This Scope of Required Services (SRS) for the Crisis Housing program contains a written summary of, and links to, detailed information regarding the services that must be provided to eligible participants experiencing homelessness receiving Crisis Housing services. This SRS and the documents that are linked hereto, in combination with the Program Standards (contained in a separate document), the Program Profile and Performance Targets, together, comprise the entire Statement of Work for Crisis Housing. LAHSA reserves the right to make any necessary changes related to prioritization, matching, and other aspects of the implementation of the complete CES. Contractors will be notified through policies, interim guidance, and other forms of guidance when deemed necessary.

CRISIS HOUSING OVERVIEW

Crisis Housing provides a safe, Low-barrier, Housing First, Housing-Focused, and supportive twenty-four (24) hour residence to persons/households experiencing homelessness, while they are being quickly assessed and connected to a broad range of housing resources. Crisis Housing programs must work in collaboration with LAHSA and the Coordinated Entry System (CES) in Los Angeles County. Crisis Housing should fit seamlessly with the other CES Program components.

DEFINITION

1. **Crisis Housing**: Crisis Housing is a short term, twenty-four (24) hour emergency shelter for persons experiencing homelessness. The intention of this emergency housing is to provide participants with a safe place to reside while they are quickly assessed and connected to more permanent and supportive housing resources. Resource referral and case management are available to all participants as the primary interventions. Beds are provided on a first-come, first-served basis (Please see Family eligibility for additional information).

2. **Family Definition**: The LAHSA definition of family includes 2-parent and 1-parent families, including those with same sex partners, families with intergenerational or extended family members, unmarried couples with children, families that contain adults who are not the biological parents of the children, a pregnant woman and other family configurations, such as qualified dependents.

3. **Qualified Dependents**: An individual over the age of 18 who is: (a) Incapable of self-sustaining employment by reason of mental or physical disability, and (b) is dependent upon the parent or guardian for support and maintenance.

4. **Los Angeles Continuum of Care Homeless Management Information System (LA CoC HMIS)**: HMIS is a 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 LA-CoC HMIS allows organizations to share information with other Participating Organizations to create a more coordinated and effective delivery system.

5. All programs operating in the LA-CoC 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 definition of these terms.
ELIGIBILITY FOR SERVICES

6. **Homeless Status:** Participants/ Households must be determined to be homeless Categories 1 & 4 according to HUD’s Final Rule on “Defining Homeless” (24 CFR parts 91, 576 and 578). Please see Appendix I and II for detailed description of eligibility for Crisis Housing.

6.1 Contractors will be responsible for documenting the determination of the participant’s homelessness status utilizing the LAHSA Approved LA-CoC Homeless Certification Form.

6.2 Contractor will be responsible for obtaining the LA-CoC Homeless Certification Form from any referring agency or proof of institutional stay.

6.2.1 All documentation is required to be placed inside the participant’s master file.

6.3 Contractor must document the participant’s homelessness status in the Homeless Management Information System (HMIS).

CES SURVEY

7. **CES Survey:** Participants must have a CES Survey result in HMIS or on file if serving Domestic Violence participants/households. Contractor must utilize the population-appropriate LA County CES Survey to determine eligibility for, and connection to, appropriate housing interventions. Before completing the population-appropriate survey, Contractor must check participant’s CES record in the Homeless Management Information System (HMIS) for a previous result. If there is no record of an existing CES survey result in HMIS, Contractor must complete the appropriate and most recent version of the CES Survey. If the participant has a previous CES survey result in HMIS, an additional survey should not be administered unless the staff believe the result of the score does not reflect the participant’s acuity. Please see LAHSA Interim Guidance document “Interim Guidance: Updating and Correcting Population - Appropriate CES Triage Tool Scores,” found in the LAHSA document library.

7.1 LA County CES-approved triage tools include:

7.1.1 CES Survey for Adults
7.1.2 CES Survey for Youth
7.1.3 CES Survey for Families with Children

7.2. The CES survey must be administered (whether in an office setting or in the field), by staff who have completed training required by the LAC-CoC.

7.3. The CES survey must be administered in a place that allows the participant needed privacy for answering the questions.

