



FY2023-24 Roadmap Interim Housing Program Scope of Required Services (SRS)

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

OVERVIEW

Roadmap Interim Housing Program provides a safe, Low-barrier, Housing First, and supportive twenty-four (24) hour residence to persons experiencing homelessness, while they are assessed and connected to a broad range of housing resources and in an effort to resolve their homelessness situation as quickly as possible.

GLOSSARY

Roadmap Interim Housing (RM-IH): Roadmap Interim Housing is meant to provide emergency temporary housing to adults experiencing homelessness in the City of Los Angeles.

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

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

Housing Navigation (HN): Housing Navigation bridges a critical gap in services in the Los Angeles Continuum of Care (LA CoC). Housing Navigation provides housing-focused supportive services for people experiencing homelessness referred from various LAHSA programs with the immediate goal of helping individuals identify, apply for, secure, and move into permanent housing within 120 days of Housing Navigation program enrollment.

Program Standards: Program Standards are contractual requirements which all LAHSA funded programs providing supportive services must adhere to. This document is not a standalone document and is meant to work in conjunction

with the Component’s Scope of Required Services, which may add to, clarify, or supersede any contractual requirements set forth in the **LAHSA Program Standards** document.

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

ELIGIBILITY FOR ROADMAP INTERIM HOUSING

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

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

COORDINATED ENTRY SYSTEM (CES) PARTICIPATION

4. Roadmap Interim Housing Programs are an integral part of the Coordinated Entry System (CES), which was created to ensure consistent approaches for access to, and delivery of, services in Los Angeles County. Therefore, RM-IH programs must work in collaboration with the CES. Please see **LAHSA Program Standards** for further detail.
5. **Centralized Matching:** Participants will be referred to the RM-IH Program through LAHSA's Interim Housing Centralized Matching process. LAHSA will work closely with all Contractors to provide referrals based on eligibility, prioritization, and unit availability.
 - 5.1. Contractor must agree to receive referrals from the LAHSA Interim Housing Centralized Matching process.
 - 5.2. Contractor must follow any LAHSA-issued guidance and/or procedures related to use of the Bed Reservation System.
 - 5.3. Staff must receive training on how to complete matches submitted by LAHSA in HMIS. Staff must also receive training on using the Bed Reservation System to manage slots, set reservations, and add bed services.

6. Contractor must comply with LAHSA’s established protocol for regular, timely reporting on current bed vacancies/availability and provide additional occupancy updates as requested.
 - 6.1. Contractor must utilize LAHSA-established tracking and database mechanisms for making and receiving referrals through HMIS.
 - 6.2. Contractor must follow any LAHSA-issued guidance and/or procedures related to use of the Centralized Matching process.
7. Contractor must establish and maintain relationships with public and community-based service agencies to collaborate and make services available to participants.
 - 7.1. Contractor must ensure that appropriate releases of information sharing (consents) are in place prior to case conference meetings.
 - 7.2. Contractor must participate in LAHSA-hosted cross-agency coordination, training, and case conferencing sessions with public and community-based service agencies.
8. **CES Initial Assessment:** LAHSA no longer requires completion of a CES Survey Tool (i.e., VI-SPDAT for Adults, Next Step Tool for Transition Age Youth, or Family-SPDAT for Families with Children) upon intake.
 - 8.1. The CES Survey Tool may only be administered by staff who have completed LAHSA required trainings. Upon LAHSA’s adoption of a new or updated CES Survey Tool, Contractor will be required to complete all necessary training to administer the new or updated CES Survey Tool(s) at the designated stage of engagement.
 - 8.2. Contractor must comply with any forthcoming guidance regarding updating or replacing existing CES Survey Tools.
 - 8.3. The new or updated CES Survey Tool must be administered in a place that allows the participant needed privacy for answering the questions.
 - 8.4. A CES Survey Tool may still be required to determine eligibility for certain types of permanent supportive housing (PSH) resources. If one is needed, Contractor should use the existing CES Survey Tool if a new or updated CES Survey Tool has not been released yet.

