

SOUTH BAY COALITION FOR THE HOMELESS

General Meeting

Wednesday, 5/14/14, 10:00 – 12:00 pm

St. Joseph's Church

11901 Acacia Ave., Hawthorne

Attendees: *Jimmie Simpson, Ed Gonzalez, Reina Amiling, Gerardo Magallanes, Jessy Needham, Ann Lee, Robin Fitzgerald, Bill Roberson, Karen Ceaser, Shari Weaver, Carrie Bach, Julie Jacks, Felecia Howard, Mark Silverbush, Maureen Crean, Czarina Barrios, Mary Agnes Erlandson, Dulce Vargas, Elaine Ruggiero, Paul Stansbury, Nancy Wilcox, Louis Mena, Marilyn Montenegro, David Howden, Rev. Johan Dodge, Connie McOsker, Jeannine Meyer, Maria Salas, John Napolitano.*

1. Welcome & Introductions. Mark Silverbush opened the meeting at 10:08 am. After everyone introduced themselves, he briefly reviewed the highlights from our Mission Statement providing background on our organization.
2. Minutes Review & Approval. Carrie Bach accepted corrections to the April General Meeting minutes brought up by Paul Stansbury: Pg. 4, Item 9, second bullet: Remove "San Pedro Chief" and replace with "Manhattan Beach Chief." The Minutes were approved as amended.
3. Hosting Agency: St. Joseph Church. Mary Agnes Erlandson explained St. Joseph, St. John Chrysostom and Catholic Charities formed St. Margaret's Center 26 years ago. "St. Jo's" is the largest Catholic churches in the area, serving 12-15,000 in 11 parishes. It has many projects in the community including a pilot program with the Department of Mental Health.
4. Featured Speakers. Dr. Ann Lee and Maria Salas, Los Angeles County Department of Mental Health (DMH). In recognition that May is "Mental Health Month," these speakers from our local Service Area (SA) 8 were invited to inform SBCH about their programs. Ann's contact information is: 562.435.3027, alee@dmh.lacounty.gov; Maria's is 310.519.6218, msalas@dmh.lacounty.gov.

Ann first spoke about the DMH programs for those experiencing homelessness, and then Maria informed us of the programs, services and upcoming training opportunities.

- A monthly Service Area Action Council (SAAC) meeting is held that connects faith- and community-based organizations, as well as county departments (see Mission statement).
- SA 8 has 30 contracted clinics. It also has five contracted providers who provide crisis housing (i.e., not permanent), with three being currently active (one is for domestic violence clients). All are located in Long Beach but seldom have openings. These clients have DMH case managers who work with them to create and implement a housing plan to move them into permanent housing.
- Persons who are homeless must be "linked" to DMH (i.e., are currently getting services at a DMH clinic) before they are eligible for permanent housing through one of its programs. Otherwise, they will refer out to other housing providers (e.g.

SHARE! Collaborative Housing). These clients cannot have SSI and must be homeless. DMH case manages these clients.

- A homeless individual spoke. He spoke of his background and then his frustration at not being able to get the services he needs. He used to make \$150K/year and lived in the beach cities. He stayed in a Wilmington shelter but felt it was a bandaid. Because he doesn't have a substance abuse problem, mental illness, or other challenges, he feels he does not get any assistance. Bill Roberson is currently helping him. Bill encouraged the coalition to come up with a solution and recommended making advocacy for housing a priority, e.g. going to city council meetings, to Sacramento and/or to DC to advocate.
- Maria passed out ACCESS/SMART contact information, discussed MHFA training and Clergy meetings that are held monthly. DMH is asking for community members to help in order to develop a volunteer base.

5. Report Back: LACoC Coordinating Council and Elections for SPA representatives. Jessy Needham reported on the following:

- a. LAHSA established this council with the goal of getting the homeless service providers at the table to talk about issues/solutions that affect their region, given how large and diverse the county is.
- b. Elections will be held for the council members. Candidates don't need to be from an agency that is currently receiving funding from LAHSA, and self-nominations are encouraged with the deadline extended by a week. There will be one vote per agency and the representative must be at the meeting since there will be no on-line voting. Jessy will be available after the meeting to answer questions about the election.
- c. The Coordinating Council is also working on its organizational development plan.
- d. Mark added that before the Coordinating Council was formed, the Board of Commissioners made all decisions. They found there was little opportunity previously to provide community inputs on topics affecting agencies. LAHSA provides the ability to listen in on these meetings via phone; Mark and Nancy Wilcox encouraged all members to participate in this manner to learn what is being discussed.

