MDT/ E6 Referral Screening Tool for Homeless FSP

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Referring Agency	Staff Name	Staff Email
Staff Phone Number	Client Name	Date
will be contacted by an E6 client is appropriate, you ser	seems like the client is an applinician who will then assess the din the referral to the Hom	he mental health of the client. If the
1. Is the client an adult	18 and older?	
□YES □NC		
2. Does the client have	a Severe Mental Illness?	
□YES □NC)	
3. Are they receiving m	nental health services somew	here?
☐YES, where	?	
4. Are they homeless? □Street □	ICar/ RV	Length of homelessness
□NO		
5. How long have you	been outreaching the client?	
6. Do they have a high	vulnerability as determined	by the VI-SPDT (8 or above)?
□YES □N	0	



Homeless Full Service Partnership

The Homeless Full Service Partnership (FSP) program provides comprehensive intensive field-based mental health services designed to assist people who are homeless with securing permanent housing.

TARGET POPULATION: Adults 18 and older who have a Severe Mental Illness (SMI) or Serious Emotional Disturbance (SED) and their families who are homeless and have high acuity and who would benefit from intensive supportive services as determined by a standardized assessment tool such as the Coordinated Entry System (CES) Survey.

REFERRAL AND APPROVAL PROCESS: Homeless FSP teams are not responsible for identifying their own clients. All clients will be referred to a Homeless FSP by DMH's Countywide Housing, Employment and Education Resource Development (CHEERD) division and will include individuals that have been receiving outreach and engagement services from a homeless outreach team. Referrals from homeless outreach teams will be sent to CHEERD who will review them for eligibility and assign approved referrals to a Homeless FSP provider.

SERVICES PROVIDED: All services are provided in the field during hours that are most accessible for clients including early morning, evening and weekend hours. Homeless FSP providers will use the following Evidence-Based Practices: Motivational Interviewing, Housing First, Harm Reduction, Trauma Informed Care, and Assertive Community Treatment (ACT). Services include:

- Collaboration with Homeless
 Outreach and Engagement Providers
- Screenings and Assessments
- Housing Assistance
- Case Management
- Individual and Group Therapy

- Medication Support
- Transportation
- Crisis Intervention
- Life Skills Training
- Substance Use Treatment
- Team Conferences/Case Consultation
- Collateral Supports

STAFFING: A multi-disciplinary team with a ratio of one (1) staff to every ten (10) clients. Staff is available for crisis intervention and other emergency situations 24 hours per day, seven days per week, 365 days a year and a Lanterman-Petris-Short (LPS) designated staff is required. Staff includes at a minimum:

- Team Lead
- Psychiatrist or Psychiatric Nurse Practitioner
- Licensed Mental Health Professional

- Substance Abuse Counselor
- Case Manager
- Peer Advocate