SUPPORTIVE SERVICES AND ACTIVITIES

9. Contractor must provide the required Supportive Services and Activities directly or through subcontracted services arrangements. Each participant must be individually assessed for the types of services needed, and Contractor must provide services specifically needed by, and requested by, each participant.
10. **Program Intake:** Contractor must allow for intake of new participants at least five (5) days a week during regular business hours and as long as beds are available.
 - 10.1. Contractors must allow for intake of new participants during extended hours such as weekends and evenings within each Contractor’s capacity to allow for intakes during extended hours.
11. **Direct Support Services:** Contractors providing RM-IH are funded for and must offer the following services directly to participants in the program:
 - 11.1. Twenty-four (24) hour bed availability

- 11.2. Case Management
 - 11.3. Document Collection
 - 11.4. Resource Coordination Meetings
 - 11.5. Problem-Solving
 - 11.6. Connection to LA County’s Mainstream Benefits/Services
 - 11.7. Connection to Employment Development/Placement Programs
 - 11.8. Harm Reduction Services (e.g., sharps containers, overdose prevention resources, amnesty lockers)
 - 11.9. Residential Supervision
 - 11.10. Crisis Intervention & Conflict De-escalation
 - 11.11. Restrooms & Showers
12. **Problem-Solving Intervention (Diversion):** The first conversation upon entry will be to assess the possibility of assisting the household to quickly self-resolve their housing crisis through connection/ reconnection with their social support network, connection to community resources, or limited Problem-Solving Assistance Funds (PSAF) provision. For additional information, please see Problem-Solving: A Guide for Implementation and Best Practices which can be accessed here: <https://www.lahsa.org/documents?id=3899-problem-solving-a-guide-for-implementation-and-best-practices-3899.pdf>.
- 13.
- 13.1. Problem-Solving Housing Outcomes include (1) maintaining permanent housing, (2) moving in temporarily with family/ friends, (3) moving in permanently with family/ friends, (4) relocation out of town, and (5) identifying new permanent housing.
 - 13.2. If it is determined through Problem-Solving (Diversion) conversations that one-time financial assistance is needed to resolve the participant’s housing crisis and successfully divert entry into or quickly exit from the (Crisis/Bridge) Housing for Adult Program, the Contractor must review household eligibility and utilize eligible funding to ensure identified outcome. If needed, contractor may submit a request for PSAF (<https://www.lahsa.org/documents?id=3898-form-3898-problem-solving-assistance-request.pdf>). Contractor can contact Problem-Solving@lahsa.org for general questions and case conferencing or PSAssistanceFunds@lahsa.org for PSAF questions or following up on requests for funds.
 - 13.3. If Problem Solving is not initially successful at program entry, Contractor should continue to have ongoing Problem-Solving conversations until a housing outcome is identified while the participant is enrolled in the RM-IH Program.
14. **Meal Distribution:** All participants must be provided three (3) daily nutritional meals (Breakfast, Lunch, Dinner) provided by the Contractor or a subcontracted vendor. Contractor must make accommodations for participants with dietary restrictions or who miss the designated mealtime to ensure that they still receive their meals.
15. **Security:** Contractor is required to oversee and promote the safety of RM-IH Programs participants, staff, and invited guests. The contractor must take a trauma-informed approach to providing security at the site and have standard operating procedures to ensure safety of all residents.
16. **Emergency Naloxone Administration:** All interim housing provider staff must be trained to administer Narcan to participants experiencing an opioid overdose emergency and responsible for maintaining an inventory of Narcan.
17. **Communicable Disease Prevention and Response Practices:** Contractor must abide by all screening, prevention, and response practices designated by the LA County Department of Public Health (DPH). Contractor will ensure

that staff and participants adhere to any Orders issued by the State or County’s Health Officer when in effect. Please see LAHSA Program Standards for additional guidance.