6. Projects Review/Discussion. Nancy reviewed the following:

- a. *Resource "pocket" guides:* Harbor Homeless Resource Guide is completed and has been handed out. The other two are in development with Marymount students researching one of them. Nancy will assist in moving these guides forward in the Beach Cities and Northern Areas.
- b. *Retreat:* More information (Saturday, July 19, 2014) is coming. Just hold the date for now. We may have different breakout sessions relevant to the interests of the different groups, e.g. agencies, faith community, etc.

7. Co-Chair's Report

- a. *SPA 8 Coordinated Entry System (CES)*: Shari Weaver reported on CES since Harbor Interfaith (HIS) is the lead agency. This morning, HIS passed the threshold for the grant, which can be funded up to \$800,000 per SPA. Shari will be the CES Coordinator for SPA 8. There will be a north, south, and Long Beach "hubs." Shari thanked Nancy and Mark for their effort so far. How the coalition plans to develop CES will determine how much of the \$800,000 is awarded. The HFSS (Homeless Family Solutions System) will be similar to CES (which services single adults) and some of the same providers will be a part of both. DMH Navigators will be a part of our CES. More details will be presented at the July meeting.
- b. *Hospital Convening*: Emergency Departments see a lot of homeless folk so that is the rationale to bring them into CES. SBCH is organizing a "convening" of these hospitals to encourage their participation and leadership with CES. It is scheduled for in July or August, 2014.
- c. *"Companionship" Program*: Nancy is working with HIS and First Presbyterian Church San Pedro to have this start this type of program where volunteers are matched with a formerly homeless person.
- d. *Community Fair Participation*: AMVETS, Wilmington ("E" Street just west of Avalon), Saturday, May 31; US Vets Stand Down Dec. 20-22. Also, June 19th, VALOR Vet Stand Down at Patriotic Hall (Carrie to send flyer).

8. Member Agency Announcement:

- a. *David Howden, Corporation for Supportive Housing (CSH)*, provided information on California Proposition 41, "Veterans Housing and Homeless Prevention Bond Act of 2014." It will make \$600 million of existing Proposition 12 (Veterans Bond Act of 2008) bond funds available to expand housing options for veterans.
- b. Mary Agnes announced the Lennox Family Festival, Community Fair, Saturday June 21, 11-4pm.
- c. Paul Stansbury recommended [a recent article in USA Today](#) about the financial and human toll on mental illness
- d. Maria Salas announced the [Prison] Re-Entry Fair will be held on 10/20/14. One of the major challenges is identifying employers who will hire felons.

Mark closed the meeting at 11:55 am.

Respectfully submitted by Carrie Bach.

SERVICE AREA 8 ADMINISTRATION

The Service Area 8 Administrative Office is the headquarters for Department of Mental Health operations within the Long Beach and South Bay communities and has responsibility for programmatic issues addressing children, youth, adults and older adults. We are privileged to partner in highly collaborative relationships within our communities in order to improve and sustain optimal mental health for the residents we serve.

In order to meet the mental health needs of the diverse communities in Service Area 8, the Department of Mental Health directly operates eight mental health centers and contracts with more than 35 mental health providers in the service area. Our centers and contractors provide an array of outpatient services for children, youth, families, adults and older adults.



MENTAL HEALTH SERVICES ACT

Mental health services provided include screenings and assessments, case management, crisis intervention, medication support, peer support and other recovery services.

Services are provided in multiple settings, including residential facilities, clinics, schools, hospitals, county jails, juvenile halls and camps, and field visits.

The Mental Health Services Act (MHSA) has allowed for expansions of Full Service Partnership programs, Wellness Centers and Alternative Crisis Services as well as Field Capable Clinical Services for all age groups.

