

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

D.1 Consistency with 3 year Program and Expenditure Plan

The proposed development, Caroline Severance Manor is consistent with the Los Angeles County Mental Health System's Community Services and Supports (CSS) Plan in its objectives, planning, design, social services and targeted population.

Mercy Housing California understands that the Los Angeles County Department of Mental Health (LACDMH) objective is to provide services to people in communities "who are most severely challenged by mental health issues, and children and youth suffering from severe emotional disturbances". Therefore, Mercy Housing commits to providing housing and services to 48 households who meet LACDMH's objective as described above. The 48 units will range from one bedroom to four bedroom units. Services in the categories of education, economic development, health and wellness and community and civic involvement will be provided by a collaborative effort through LACDMH, Mercy Housing California, Telecare Corporation, and various other mental health and community service providers.

Caroline Severance Manor will also be consistent with the CSS Plan's planning and design concepts. 48 units in the development will be available to two of the four target populations of the CSS Plan, children (0 to 15) and adults (26 to 56). Consistency will also be followed through the design concepts phase of the development by ensuring that services are population specific, for example the adult population would receive employment training while the children would have an after-school/homework club. .

Furthermore, Caroline Severance Manor will be consistent with the fundamental commitments such as promoting recovery for all who struggle with mental health issues, achieving positive outcomes for all who receive mental health services, delivering services in culturally appropriate ways, honoring the differences within communities, and ensuring that services are delivered in ways that address disparities in access to services as outlined in the CSS Plan.

Just as the Los Angeles County Department of Mental Health met a community planning process, Mercy Housing understands the importance of community planning, and will host meetings to receive feedback from the community on this project. The invitees to the community meeting typically include the immediate surrounding community, service provides, and other members of the public. Additionally, as required, the supportive services plan for this development will also be part of the 30-day posting requirements by the County's MHSA program to allow for feedback from the community and the area's stakeholders.

D.2 Description of Target Population to be Served

The development will consist of approximately 85 units which will be rent restricted, at levels from 30% to 60% Area Median Income (AMI), in one-, two-, three-, and four-bedroom units. Of these, 48 of the apartments will serve as permanent supportive housing for MHSA clients, across all unit types. One-bedroom units will be most appropriate for single to two-person households, while the larger units will be appropriate for larger families.

Thirty (30) one-bedroom MHSA units will target adults (26 to 56) who have severe and persistent mental illness and who are suffering from substance abuse or other co-occurring disorders, and/or who are receiving services from the Department of Mental Health (DMH) and who are eligible for Mental Health Services Act (MHSA) services in Los Angeles County.

Eighteen (18) units will be targeted to children (0 to 15) who are dealing with severe emotional disturbances and their families who have been or are at risk of being removed from their homes and reuniting with their families after being detained, are in families affected by substance abuse issues, are experiencing extreme behaviors at school or are involved with probation and are clients of DMH. These families will be targeted in cooperation with service providers and advocates working with this population.

The remaining approximately 37 units, mostly two- and three-bedroom apartments, will serve non-MHSA low-income households.

The approximately 30 units targeted to individuals will serve people who are DMH clients, either as current clients of the primary mental health service provider, Telecare Corporation, or referred to the property by DMH. The potential residents are likely to have experienced acute mental illness, and require wrap around services. The individuals targeted for these units must also meet the MHSA homeless definition: "living on the streets, or lacking a fixed, regular, and adequate night-time residence (this includes shelters, motels and living situations in which the individual has no tenant rights)."

Thirteen (13) of the eighteen (18) units targeting children will be for households meeting the homeless definition as described above and whose child and/or children (0 to 15) are clients of DMH. Five (5) of the eighteen (18) family units will be for households at risk of homelessness, including transition-age youth, individuals discharged from institutional settings, individuals released from local city or county jails, individuals temporarily placed in Residential Care Facilities and individuals who have been assessed and are receiving services at the county mental health department and who have been deemed at imminent risk of homelessness, as

certified by the county mental health director. All of the MHSA family units will be MHSA eligible and referred to the property by DMH, or by service providers and advocates working with families.

D.3 Tenant Selection Process

Potential tenants will be required to meet the requirements imposed by all funding sources used for the development, anticipated to include Low Income Housing Tax Credits (LIHTC), Los Angeles Housing Department Permanent Supportive Housing Program (LAHD PSHP,) and County of Los Angeles Department of Mental Health: Mental Health Services Act Housing Program (MHSA). The property will be professionally managed by John Stewart Company (JSCO), which will apply the requirements in a consistent and transparent manner, ensuring that the application and income certification process is as straightforward and simple as possible for applicants. In an effort to further simplify the process applicants will have the opportunity to have their case manager's assist them with the application process, if necessary.

Threshold Eligibility Criteria:

Potential tenants will be required to meet income eligibility according to LIHTC program regulations. It is anticipated that the maximum gross household income, including assets and adjusted for household size, will be 60% of the Area Median Income (AMI). All of the MHSA units will be designated for residents whose income does not exceed 30% of AMI.

All applicants (adults and/or children) for the MHSA units will have to meet other MHSA eligibility criteria, for adults it would include adults who are ages 26 to 56 and who have severe and persistent mental illness and who are suffering from substance abuse or other co-occurring disorders, and/or who are eligible to receive MHSA services in Los Angeles County and who are receiving services from the Department of Mental Health (DMH). The children ages 0 to 15 would be dealing with severe emotional disturbances and their families who have been or are at risk of being removed from their homes, are in families affected by substance abuse issues, are experiencing extreme behaviors at school or are involved with probation and are clients of DMH. Either an adult or a child in the household may satisfy MHSA eligibility requirements, which will be verified by DMH through their Tenant Certification Process. Agency approved forms to document disability and homeless status will be provided with clear instructions to all applicants.

43 (30 one-bedrooms and 13 larger bedroom count) of the units will have to document homelessness according to the MHSA definition, and 5 of the larger bedroom count units will have to document at risk of homelessness by the MHSA definition.

Other Eligibility Criteria:

Among other eligibility requirements, Caroline Severance Manor will meet household size occupancy standards:

Tenants will be required to maintain their leased premises in accordance with local health standards and other subsidy program standards. Service enrichments at the property will provide for linkages to agencies that can provide assistance with housekeeping, but the tenant will ultimately be responsible for complying with this requirement.

As required by LIHTC the head of household must be eighteen years of age or older, or be an emancipated minor (who may be as young as age 16). It will be required that all members of the household who are eighteen years of age or older and emancipated minors sign the required forms and comply with the verification process.

Applicants may be asked to provide landlord references for the last three years. The references should specify the potential tenant's ability to care for the property and payment of rent on time, the ability to live with others without interfering with the peaceful enjoyment of the premises. If references are not available, potential residents will be requested to provide as much information as possible regarding their place(s) of residence for the past three years. On an individual basis, if sufficient landlord references are not available, it may be required that the potential resident provide written references from social workers or others involved with the potential resident in a professional capacity. The references will help determine if the potential resident has demonstrated the ability and willingness to live peacefully with neighbors and refrain from behavior that jeopardizes the safety and security of the housing community.

It is also required that potential residents not submit false or incomplete information in the application process. Potential residents must also meet all other program-regulated eligibility requirements. All assigned units must be the household's primary place of residence.

A credit check, eviction registry check, and criminal background check will be obtained for all applicants. Court records will also be checked for evidence of evictions or judgments against the applicant and evidence of criminal convictions. The purpose of these checks is to verify past history of meeting financial obligations and future ability to make timely rent payments and to abide by any applicable (depending on funding source) federal laws regarding the prohibition of admitting any applicant with specific criminal activity including drug-related activity. Poor credit score and outstanding unpaid financial obligations (such as student loan debt, credit card debt, etc.), bankruptcy, prior evictions, and nonviolent convictions may

not disqualify applicants for residency, once other mitigating factors are considered. Every effort will be made to provide for a reasonable accommodation for applicants whose disability may interfere with standard requirements. These standards are established to comply with federal law.