18. **Case Management Services:** Case Management Services are provided by RM-IH Programs staff to help participants access permanent housing. The primary objective of Case Management/ Support Services for RM-IH Programs is to support participants with obtaining any documents needed to become “Document Ready.” Additionally, case management shall also include an organized approach to tracking and managing participant progress including referrals and connections to Housing Navigation and permanent housing programs.
 - 18.1. Contractor must provide Case Management offered in accordance with Housing First and trauma-informed care principles to help participants self-resolve their housing crisis and/or be connected to a permanent housing provider.
 - 18.2. Contractor must document the content and outcome of case management meetings with participants as case notes under the designated program in HMIS. Please see LAHSA’s Program Level Case Note video on how to do this: https://www.youtube.com/watch?v=Hg39kR6ms_s.
 - 18.3. To maintain the momentum of participants’ progress towards obtaining permanent housing, the Contractor must offer case management services to each participant at least one (1) time per month. The frequency of how often case management services is offered to each participant can be increased depending on need and availability.
 - 18.4. Contractors must support participants with obtaining documents needed for permanent housing placements including but not limited to: Government Issued Identification Card, Social Security Card, and other necessary documents to move swiftly into permanent housing.
 - 18.4.1. Support with document collection includes assisting participants with completing applications and accompanying them to appointments.
 - 18.5. All efforts on behalf of the Contractor to engage a participant in case management services should be documented in HMIS and the response from the participant.
 - 18.5.1. Case notes in HMIS should be documented in a manner that is succinct, objective, and factual.
19. **Case Management Ratio:** Contractors are recommended to maintain a ratio of approximately one (1) staff to every twenty-five (25) participants for optimal service delivery.
 - 19.1. The specific ratio of staff members to participants for case management services should be determined through consultation with Supervising or Managing level staff, taking into consideration the frequency of services needed for participants based on individual need.
20. **Resource Coordination Meetings:** Interim Housing contractors are required to coordinate and support oversight of program placements between service providers for participants to move swiftly into permanent housing. Contractors will hold regular meetings with Housing Navigation and Time Limited Subsidy service providers to coordinate care and movement into permanent housing and will have access to overall planning for participants.
 - 20.1. Contractor is responsible for submitting referrals to Housing Navigation in HMIS for eligible participants when Housing Navigation slots are available to them.

- 20.2. Contractor is expected to follow any prioritization guidance for HN referrals approved by the CES Policy Council.
 - 20.3. Contractor should refer to this Interim Housing to Housing Navigation Implementation Training for additional guidance: <https://www.lahsa.org/documents?id=6975-lahsa-ih-to-hn-implementation-training>.
 - 20.4. Contractor must comply with any forthcoming guidance regarding Resource Coordination Meetings and the referral process linking participants to Housing Navigation services.
21. **Mainstream Benefits:** Contractor must establish procedures for referring eligible and interested participants to mainstream benefit services (e.g., services available through Department of Social Services, Department of Health Services – Countywide Benefits Entitlement Service Team (CBEST), Department of Mental Health, Department of Public Health - Substance Abuse Prevention and Control (SAPC)).
22. **Employment Development/Placement Programs:** Contractor must establish and maintain effective working relationships with employment programs, such as local Work Source Centers to assist participants in engaging in services to prepare for and obtain employment. The goal of these services is to improve the participant’s financial situation to increase the participant’s ability to live independently.

LENGTH OF ENROLLMENT

23. Contractor must strive to assist participants in moving out of the RM-IH program and into permanent housing as quickly as possible. The total length of stay can and should be individually determined, based on the participants need. Progress and engagement towards housing goals must be documented and reviewed when a participant is approaching an initial 90-day length of stay and, so long as participant stays in the program, every 90 days after. See Appendix I for details regarding reasons for extension and required documentation.

PROGRAM PARTICIPATION GUIDELINES

24. Contractor must incorporate as part of their program, a set of program participation guidelines that serve as protocols for ensuring the safety and security of program participants, as well as program staff. These guidelines must be presented to LAHSA staff before operations start for review and approval by LAHSA.
- 24.1. Program participation guidelines must incorporate language to support a Low-Barrier, Harm Reduction, and Housing First approach required of all programs.
 - 24.2. Program participation guidelines must be participant-centered to minimize barriers to accessing an RM-IH program bed and prevent/minimize exits from program due to Rule violations.
25. Contractor must create a Program Participation Guideline Agreement form. Contractor must review the form with the participant upon program enrollment. The form must include a participant consent section signed and dated by the participant with a witness signature and dated to be signed by the contractor. Upon signature of the Program Participation Guideline Agreement, the participant is consenting to participate in the program and is certifying that they have read (or have been read) the program guidelines, and that they understand and consent to the expectations regarding abiding by the program guidelines.

EXITING PARTICIPANTS

26. Contractor must abide by the **LAHSA Interim Housing Exit and Termination Standards document** and develop and document clear Termination Policies and related procedures that align with these expectations.

HMIS DATA COLLECTION AND PARTICIPATION REQUIREMENTS

27. Contractor shall refer to **LAHSA Program Standards** for details regarding Contractor requirements for utilization of HMIS.
28. Providers are required to enter nightly bed services for all participants who are occupying a bed at their site. A bed service must be entered for any participant who is physically occupying their bed at any point in the 24-hour day. Flexibility should be granted to participants who keep a non-traditional sleep or work schedule when entering bed services.
 - 28.1. A bed service is not applicable to any other service that a participant may be receiving from the RM-IH Program.
29. Program enrollments, program exits, and bed services must be entered in HMIS within one (1) business day following the provision of services or change to a participant’s program status.
30. When exiting a participant from the program, the Contractor will use either a) the date of the last service provided, or b) the date following the last bed service – whichever was last provided under the program enrollment.
31. With any participant, the Contractor must complete a Status Change Assessment when there are changes in regular Income (as defined in the HUD Data Standards), Employment Status, and/or Disabling Conditions and Barriers as Status Update Assessments throughout their program enrollment.