FAMILY ELIGIBILITY REQUIREMENTS

8. Families receiving assistance funded through the County DPSS CalWORKs must have their eligibility to receive DPSS funded homeless benefits and services verified by the DPSS Homeless Case Manager (HCM) prior to the issuance of any benefits and services. The FSC is responsible for providing Contractor with verification of a family’s eligibility to receive Crisis Housing benefits through this contract.
POPPULATION

9. **Population served:** Please see Appendices for detailed description of eligibility and/or specialized population being served under a Crisis Housing Program. Unaccompanied Minors are not eligible for enrollment or services in programs that serve Single Adults. An exemption exists for unaccompanied minors who are legally emancipated.

10. Participants must not need hospital or skilled nursing care. Participants must be able to manage Activities of Daily Living (i.e. ability to transfer in and out of a bed, bathe, dress, and address hygiene needs) independently.

11. Contractors must **NOT** screen out participants or deny referrals based on any of the following criteria:
   11.1 Past program participation or previous stay at Contractor facilities;
   11.2 Lack of tuberculous test (TB) result;
   11.3 Lack of Service Animal/Emotional Support Animal (ESA) documentation;
   11.4 Lack of sobriety;
   11.5 Lack of income or employment status;
   11.6 Lack of identification documentation;
   11.7 The presence of mental health issues, disabilities, or other psychosocial challenges;
   11.8 Lack of a commitment to participate in treatment;
   11.9 Criminal background;
   11.10 Presence of or number of evictions;
   11.11 Any other criteria thought to predict challenges/barriers to long-term housing stability or generally considered “difficult to work with.”

CES PARTICIPATION

12. **CES Participation:** Crisis 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, Crisis Housing Programs must work in collaboration with the CES. Crisis Housing should fit seamlessly with the other program components including: Outreach, Housing Navigation, Access Centers, Drop-In Centers and Day Shelters, Transitional Housing, Rapid Re-Housing, and/or Permanent Supportive Housing.

SUPPORTIVE SERVICES AND ACTIVITIES

13. Contractors providing Crisis Housing services and assistance must provide those services specifically needed by, and requested by, each participant. Crisis Housing services are provided either directly by Contractor or through subcontracted services arrangements. Each participant must be individually assessed for the types of services needed. The services that can be provided are listed below but are not limited to this list.

14. **Direct Support Services:** Contractors providing Crisis Housing are funded for and **Must** provide the following services directly to participants in the program:
   14.1 Twenty-four (24) hour bed availability
   14.2 Intake and Assessment
   14.3 Case Management
   14.4 Residential Supervision
   14.5 Crisis Intervention & Conflict Resolution
   14.6 Security
   14.7 Meals
   14.8 Restrooms & Showers
15. **Problem Solving (aka- Diversion)**: The first conversation upon entry should be to assess for the possibility of diversion so as to assist the person/household self-resolve their housing Crisis and/or make reasonable efforts to re-connect with supportive family and/or friends who could temporarily or permanently house the participant, rather than reside in the Crisis Housing. If resources are needed to successfully divert a person from entry into the homelessness system, a referral must immediately be made to a Problem Solving/Prevention program. In order to identify other permanent housing options, Contractor should continue to have Problem Solving conversations with the participant while residing in Crisis Housing. Please see [Problem Solving Scope of Required Services located in the LAHSA document section for further guidance](#).

16. **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.

   16.1 Contractors are asked to provide intake to participants during extended hours (such as weekends and evenings) within their capacity to do so.

   16.2 Contractor must submit intake hours and intake contact information to LAHSA for review and publishing on LAHSA’s website and other documents.

   16.3 Contractor must allow for in and out access of the shelter between 6:00 AM and 8:00 PM and accommodate access for anyone who may have employment or other important scheduling needs outside of those designated hours.

   16.4 Contractor must complete the HMIS program intake for all participants at the same time the participant is enrolled in the program.

   16.5 Bed/unit assignment/bed attendance must be tracked in HMIS and entered into HMIS at the time that the participant is assigned a bed/unit and enrolled in the program.

   16.6 Family programs - the bed or motel voucher service must be recorded in HMIS; where applicable, these services must accurately reflect the funding stream the provider is utilizing (e.g. WtW, non-WtW, etc.)

   16.7 Contractor must NOT permanently “ban” participants from re-entering the Crisis Housing program, regardless of reason for participant’s exit or termination from previous enrollments in Contractor’s programs.