Mercy Housing knows that many of the target households will have negative credit ratings, criminal records, or other backgrounds that may serve to disqualify them from housing. Applicants who believe they have mitigating circumstances, such as recent completion of a drug treatment program after a prior drug-related criminal history, may appeal to staff for consideration. In addition, applicants may request a reasonable accommodation due to their disability.

All applicants will have an opportunity to demonstrate the circumstances causing the issues which would have disqualified them from housing and request a reasonable accommodation. Management staff will consider all reasonable requests made at the initial application or during the appeal process. Case Manager's will have the opportunity to assist their clients in documents and appealing for reasonable accommodations.

Application Processing

Referral. Referral of MHSA tenants will come from DMH, DCFS, contract providers, and peer and advocacy groups such as Mental Health Advocacy Services, Inc., Mental Health America of Los Angeles, Kinship in Action, Grandparents as Parents, etc.

Additionally, as part of DMH tenant referral and certification process and upon the applicant receiving certification of having met MHSA threshold eligibility the applicant will be placed on a master Referral List maintained by the Housing Policy & Development (HP & D) Unit. Certified applicants will then be referred by DMH to MHSA funded units based on their housing preference as identified on the Certification Application. Applicants would then be subject to the application process as described herein.

In order for the family households to qualify for the MHSA units, these households must be receiving DMH services. Therefore, they are likely to have relationships with service providers prior to moving into the property. It is unlikely that this existing service provider will be Telecare. Therefore, Mercy Housing will develop relationships, through the Resident Services Coordinator, with the primary service providers working with this target population in the area. SPA-4 includes many providers serving youth, including Amanacer Community Counseling Services, Aviva Family and Children's Services, Children's Institute, Gateways, Hillside, Hollygrove EMQ, StarView, and St. Anne's.

Initial Lease-Up. Subject to the approval of lenders consistent with regulatory agreements and other covenants, the initial lease-up will be handled in one of the following ways:

First Come, First Served. In the event that the number of applications anticipated to be received for the housing units are NOT far in excess of the number needed to fill the units available, applications will be accepted, time stamped, and processed on a First Come, First Served basis during the open application period.

Random Selection Process. In the event that a substantially larger number of applications are anticipated to be received for the housing units than needed to fill the units available, applications will be accepted during the open application period, and processed in an order determined through a random selection process.

Wait List. After the initial lease-up has been completed, a Wait List will be established from all remaining unprocessed applications accepted during the open application process.

Vacancies. Vacancies will be filled from the site based Wait List, which will be reopened from time to time, consistent with a Management Plan and regulatory agreements and other covenants. Because of the very specific occupancy qualifications for the MHSA units, separate lists may need to be maintained for the MHSA units, in cooperation with DMH.

Marketing/Outreach

Mercy Housing, Telecare and the John Stewart Company understand the difficulty of renting supportive housing units. With this in mind, we will all work closely with each other, legal counsel, regulatory agencies and the City and County of Los Angeles throughout the marketing and outreach process to ensure full compliance in all marketing efforts with all applicable legal requirements.

A variety of local media and newspapers will be used to advertise the availability to the community at large. The outreach will be conducted both in mainstream and minority newspapers. All advertising will be placed with compliance to all Fair Housing Laws and will have the required logos.

However, marketing efforts will be focused with city and county agencies such as DMH, LAHD, City and County of Los Angeles Housing, service providers and partner agencies (such as Telecare Corporation, Hollygrove EMQ, Grandparents as Parents, Kinship in Action, etc.) who serve the needs of the building population and those who refer potential clients for housing. Informational sheets with application

information and case managers' informational sheets will be prepared specifically for this development and will be distributed to all available venues mentioned above.

The open application period will be widely disseminated through published marketing materials, outreach to service providers, and other methods spelled out in a detailed Affirmative Marketing Plan.

Fair Housing

All entities involved with this development commit to complying with all Federal, State, or local fair housing and civil rights laws and with all equal opportunity requirements set forth in HUD's administrative procedures. Federal law forbids discrimination based on race, color, religion, sex, handicap, familial status, or national origin. Administrative procedures further prohibit discrimination based on certain class membership or sexual orientation.

D.4 Supportive Services Plan

Please note that all services outlined in this plan are voluntary.

DESCRIPTION OF SERVICES

Primary Service Provider & Experience with the Target Population Providing Services

For this development Mercy Housing is the Resident Services Coordinator, and Telecare Corporation is the primary mental services provider.

Founded in 1981, Mercy Housing pioneered the resident services coordination concept, that by providing access to service enrichments at rent and income restricted rental housing, low income residents could make much greater progress in improving their situation than they could with housing supports alone. Acquiring its first property in Idaho in 1982, Mercy Housing has now participated in the development, preservation and/or financing of more than 35,700 affordable homes, both rental and single family, serving more than 117,000 people on any given day.

Mercy Housing's pioneering efforts in services enrichment has led to a high level of professionalism and success in its role as Resident Services Coordinator in properties throughout California. This role generally involves coordination of a wide variety of community based linkages, and often contract provided services with multiple service providers, at a wide variety of building types, serving families, seniors, and people living with special needs. In developments which serve a variety of populations including single adults and families, these services typically include focus on four key areas: Education, Economic Development, Health and Wellness, and Community and Civic Involvement.

Mercy Housing operates a substantial number of properties providing supportive housing for homeless and/or or other special needs populations, including over 1,200 units in California and 1,117 at Mercy Housing Lakefront (formerly Lakefront SRO) in Chicago. These supportive housing developments are national models for serving homeless, mentally-ill, and frail populations.

Table 1: MHC Special Needs Experience

	Completed	In Development
Transitional Hsg-Seniors		6
Homeless Seniors	72	107
Homeless	621	345

HIV/AIDS	227	
Multiple Special Needs	284	155
Total Special Needs Housing*	1,204	613

*This does not include consulting

Resident Services are managed in California by three director level staff, specializing, respectively, in Senior and Special Needs Services, Family Services, and Neighborhood Initiatives. These directors supervise Resident Services Supervisors who directly supervise services staff at the properties.

Among Mercy Housing's over 1,200 completed supportive housing units in California, is the first MHSA development in the state, Arden Aire Apartments, involving the rehabilitation of an existing 53 unit apartment development located in Sacramento County. All units are restricted from 30% to 55% of the area median income. Of the 53 units, 19 have been designated as permanent supportive housing for persons with severe mental disabilities who are chronically homeless. The 19 supportive housing units are provided with a rent reserve and funding for services through the Sacramento County Department of Health and Human Services/Mental Health Division, through the Mental Health Services Act Program. The community space includes a manager's office, computer stations, and a place for community meetings. Mercy Housing has worked collaboratively with Turning Point to provide services to the MHSA population. The development includes resident services staff which facilitate access to a multitude of services to the residents such as crisis intervention, employment training, case management, counseling, transportation, life skills training and health services.

The Resident Services Coordination provided by Mercy Housing will be available to all residents, both MHSA and non-MHSA. The Resident Services Coordinator will also coordinate among the other contract service providers at the property.

Primary Mental Health Services Provider. Founded in 1965 by a psychiatrist, a psychiatric nurse, and a businessman who were committed to a belief in the rehabilitation potential of people with serious mental illness, Telecare Corporation will be the lead Mental Health service provider at Caroline Severance Manor. Its founders believed that clients could achieve better results if services were individualized, focused, and provided in a home-like setting. The client was placed at the center of the organization, with a culture where employees and clients are supported in reaching their full potential. This vision still guides Telecare today.