MENTAL HEALTH SERVICES

- Full Service Partnership Programs (FSP)
- Field Capable Clinical Services (FCCS)
- Wellness Centers
- Client-Run Centers
- Prevention and Early Intervention Services
- Specialized Foster Care Services

OUR PROVIDERS

- 1736 Family Crisis Center
- Alafia Mental Health Institute
- ALMA Family Services
- Asian American Drug Abuse Program (AADAP)
- Bayfront Youth & Family Services
- ChildNet Youth & Family Services, Inc.
- Children's Bureau
- Children's Institute, Inc.
- City of Gardena
- Coastal API Family Mental Health Center
- Counseling & Research Associates, Inc. (MASADA)
- Counseling4Kids
- Crittenton Services For Children and Families
- Didi Hirsch Community Mental Health Center
- El Dorado Community Services Center
- Exodus Recovery, Inc.
- For The Child
- Harbor-UCLA Medical Center
- HealthView, Inc.
- Heritage Clinic
- Homes For Life Foundation
- Jewish Family Services
- Long Beach Adult Mental Health Center
- Long Beach API Family Mental Health Center
- Long Beach Child & Adolescent Program
- Mental Health America of Los Angeles
- Olive Crest Treatment Centers
- One In Long Beach
- Pacific Asian Counseling Services
- San Pedro Mental Health Center
- Shields For Families
- South Bay Children's Health Center
- South Bay Mental Health Center
- Special Services For Groups
- Specialized Foster Care
- Star View Community Services
- Sunbridge/Harbor View Community Services
- Tarzana Treatment Center
- The Guidance Center
- TIES For Families

OUR COMMUNITIES

Service Area 8 encompasses a broad geographic area covering 332 square miles in the southwestern portion of Los Angeles County and includes the following communities:

- Inglewood ▪ Hawthorne ▪ Torrance ▪
- San Pedro ▪ Carson ▪ Wilmington ▪ Lomita ▪
- Long Beach ▪ Catalina Island ▪ Gardena ▪
- Lawndale ▪ Redondo Beach ▪ Hermosa Beach ▪
- Manhattan Beach ▪ El Segundo ▪
- Palos Verdes Estates ▪ Rancho Palos Verdes ▪
- Rolling Hills ▪ Rolling Hills Estates ▪
- Los Angeles (parts of) ▪



hope reco
wellness

LACDMH MISSION

Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency.

OUR 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.



William T Fujioka, Chief Executive Officer
Los Angeles County

Los Angeles County Board of Supervisors

Gloria Molina, First District
Mark Ridley-Thomas, Second District
Zev Yaroslavsky, Third District
Don Knabe, Fourth District
Michael D. Antonovich, Fifth District

Marvin J. Southard, D.S.W., Director
Robin Kay, Ph.D., Chief Deputy Director
Roderick Shaner, M.D., Medical Director

Los Angeles County
Department of Mental Health
550 South Vermont, 12th Floor
Los Angeles, CA 90020

Phone: 213-738-4601
Fax: 213-386-1297

hope wellness
recovery

LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH

Service Area 8



SERVICE AREA ADVISORY COMMITTEE (SAAC 8)

First Friday Of Each Month
10:15 a.m. – 12:00 p.m.
DCFS – Torrance Office
2325 Crenshaw Blvd.
Torrance, CA 90501

For further information, please contact the
Service Area 8 Administrative Office at
(562) 435-3037



If You Are in Crisis and
Need Help Right Away,
Call Toll-Free, 24/7 Access Helpline:

1-800-854-7771



100 Oceangate, Suite 550
Long Beach, CA 90802
562-435-3037

<http://dmh.lacounty.gov>

County of Los Angeles – Department of Mental Health



Service Area 8 (Long Beach/South Bay) Administration
 Office Hours: Monday-Friday 8:00 AM to 5:00 PM
 Main Line: 562-435-3037
 Fax: 562-435-3128

Navigation Team (call for assistance with linkage to mental health services and other supportive services for individuals and families)

Adult Navigator (ages 26-59) Adult & Older Adult Navigator (ages 26-59, and 60+)	Lisa Powell: 562-435-2287 Jenny Nguyen: 562-435-2257
Transition Age Youth Navigator (ages 16-25)	Shane Matsui 562-435-3106
Child Navigator (ages 0-15)	April Hagerty: 562-435-2078
Housing Specialist	Zhena McCollum: 562-435-2097

Adult Clinics (call for intake information)

