Call Numbers Comparison Chart

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

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

**Attachment 8:
Full Service Partnership (FSP)
Service Area Navigator
Contact List**



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



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



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



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

Attachment 9:
**Outpatient Division Directly
Operated Mental Health Clinics by
Service Planning Area**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

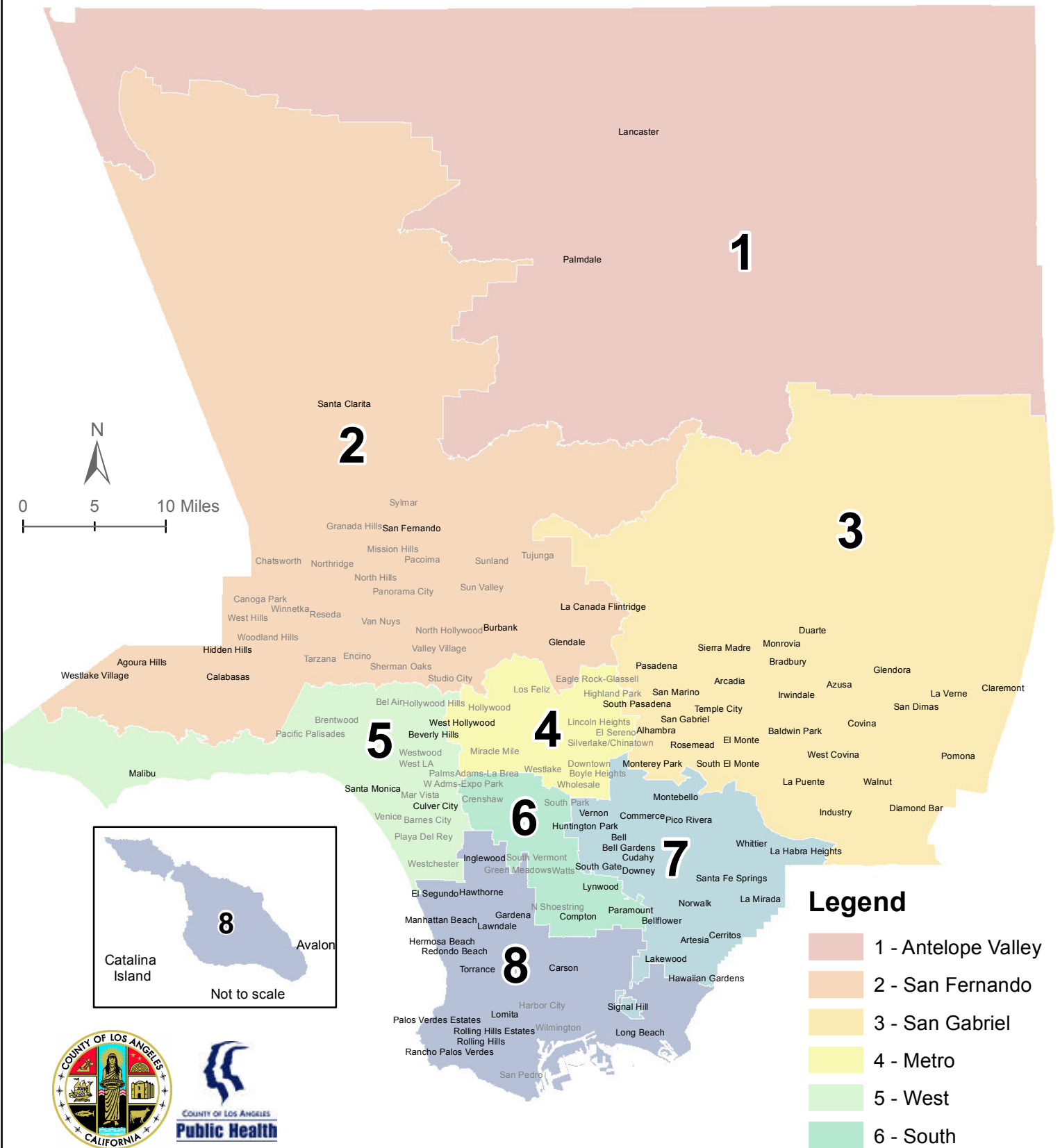
Harbor UCLA Medical Center Adult Outpatient MHC	(424) 306-5701	1000 W. Carson Street, Bldg D-5 Torrance, CA 90509	Mon-Fri 8am-5pm	Sandra Kramer
Harbor UCLA Child/Adolescent Program	(424) 306-5700	1000 W. Carson Street, Bldg D-5 Torrance, CA 90509	Mon-Thu 8am-6pm Fri 8am-5pm	Sandra Kramer
Harbor UCLA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

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

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

Attachment 10: Service Planning Area Map

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



Created by: Office of Health Assessment and Epidemiology. 07/05/2012.
 Note: SPA boundary used was released in 2012 based on Census Tracts 2010.
 Cities are in black and Los Angeles City Neighborhoods are in gray.