Caroline Severance Manor is well in line with Telecare's previous experience of working with individuals who have co-occurring issues of substance abuse,

developmental disabilities, homelessness, aging, and forensic challenges. Telecare provides and manages an array of services—from inpatient and community-based programs, to crisis, residential, and administrative services. For instance, Telecare operates six programs funded by California AB2034 legislation, which addresses both homelessness and serious mental illness. Telecare continually monitors for effectiveness and adjusts services to meet the needs of consumers and customers.

Telecare is a family- and employee-owned company, with exceptional leadership at all levels of the organization, including numerous clinical and program management staff who joined Telecare with years of experience in both public and private sector mental health systems. Telecare has been recognized for excellence by the Rehabilitation Accreditation Commission (CARF), and was one of three organizations selected as an innovator in the mental health field by the California Endowment, the California Wellness Foundation, and the California Healthcare Foundation.

The services provided by Telecare are primarily directed towards MHSA residents who are individuals with co-occurring issues of substance abuse, developmental disabilities, homelessness, aging, and forensic challenges, but will be available to all MHSA residents. Telecare will also be a key resource in serving other very low income residents who may not be MHSA eligible, but may be facing mental health crises or other issues within Telecare's specialty.

Proposed services including age-appropriate services for specific age groups

Services for the development will be age-appropriate as determined by the periodic assessments of the general service needs of the entire resident population. The services outlined below are voluntary.

Mercy Housing will provide Resident Services Coordination by providing one full-time on-site Resident Services Coordinator (RSC) who will develop and implement the general services program and serve as the lead coordinator among the multiple contract service providers. As part of the general services program, the RSC will be responsible for conducting periodic assessments of the general service needs of the entire resident population, establishing linkages to existing services in the community which meet those needs, and creating specific on-site programs to address those needs which cannot be addressed through outside agencies. In addition, the RSC will also track and report participation rates and outcomes of the programs and services through the use of Mercy's Measurement Initiative (MMI) database.

Another major aspect of the RSC duties is communication. The RSC is responsible for initiating and maintaining relationships with local community agencies and businesses, thereby, establishing a reliable network of resources. By doing this, the RSC is able to convey resident needs to possible providers and discover possible resources that otherwise may have gone unnoticed. The RSC is also a team player with the property management's site-team. Regular meetings are conducted with the property site-team where the RSC will learn about and discuss property issues and talk about the general services program activities, which is displayed on the Monthly Activity Calendar.

The goal of the general services program approach, which is applicable to all residents, is to provide opportunities and access to programs and services that can help residents improve their quality of life, according to their own goals and needs. The programs will focus in the areas of education, health and wellness, financial literacy, and civic engagement. Participation in the programs is completely voluntary; however, the RSC will try to encourage non-participating residents to participate by providing regular announcements of programs and conversing with the resident on a one-on-one basis, when appropriate. The programs are available to all residents regardless of race, color, religion, sex, handicap, familial status, or national origin, as per Fair Housing Guidelines. Language barriers are addressed by the use of translated materials and translators, when feasible or available.

The on-site programs and services will be held in the Community Room, computer lab individual counseling offices, and other indoor and outdoor gathering and meeting areas. The development will also house a private, secure RSC's office, and warming kitchen, all of which will be used to create a welcoming environment to host a variety of services attractive to the diverse interests and needs of the resident population.

Actual services will be based on the expressed needs of the actual resident population. This is accomplished through the use of a Needs Assessment comprised of surveys and one-on-one communication with the residents, which is completed after lease-up. However, based on the knowledge and experience of similar type developments and the availability of current service providers, Mercy Housing anticipates providing the following general programs and services:

Education Programs:

After school/ Homework Club – Mercy Housing provides a safe and structured environment for children to complete homework, receive tutoring, participate in presentations relevant to education, create art work, and meet for additional related organized activities. Youth residents who participate in these programs will have an opportunity to interact constructively with peers, to set and pursue goals for educational attainment, and to develop trusting relationships with adults in the community. The RSC would supervise this program and try to locate and engage volunteers to assist with the day-to-day activities. This program would be on-site and offered Monday through Friday from 3:00 to 5:00

CAHSEE Program – This is a free program, offered through the LA City College, designed to help high school students prepare for the Math and English section of the California High School Exit Exam. The program also helps students earn credits for high school graduation, if needed. This program would be off-site and offered at various times.

Upward Bound Program – This is a free program, offered through the LA City College, designed to motivate and support individuals from under-represented backgrounds (i.e., low-income families and first generation students) to obtain higher education. The program services include: tutoring, college & career advisement, personal and academic skill development, and college tours. This program would be off-site and offered at various times.

Computer Education – The computer lab located on-site is an efficient and effective way to provide access to the technology that is necessary to survive and thrive in today's society. The RSC would operate the computer lab offering a menu of classes that help the residents learn vital technology skills, increase job opportunities, build community, and access health resources. The computer lab would include:

- Access to networked computers and printers
- Basic computer skills and technology classes
- On-line job searches
- On-line banking and tax preparation
- Youth education programs
- Access to health and wellness resources
- Access to State and Federal service agencies

This program would be on-site and the classes would be offered at various times. Staffed through a combination of paid on-site personnel, outside contract service providers, and volunteers, as available, the computer lab itself would be open approximately eight (8) hours per day, five (5) days per week, including evenings and weekends should such a schedule meet the needs of the actual resident population.

English as a Second Language (ESL) Program – The LA City College offers a free program which provides the essential English tools in both reading and verbal skills. This program would be off-site and would be offered at various times.

Job Training Program – This program, offered by the Goodwill Southern California Los Angeles Campus, provides workforce and career development, vocational evaluation, work activity program, and transitional employment. This program would be on-site and offered once a week from 4:00 – 6:00. The residents would also be able to access the Metro North WorkSource Center located at the Goodwill Campus.

Job Training Center – The Metro North WorkSource Center is designed to help individuals find a job, prepare a resume, and learn interviewing skills. The center is off-site and offered at various times.

Health and Wellness:

General Health & Wellness Programs – The RSC will assist residents with basic day-to-day health needs by offering informative classes and programs, such as substance abuse programs, exercise classes, cooking classes, healthy eating classes, diabetes information, etc. The RSC will also try to assist the resident with their health needs by providing specific referrals to local health agencies and/or providers. This program would be on-site and would be offered at various times.

Cholesterol, Blood Pressure, and Glucose Tests – The California Hospital Medical Center (CHMC) provides free screening of vital health indicators. This program would be offered on-site, at various times. CHMC is a member of Mercy Housing's Strategic Healthcare Partnership, whose members regularly provide such health screening on-site at Mercy Housing properties.

Food Bank Pantry – The Los Angeles Regional Food Bank offers various food items and basic needs items, free of charge, to low-income individuals and families with children. The owner of the development site, the First Unitarian Church of Los Angeles, operates a Food Bank distribution location once a month at its location adjoining the development site. This service will be available to residents on-site, once a month, free of charge. Other distribution locations are offered off-site. Should there be a strong demand for this service,, Mercy Housing would apply to be a weekly distribution site.

Summer Lunch Program – This program provides a free meal to children during the summer months while school is out of session. The meals would be provided by the Los Angeles Regional Food Bank. This program would be on-site and offered Monday through Friday from 12:00 – 1:00.

Financial Literacy:

Financial Education Classes – The RSC would work with local banking and financial institutions to provide basic banking and budgeting workshops. Mercy Housing has an ongoing relationship with major financial institutions such as “Making Dreams Happen” program with Citigroup. In this program, volunteers and bank staff teach weekly classes on such topics as how to start a checking account, how to save money, how to develop a budget, and how to access and maintain one’s credit score. The RSC would also work with the residents one-on-one to establish personal financial goals, such as homeownership or saving for retirement, and plan ways to make the goals happen. This program would be on-site and offered at various times.

Earned Income Tax Credit (EITC) Training – This program informs residents of the Earned Income tax credit for low-income individuals, which could potentially lower the amount of tax the resident has to pay. The RSC will distribute information regarding this credit to each resident and relay the information at Community Meetings. This program would be on-site and offered at various times during January through April.

