

WILLIS APARTMENTS
A Community of Friends - 2009

D MHPA Housing Program Supportive Housing and Services Information
D.1 Consistency with Three-Year Program and Expenditure Plan

Willis Apartments is consistent with the Los Angeles County's Mental Health Services Act (MHPA) Community Services and Supports (CSS) Plan in its objectives, planning, design, social services and targeted populations.

Los Angeles County Department of Mental Health (LACDMH) recognizes and prioritizes the need to provide permanent supportive housing and on-site services for homeless tenants with mental health disabilities. The services will provide an enriched living experience for tenants to improve and maintain physical and mental health, gain increased independence, reduce homelessness, and live in a safe and secure housing environment. Services will include mental health counseling, case management, educational/training services, life skills workshops, substance abuse services, self-help groups, and more. These 'wrap around' services are provided in partnership with the LACDMH Department of Mental Health and local non-profits to increase self-sufficiency, develop independent living skills, and promote an interactive and vibrant living community. Services are also designed to promote recovery, wellness, and resiliency. One (1) full-time on-site Residential Service Coordinator (RSC), up to two (2) Mental Health Clinicians and a part time Care Coordinator will be available on site to routinely address tenants' behavior allowing for intervention in times of crisis.

Willis Apartments meets the MHPA objectives mentioned above by making available forty one (41) units for MHPA households, for senior individuals and/or heads of households with diagnosed chronic mental illness, per a licensed professional in accordance with Los Angeles County Department of Mental Health standards.

Willis Apartments responds to the unique needs of the homeless tenants in this neighborhood of Los Angeles by providing intensive case management and connecting tenants to the full range of support services they need to improve their lives and reach their recovery goals. In addition to permanent supportive housing, the services mentioned above will be designed around the anticipated needs of tenants, and will be continually evaluated and adapted to reflect changing needs of the tenant population. Supportive services will be available on-site and free of charge for the tenants of Willis Apartments to help them maintain their housing and improve their health and well-being.

D.2 Description of Target Population to be Served

Willis Apartments will be home to forty one (41) MHPA households, including senior individuals with diagnosed chronic mental illness, per a licensed professional in accordance with Los Angeles County Department of Mental Health standards. Of these special-needs households, thirty-five percent will be chronically homeless, and the rest

will be homeless or at risk of homelessness. "Chronically homeless" will be defined by LAHD's Permanent Supportive Housing Program guidelines. "Homeless" will be defined by the McKinney-Vento Act. "At-risk of homelessness" is defined by the MHSA Housing Program. The target population is adults 60 years of age and older, with no maximum age limit in compliance with federal and state fair housing laws. Transitional adults age 55-59 may be considered for occupancy if they are an active case in DMH Older Adult System of Care. Tenant incomes will not exceed thirty percent (30%) of LA AMI.

The targeted population will require intensive services especially in the areas of mental health, substance abuse, health care, legal advocacy and proactive outreach and engagement. Intensive mental health services will be through the LACDMH's network and Heritage Clinic. Heritage Clinic will function as lead MH provider for this project. These services will include case management, medication support, psychiatric services, crisis intervention, individual therapy, rehabilitation and therapeutic groups, and substance abuse services or referrals to treatment, if appropriate.

Willis Apartments will have 41 one bedroom apartments. The unit mix and rental restrictions are shown below.

Proposed Affordability Restrictions					
Unit Type	% AMI	# of Units	Max Rent	Utilities	Net Rent
One bedroom	30%	41	\$ 416	\$ 33	\$ 383
	N/A				

D.3 Tenant Selection Plan

How prospective tenants will be referred to and selected for your MHSA Housing Program housing development, including the tenancy application process, wait list procedure, and process for screening and evaluating tenants for participation.

Note: To assure equal access and equal opportunity to all, no one will be denied the opportunity to apply at Willis Apartments. However, successful applicants must meet program eligibility guidelines. The Center for Aging Resources' Heritage Clinic, as the designated lead service provider for Willis Apartments, will review all applications and forward eligible applicants to the resident manager for income eligibility verification and certification.