Attachment 14: Children's Full Service Partnership (FSP) Provider Contact List

Department of Mental Health - Children's System of Care

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

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



Department of Public Health

Attachment 22: Domestic Violence Housing and Support Services Hotlines

Domestic Violence Housing and Supportive Services

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

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

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

PROGRAM SERVICES

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

**LA County
Domestic Violence
Hotline:**

(800) 978-3600

AGENCY AND 24-HOUR DOMESTIC VIOLENCE SHELTER HOTLINES

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

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

Mainstream Services Department Contact Information

COUNTY DEPARTMENT					POINT OF CONTACT (training, troubleshoot service/referrals, etc.)			
Dept	NAME	For	Website or Email Address	Tel #	For	Name	Email	Tel #
DHS	CBEST	Referrals	cbestreferrals@dhs.lacounty.gov	(323) 274-3777	Troubleshoot	Associate Director: Lidia Melchor, Associate Director or Steven Yu, Staff Analyst	Imelchor@dhs.lacounty.gov or syu4@dhs.lacounty.gov	
DHS	CBEST Training				Training	Steven Yu	syu4@dhs.lacounty.gov	
DMH	ACCESS Line			(800) 854-7771				
DMH	Emotional Support Line			(800) 854-7771, option #2				
DMH	Veterans Support Line			(800) 854-7771, option #3				
DMH	Suicide & Crisis Lifeline		https://dmh.lacounty.gov/988-information/	988				
DMH	Full Service Partnerships	Referrals to Service Area Navigators	https://file.lacounty.gov/SDSInter/dmh/1102857_ServiceNavigatorContactInformation.pdf					
DMH	Children and Young Adult FSP	Information	ChildYAFSP@dmh.lacounty.gov	(213) 948-2972				
DMH	Children and Young Adult FSP	Contact Providers	https://file.lacounty.gov/SDSInter/dmh/159267_FSPPProviderListAllforWebsite7-29-14.pdf					
DMH	Homeless Outreach and Mobile Engagement (HOME)	Submit Referrals	home@dmh.lacounty.gov		Troubleshoot	Aubree Lovelace, Program Manager or La Tina Jackson, Deputy Director	ALovelace@dmh.lacounty.gov or LTJackson@dmh.lacounty.gov	(213) 349-7944
DMH	Psychiatric Mobile Response Teams (PMRT)	Access Service		(800) 854-7771	Troubleshoot	Jolene Friestad, Program Manager. If unable to reach Jolene Friestad, contact Deputy Director Miriam Brown	JFriestad@dmh.lacounty.gov If unable to reach Jolene Friestad - MBrown@dmh.lacounty.gov	(213) 761-0185
DMH	Law Enforcement Teams (LET)	Access Service		911				
DMH	Training				Mental Health First Aid	Adam Benson	abenson@dmh.lacounty.gov	(323) 481-8888

Mainstream Services Department Contact Information

COUNTY DEPARTMENT					POINT OF CONTACT (training, troubleshoot service/referrals, etc.)			
Dept	NAME	For	Website or Email Address	Tel #	For	Name	Email	Tel #
DPH SAPC	CENS	Area Office Provider Contacts	Refer to DPH's Guide Section #7a.		Troubleshoot	Leslie Lopez, Homeless Service Unit OR Adult Services Section: Sandy Song	leslopez@ph.lacounty.gov or sasong@ph.lacounty.gov	
DPH SAPC	Clinical Standards and Trainings (CST)	Training	sapc.cst@ph.lacounty.gov					
DPH	Office of Women's Health - Domestic Violence Housing and Support Services (DVHSS)			(800) 978- 3600				
DPH	Public Health Centers				Accessing services		chs@ph.lacounty.gov	
DPH	Tuberculosis (TB) Control	Information		(213) 745-0800				
DPH	Access TB Testing and Evaluation	Access Service	Refer to DPH's Guide Section #4a					
DPH	Other Infectious Diseases	Information		(213) 240-7821				
DPH DEH	Outbreaks and Investigation		ehsurvey@ph.lacounty.gov	(626) 430-5201				
DPH DEH	Lodging & Institutions	Permitting of IH Facilities		(213) 351-0288				
DPH DEH	Plan Check	IH Food Facility		(626) 430-5560				
DPSS	Customer Service			(866) 613-3777	Troubleshoot	Lynette Franklin or Marjorie Aroraora. If unable to reach them, contact Lisa Hayes.	LynetteFranklin@dpss.lacounty.g ov or MarjorieArora@dpss.lacounty.go v or LisaHayes@dpss.lacounty.gov	
DPSS	BenefitsCal	Benefits	https://benefitscal.com/					
DPSS	Eligibility	Renewal		(888)999-7671 (866)613-3777				
DPSS	Countywide Homeless Information Portal (CHIP)	Client data sharing/ access			To become a member	Lynette Franklin	LynetteFranklin@dpss.lacounty.g ov	