Volunteer Income Tax Assistance (VITA) – This is a free service that helps residents prepare their income tax. The RSC would apply to become a VITA site; otherwise, the program would be off-site. The program would be offered at various times during January through April.

Civic Engagement:

Civic Programs – The RSC will provide various programs, like Neighborhood Watch, community clean-up, and multi-cultural events that help the residents to engage in the social and political environment of our society. This program would be on-site and offered at various times.

Voter Education – The RSC will distribute voter information guides and post voting information. The RSC will also research the possibility of becoming a voting site. This program would be on-site and offered during election periods.

Citizenship Services – This is a free program offered through the LA City College, which helps individuals complete the Naturalization application process. It also provides free citizen and civics classes to help individuals successfully become an American Citizen. This program would be off-site and offered at various times.

Resident Community Meetings – The RSC, in conjunction with the Property Manager, will conduct a Resident Community Meeting where residents can receive information regarding the property and resident services. It will also be an opportunity for the residents to voice their concerns or ideas regarding their community. This program would be on-site and offered quarterly.

It is anticipated that Mercy Housing will develop relationships with mental health services providers that specialize in serving families with children. Additionally, the mental health and related services offered by Telecare can and will be of benefit to these families, and they may choose to use Telecare as their primary service provider. All of the aforementioned services are voluntary. The primary mental health services for adult DMH clients living in MHSA units will be provided by Telecare Corporation, through their Service Area 4 FSP. Members receive services from multidisciplinary teams that provide coverage twenty-four hours per day, seven days per week, focusing on mental health services, rehabilitation, crisis intervention, and targeted case management/brokerage services.

Highlighted below are the key features of the Telecare service delivery model:

High Quality, Consumer-Focused ACT Program. Telecare's service delivery approach is based on the non-coercive version of Assertive Community Treatment. A multidisciplinary team will be responsible for directly delivering and coordinating a variety of services and supports geared at reducing mental disability and harm, improving functioning, and promoting self-sufficiency and recovery. Based on their various areas of expertise, team members will collaborate and deliver integrated services, monitor progress towards goals, and

adjust services over time to meet the consumers changing needs. Team members deliver the vast majority (at least 65%) of services *in vivo*, whether at a consumer's home, job, or other community setting of the consumer's choice, ensuring interventions are provided in the locations where problems occur and support is needed rather than in hospital or clinical settings.

Recovery Model. Telecare's Recovery-Centered Clinical System (RCCS) provides an innovative recovery framework that incorporates the latest research and evidence-based practices. The framework emphasizes doing no harm and supporting and enlivening recovery. It incorporates such approaches as motivational interviewing, cognitive behavioral therapy, dialectical behavioral therapy (DBT), harm reduction, and other consumer-centered therapeutic interventions. This framework contributes significantly to the success of the consumer.

Relationship to DBH and Other Providers. In delivering the LA SA4 FSP program, Telecare has developed relationships with numerous agencies and community services and supports, including the Public Guardian's Office, Board and Cares, and local hospitals. These linkages will be an integral part of the program at Caroline Severance Manor.

Staff Component. As the incumbent LA SA4 FSP provider, Telecare is in an unparalleled position to continue offering a program that meets and exceeds the County's needs and requirements in this residential setting. Because Telecare's program is already fully staffed and operational, it can ensure continuity of services without any disruption to the County or consumers. Under the leadership of Regional Director of Operations Rich Santoni and Administrator Oralia Van Leuven, existing LA SA4 FSP staff with the appropriate licenses and certifications will continue to utilize their considerable knowledge of the consumer population and local system of care to deliver a high quality program.

Consumer Component. Telecare's program will continue to utilize the individualized service plan as the basic treatment document. The content of the service plan will be driven by the needs and goals of each consumer, with input from program staff. Telecare views the individualized service plan as a living document, which evolves with the consumer's changing needs and desires. The Recovery-Centered Clinical System (RCCS) facilitates and supports consumer involvement in individualized service planning. RCCS includes a number of recovery-centered conversations that team members use to stimulate consumers' thoughts about their hopes and dreams, help them understand their unique strengths, clarify their future goals, and collaborate on how to achieve

them. A conversational approach creates opportunities for individuals to understand themselves and their world differently.

Wraparound Support 24/7/365. Providing 24/7/365 support for consumers is crucial to their success in the community. Because after hours support is critical for this population, team members will be available 24/7/365 to provide the necessary services and supports. Throughout LA SA4 FSP's history, there have been numerous instances where "round the clock" team support has stabilized a member in crisis and prevented loss of housing, escalation to the police, County, or higher level of care.

Culturally Competent Services. Telecare believes that recovery and resiliency and cultural competency are closely related. Recovery and resiliency are enlivened when consumers receive services that are sensitive to their specific needs. Staff will work within each consumer's specific cultural and linguistic framework to deliver services and foster recovery. This comprehensive approach to cultural competency includes targeted recruitment and retention strategies (including those designed to hire bilingual staff), comprehensive training, and linkages with a full range of providers (e.g., primary care, community-based organizations) that have expertise serving the target population. Through these and other approaches, Telecare promotes the delivery of services that are dignified, respectful, and tailored to the cultural needs and preferences of each consumer.

Through the service delivery approach described above, the program of mental health services for MHSA individuals will continue to ensure that consumers have the necessary support to live productive, meaningful lives in the community.

Where will the Services be Delivered?

The on-site services will be provided through the community space including a community room with warming kitchen, licensed childcare facility, computer lab, resident services coordinator's office, private counseling rooms, and other indoor and outdoor meeting rooms and gathering spaces. On-site Services offered by Mercy Housing's Resident Services Coordinator would include after-school/homework club (tutoring services), general health and wellness programs, financial educational classes, earned income tax credit trainings, civic programs and voter educations.

Other on-site services offered by third parties would include job training programs offered by Goodwill Southern California Los Angeles Campus health screening provided by CHMC or other area health providers, Food Bank distribution, and the Summer Lunch Program.

Case management, self-help meetings, and other wrap-around mental health services will be provided on site by Telecare and other mental service providers.

Off-site services will consist of educational programs such as CAHSEE, Upward Bound and ESL all provided by LACC. Residents would also have access to job training offered by Metro North WorkSource Job Training Center. Other off-site services would include Volunteer Income Tax Assistance and Citizenship Services.

Community Linkages and how they will be Accessed

As Resident Services Coordinator (RSC), Mercy Housing staff will develop a resource list that will be made available to residents, which will likely include, but not be limited to:

- Grandparents as Parents (GAP) is a support program for “Grandfamilies” which include cross-county emergency referrals for food, housing and other essentials/ crisis counseling, intervention and support groups; workshops and educational programs; advocacy on behalf of caregivers families to schools, doctors and the legal system; community outreach programs, respite care; and advocating with, and educating, government officials and institutions about the rights and concerns of caregiver-headed families.
- Kinship in Action is a one-stop resource center where families may find resources, support and advocacy as relative caregivers.
- Neighboring community programs, such as the Francis Avenue community garden, subsidized childcare center (in new location in proposed development), and after school program

Community Resource Referrals - Referrals to third party providers will also be made by the RSC staff. Referrals will be tracked through the Mercy Measurement Database. This information will allow RSC to monitor the specific types of needs that arise and identify commonalities, and adjust services offerings and programs as necessary.

These linkages will be accessed by referral from the RSC, or directly by residents due to activities held on site by the linkage providers. Caroline Severance Manor is intended to be a hub for neighborhood based services tailored to families and individuals living with special needs and dealing with the foster care system. The development will include multiple locations appropriate for peer group meetings, and the RSC will ensure that numerous activities each week are held on site by

these organizations. All services will be voluntary, but multiple enticements to participation will be offered, including respite care, food, entertainment, and a variety of culturally competent service offerings.