PARTICIPANT FILE

32. Contractor must maintain a hard case file for each participant.
33. Collection of identification and income verification documents is recommended but **not** required for enrollment into the program. If participant does not have these documents at the time of program entry, Contractor must assist participant with obtaining them. Once obtained, copies of these documents must be kept in the participant’s file.
34. Core documents for RM-IH Programs Participant Files include the following, but are not limited to:

Document	Guidance
Participant Identification	Required - See Appendix I for details.
Program Participation Guideline Agreement	Agency created form. Must be dated and signed by the participant and Contractor and must indicate that the program site does not establish tenancy
Grievance Procedure Acknowledgement	Agency created form. Must be dated and signed by the participant and Contractor. See LAHSA Program Standards for additional guidance.
CES Initial Assessment	Complete in alignment with procedures developed by LAHSA.
Verification of Homelessness	Required – Use the LA COC Homeless Verification Form (Form 6053) located here: https://www.lahsa.org/documents?id=6053-la-coc-homelessness-verification-form-6053-.pdf .

Income Documents	Current proof of income must be uploaded to HMIS if it has not already been uploaded. If proof of income is outdated or not currently available, the participant should complete Form 1087 - Self Declaration of Income/ No Income Form and the form should be uploaded to HMIS.
Housing and Services Plan	Optional - Use LAHSA-approved form and track the date the Housing and Services Plan was completed in HMIS. Form is located here: https://www.lahsa.org/documents?id=1186-form-1186-housing-services-plan-english-.pdf .
Budget Tool	Optional, use as needed
Case Notes	Required- Enter into HMIS
Exit Summary Form or Agency-specific exit form	Required- Use the LAHSA-approved Exit Summary Form located here: https://www.lahsa.org/documents?id=1081-form-1081-exit-summary.pdf . Contractor can also use their agency-specific exit form.
Notice(s) of Noncompliance and/or Termination Notice	Required (as applicable)-Documents must also be uploaded to HMIS. Refer to LAHSA Interim Housing Exit and Termination Standards document for further guidance.

FACILITIES AND OPERATIONS

35. **Harm Reduction and Trauma Informed Program Design:** These principles shall be incorporated into all aspects of the program’s facility. Core design components are listed below.
- 35.1. Creating trauma-informed programs requires continual review of policies to see what works and what may be re-traumatizing to trauma survivors. Contractor must have a regular review of policies to update practices and guidelines to make them as relevant as possible to the participants being served.
 - 35.2. Contractor must utilize the Trauma-Informed Organizational Toolkit to self-assess its program and facility for fidelity to the trauma-informed model and to develop aligned policies and procedures. (Trauma-Informed Organizational Toolkit – <https://www.lahsa.org/documents?id=1691-trauma-informed-organizational-toolkit.pdf>)
 - 35.3. Contractors are permitted to prohibit the possession and/or use of weapons, alcohol, and/or illegal drugs on the site.
 - 35.3.1. Contractors must, however, establish Harm Reduction policies, practices, and procedures designed to minimize negative consequences resulting from participants use or possession of contraband items as referenced above.
 - 35.4. Sharps Container - Contractor must ensure that a sharps container is available on-site and is accessible to participants. Sharps must be disposed of in an appropriate manner.
 - 35.5. Amnesty Lockers - Contractors shall provide amnesty lockers for participants to discreetly lock and store personal property before entering the shelter. Contractor is expected to develop Policies and Procedures regarding the use of amnesty lockers.
 - 35.5.1. Items stored in amnesty lockers may not be accessible to program participants while within the grounds of the Interim Housing program.

35.5.2. Contractors must return participant's items upon participant request, and upon exiting the grounds of the RM-IH Programs.

35.6. Harm Reduction is not intended to prevent the termination of a participant whose actions or behavior constitute a threat to the safety of participants and/or staff.