Coastal API Family Mental Health Center 14112 S. Kingsley Drive, Gardena 90249 310-217-7312	Harbor-UCLA Medical Center 1000 W. Carson Street, Torrance 90502 (General) 310-222-2345; (Psychiatry& Pediatric) 310-222-3110
Long Beach Mental Health Center 1975 Long Beach Blvd., Long Beach 90806 562-599-9280	Long Beach API Family Mental Health Center 4510 E. Pacific Coast Hwy, Ste 600 Long Beach 90804 562-346-1100
San Pedro Mental Health Center 150 W. 7 th Street, San Pedro 90731 310-519-6100	South Bay Mental Health Center 2311 W. El Segundo Blvd., Hawthorne 90250 323-241-6730

Children’s Clinics (call for intake information)

Coastal API Family MH Center 14112 S. Kingsley Drive Gardena, CA 90249 310-217-7312	Long Beach Child & Adolescent Pgm 240 E. 20 th Street Long Beach, CA 90806 310-599-9271	Harbor-UCLA Medical Center 1000 W. Carson Street Torrance, CA 90502 (General) 310-222-2345 (Psychiatry& Pediatric) 310-222-3110
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Countywide Navigators (for services outside of the Long Beach/South Bay area)

Service Area 1 Antelope Valley/Palmdale/Lancaster	Angela Coleman 661-223-3818
Service Area 2 San Fernando Valley/Santa Clarita/Glendale	Darrell Scholte 818-610-6705
Service Area 3 San Gabriel Valley/Pasadena/Arcadia/Pomona	Eugene Marquez 213-471-6535
Service Area 4 Metro L.A./Downtown/Hollywood	Nancy Weiner 323-671-2612
Service Area 5 West L.A./Santa Monica	Maureen Cyr 310-482-6613
Service Area 6 South Central L.A./Lynwood/Compton	Perla Cabrera 323-290-5826
Service Area 7 Cerritos/Downey/Whittier	Tere Antoni 213-738-6150

Los Angeles County—Department of Mental Health

Crisis Services

ACCESS CENTER

For free confidential mental health information, referrals to service providers, and crisis counseling, at any day or time.



Mental Health Urgent Care Center

A place for people with urgent mental health needs

When people are experiencing mental health crises and need help, they can come to the Mental Health Urgent Care Center @ Long Beach. As a consumer-focused program, its goals are to provide immediate relief to people in distress and to help them maintain stability in their lives. The program is designed to help people avoid involuntary hospitalization, psychiatric emergency room visits, and incarceration.

The MHUCC is operated by Telecare under contract with the Los Angeles County Department of Mental Health. It is a family- and provider-friendly program. It is NOT an emergency room or private hospital.

The Mental Health Urgent Care Center
6060 Paramount Blvd. Long Beach CA
562-790-1860

Monday—Friday
8 a.m.—7 p.m.

No appointment Necessary. Receptionist on-site from 8 a.m.-5 p.m.

- Rapid, 24-hour access to psychiatrist, nurses and licensed clinical staff. No long delays in the waiting room.
- A safe, respectful environment for people in distress.
- Medication evaluation and services available.
- Nourishment available.
- Appropriate referrals to other community resources.
- Follow up visits or contacts.
- It's not a hospital, it's a voluntary program. Clients can leave anytime they want.

The MHUCC can offer services in a variety of languages including, English, Spanish, Tagalog, and Samoan

Long Beach M.E.T. Team (Mental Evaluation Team)

The M.E.T. was designed to assist field police officers and to provide a cooperative, compassionate mental health/law enforcement response team to assist those persons in need of accessing available mental health services.

Emergency Services 911 (ask for M.E.T.)
Non-Emergency 562-435-6711
Voice Mail 562-570-7195

**COUNTY OF LOS ANGELES –DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT AND EDUCATION SERVICES**

TEMPORARY SHELTER PROGRAM GUIDELINES AND PROCEDURES

STATEMENT OF INTENT:

The Temporary Shelter Program (TSP) is intended to provide short-term shelter services to adults with mental illness, including those with minor children, who are homeless, or at risk of becoming homeless. The TSP is limited to individuals who need a temporary place to stay until a transitional or permanent housing plan can be developed and implemented. The TSP includes safe and clean shelter, general oversight on a 24-hour basis, three meals each day, clothing and toiletries.