When Services will be Available to MHSA Tenants

Resident Services Coordination

- Resident Services Coordinator will be full time (40 hours/week)
- Office hours will be set depending on need determined by resident needs assessment, including evenings as weekends as necessary

Mental Health contract services will be available at hours that are convenient to clients. To access these services clients can notify the Resident Services Coordinator and/or contact the service provider directly. A multidisciplinary approach involving the RSC and service provider staff will be taken to reach out to clients, making The interdisciplinary team of the contract providers such as Telecare and other that will be determined upon assessing the specific needs of the population will design programs to meet the specific needs of clients, including establishing office hours at the property, visiting clients in their home at hours convenient to them, and assisting clients in scheduling and transportation to appointments as necessary Emergency mental health services will be available 24 hours a day, seven days a week, 365 days a year by Telecare staff to ensure that clients are always having access to the support they need. Telecare's programs are staffed to ensure adequate evening and wee-end coverage. Rotating staff carry the on-call phone each night and log after-hours calls on a daily basis. Clinical leadership is also available for after-hours consultation on an as needed basis. As part of the morning team meetings, on-call activities from the previous day are be reviewed, and the needs of consumers assisted after hours will be further assessed, to ensure they have all of the necessary supports in place.

Telecare's experience has shown that providing 24/7/365 coverage is critical to team effectiveness and has a major impact on reducing emergency room visits and hospital admissions. Our program attempts to avert crisis in the first place by identifying and managing risk factors, and by building and maintaining close relationships with consumers and their support networks. When a consumer (or interested party on behalf of the consumer, e.g., family member, landlord, staff member) communicates that he or she is in crisis, a qualified team member provides timely intervention to stabilize the situation. Interventions include partnering with others involved in the consumer's current situation such as the family of choice, law enforcement representatives, or landlords.

Approach to Providing Services to MHSA Target Population - Specific Needs & Issues

MHSA Adults

The treatment team for this program includes professionals from the fields of psychiatry, nursing, social work, substance abuse, vocational rehabilitation, and other professions. The team also includes a Peer Support Specialist (PSC I) who is a consumer. Consistent with best practices, Telecare strongly support the involvement of consumers in the delivery of services, and firmly believes that their experience with serious mental illness is a powerful tool for facilitating recovery. Based on their areas of expertise, team members collaborate and deliver integrated services, monitor progress towards goals, and adjust services over time to meet the individuals changing needs. The treatment team shares responsibility for the individuals it serves and uses assertive outreach and engagement strategies to proactively engage each individual in treatment. To ensure services are delivered in a coordinated and cohesive manner, staff begin each day with a team meeting where they:

- Conduct a clinical review of all currently enrolled individuals
- Track service contacts with individuals
- Assess current risk for individuals
- Create plans for addressing identified individual risk
- Provide staff with a daily work schedule
- Discuss other issues needed to ensure the needs of each individual are adequately addressed

The meeting is mandatory for all clinical staff. Information presented in the morning meeting drives all the services provided that day, with the Team Leader making staff assignments during the meeting. Team members deliver the vast majority of services (at least 65%) *in vivo*, whether at an individual's home, job, or other community setting of the individual's choice. As a result, interventions are provided in the locations where problems occur and support is needed rather than in hospital or clinical settings.

Risk Assessment. Upon admission to the program, the staff conducts a Risk Assessment to identify consumer concerns and potential risks to themselves and others, which is updated every six months and whenever there is a change that requires update.

Psychiatric Services. The program psychiatrist provides services to the consumer at the program site, in the community, or wherever best meets the

consumer's needs. The psychiatrist sees individuals monthly or as needed, depending on medication and individual issues. The psychiatrist reviews and documents symptoms as well as the response to any prescribed medications.

Medication Management and Support Services. Medication management includes prescribing, storing, and administering medications, as well as evaluating and educating consumers on the medication's benefits and side effects. Medication is used to maximize the functioning of the consumer while reducing the symptoms of mental illness with the fewest possible side effects. The program conforms to local, state and federal regulations related to medication management in a community-based mental health setting.

Full Range of Services and Supports. Telecare recognizes that traditional mental health approaches rarely include the level of work necessary to meet the needs of the population targeted for this program. We will continue to provide "whatever it takes" in the way of services and supports to allow consumers to live successfully in the community. Our wraparound approach will include formal therapeutic interventions (e.g., risk assessment, individualized service planning, team-based case management, medication management, psychiatric services, and crisis prevention and intervention) and informal supports (e.g., family involvement and advocacy, peer support, and linkages to community-based organizations and resources) to enliven consumers' recovery. Services and supports include:

- job search, resume development, and hygiene and grooming discussions
- assistance with money management including paying rent and other bills representative payee services
- Assistance with educational endeavors including working toward GED, enrolling in adult education, or college programs like Los Angeles Community College (LACC), Metro Skills Center, LA TradeTech.
- Support of family and social relationship goals such as linkage to family members when ready, linkage to peer groups such as Project Return: The Next Step, community meetings on-site linked with social activities.
- Teaching life skills such as budgeting, grooming, cleaning, cooking, public transportation, and document gathering and completion
- Symptom management using cognitive skills, diversion tactics and checking-in with others..
- Assistance learning coping skills to manage crises, relationships, conflicts, and unhealthy thoughts

- Assistance in shopping for food, clothing, or household necessities
- Support of transition/discharge planning
- Drug and alcohol counseling and education
- Medication administration
- Assistance in keeping appointments with doctors, labs, social workers, etc.
- Counseling and psychotherapy
- Aid in securing housing
- Assistance with legal issues
- Assistance with moving or planning to move

Treatment intensity and frequency of contact vary based on consumer preference and need. In the ACT model, contact is generally one-on-one and may range from multiple times per day, to daily, weekly, or every other week (as consumers build independence and need fewer contacts). Contact is rarely less than two times per week. In person and phone contact with the consumer is purposeful and recovery-oriented. The majority of contacts (at least 75%) occur in vivo, in the community. After providing services, staff returns to the office to document in the consumer's clinical record all services provided, as well as any problems identified, referrals, and follow-up plans.

Coordination with Physical Health. A recent study by the National Association of State Mental Health Program Directors stresses the importance of physical health care services for persons with serious mental illness (SMI): While the scientific community has known for several years now that persons with SMI have shorter life spans, this study reveals that members of this group are now dying 25 years earlier than the general population. This increase in morbidity and mortality is largely due to treatable medical conditions.

Telecare recognizes the importance of health care for adults with serious mental illness, and has made increasing access to physical health care and promoting behavioral-medical integration a hallmark of our programs. To meet their physical health care needs, we connect consumers with a full range of physical health, dental, and vision care services based on their specific needs, including: annual physical exams; annual dental and vision exams and treatment; routine lab work; preventive, routine, emergent, and ongoing care; flu vaccinations; dietary consultation; and condition tracking and management (e.g., diabetes).

Alcohol and Substance Abuse Services. A significant percentage of the consumers served by our program have both significant mental health and

substance use/abuse histories, enhancing our ability to work effectively with high need populations around their dual diagnosis issues. Staff is trained in Motivational Interviewing and harm reduction. This strengths-based approach recognizes recovery as an integral concept in reducing symptoms and developing a meaningful, healthful life. Staff utilizes this approach with clients, as appropriate.

As each consumer is enrolled in the program, staff completes a comprehensive Risk Assessment in which substance abuse risk is evaluated. As the team engages the consumer and builds a trusting, non-judgmental relationship, current co-occurring issues, past behaviors and patterns, and family histories are identified. Telecare provides regular staff development training with topics relevant for working effectively with clients with co-occurring disorders.