36. **Pets:** As pets often provide important companionship for participants, Contractors are encouraged to accommodate incoming participants with pets within their capacity to do so. The term "pet" refers to a participant's animal(s) that is not otherwise identified as a Service Animal or Emotional Support Animal. Contractor are encouraged to develop policies and procedures for working with participants with pets.
- 36.1. The recommendation in Section 36 is specific to pets not classified as Service Animals or Emotional Support Animals. Contractors are still required to adhere to state and federal laws regarding providing reasonable accommodation to participants with service animals or emotional support animals. Please see **LAHSA Program Standards** for further guidance on Service Animals and Emotional Support Animals.
37. Contractor must allow for twenty-four (24) hour access to the RM-IH Programs for participants. Contractor may implement quiet hours when needed, such as to address the following:
- 37.1. Community agreements
 - 37.2. A desire not to create sleep disturbance if in communal areas
 - 37.3. Good neighbor policies
38. Contractor must have, or provide access to, a phone which participants can use within reasonable limits.
39. Contractor must return funds and/or possessions held on behalf of a participant within twenty-four (24) hours of the participant's request.
40. The facilities used to provide RM-IH Programs may provide beds or cots in a single-site facility with sleeping accommodations in multiple rooms or a congregate dormitory setting. Bunk beds are acceptable for use; however, Contractor must create policies and procedures addressing accessibility.
41. Contractor shall provide basic furnishings in the bedrooms and common areas of the facility.
42. All shared bedrooms must be in compliance with **LAHSA's Equal Access Policy**.
43. Contractor must provide accommodation for mixed-gender and same-gender couples, as available.
44. There must be a minimum of three (3) feet, or thirty-six (36) inches between the long side of adjacent beds or cots. The configuration of beds / cots in a dormitory or large room setting must include aisles that are sufficient in size and placement to facilitate ease of passage in the event that an emergency evacuation of the facility is necessary. Appropriate pandemic mitigation measures must be in place and consultation with LAHSA staff if bed spacing changes are made or required by the Department of Public Health.
45. The facilities must also provide, at a minimum, a laundry facility (or provide participants with assistance connecting to laundromat services) so that they can wash their clothing. See **LAHSA Facility Standards** for further guidance.
46. On-site storage: Contractor must provide each participant with access to storage for personal possessions which they should have access to during their time in the RM-IH Programs. Minimum storage must be the equivalent of a standard 12" x 12" x 12" locker. Additional storage must be made available as facility capacity allows.

CONTRACTOR OBLIGATIONS

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

PERSONNEL

50. Contractors operating 15 or more RM-IH Program beds must have at least one Master level staff (MSW/MFTI, or similar) to: assist with crisis intervention; oversee case coordination; provide regular clinical supervision to all case management staff; and regular trainings with other operations staff, e.g. security guards. Staff will need to be available 1 day per week and on call as needed. Please refer to **LAHSA Program Standards** for additional requirements related to program personnel.
51. Contractor must assign staff with background experience and expertise to provide the services required in the Scope of Required Services (SRS).
52. Contractor must abide by the list of required staff trainings outlined in the **LAHSA Program Standards**.
 - 52.1. In addition to the trainings outlined in the LAHSA Program Standards, Contractor is required to ensure all support services staff complete a training on administering Naloxone (NARCAN) to a participant in the event of an opioid overdose.
 - 52.2. Direct-service staff are to be offered and required to participate in ongoing training on topics such as trauma-informed care, harm reduction, housing-first, and low barrier access topics. See **Appendix II** for more information.
 - 52.3. Contractor must comply with any additional required trainings as directed by LAHSA.