D.3.1. Threshold Eligibility Criteria

The information provided below is a summary of the rental application process for Willis Apartments.

D.3.1.1 Program Eligibility Requirements:

Eligible tenants at Willis Apartments Avenue Apartments will be persons who are at least 55 years of age who are diagnosed Chronic Mental Illness and are homeless or at risk of homelessness

D.3.1.2 Occupancy standards:

a) Units will be occupied in accordance with the following standards:

<u>UNIT SIZE</u>	<u>MINIMUM</u>	<u>MAXIMUM</u>
1 Bedroom	1	3

b) Willis Apartments consists of forty-one (41) one bedroom apartments.

c) The applicant must be at least fifty-five (55) years of age with a co-occurring medical condition. Each applicant must sign the appropriate consent forms and comply with the verification process.

d) All applicants must have a valid Social Security Number and legal photo ID.

e) The assigned unit must be the tenant’s primary place of residence.

f) Total household income cannot exceed thirty percent (30%) of area median income.

g) To meet with program requirements, tenants will not pay more than thirty percent (30%) of their adjusted income as rent. The actual rent amount will be determined by the Housing Authority of the City of Los Angeles.

D.3.1.3 Affordable Units:

# of Bedrooms*	Unit Size	Rent	AMI %	1 Person Max. Income	Two Persons Max. Income	Three Persons Max. Income
41	One	\$383	30%	\$16,650	\$19,020	\$21,420

*Approximate rental rates based upon 2009 current income limits published by U.S. Department. of Housing and Urban Development and current housing authority utility allowances. Rental rates subject to change.

**One two-bedroom unit will be reserved for the management staff.

All applicants must meet certain underwriting guidelines detailed below. This project is subject to the requirements of several funding sources including the Los Angeles

Housing Department and the Mental Health Services Act Housing Program that have made it feasible. All prospective tenants must be certified as being Mental Health Service Act (MHSA) eligible prior to occupancy. The above information reflects these requirements to the best of management's knowledge at this time but is subject to change if required for compliance with law, regulations or policy changes.

D.3.2 Other Eligibility Criteria

Other factors in determining the applicant's eligibility may include the applicant's demonstrated ability to pay his/her rent each month; the ability to care for his/her apartment, and the ability to get along with his/her neighbors and refrain from interfering with the right of quiet enjoyment of others in the community.

Landlord references will be obtained and may cover a five year history. Landlord references will help determine rental history including but not limited to non-payment of rent, repeated disruptive behavior, and chronic late rent payments. A determination will be made regarding whether or not the applicant has demonstrated a record of conduct which could constitute a material violation of Willis Apartments' Occupancy Agreement provisions or applicable tenancy law. If such a record of violations is documented, that will be considered grounds for a determination of ineligibility. Evictions three years or older *are not* grounds to reject an application. One eviction and unlawful detainer within the last three years may be grounds to reject an application, however Residential Service Coordinators will be allowed to request a reasonable accommodation based on tenant's disability. Further, an appeals process is available, as articulated in section D.3.7.

If landlord references are not available, applicants will be asked to provide as much information as possible regarding where they have been living for the past three years. On a case by case basis, if sufficient landlord references are not available staff may make reasonable accommodations to secure written references of social workers or others involved with the applicant in a professional capacity. Based upon these references, staff will decide if the applicant has demonstrated an ability and willingness to live peacefully with neighbors and refrain from behavior that jeopardizes the safety, security and peaceful enjoyment of the community. The level of support an applicant has, transitional living programs completed, and the appropriateness of an applicant's needs with the services offered will be considered.

D.3.3 Marketing/Outreach

Willis Apartments will accommodate all applicants and tenants who have limited English proficiency. At minimum this means all advertising materials will be printed in both English and Spanish. HERITAGE CLINIC and BMI staff will provide bilingual staff members to tenants that need the service.