Family/Significant Other Involvement. Families routinely play a significant role in individuals' treatment and recovery. With the individual's knowledge and consent, we regularly invite families and/or significant others to participate on the treatment team. Often, consumers are disconnected from their families and/or significant others. Thus, reconnection and reconciliation may be one of the first steps to promoting family and support system involvement. Staff addresses the issue of reconnection and reconciliation with the consumer at appropriate times. At the consumer's request, and with his or her consent, staff facilitates the process of renewing contact and establishing a relationship. Once families and significant others are connected with the consumer, staff engage them to obtain valuable insight on the issues that are important to the consumer, determine whether the service plan adequately addresses the consumer's goals, and collaborate on how the service delivery system can better integrate the needs and interests of families and other identified supports. We further promote family involvement through education and support. We have had success connecting families to NAMI's Family-to-Family Education and Support Programs and other self-help/education groups.

MHSA Families with Children

The approach, therefore, to serving children who are reuniting with their parent after an out of the home placement or who are entering the foster care system including Kinship Care at Caroline Severance Manor will be to provide appropriately designed apartment homes, in a hub of neighborhood based services that are tailored to meet the broad array of challenges faced by these families. General services enrichments will be provided by on-site Mercy Housing California staff, which will also coordinate specialized services both through contract mental health services, with partners such as Telecare and

Hollygrove EMQ, and with peer groups such as Grandparents as Parents and Kinship in Action. By leveraging these resources and those within the community—such as the on-site subsidized childcare facility, after school programs, and nearby community garden—the families, service providers, and peer groups will establish a neighborhood-based family services hub focused on meeting the challenges of raising a related foster child or reuniting.

According to a report by the Casey Family Programs in August of 2003, the specific needs and issues facing these families include the following:

- Children in kinship care often require more than average attention to their physical and mental health. Many struggle with the after effects of intra-uterine exposure to drugs or alcohol. Many have intensified social and emotional needs, particularly in adolescence.
- Two recent Reports to Congress noted the following facts about kinship families:
 - Most kinship caregivers are older than non-caregivers with many more over the age of 60
 - More than half of kinship care children live with caregivers that are unmarried
 - Two in five (41 percent) kinship children live in families with incomes below the federal poverty level
 - More than a third of children in kinship care are being raised by caregivers without a high school diploma
 - Many kinship caregivers are rearing more than one related child, often in addition to children of their own
 - Most kin caregivers take on this responsibility in the middle of a crisis situation
 - Kinship caregivers face tremendous financial hardships as a result of adding new members to the family
- In addition to the above, one of the reports included other general characteristics:
 - African American children are disproportionately represented in the foster care population and are far more likely than children in non-kin foster care to be African American
 - Kinship care is more common in central cities than in rural or metropolitan areas
 - Fewer children and fewer persons live in public kinship care households than in non-kin foster homes
 - Well-being of kinship caregivers is generally lower than that of non-kin foster parents
 - Drug and alcohol abuse on the part of birth parents frequently leads to kinship care. Relative caregivers in the informal system often cite parental substance abuse as the reason they are assuming the responsibility of raising someone else's children. Drugs are especially prevalent in our urban centers, where the largest

concentration of kinship families is currently located. Unfortunately, access to treatment for substance abuse and mental health problems are extremely limited. Without this kind of help, reunification and attempts to prevent out-of-home care are not likely to offset the prominent role of relative caregivers.

The approach of Caroline Severance Manor and its services programs, therefore, are specifically designed to address the unique challenges faced by this family population by providing large, fully accessible units for these larger families likely facing physical challenges, by providing services that are culturally appropriate and including individual counseling, peer-provided services, and respite care. The available on-site childcare will also be a key resource for these families.

How the supportive housing needs of the tenants will be assessed

Staff will conduct a needs assessment within the first three months of operations, and community focus groups in the three months prior to occupancy to identify the interests and needs of the residents. Using this data, the Resident Service Coordination (RSC) staff will begin to develop programming and services to address the needs and interests. In addition to the programming a community resources “binder” will be created and made available to the residents.

As part of the enrollment process, staff will fill out a Partnership Assessment Form (PAF) for each MHSA tenant. The PAF will be used to establish baseline data for the twelve (12) months prior to enrollment. The PAF includes:

- Residential Information (includes hospitalization and incarceration)
Employment
- Sources of Financial Support.
- Legal Issues / Designations / Justice System Involvement
- Education
- Conservatorship / Payee Information
- Custody Information
- History of Emergency Intervention
- Health Status
- Substance Abuse History

The Key Event Tracking Form (KET) is used to track changes as they occur (any change in any of the data collected on the PAF)

Quarterly Assessment Form (QAF). The (QAF) is completed every quarter after tenant's enrollment date.

Evaluation Plan. All pre- and post occupancy service utilization data for tenants who were, or become during occupancy, incarcerated, hospitalized or housed in a residential treatment or homeless facility will be entered into the system using PAFs, which establishes the baseline data. Thereafter, changes in data will be collected and entered into the system using KETs.

Baseline data covers a period of twelve (12) months prior to enrollment; data comparison (pre to post occupancy) will require extrapolation after the first six (6) months' post occupancy. At one year (12 months) post occupancy, data can be compared without extrapolation on a per-tenant basis, pre occupancy outcomes versus post occupancy. The same comparison can be made for tenant's second year post occupancy versus either tenant's pre-occupancy and/or first year post occupancy, and so on. Total outcomes data will also be collected and can be compared with allowances made for increases/decreases in number of tenants enrolled; average length of stay per tenant and after the first year of program, annualization of data when analyzing cumulative data.

All data collected will be evaluated by program staff and administrative staff. Data will be evaluated on a monthly basis to ensure that the program is meeting stated outcome goals. Program staff will make programmatic adjustment based on the outcomes and effectiveness of services.

SELF-DETERMINATION AND INDEPENDENCE

How the services will promote wellness, recovery, and resiliency

The services and services approach at Caroline Severance Manor are designed to promote wellness, recovery, and resiliency. The RSC will develop the general service programs in response to tenants' individual and collective needs as determined through the focus group and survey assessment tools, and through individual meetings with tenants. On-site health screenings, food bank, and free lunch programs are a few of the services that will focus on health and wellness.

Recovery will be promoted by peer group meetings and services delivered on-site, including AA, NA, and similar self-help group meetings, individual and group counseling provided by Telecare and other mental health service providers, and

other programs of peer group and advocacy organizations such as Grandparents as Parents.

Telecare's programs will utilize the individualized service plan as the basic treatment document. The content of the service plan will be driven by the needs and goals of each consumer, with input from program staff. Telecare views the individualized service plan as a living document, which evolves with the consumer's changing needs and desires. The Recovery-Centered Clinical System (RCCS) facilitates and supports consumer involvement in individualized service planning. RCCS includes a number of recovery-centered conversations that team members use to stimulate consumers' thoughts about their hopes and dreams, help them understand their unique strengths, clarify their future goals, and collaborate on how to achieve them. A conversational approach creates opportunities for individuals to understand themselves and their world differently.

How the services will assist tenants in maintaining their housing while working towards self-determination and independence

Services providers, property management, and the building ownership will work collaboratively to align their approach to maximize housing stability outcomes at the property while maintaining the physical asset, providing for the quiet enjoyment of each tenant of their apartment and community, and providing opportunities for residents to achieve greater self-determination and independence. Key to this approach is a clear understanding of roles, in which the services coordination staff, management staff, and mental health service provider staff work together towards across disciplines to maximize positive outcomes for residents to remain in their housing and to achieve greater self-determination and independence.

In order to clarify roles, a Memorandum of Understanding and other joint collaborative documents between the team members will be executed prior to the start of operations, signed by the actual staff responsible for personally delivering to the property each of resident services coordination, property management, and contract Mental Health and related services at the property, and their supervisors. The MOU and related documents will outline how frequently the site team will meet, the types of information they will share with each other, and their approach to problem solving. When site staff changes, the agreement will be reviewed and executed again, to ensure that the roles are clear and that the problem solving approach continues.