ELIGIBILITY CRITERIA:

In order to be eligible for the TSP clients must meet certain eligibility requirements. The client must:

- 1) Be eighteen years of age or older.
- 2) Be homeless or at risk of becoming homeless.
- 3) Receive services from the Department of Mental Health (DMH) including DMH Legal Entity providers.
 - Individuals who are receiving outreach and engagement services from a directly operated Full Service Partnership program are eligible for TSP services prior to their enrollment in a FSP.
 - Clients who receive services from a DMH Legal Entity FSP program are not eligible for TSP because those agencies have Client Supportive Services funds which can be used to assist FSP clients with housing needs.
- 4) Not have adequate benefits or other financial resources to pay for temporary housing.
- 5) Not require care and supervision, acute emergency intervention, inpatient hospitalization, or other 24-hour treatment as determined by DMH staff. For clients in the TSP that require emergency intervention or inpatient hospitalization, an assessment will be required by the case manager to determine appropriateness to return to the TSP.
- 6) Not be on a mental health conservatorship.

Exceptions to the eligibility criteria require Service Area (SA) Gatekeeper and Countywide Housing, Employment and Education Resource Development (CHEERD) approval.

PROGRAM GUIDELINES AND RESPONSIBILITIES:

This section outlines the roles and responsibilities related to initiating, maintaining and terminating TSP services.

Client's Responsibilities:

- 1) Develop and implement a transitional or permanent housing plan with a DMH case manager within the first 30 days (60 days for clients who receive services from a DMH directly operated FSP) of being approved for TSP services. This includes applying for housing subsidies including Homeless Section 8 or Shelter Plus Care if appropriate.
- 2) Apply for any benefits for which he/she might be eligible including but not limited to General Relief (GR), Supplemental Security Income (SSI) or Supplemental Security Disability Insurance (SSDI).
- 3) Notify case manager when there is a change in her/his benefit/income status.
- 4) Limit his/her stay to 30 days or to the length of any extension(s) that has been approved by DMH.
- 5) Sign-in daily at the TSP shelter to verify that he/she is staying there.

Referring Case Manager Responsibilities:

The following are in addition to providing regular mental health/case management/crisis intervention services and documentation requirements:

- 1) Determine client's eligibility for the TSP.
- 2) Discuss exceptions to the TSP eligibility criteria with the SA Gatekeeper.
- 3) Complete and submit a Referral for TSP form.
- 4) Call TSP provider(s) to locate an available bed if SA Gatekeeper approves the referral for TSP services.
- 5) Provide or arrange transportation for client to the shelter, if necessary.
- 6) Assist client to apply for benefits, if applicable, within the first 30 days of the client being approved for TSP services.
- 7) Develop and implement a transitional or permanent housing plan with the client within the first 30 days (60 days for clients who receive services from a DMH directly operated FSP) of the client being approved for TSP services. This includes assisting clients to apply for housing subsidies including Homeless Section 8 or Shelter Plus Care if appropriate.
- 8) Maintain contact with the client a minimum of once a week. This includes a minimum of one face to face contact per month.
- 9) Contact the SA Gatekeeper to approve any client bed holds, including for minor children, requested by the TSP provider.
- 10) If needed, complete and submit an Extension Request for TSP form to the SA Gatekeeper a minimum of 5 business days before the end of the month.

- 11) Complete and submit a TSP Client Outcome form to the SA Gatekeeper within 5 business days of the client exiting the TSP or transferring from one TSP provider to another.
- 12) Provide or arrange transportation for client to transitional/permanent/other housing if necessary.
- 13) Communicate with the SA Gatekeeper regarding critical client issues including the client discontinuing services, leaving the shelter or requiring hospitalization for physical or mental health concerns.
- 14) Inform SA Gatekeeper of any concerns about a TSP provider that are observed when visiting the shelter or reported by the client, and develop a plan with the SA Gatekeeper and CHEERD to address the concern, if appropriate.

SA Gatekeeper Responsibilities:

- 1) Review Referral for TSP forms for completeness and to determine if the client meets the TSP eligibility guidelines. Consult with CHEERD prior to making any exceptions to approving clients who are referred to the TSP that do not meet the TSP eligibility criteria.
- 2) Sign and fax the first page of the completed Referral for TSP form to the referring case manager and, if approved, to the TSP provider.
- 3) Review the Extension Request for TSP form for completeness and to determine if the client meets the TSP eligibility guidelines. Consult with CHEERD prior to approving extension requests for clients who do not meet the TSP eligibility criteria. Discuss with the case manager extension requests for clients who do not meet the TSP eligibility criteria and expectations if the extension request is approved.
- 4) If the extension request is approved, sign and fax first page of the completed Extension Request for TSP form to the referring case manager and the TSP provider. If the extension request is not approved, inform the case manager that the TSP payment will continue for an additional 14 days only, during which time other living arrangements need to be made for the client. If the extension request is not approved for a family, inform the case manager that the TSP payment will continue for an additional 30 days only.
- 5) Obtain and review TSP Client Outcome forms for completeness for each client within 5 days of client leaving the TSP or transferring to another TSP provider.
- 6) Approve all bed holds, including those for minor children, up to 3 days for approved family/significant other visits and for physical and/or mental health hospitalizations. In rare situations, additional bed hold days may be approved at the SA Gatekeeper's discretion.
- 7) When use of an out of the SA TSP provider is needed:
 - Contact the out of SA Gatekeeper to discuss the use of a TSP provider in their SA.
 - If the out of SA Gatekeeper agrees to the use of a TSP provider in their SA, sign and fax copies of the Referral for TSP form.
 - If an extension is needed, sign and fax copies of the Extension Request for TSP form to the out of the SA Gatekeeper.

- The out of the SA Gatekeeper will also sign the Referral for TSP and any Extension Request for TSP forms and fax them to the TSP provider and the referring SA Gatekeeper.
 - The referring SA Gatekeeper will fax the first page of the Referral for TSP and any Extension Request for TSP forms after they are signed by the out of SA Gatekeeper to the case manager.
 - The out of the SA Gatekeeper will approve TSP invoices that include out of the SA clients.
 - The referring SA Gatekeeper and the out of the SA Gatekeeper will coordinate obtaining TSP Client Outcome forms from the case manager.
- 8) Contact the case manager if a client refuses to sign the Client or Family Sign-In Verification form.
 - 9) Contact TSP providers who do not submit their monthly invoice by the 10th of the following month for services provided the prior month.
 - 10) Date stamp or write the date when the monthly TSP invoice is received from the provider. Review the invoice for accuracy including verifying that the Client and Family Sign-in Verification forms match the invoices. Submit invoices to CHEERD within 5 business day of receipt from the provider. Include the Client and/or Family Sign-in Verification forms, supporting Referrals and Extension Requests for TSP and TSP Client Outcome forms if applicable.
 - 11) Monitor monthly TSP expenses as compared to Service Area (SA) allocations and consult with SA District Chief as necessary.
 - 12) Consult with CHEERD if SA allocation will be expended prior to the end of the fiscal year.
 - 13) Inform CHEERD of any concerns about a TSP provider that are reported by a case manager or client and develop a plan with CHEERD to address the concern.
 - 14) Participate in any Patients' Rights client complaint investigations.
 - 15) Participate in annual TSP review visits.
 - 16) Participate in the review of any Request for Statement of Qualifications (RFSQ) applications and the initial site visits as needed.
 - 17) Participate in Gatekeeper meetings.
 - 18) Inform case managers and CHEERD of whom to contact in Gatekeeper's absence.

Countywide Housing, Employment and Education Resource Development Responsibilities:

- 1) Provide general oversight of the TSP including responsibility for developing RFSQs, review of RFSQ applications and contract negotiations in collaboration with the Contract Development and Administration Division.
- 2) Provide general oversight of contract compliance, TSP budget and TSP Guidelines.
- 3) Consult with SA Gatekeepers regarding TSP referrals and extension requests for clients who do not meet the TSP eligibility criteria and expectations if the request for TSP services is approved.

- 4) Review Referral for TSP, Extension Requests for TSP and TSP Client Outcome forms and contact SA Gatekeepers with any questions. Enter information into TSP database.
- 5) Coordinate and conduct TSP review site visits a minimum of once a year.
- 6) Notify SA Gatekeepers of any TSP client complaints received by Patients' Rights and related investigations.
- 7) Notify Patients' Rights of any TSP client complaints received by CHEERD.
- 8) Coordinate and facilitate TSP visits with the SA Gatekeeper and Patients' Rights to address TSP client complaints.
- 9) Participate in visits to TSP shelter providers coordinated and facilitated by Patients' Rights to investigate non-TSP client complaints.
- 10) Coordinate, in collaboration with the SA Gatekeepers, SA District Chiefs and Patients' Rights, the resolution of any Corrective Action Plans that result from site reviews or client complaint investigations.
- 11) Maintain a list of visits to the shelters.
- 12) Maintain a list of TSP providers' fire inspection and Public Health certificate expiration dates.
- 13) Provide consultation and technical support to case managers, SA Gatekeepers and TSP providers.
- 14) Prepare any TSP related correspondence to the Board of Supervisors regarding the program.
- 15) Review monthly TSP invoices for accuracy.
- 16) Provide final approval of invoices and submit invoices to Provider Reimbursement within 5 business days of receiving them from the SA Gatekeeper.
- 17) Contact Provider Reimbursement to resolve payment issues and inform TSP providers of status.
- 18) Monitor the use of TSP funds.
- 19) Provide monthly allocation and expenditures reports to SA District Chiefs and SA Gatekeepers.
- 20) Coordinate and conduct Gatekeeper meetings.
- 21) Coordinate and conduct TSP provider meetings.
- 22) Maintain a TSP database and provide reports as needed/requested.