   16.8 Contractor must have a policy about how to manage the return of participants who are exited due to concerns about the safety of other participants or staff created by the exited participant.

17. **Program Intake (Family Specific)**: Contractor must allow for intake of new participants without being referred by an FSC, Contractor must conduct screening an enrollment into the CES for Families system at least five (5) days a week during regular business hours and as long as units are available. A referral must be made to the FSC within twenty-four (24) hours.

**CASE MANAGEMENT**

18. **Case Management and Support Services**: Housing-Focused Case Management Services are provided by Crisis Housing staff to assist participants in moving forward in accessing permanent housing through referrals to housing programs (such as RRH, Permanent Supportive Housing, affordable housing, etc.). The primary objective of Housing-Focused Case Management/Support Services is to extend support to participants through an individualized case management relationship, that will ultimately translate to increased housing stability. This includes but is not limited to: support with completing housing applications, accompanying the participant to housing appointments and/or leasing appointments, and other support associated with the housing placement process.

Updated 09/19/2019
18.1 Contractor must provide Housing-Focused Case Management that is offered in accordance with Housing First and Trauma Informed Care principles, to assist the participant either to self-resolve their housing crisis and/or be connected/provided with permanent housing resources.

18.2 Contractor must document the content and outcome of case management meetings with participants in HMIS case notes and track as a service in HMIS.

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 Caseloads should be determined through consultation between line and supervisory staff while examining the level of acuity/need, the amount of contact that is needed to successfully engage the household, and the length of time needed to meet participants where they reside.

**HOUSING AND SERVICES PLAN**

20. **Housing and Services Plan:** Following intake and assessment, Case Managers must develop a Housing and Services Plan in coordination with the participant.

20.1 The **Housing and Services Plan** will be the road map of services that are needed and to be provided, actions that need to be taken (by both staff and the participant), and referrals that need to be made. Housing Plans summarize the participant’s goals, and immediate action steps towards achieving such goals. The Plans are updated as the person’s situation changes, and steps are completed or revised accordingly. Persons in Crisis may experience varying levels of stress, which has potential to impact their ability to make or carry out plans, control emotions, or recall information. They may agree to the goals but be unable to carry them out. Accordingly, Crisis Housing programs must make attempts to create plans which minimize extraneous, inordinate, or superfluous action steps, including requiring participants to rapidly acquire new knowledge or skills, or make significant or simultaneous changes, in order to obtain permanent housing placement. Progress and challenges implementing the plan should be reviewed and updated frequently.

20.2 The Housing and Services Plan must be considered the participant’s plan and should be signed by the participant as it is developed and updated. Case Manager and Supervisor must also sign the Housing and Services Plan.

20.3 The Housing and Services Plan must be tracked in HMIS along with the date of completion.

20.4 **Monthly Update:** Case Managers must complete a Monthly Update, using the LAHSA approved Monthly Update Form, with the participant to assess progress towards achieving the goals defined in the Housing and Services Plan. Monthly Update forms must be signed by the participant and Case Manager. Monthly Update Forms must be placed in the participant’s master file. Contractor must document monthly updates in a HMIS Case note.

20.5 Contractors must track all services provided to participants in HMIS with the goal of the participant achieving housing stability and sustainability upon exit from the program.
LENGTH OF ENROLLMENT

21. Contractor must strive to assist participants in moving out of Crisis Housing and into their own Permanent Housing unit as quickly as possible. The total length of stay can and should be individually determined, based on the participants need. See Appendix I and II, for further guidance.

22. Crisis Housing participant or household may receive extensions on their length of stay, if they meet the following criteria:

22.1 Participant or Household has been matched to housing but has not been able to identify a suitable unit.

22.2 Participant or Household is high acuity, but no appropriate housing resource has been identified.

22.3 Participant or Household is currently working on goals established in the Housing and Services Plan but not yet connected to a housing resource.

22.4 Contractor must document the reason(s) for the extension of time and reference the goals outlined in the Housing and Services Plan. Contractor must also reference the Housing Program the participant is currently enrolled in that would lead to permanent housing.

22.5 Contractor must ensure that this documentation has been entered into the participant’s HMIS record by the Case Manager.