Desk log. An activity log will be maintained by the 24-hour desk clerk, a role which will be shared among multiple staff employed by the property management

company. The log will record who arrived and departed the building, at what times, and a continual record of activity in the common areas, other public areas surveilled by camera, and any other notable activities at the property. The property manager and the resident services staff will also record any resident contact and activities at the property that is not a confidential matter for a tenant's personal file. The log will be reviewed at the weekly meeting, in order to identify any patterns or opportunities for resident engagement or services delivery that would assist residents in maintaining their housing and achieving self-determination and independence. The log only includes public, not private, activity in the residential facility. Members of the team providing health care related services are all trained in health information privacy, in order to ensure against any violation of client privacy.

Lease actions. Resident services and contract mental health services staff that are a party to the MOU will be notified at the Weekly Meetings of any lease actions (Lease Violation Notices, Warnings, Non-Payment Notices, Eviction Proceedings, etc.) taken by management, so that the team can discuss possible strategies for the site staff to assist the household in obtaining the services or support they need in order to preserve their housing, or, if that is not possible, to support them through their transition to a new housing situation. Residents will have the opportunity to request reasonable accommodation in the event that lease violations are caused by circumstances involving a disability, and may involve their case manager or other advocate in requesting such an accommodation. The weekly meetings will provide opportunities for early intervention to avoid lease actions.

Describe the community services/links that will be available to tenants to assist them in achieving independence i.e. employment, budgeting, and financial training, educational and employment opportunities, maintaining benefits

Community Resource Referrals - Referrals to third party providers will also be made by the RSC staff. Referrals will be tracked through the Mercy Measurement Database. This information will allow RSC to monitor the specific types of needs that arise and identify commonalities, and adjust services offerings and programs as necessary. Such links will include, among others:

- CAHSEE – LA City College; assists households in obtaining high school diploma
- Upward Bound Program – LA City College; encourages under-represented youth to achieve academic success, including attending college

- ESL – English as a Second Language programs at Los Angeles City College
- *Work Source Center* – provides job placement assistance from the Goodwill Campus
- *Citizenship Services* – provided by LA City College
- *Job Training Center* – The center is designed to help individuals find a job, prepare a resume, and learn interviewing skills.

Access to organized peer support groups and advocates is of particular importance to the success of households providing Kinship Care to foster youth, because of the myriad of legal, bureaucratic, and or systemic issues that these households face in caring for related youth. Recent research on Kinship Care indicates that neighborhood-based services are of particular importance, given the stresses on transportation, mobility, and respite care that these households face. The Resident Service Coordinator, in partnership with contract service providers and through linkages to existing services and peer groups in the community, will seek to establish Caroline Severance Manor as a neighborhood hub for the provision of these services. The development includes multiple formal and informal meeting spaces which, along with the subsidized childcare facility and programs of the neighboring Church (such as the community garden, after school programs, and other youth programs), provides multiple opportunities for Kinship Care and reuniting families and their support networks—such as Grandparents as Parents, and Kinship in Action, and Parents in Partnership--to utilize the property as a base for neighborhood services and mutual self-help.

Describe any peer facilitated or self help programs that will be included in the plan. Provide explanation if this will not be part of the plan:

Individuals. Peer involvement is critical to Telecare’s programs. A peer employee is included on the FSP team, referrals of members to NA and AA is encouraged, and multiple peer led activities will be held on site including on such topics as daily living skills and cooking classes. A self-help peer group meeting will be organized on site at least once per week by Telecare. A peer group activity such as cooking classes or daily living skills will also be organized on-site by the Resident Services Coordinator at least once per week. Telecare’s Wellness Recovery Action Plan (WRAP) program is completely peer run, providing clients with strategies for self-care as their lives become more stable.

Kinship Care and Reuniting Families. Peer groups will be a key referral source, both to and from the property. Groups such as Grandparents as Parents and Kinship in Action will be invited to operate peer support groups serving the needs

of families with foster children at the multiple common spaces in Caroline Severance Manor. It is anticipated that these meetings will take place at least monthly.

The RSC will host a resident meeting at least quarterly, at which topics of safety, building operations, security, and community improvements and civic engagement are typically discussed. At these meetings, the RSC will explore the interest of residents in participating in or initiating a Neighborhood Watch program, to meet on site.

HOUSING STABILITY

Identify specific services and efforts that will promote housing stability and housing retention.

The primary objective of Caroline Severance Manor is to assist residents in achieving and maintaining housing stability. This is achieved both by providing housing opportunities that are appropriately designed (full apartments with private bathrooms and kitchens, including appropriate number of bedrooms for families), and affordable to the resident, and also by providing a management and services model that assists residents in achieving success in their daily lives and coping with challenges that would otherwise threaten their housing stability.

The service enrichments planned for Caroline Severance Manor, such individual and group counseling, case management, health and wellness programs, will assist residents in managing stresses that might otherwise have interfered with their ability to comply with lease provisions in other housing situations, such as not interfering with others' quiet enjoyment of their home, substance abuse, and timely payment of rent.

Various management documents (Memorandum of Understanding, Management Plan, Delineation of Duties chart, etc.) will set out the interdisciplinary vision for the operation of the property to maximize the housing retention of residents, including delineate the roles of management, Resident Services Coordinator, and mental health services providers. Among the procedures and duties outlined in these documents are the following key provisions to deal with inevitable challenges that arise, if possible before they threaten housing stability:

- Weekly meetings. Regular and ongoing team meetings which include a standardized agenda will be scheduled to include the property manager, the Resident Service Coordinator, and lead staff members for Telecare and any other contract service providers providing mental health services to a significant number of residents. These meetings should include at a

minimum: significant and relevant changes, rent changes, events and activities scheduled at the property, legal notices received by residents, evictions updates, resident issues, and move-in and outs. Any concerns that property management, resident services staff, or mental health services providers have regarding the property or delivery of services should be raised first at this meeting. The MOU stipulates that any issues that cannot be satisfactorily resolved at this meeting will be discussed again with the Property Supervisor and the Resident Service Manager present, who are empowered to resolve the matter if necessary.

- Lease actions. Resident services and contract mental health services staff that are a party to the MOU will be notified at the Weekly Meetings of any lease actions (Lease Violation Notices, Warnings, Non-Payment Notices, Eviction Proceedings, etc.) taken by management, so that the team can discuss possible strategies for the site staff to assist the household in obtaining the services or support they need in order to preserve their housing, or, if that is not possible, to support them through their transition to a new housing situation. Residents will have the opportunity to request reasonable accommodation in the event that lease violations are caused by circumstances involving a disability, and may involve their case manager or other advocate in requesting such an accommodation. The weekly meetings will provide opportunities for early intervention to avoid lease actions.

How the services will assist tenants to stay in their housing

By providing the services outlined above, and managing the property with the goal of maintaining housing stability, evictions due to nonpayment of rent, interference with quiet enjoyment, maintaining housing standards, etc. are reduced. Through its weekly meetings, the management and services team will develop strategies for intervening early in conflicts, and for making reasonable accommodations that do not threaten the economic viability of the development as a whole or threaten the security of the community. By entering into these arrangements, including such documents as payment agreements with tenants, lease provisions can be enforced and community standards maintained, without evicting tenants.

ENGAGING TENANTS

Strategies to be used to engage tenants in the services, assistance to tenants in developing a sense of community with the project and re-integration into the larger community

Resident Services Coordination (RSC). Engaging the residents to participate in programming and services will require a finely balanced set of strategies. It is imperative that staff develop a sense of trust and understanding of the residents. In order to attain this, RSC staff spend a large amount of time meeting and working closely with residents. These personal interactions give the staff an opportunity to explain what their role is and what services and programs could be made available to the community. In addition to working and meeting residents on an individual basis, RSC staff also conduct community meetings, organized special events, provide opportunities for volunteerism, and encourage residents to take leadership roles with the programs and activities that will be offered. Finally, once programming is in place, the RSC staff constantly monitors the success of the programs by tracking the results and participation through the Mercy Measurement Database. This information coupled with the feedback from residents allows Mercy Housing to continue to offer programs and services that meet the needs and interests of residents.