Temporary Shelter Program Provider Responsibilities:

Administrative

- 1) Collaborate and cooperate with DMH mental health provider staff, both directly-operated and contracted, that provides case management, mental health care and other client services.
- 2) Coordinate all services, including case management, provided by the organization with the client's mental health case manager/clinician.
- 3) Immediately report by telephone all special incidents to the Director of Mental Health or the Director's designee as required by DMH Policy No. 202.18. Special incidents shall include, but are not limited to, death or serious injury, suicide attempts requiring Emergency Medical Treatment (EMT), client injury to another

- person requiring EMT, suspected homicide by a client, suspected client abuse by staff and any other incident for which there is a possibility or threat of legal action or significant public or media attention to the program.
- 4) Contact the client's mental health case manager/clinician within 24 hours if client has left the shelter, required hospitalization for physical or mental health concerns or can no longer remain in the shelter due to reasons stated above.
 - 5) Maintain Client and Family Sign-In (if applicable) Verification forms to verify the clients' and their minor children's (if applicable) stay at the shelter.
 - If a client refuses to sign-in:
 - Inform the SA Gatekeeper
 - On the Verification form, write the client's name, "refuses to sign" and the initials of the staff completing this information.
 - 6) Contact the SA Gatekeeper to request a bed hold including those for minor children.
 - If a client bed hold is approved write "bed hold approved by and the SA Gatekeeper's name" in the client signature box adjacent to the date.
 - On the Family Sign-In Verification form write the above information for client bed holds and indicate the number of children for whom a bed hold was approved.
 - 7) Prepare and submit invoices and include the Client and Family Sign-In Verification forms for payment to the SA Gatekeeper by the 10th of the following month. Contact CHEERD if payment is not received within 30 business days of submitting monthly invoice.

Facility

- 1) Have a current fire clearance and a Public Health inspection certificate that are posted in a visible location.
- 2) Have an indoor/outdoor safe and clean living environment with regard to property and furniture maintenance and repair, graffiti abatement, refuse removal, fire safety and landscaping. The environment shall be free of pests, rodents and insects.
- 3) Have air conditioning/ventilation and heating in the indoor living environment. The temperature shall be no lower than 68 degrees and no higher than 85 degrees. In the event of extreme heat, the maximum temperature shall be at least 30 degrees below the outside temperature.
- 4) Have lighting that ensures safety and is sufficient for activities of daily living including reading.
- 5) Have toilet and bathing facilities, including faucets that are in good working condition. The toilet and bathing areas shall be free of mold and mildew.
- 6) Have hot and cold running water. The hot water temperature shall not be less than 105 degrees and not more than 120 degrees.
- 7) Provide individual storage space for medication and personal belongings.
- 8) Provide access to a telephone. Calls will be at client's expense.
- 9) Post emergency medical procedures.
- 10) Post and maintain a disaster and mass casualty plan of action.