EXITING PARTICIPANTS

23. Contractor must develop clear Policies and Procedures for exiting participants from the Crisis Housing Program.

23.1 Contractor must exit the participant from enrollment in Crisis Housing when the following conditions are met:

23.1.1 Participant/Household is successfully placed into permanent housing.

23.1.2 Participant/Household relocates outside of Los Angeles County.

23.1.3 Reunification services are utilized or the Participant/Household self-resolves their housing Crisis.

23.1.4 Participant/Household is deemed a risk to the safety of the contractor’s staff, or other participants.

23.1.5 Participant/Household will be hospitalized or incarcerated for three (3) consecutive days or more.

24. For families where one family member is institutionalized, or other actions that changes the family composition, Contractor must ensure that the household is stabilized in Crisis Housing until they are transitioned to the appropriate new program/population system.

25. Participants that miss check-in for one (1) bed night must NOT be exited from their Crisis Housing bed/unit. Contractor is permitted to exit the participant from their Crisis Housing bed/unit if the participant misses two (2) consecutive nights with unapproved absence (that is, upon missing check-in for the second night in a row). In cases, where the participant is absent, Contractor must document due diligence efforts in contacting the participant before exiting the participant from the program. Efforts must be documented in HMIS. If the
participant returns for services after being exited, efforts must be made to address the participant’s needs and re-enroll into Crisis Housing.

26. Contractor must **NOT** exit a Participant/ Household from Crisis Housing for the following reasons:

   26.1.1 For missing check-in for one (1) night (they can be exited if they fail to show on the 2nd night)
   26.1.2 Active substance use
   26.1.3 Failure to have an income
   26.1.4 Active health issues
   26.1.5 Mental health conditions
   26.1.6 Failure to abide by personal budget
   26.1.7 Non-compliance with Housing and Services Plan
   26.1.8 Medication non-compliance
   26.1.9 Or generally considered “difficult to work with.”

27. Contractor should re-enroll Participant/Household that have been exited due to unapproved absences if a bed/unit is available.

   27.1 When a Participant/Household has been successfully linked to a permanent housing program, Contractor must provide the necessary support when that linkage has been implemented. Linkage should never be done merely in the form of a “referral,” but rather should be done as a “warm hand off.”

27.2 Provider must work collaboratively with the Case Manager in the housing program to facilitate a quick and successful transition that is not disruptive to the participant.

28. **Exit Plan:** Contractor must complete an Exit Summary Plan for all participants.

   28.1 Exit Plans for participants not entering Permanent Housing placement should include referrals and linkages to other interim housing resources, with a warm hand-off (i.e., documented transition between providers) that show a smooth transition from Crisis Housing was made.

   28.2 Exit must be entered HMIS indicating where the Participant has “exited to.” “Unknown destination” entries in HMIS are to be discouraged. Exits must be entered in HMIS at the time of their exit.

**HMIS DATA COLLECTION AND PARTICIPATION REQUIREMENTS**

29. Contractors must utilize HMIS to track all Participants, Household and Household members served and the services provided.

30. Contractor will ensure that all participants being served sign the Consent to Share Protected Personal Information form, granting other CES providers access to their information.

31. In addition to Contractor requirements for utilization of HMIS, Contractor is also required to adopt and implement best practices for data entry as follows:

   31.1 With any participant or household, the Contractor will first search the Clarity HMIS database for an existing profile; if none is found, the Contractor will collect and record the participant/household’s consented information into the database and create a participant record.

   31.2 Contractor must complete the participant’s HMIS program enrollment. When previously undisclosed information is gathered the Contractor must update the program enrollment with the applicable
31.3 With any participant or household, the Contractor will check for an existing population-appropriate CES Survey in the Clarity HMIS database; if none is found, the Contractor will seek the consent for and the completion of the population-appropriate CES Survey. If completed using the printed CES Survey packet, Contractor must enter the participant’s standardized assessment in HMIS within twenty-four (24) hours of the completion.

31.4 If providing service(s), Contractor must complete the enrollment (program entry/intake) questions in the Clarity HMIS database with as much information as the participant/household can provide. If missing information, mark the appropriate field – “Client Doesn’t Know” or “Client Refused”; if/when a participant/household discloses any missing information, the Contractor must update the participant’s standardized assessment in HMIS within twenty-four (24) hours of the completion or update of the standardized assessment.