APPENDIX I. RM-IH Programs Eligibility

Homelessness Status	<p>Eligible Participants: Participants must be determined to be homeless (Category 1) per HUD’s Final Rule on “defining Homeless” (24 CFR parts 91, 576 and 578) and (Category 4) per The McKinney-Vento Homeless Assistance Act (42 U.S.C. 11301 et seq.).</p> <p><u>Category 1:</u> Literal Homeless- An individual or family who lacks a fixed, regular, and adequate nighttime residence, which includes one of the following:</p> <ol style="list-style-type: none">i. Has primary nighttime residence that is a public or private place not meant for human habitation. Examples include street, park, vehicle, abandoned building, bus/train station, airport, camping ground);ii. Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (Emergency shelter, transitional housing, motel/motel paid by government or charitable organization); <u>or</u>iii. Exiting an institution where (s)he has resided for 90 days or less AND were residing in an emergency shelter or place not meant for human habitation immediately before entering institution. Examples of Institutions include a medical hospital, psychiatric hospital, jail, prison, substance abuse treatment facility, and dependent care facility. <p><u>Category 4:</u> Individuals/families experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual’s or family’s current housing situation, including where the health and safety of children are jeopardized; and includes all of the following:</p> <ol style="list-style-type: none">i. Have no identified residence, resources or support networks; ANDii. Lack the resources and support networks needed to obtain other permanent housing. <p>Acceptable Verification:</p> <ul style="list-style-type: none">• <u>For individuals determined to be homeless (Category 1 or 4),</u> homelessness status must be verified and documented using either a HMIS Client Summary Report or the LA CoC Homeless Certification Form or the LA CoC Imminent Risk of Homelessness Form (Category 2).<ul style="list-style-type: none">▪ <i>HMIS Client Summary Report:</i> Providers seeking to document a client’s homelessness (Category 1 or Category 4) should first run the participant’s Client Summary report on HMIS. If the Client Summary Report verifies the individual is actively in a homeless program within seven (7) days, the provider may print the HMIS Client Summary Report and place in the participant’s file. If the Client Summary does not show the client met/meets the Category 1 or Category 4 definition within the last seven (7) days, the provider will need to use one of the LAHSA-approved forms to document a client’s homelessness at program entry.▪ <i>LA CoC Homeless Verification Form</i> (Form 6053) – Use this form to verify homelessness for Categories 1 & 4. https://www.lahsa.org/documents?id=6053-la-coc-homelessness-verification-form-6053-.pdf.
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APPENDIX I. RM-IH Programs Eligibility (Continued)

Geography	Participants must be current residents of the County of Los Angeles. If the person reports that they slept within the County of Los Angeles the night previous to assessment they would be considered a current resident of Los Angeles.		
Participant Identification	<p>Participants are required to have a form of identification on file. If a participant does not have an identification card at the time of the program screening, Contractor must not deny the participant entry to the program rather assist the participant in obtaining an identification card.</p> <p>Category [A] are acceptable forms of government issued photo identification cards. If the participant does not have any of the acceptable identification cards listed in Category [A] they may provide one acceptable form of alternative photo identification in Category [B] along with one acceptable non-photo form of identification in Category [C] to meet the government issue identification requirement. A copy of a social security card is NOT required for the program.</p>		
	<p>[Category A] Government issued photo Identification Card (ID)</p> <ul style="list-style-type: none"> • State-issued DMV ID • State-issued DMV Driver’s license • Passport/ Passport Card • US Military ID • Immigration Services (USCIS) ID • Visa issued by department of state • Government issued ID 	<p>[Category B] Alternative Forms of acceptable photo identification Card (ID)</p> <ul style="list-style-type: none"> • Student ID • Shelter ID • Employment ID • Bank/ Debit/ Credit Card • Transportation Card (METRO) • Library Card • Gym Membership Card • Warehouse Membership Card 	<p>[Category C] Alternative Forms of acceptable non-photo identification</p> <ul style="list-style-type: none"> • Birth certificate • Utility Bill • Lease/ rental contract • School Records • Medical / Dental insurance card • Debit/ bank card • Credit card • Legal records/court documentation • Tax Identification Number/Paperwork (TIN) • Social Security card • American Automobile Association (AAA) card • American Association of Retired Persons (AARP)
Length of Stay	<p>RM-IH Program has no time limit: the total length of stay can and should be individually determined, based on the participant’s need. Progress and engagement towards housing goals must be documented and reviewed when a participant is approaching an initial 90-day length of stay and, so long as participant stays in the program, every 90 days after.</p> <p>Contractors must complete LAHSA-approved <i>Interim Housing Extension Form(s)</i> (https://www.lahsa.org/documents?id=1072-form-1072-bridge-housing-program-90-day-extension-form.pdf) at each of these designated intervals for the participant to maintain eligibility. Ongoing eligibility shall be extended for the following reasons:</p> <ul style="list-style-type: none"> • Participant has been matched to housing but has not been able to identify a suitable unit or is still going through the application process with a permanent housing provider. • Participant meets prioritization criteria established through the LA CoC CES but has not yet been matched to a housing resource. • Participant is currently working towards one or more goals established in the Housing and Services Plan but not yet connected to a housing resource. Contractors are expected to apply a low barrier approach when considering a participant’s progress towards their goal(s). <p>The Interim Housing Extension Form(s) must be stored in the participant’s file and documentation must be maintained in case notes within HMIS.</p>		

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

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