Services

- 1) Provide staff on-site 24 hours a day for general client oversight at the site where TSP services are provided.
- 2) Permit clients to remain in the facility at all times including during the daytime.
- 3) Provide bedding and towels that are laundered by the organization a minimum of once per week.
- 4) Have staff that prepare and serve at least three balanced and complete meals each day. Two of the three meals must be hot.
- 5) Accommodations must be made for individuals who have a physician's prescription for a special diet.
- 6) The time that meals are served must be posted in a location accessible to clients.
- 7) A daily menu must be posted in a location accessible to clients.
- 8) Meals must be consistent with the United States Department of Agriculture dietary guidelines.
- 9) Food served cannot be from expired stock.
- 10) Perishables must be refrigerated with the temperature not to exceed 42 degrees Fahrenheit.
- 11) Food shall be stored separately from non-food items.
- 12) A minimum of one week of staple nonperishable foods and a minimum of two days of fresh perishable foods shall be maintained at the site TSP services are provided.
- 13) Clients shall be allowed to wear their own clothes.
- 14) If clients do not have clothing, provide new or previously worn clothing in good repair, including shirts, pants, socks, shoes, undergarments and outerwear.
- 15) Provide access to laundry facilities to launder clothing.
- 16) Provide toiletries including non-medicated soap, toilet paper, toothbrush, toothpaste, shampoo, comb/brush, feminine hygiene supplies and disposable razor blades.
- 17) Provide house cleaning for all common areas including the kitchen and bathroom and maintenance of outdoor areas. Clients will only be responsible for cleaning their own room/space.

Clients Rights and Privacy

- 1) Permit clients to leave the facility at any time. A curfew of no earlier than 10:00 p.m. daily may be imposed.
- 2) Assist clients in safeguarding personal belongings when they move from the site. Keep personal belongings in a secured area a minimum of seven (7) days when a client leaves the facility without arrangements having been made for his/her belongings.
- 3) Provide unopened mail to clients.
- 4) Provide a minimum of four (4) visiting hours per day. Post visiting hours in an area that is accessible to clients. Permit all visitors unless there is documentation regarding the need to restrict specific individuals from visiting. DMH shall be informed immediately in writing of all decisions to restrict visitors.
- 5) Have policies and procedures to address complaints and grievances.
- 6) Comply with all DMH Patients' Rights policies.

- 7) Post DMH Patients' Rights information and the organization's internal grievance procedure. Make DMH client grievance forms available in an area that is accessible to clients.
- 8) Ensure that client participation in the organization's services is voluntary. This includes participation in individual or group counseling, case management, substance abuse treatment, self-help groups (in the facility or community) and social events. Exceptions require the DMH's approval.
- 9) Ensure that clients are only discharged for reasons allowable under Fair Housing laws. Reasons for possible termination/discharge from the TSP program shall be clearly posted and may include the following: possession of weapons, alcohol/illegal substance (drug) and drug paraphernalia possession, sexual misconduct, behaviors that are a danger to others or verbally/physically threatening behaviors. Decisions to discharge a client for all other reasons shall be discussed beforehand with the client's mental health provider.
- 10) Ensure that clients are not required to submit to testing/screening for substance and/or alcohol use.
- 11) Provide DMH with copies of any admission agreements, rules, terminations policies or other documents including any requiring the client's signature. All documents requiring a client signature shall be consistent with the TSP program specifications and Agreement.

Staffing

- 1) Ensure that all staff hired to provide TSP will have a minimum of six (6) months experience working with individuals with mental illness.
- 2) Have verification that the staff preparing and serving food meet all public health requirements to handle food.
- 3) Have verification that all staff providing TSP meets employment eligibility status.
- 4) Ensure all staff on duty providing TSP has completed a CPR and first aid class.
- 5) Have verification that all staff providing TSP are aware of required reporting of known or suspected child, dependent adult and elder abuse and agree to comply with these reporting requirements.
- 6) Have verification that the arrest and conviction records for all current and prospective staff employed by the organization have been obtained and ensure that no persons that have been convicted of any crime involving any harm to children, dependent adults, or elders are employed.
- 7) Have verification that all staff is aware of confidentiality requirements and the provisions of HIPAA.

Patients' Rights Responsibilities:

- 1) Inform CHEERD of TSP client complaints.
- 2) Collaborate with CHEERD regarding responding to and investigating TSP client complaints.
- 3) Provide CHEERD with a copy of investigation reports.
- 4) Participate in annual TSP review visits as needed.

- 5) Participate in the review of any RFSQ applications and initial site visits as needed.
- 6) Consult with CHEERD regarding concerns about any TSP provider.

Provider Reimbursement Responsibilities:

- 1) Process TSP invoices for reimbursement and mail payment to TSP provider within 5 business days of receipt from CHEERD.
- 2) Notify CHEERD manager of any delay in processing payments.
- 3) Collaborate with CHEERD to resolve any TSP payment issues.