The RSC will host a resident meeting at least quarterly, at which topics of safety, building operations, security, and community improvements and civic engagement are typically discussed. At these meetings, the RSC will explore the interest of residents in participating in or initiating a Neighborhood Watch program, to meet on site. Resident meetings typically lead to increased resident involvement in the community, including initiation of community service programs, increased voter registration, and residents organizing to advocate for increased community services. Residents at Caroline Severance Manor will be encouraged to participate in the neighboring community garden, Food Pantry distribution program, block parties, and other community activities.

All of these services are voluntary, and some residents may not choose to attend the meetings or participate in the programs. Through weekly meetings, the RSC, building management, and contract service providers such as Telecare will strategize how best to encourage residents to participate, and to stay in touch with residents who may choose not to participate, through periodic formal and informal contacts, and to find out from tenants what kinds of services would be more attractive to them, and to provide them.

Frequency of contact between services staff and MHSA tenants

Resident Services Coordination. Residents will determine how frequently they meet with the RSC, as this service is not mandatory. The RSC staff will maintain office hours, make themselves available for private individual counseling sessions, and hold events at the property at least weekly. RSC and property management staff will also frequently check the daily log maintained by the 24

hour desk coverage staff, keeping them abreast on a daily basis of the public activities of residents. Informal contacts are made throughout the day, as a result of the 24 hour desk coverage, through the RSC being publicly available during office hours and throughout the building. The building design includes multiple informal indoor and outdoor spaces conducive to semi-private informal conversations between tenants, management, the RSC, and other contract and community service providers.

MHSA Contract Service Providers. Treatment intensity and frequency of contact vary based on consumer preference and need. In the ACT model, contact is generally one-on-one and may range from multiple times per day, to daily, weekly, or every other week (as consumers build independence and need fewer contacts). Contact is rarely less than two times per week. In person and phone contact with the consumer is purposeful and recovery-oriented. The majority of contacts (at least 75%) occur in vivo, in the community. Telecare will maintain an office on site, but will also be available to provide services in the home. After providing services, staff returns to Telecare's central office to document in the consumer's clinical record all services provided, as well as any problems identified, referrals, and follow-up plans.

COMMUNICATION

Describe policy & procedures that will be in place to assure prompt communication with service provider, project sponsor, and property management to address concerns raised by the tenants or service provider, project sponsor, or property management company

Memorandum of Understanding (MOU). In order to strengthen and create vibrant and healthy communities, it is imperative that both entities provide services at Caroline Severance Manor in a blended management fashion. Blended management is defined as a collaborative partnership between Property Management and Resident Services working side by side, cooperatively, and responsibly in order to achieve the goals of the property and service program, and ensure resident satisfaction, privacy, and stability. Mercy Housing typically uses an MOU it has developed to clearly outline each entity's responsibilities and expectations, among management, services staff, and contract services providers. This clarity, from the beginning, will allow staff to focus on their tasks at hand with the expectation that they will work as a cohesive team to address the various issues that come up. A delineation of duties will be provided to the staff to outline what each person's roles are in specific situations. The standard MOU with DMH will be executed, either amended to provide for these delineations of duties, roles, and procedures, or in addition to them.

Weekly meetings. Regular and ongoing team meetings which include a standardized agenda will be scheduled to include the property manager, the Resident Service Coordinator, and lead staff members for Telecare and any other contract service providers providing mental health services to a significant number of residents. These meetings should include at a minimum: significant and relevant changes, rent changes, events and activities scheduled at the property, legal notices received by residents, evictions updates, resident issues, and move-in and outs. Any concerns that property management, resident services staff, or mental health services providers have regarding the property or delivery of services should be raised first at this meeting. The MOU stipulates that any issues that cannot be satisfactorily resolved at this meeting will be discussed again with the Property Supervisor and the Resident Service Manager present, who are empowered to resolve the matter if necessary.

Lease actions. Resident services and contract mental health services staff that are a party to the MOU will be notified at the Weekly Meetings of any lease actions (Lease Violation Notices, Warnings, Non-Payment Notices, Eviction Proceedings, etc.) taken by management, so that the team can discuss possible strategies for the site staff to assist the household in obtaining the services or support they need in order to preserve their housing, or, if that is not possible, to support them through their transition to a new housing situation. Residents will have the opportunity to request reasonable accommodation in the event that lease violations are caused by circumstances involving a disability, and may involve their case manager or other advocate in requesting such an accommodation. The weekly meetings will provide opportunities for early intervention to avoid lease actions.

Services supervision. The Resident Services Coordination staff will be directly supervised by a regional Resident Services Manager. Additional support will be provided by a close network of resident services staff working at other Mercy Housing properties. The Resident Services Manager will also monitor performance of all parties under the MOU and contracts for services provision.

Tenant Concerns. Residents are informed of their avenues for addressing concerns during the leasing process, in individual meetings with the RSC, and during resident meetings held at least quarterly. The on-site property manager or RSC are the primary point of contact for tenant concerns. Should the tenant not be comfortable raising their concern through this avenue, they may contact the property supervisor or Resident Services Manager. MHSA residents may also choose to raise their concerns through their case manager or other advocate.

Onsite Staffing Pattern

Caroline Severance Manor will have a total of 9.25 FTEs as follows: 5.25 part of management staff employed by John Stewart Company, 1 resident services coordinator employed by Mercy Housing, 1 FTE combined by other service providers and 2 Personal Services Coordinators provides by Telecare. Please see the attached exhibit for a more detailed list.

D5 SUPPORTIVE SERVICES CHART

List all services to be provided to tenants of the MHSA Housing Program units, including any in-kind services essential to the success of your Supportive Services Plan. Feel free to add additional lines to the Supportive Services Chart table as needed.

Supportive Service	Target Population	Service Provider(s)	Service Location
List each service separately (e.g., case management, mental health services, substance abuse services, etc.)	Name the target population(s) that will be receiving the Supportive Service listed.		Indicate where the service is to be provided – on-site or off-site. For off-site services, indicate the means by which residents will access the service.
After school/Homework Club (Tutoring)	All tenants	Mercy Housing	On-site
Computer Education	All tenants	Mercy Housing	On-site
Financial Education	All tenants	Mercy Housing	On-site
Health & Wellness	All tenants	Mercy Housing	On-site
Civic Engagement	All tenants	Mercy Housing	On-site
Educational Services (Special Educational and Development Services, GED/ESL Classes)	All tenants	Mercy Housing	On-site/Off-site. If needed transportation can be provided.
Community Involvement	All tenants	Mercy Housing	On-site
Economic Development	All tenants	Mercy Housing	On-site/Off-site. If needed transportation can be provided.
Mental Health Services	Homeless/Mentally Ill Adults and Children	Telecare, Mercy Housing, Gateways, Hillside, Children's Institute, St. Anne's	On-site/Off-site. If needed transportation can be provided.
Case Management (Independent Living and Emancipation Services)	Homeless/Mentally ill	Telecare	On-site/Off-site. If needed transportation can be provided.
Assertive Community Treatment	Homeless/Mentally ill	Telecare	On-site/Off-site. If needed transportation can be provided.
Legal Assistance	Kinship Care/reuniting families	Mercy Housing, Gateways, Hillside, Children's Institute, St. Anne's	On-site/Off-site. If needed transportation can be provided.

Primary Service Provider: Telecare Corporation and Mercy Housing

(Indicate the Primary Service Provider, i.e., entity responsible for providing services to the tenants of the MHSA Housing Program units, and for overall implementation of the Supportive Services Plan, including coordination between multiple service providers where applicable.)