31.5 With any participant or household, the Contractor must enter all bed or motel voucher service(s) provided to program participants.

31.5.1 If providing beds (non-voucher services) the Contractor must enter the bed service daily to reflect a participants or households use of that bed that night. If applicable, Contractor must also appropriately mark the funding source for the given bed service(s).

31.5.2 If providing motel vouchers, the Contract must enter the appropriate Motel Voucher service(s); these services must appropriately mark the funding source for the given motel voucher service(s).

31.6 With any participant or household, the Contractor must record changes in regular Income (as defined in the HUD Data Standards), Employment status, and/or Disabling Conditions and Barriers as Status Update Assessments within their program enrollment. Contractor must follow guidance regarding the documentation of these changes, and file them accordingly. Status Update Assessments must be completed with twenty-four (24) hours of any reported change.

31.7 Update information and complete case notes on services provided to the participant within a twenty-four (24) hours following the provision of services.

31.8 With any participant or household, the Contractor must record the program exit or termination within twenty-four (24) hours following their determined exit from the program. As the Exit Date, the Contractor will use either a) the date of the last service provided, or b) the date following the last bed service – whichever was last provided under the program enrollment.

32. Once the HMIS system has been updated to accommodate coordinated access of Bridge, Transitional Housing, and Permanent Housing resources, Contractor must utilize HMIS to manage vacancies, fill vacancies, and manage coordinated access lists for Interim and Permanent Housing.

**PARTICIPANT MASTER FILE**

33. All documents are suggested but **NOT** required for entrance to the program. Contractor must assist participant with obtaining, if participant does not have, upon program entry. Once obtained, copy of participant ID and income documents, etc., must be kept in participant file.
34. Contractor must maintain a file for each participant that contains the following, but not limited to:

34.1 Core Documents for Crisis Housing Participant File:

<table>
<thead>
<tr>
<th>Document</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSC Referral <em>(Family specific)</em></td>
<td>If a household is placed in Crisis Housing for Families, the FSC referral must be placed in the file.</td>
</tr>
<tr>
<td>DPSS-FSC Consent and Release of Information Form <em>(Family specific)</em></td>
<td>If utilizing DPSS funding, provider must place signed form in the file.</td>
</tr>
<tr>
<td>DPSS-CES for Families Participant Eligibility Request Form <em>(Family specific)</em></td>
<td>If utilizing DPSS funding, provider must place of a copy of the approval form in the file.</td>
</tr>
<tr>
<td>Participant/Household Identification</td>
<td>Required - See Appendix I <strong>If serving families</strong>, proof of guardianship must be placed in the file.</td>
</tr>
<tr>
<td>Program Participation Guideline Agreement Form</td>
<td>Agency created form. Must be dated and signed by the participant and contractor.</td>
</tr>
<tr>
<td>Grievance Procedure Acknowledgement form</td>
<td>Agency created form. Must be dated and signed by the participant and contractor.</td>
</tr>
<tr>
<td>Population Appropriate LAC- CoC approved CES Survey</td>
<td>If completed during intake (or print the “Client Summary Report” from HMIS)</td>
</tr>
<tr>
<td>LA CoC Homeless Certification Form</td>
<td>Required - See Appendix I</td>
</tr>
<tr>
<td>Income Verification forms</td>
<td>if collected, ex. DPSS, SSA, pay-stubs, bank statements, etc.</td>
</tr>
<tr>
<td>Housing and Services Plan</td>
<td>Required-Use LAHSA approved form and track the date the HSP was completed in HMIS.</td>
</tr>
<tr>
<td>Monthly Update Form</td>
<td>Required- Use LAHSA approved form and track service monthly in HMIS</td>
</tr>
<tr>
<td>Budget Tool</td>
<td>Optional, use as needed</td>
</tr>
<tr>
<td>Case Notes</td>
<td>Required - Enter into HMIS</td>
</tr>
<tr>
<td>Incident Reports, Notice of Noncompliance</td>
<td>If Applicable</td>
</tr>
<tr>
<td>Exit Summary Form</td>
<td>Required - Use LAHSA approved form. Use the form when exiting participant from the program</td>
</tr>
<tr>
<td>LAHSA Interim Housing Program Extension Forms</td>
<td>Required- Use LAHSA approved form. LAHSA submitted extensions must be printed from MyOrg (if applicable)</td>
</tr>
</tbody>
</table>

**FACILITIES AND OPERATIONS**

35. Contractors are permitted to prohibit the possession and/or use of weapons, alcohol, and/or illegal drugs on the site.

