In order to qualify for Whole Person Care – Los Angeles (WPC-LA), individuals must be 1) an LA County Resident AND 2) eligible for Medi-Cal. For more details on how to refer to specific WPC-LA programs, please refer to the table below:

<table>
<thead>
<tr>
<th>Program</th>
<th>Eligibility Description</th>
<th>Referral Pathway</th>
</tr>
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</table>
| Re-entry         | **Post-Release/Community Re-Entry Program:**  
|                  | • Released from jail or prison within the last six months with ongoing needs due to physical and mental health problems, substance use, or social needs                                                                                                                                                                                                                                                                                                       | WPC-LA Referral Line: 844-804-5200 |
|                  | **Pre-Release Program:**  
|                  | • Currently incarcerated in jail or prison with ongoing needs due to physical and mental health problems, substance use, or social needs                                                                                                                                                                                                                                                                                                             | Request Referral from Jail/Prison Staff |
| Substance Use    | **Substance Use Disorder-Engagement Navigation & Support Program:**  
|                  | • Has active, persistent drug or alcohol use and wishes to stop using substances at the time of referral                                                                                                                                                                                                                                                                                                                                         | WPC-LA Referral Line: 844-804-5200 |
| Medically Complex| **Transitions of Care:**  
|                  | • Currently hospitalized and being discharged from LAC+USC Medical Center, Harbor UCLA Medical Center, or Olive View UCLA Medical Center  
|                  | • AND not going to a skilled nursing facility at time of discharge  
|                  | • AND at least 3 inpatient admissions (or emergency department observational stays) in the past year //OR// 2 inpatient admissions (or emergency department observational stays) in the past year with select criteria                                                                                                                                                                                                                           | Referrals processed only through participating county medical centers |
| Perinatal        | **MAMA’S Neighborhood:**  
|                  | • Pregnant mother who has one or more risk factors that impact birth outcomes, i.e. homelessness, adverse mental health, chronic disease diagnosis, substance use, low social support, food insecurity, domestic violence, previous preterm birth or low birthweight baby.  
|                  | • For more information on participating clinics visit: http://dhs.lacounty.gov/wes/portal/dhs/wh/dhsccn/cf  
|                  | • Click to the DMH Resource Center to find more: http://dhs.lacounty.gov/wes/portal/dhs/wh/dhsccn/cf  
|                  | • Email: mamas@dhs.lacounty.gov                                                                                                                                                                                                                                                                                                                                                      | Referral Line: 844-37-MAMAS Referral Email: mamas@dhs.lacounty.gov |
| Homelessness     | **Homeless Care Support Services & Tenancy Support Services Programs:**  
|                  | • Homeless and would like help with housing and has other health problems or frequent visits to the emergency departments or hospitals                                                                                                                                                                                                                                                                                                                 | Coordinated Entry System (CES) provider http://ceslosangeles.weebly.com/ |
|                  | **Sobering Center:**  
|                  | • Intoxicated and does not require immediate medical attention and willing to visit the Sobering Center (currently with one location serving ONLY the Skid Row area of downtown Los Angeles)                                                                                                                                                                                                                                                                 | Option 1: Refer to Exodus: 213-395-7700  
|                  |   | Option 2: Refer to E6 Street Outreach Team, EMS 1ST Department, or Law Enforcement serving Skid Row                                                                                                                                                                                                                                                                                                            |                          |
|                  | **Benefits Advocacy Program:**  
|                  | • Individuals experiencing homelessness or at risk of homelessness who are blind, disabled, elderly (65+) or veterans  
|                  | • Individuals meeting the above criteria must want to apply for Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Cash Assistance Program for Immigrants (CAPI), and Veteran’s Benefits (VA)  
|                  | • To find your local provider, according to your SPA, click here: http://gis.lacounty.gov/districtlocator/                                                                                                                                                                                                                                                                               | Refer to your local CBEST provider:  
|                  |   | SPA 1 (661) 948-8559  
|                  |   | SPA 2 (818) 342-5897 Ext. 2157  
|                  |   | SPA 3 (626) 593-2364  
|                  |   | SPA 4 (213) 334-1633  
|                  |   | SPA 5 (310) 399-6878  
|                  |   | SPA 6 (323) 432-4399  
|                  |   | SPA 7 (562) 373-5264  
|                  |   | SPA 8 (562) 599-1321  
|                  | **Residential & Bridging Care Program:**  
|                  | • Currently residing in an Institution of Mental Disease or Enriched Residential Setting, but could be placed in the community with support                                                                                                                                                                                                                                                                                     | Refer to DMH Countywide Resource Management Referral Line and speak to the “Officer of the Day”: 213-738-4775 |
|                  | **Intensive Services Recipients Program:**  
|                  | • An individual with serious mental illness who has had 4 or more admissions within the past year  
|                  | • Recently discharged from a psychiatric hospital  
|                  | • Living in LA County Service Planning Area (SPA) 2, 3, 4, or 8                                                                                                                                                                                                                                                                                                                   | WPC-LA Referral Line: 844-804-5200 |

*Note: Information subject to change.*