35.1 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.

35.2 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. Contractor must allow for in and out access of the shelter between 6 AM and 8 PM and accommodate alternate access for anyone who may have employment and/or other important scheduling needs outside of those designated hours.

37. Contractor must have, or provide access to, a phone which participants can use within reasonable limits.

38. Contractor must return funds and/or possessions held on behalf of a participant within twenty-four (24) hours of the participant’s request.

39. The facilities used to provide Crisis Housing for participants experiencing homelessness, families, and youth 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.

40. 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.

41. The facilities must also provide, at a minimum, laundry facilities, where participants may have access to wash their clothing and basic furnishings in the bedrooms and common areas of the facility. All shared bedrooms must be in compliance with LAHSA’s equal access policy. See LAHSA Program Standards document.

41.1 Contractor must provide accommodations for mixed-gender and same-gender couples, as available. Variations to these requirements may exist between populations, consult population specific appendix.

42. **Storage:** Contractor must provide each participant with access to storage for personal possessions which can be checked in and out during their time in the Crisis Housing Program. 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.

**MOTEL VOUCHERS (FAMILY SPECIFIC)**

43. **Motel Vouchers:**

43.1 For motel vouchers used as crisis housing, Contractor must be responsible for voucher coordination, inspection and monitoring of the motel room conditions.

43.2 For motel vouchers used as crisis housing, an initial inspection of site must be documented and ongoing monitoring of the site’s conditions completely no less than one (1) time per year.

43.3 Contractor must receive invoices from the motel and make payments to the motel vendors in a timely fashion.

43.4 Participants placed in Motels must be connected to a Case Manager immediately after enrollment in Crisis Housing.
HEALTH AND SAFETY

44. **Health and Fire Inspections**: Contractor understands and agrees that City/County may have the appropriate Department of Public Health or Fire (Los Angeles County or jurisdictional city) inspect the Contract service sites, including shelters and supportive service sites, as often as once (1) every three months or upon receipt of a complaint to determine if the facility is sanitary, healthful, and otherwise safe for its intended or actual use.

44.1 Contractor must be provided with a written report as to the conditions at/of the facility and must either correct any and all deficiencies within thirty (30) calendar days of receipt of the report or may request an extension of time from the appropriate Public Health or Fire Department to make such corrections. Contractor must forward a copy of the Health or Fire Department’s response to LAHSA. Failure to permit inspection or rectify the defect(s) in a timely manner will be considered a material breach of this contract and will result in LAHSA taking remedial actions up to and including termination of this Agreement.

45. Contractor must refer participants to a medical facility or clinic for needed health examinations, emergency treatment, and follow-up visits.

46. Contractor must promptly and appropriately respond to medical problems of participants and staff.

47. Contractor must ensure that regular training is provided to staff and volunteers about common physical and mental health problems of people experiencing homelessness and how to obtain needed and appropriate services.

CONTRACTOR OBLIGATIONS

48. Please see the LAHSA Program Standards and LAHSA Facility Standards for a detailed description of requirements.

49. Contractor agrees to maintain and make accessible to participants experiencing homelessness, Families and Youth, the services funded and/or required under this Agreement.

50. Contractor is hereby contracted to provide the number of Crisis Housing beds/units and to serve the number of unduplicated participants experiencing homelessness specified in Program Profile and Performance Targets during the contract term under this Agreement.

51. To better assist individuals be connected to Crisis Housing programs, Contractor must provide a Point of Contact, Intake hours, etc. by completing the Interim Housing: Program Access Profile. Refer to the following link to access the form. The form must be submitted to LAHSA within one (1) month of Program Start date at interimhousing@lahsa.org. If any changes occur (point of contact, intake hours, etc.) an updated form must be submitted within seven (7) days.

PROGRAM PARTICIPATION GUIDELINES

52. Crisis Housing provider 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.

52.1 Program participation guidelines must incorporate language to support a Low-Barrier and Harm Reduction approach required of all programs.

52.2 Program participation guidelines must be participant-centered to minimize barriers to accessing a Crisis Housing bed and also prevent/minimize exits from program due to Rule violations.

Updated 09/19/2019
52.3 Program participation guidelines must be made available to LAHSA staff upon request and will be subject to review and approval by LAHSA.

52.4 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 that is signed and dated by the participant with a witness signature and dated to be signed by the contractor. Upon signature of the Program Participation Guideline Agreement, the participant is consenting to participate in the program and is certifying that they have read (or have been read) the program guidelines, and that they understand and consent to the expectations regarding abiding by the program guidelines.

PERSONNEL

53. Contractor must ensure that all staff and volunteers that are contracted to provide services specifically target to serving transition age youth must be fingerprinted and pass a criminal background (Live Scan) check before working/interacting with any youth who are served in the program.

54. For site-based facilities with more than fifteen (15) participants than Contractor must provide twenty-four (24) hour residential management and security services by qualified staff to ensure the safety of all participants, families and staff.

55. For site-based facilities with more than fifteen (15) participants, Program shall provide 24-hour residential management with security and safety protocol by qualified staff to ensure the safety of all participants and staff. Sites with less than 15 participants, will be expected to offer safety and security protocols and access to on-call staff who can quickly respond to crisis in the event of an emergency.

56. For scattered site projects and motels, Program shall provide qualified 24-hour on-call staff with security and safety protocols for participants to access in case of crisis.

57. Contractor must assign a sufficient number of staff with background experience and expertise to provide the services required in the Scope of Required Services (SRS). It is recommended that all staff having direct interaction with families have a Bachelor of Social Work, or equivalent experience and education.

EDUCATION (FAMILIES SPECIFIC)

58. Contractor must, as required by the McKinney-Vento Act and as amended by the HEARTH Act, provide documentation that demonstrates that Contractor has established education-related policies and practices for individuals and families enrolled in Contractor’s program. The Contractor must not only document Contractor’s education-related Policies and Practices for Contractor’s participants, but also document the process by which the Contractor established these policies and practices to ensure compliance with the McKinney –Vento Act, as amended by the HEARTH Act.

59. Contractor must, as required by the McKinney-Vento Act and as amended by the HEARTH Act, must designate a staff person to ensure that children participants are enrolled in school and connected to the appropriate services within the community. Contractor must document, in writing, its process for identifying/hiring a designated staff person, including any budget or resource implications, to ensure compliance with the McKinney-Vento Act, as amended by the HEARTH Act.
60. Contractor and Subcontractors that electronically transmit or store personal information (PI), protected health information (PHI) and/or medical information (MI) must comply with the encryption standards set forth below. PI is defined in California Civil Code Section 1798.29(g). PHI is defined in Health Insurance Portability and Accountability Act of 1996 (HIPAA), and implementing regulations. MI is defined in California Civil Code Section 56.05(j).

61. Contractors’ and Subcontractors’ workstations and portable devices (e.g., mobile, wearables, tablets, thumb drives, external hard drives) require encryption (i.e. software and/or hardware) in accordance with: (a) Federal Information Processing Standard Publication (FIPS) 140-2; (b) National Institute of Standards and Technology (NIST) Special Publication 800-57 Recommendation for Key Management – Part 1: General (Revision 3); (c) NIST Special Publication 800-57 Recommendation for Key Management – Part 2: Best Practices for Key Management Organization; and (d) NIST Special Publication 800-111 Guide to Storage Encryption Technologies for End User Devices. Advanced Encryption Standard (AES) with cipher strength of 256-bit is minimally required.

62. All transmitted (e.g. network) County PI, PHI and/or MI require encryption in accordance with: (a) NIST Special Publication 800-52 Guidelines for the Selection and Use of Transport Layer Security Implementations; and (b) NIST Special Publication 800-57 Recommendation for Key Management – Part 3: Application- Specific Key Management Guidance. Secure Sockets Layer (SSL) is minimally required with minimum cipher strength of 128-bit.

63. LAHSA must receive within ten (10) business days of its request, a certification from Contractor (for itself and any Subcontractors) that certifies and validates compliance with the encryption standards set forth above. In addition, Contractor must maintain a copy of any validation/attestation reports that its data encryption product(s) generate, and such reports must be subject to audit in accordance with the Contract. Failure on the part of the Contractor to comply with any of the provisions will constitute a material breach of this Contract upon which LAHSA may terminate or suspend this Contract.
APPENDIX I. Eligibility for All Populations

<table>
<thead>
<tr>
<th>Population Served</th>
<th>Individuals, Youth and Families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Participants are required to have a form of identification on file.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• <strong>Category [A]</strong> are acceptable forms of government issued photo identification cards.</td>
</tr>
<tr>
<td></td>
<td>• If the participant does not have any of the acceptable identification cards listed in <strong>Category [A]</strong> they may provide one acceptable form of alternative photo identification in <strong>Category [B]</strong> along with one acceptable non-photo form of identification in <strong>Category [C]</strong> to meet the government issue identification requirement.</td>
</tr>
<tr>
<td></td>
<td>• A copy of a social security card is <strong>NOT</strong> required for the program.</td>
</tr>
</tbody>
</table>

**[Category A]**
Government issued photo Identification Card (ID)
- 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

**[Category B]**
Alternative Forms of acceptable photo identification Card (ID)
- Student ID
- Shelter ID
- Employment ID
- Bank/Debit/Credit Card
- Transportation Card (METRO)
- Library Card
- Gym Membership Card
- Warehouse Membership Card

**[Category C]**
Alternative Forms of acceptable non-photo identification
- 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)
### APPENDIX I. Eligibility for All Populations

#### Homeless Status

Participant/Household must be determined to be homeless (Categories 1 & 4) per United States Department of Housing and Urban Development (HUD)’s final rule on “defining homeless” (24 CFR Part 578).

**Category 1:**Literal Homeless- An individual or family who lacks a fixed, regular, and adequate nighttime residence, which includes one of the following:

- 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); or
- 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.

**Category 4:** Individuals/families fleeing or attempting to flee domestic violence, dating violence, violence, sexual assault, stalking, or other dangerous or life-threading conditions that relate to violence against the individual or family member and includes ALL of the following:

- i. Have no identified residence, resources or support networks; **AND**
- ii. Lack the resources and support networks needed to obtain other permanent housing.

#### Homeless Verification

Participants must have their Homeless status documented using either a HMIS Client Summary Report or the LA COC Homeless Certification forms.

Providers seeking to document a participants’ 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 participant met/meets the Category 1 or Category 4 definition within the last seven (7) days, the provider will need to use one of the universal forms to document a participants’ homelessness at program entry.

The LA COC Homeless Certification forms include the following:

- Observation of Homeless Status Form- Form 2199
- Third Party Verification of Homeless Status Form-Form 1444
- Self-Certification of Homeless Status Form- Form 1448

#### 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 pervious to assessment they would be considered a current resident of Los Angeles.

#### Population Appropriate CES Survey

- CES Survey for Adults, CES Survey for Youth, CES Survey for Families with Children
- Must be completed and entered into HMIS within three (3) business days of program enrollment, if not previously administered.
### Length of Stay

- Crisis Housing has no time limit. However, progress and engagement towards housing goals must be documented and reviewed every 90 days to remain eligible.
- The total length of stay can and should be individually determined, based on the participant’s need.
- Contractor must complete the Crisis Housing Extension form located on the LAHSA website. The form must be placed in the participant’s master file.

### Program Extensions

**Program Extensions are done by the Contractor after a ninety (90) day stay.**

- Once a participant/household has resided in the Crisis Housing program for ninety (90) days, the Contractor can grant an extension for the participant for 90-day increments. Staff must complete the LAHSA approved Crisis Housing Extension form with the participant and place the form in the participant’s master file.
- After one hundred and eighty (180) days in the program, the Contractor must submit the LAHSA Crisis Housing Extension request via MyOrg, to extend the participant’s length of time in the program. Once submitted, the extension request will be reviewed by LAHSA. If approval for the extension is granted, a copy of the extension must be printed from MyOrg and placed in the participant’s file.

### Ongoing Eligibility

**Ongoing eligibility shall be extended for the following reasons:**

- Participant/Household is currently matched to a housing resource through the CES, or enrolled in a program, that provides housing search and placement services.
- Participant/Household is actively engaging in case management services and working on the goals established in the Housing and Services Plan but not yet connected to a housing resource.
- Participant/Household is a priority score 3 and not yet matched to a housing resource.