With respect to the treatment of applicants, the BMI agent (Management Agent) will not discriminate against any individual or family because of race, color, creed, national or ethnic origin or ancestry, religion, sex, sexual preference, gender identity, age, disability, handicap, military status, source of income, marital status or presence of children in a household, acquired immune deficiency syndrome (AIDS) or AIDS-related conditions (ARC), or any other arbitrary basis. No criteria will be applied or information considered pertaining to attributes or behavior that may be imputed by some to a particular group or category. All criteria shall be applied equitably and all information considered on an applicant shall be related solely to the attributes and behavior of individual members of the household as they may affect residency as it pertains to the household's ability to adhere to the terms of the lease, likelihood of disturbing the peaceful enjoyment of other tenants, and ability to care for or provide care for the unit, with or without assistance.

Special marketing and outreach considerations will be given to special needs populations. Willis Apartments, L.P. has partnered with HERITAGE CLINIC, who will be the designated supportive service provider for Willis Apartments. HERITAGE CLINIC will be responsible for outreaching to community agencies serving special needs populations (see **Exhibit A**). As early as possible, but no later than six months before construction completion, comprehensive application materials will be made available to these agencies. HERITAGE CLINIC will coordinate with staff at these agencies who will be working with consumers to apply for housing. RC will provide information about all aspects of the application process in order to eliminate as many obstacles to applying as possible. This will enable consumers of these agencies to anticipate and positively address issues such as obtaining identifications, birth certificates, landlord references, credit reports, criminal background reports and other applicable supportive documentation needed to complete the application process.

For persons with limited English proficiency, staff will be trained to offer to pay for an interpreter in the subject's primary language. All advertising and marketing materials will be printed in Spanish and English.

Notice may be given to these agencies and organizations by way of flyers, e-mails, telephone calls, and in-person visits. If specific agencies or organizations request information be given to consumers in the context of meetings, these requests will be honored, as staffing and resources allow.

In addition, during the formal lease up period RC will provide support to individual applicants as requested by any applicant.

Advertising and outreach efforts will occur in accordance with the property's Regulatory Agreement and Affirmative Marketing Plan. Advertising for this development will include the use of Equal Housing Opportunity logos to affirmatively market the units. Material to be used in affirmative marketing will include the following.

- A Fair Housing poster to be displayed in the place where interviews take place
- An Equal Housing Opportunity logo to be displayed on the development's sign
- An Equal Housing Opportunity logo to be displayed on the Marketing Brochure, flyers and other marketing materials. Marketing will be provided through the lead service provider, HERITAGE CLINIC.
- Flyers and banners will be displayed at the property and at nearby community centers and social services organizations.

D.3.4 Referral Sources

To assure equal access and equal opportunity to all, no one will be denied the opportunity to apply at Willis Apartments. However successful applicant must meet program eligibility guidelines. HERITAGE CLINIC as the lead service provider for Willis Apartments will review all applications and forward eligible applicants to the property manager for income eligibility verification and certification. Many of the potential tenants of Willis Apartments are expected to be referred from HERITAGE CLINIC, See Exhibit A for marketing list.

HERITAGE CLINIC employs three Residential Service Coordinators who will meet with social service agencies and groups to increase referrals and facilitate the application process. ACOF has committed staffing to ensure compliance with HUD programmatic policies and funding grant requirements.

D.3.5 Application Process and the Waitlist

D.3.5.1 Referrals: All interested applicants will be referred to HERITAGE CLINIC for program eligibility verification as defined in Section D.3.1 above. HERITAGE CLINIC will then facilitate the completion of the MHSA Housing Program – Tenant Certification Application, and forward it to the MHSA Housing Policy & Development Unit for processing. This form will ensure that interested applicants are MHSA eligible as defined by LACDMH. RC will then refer all eligible applicants to the resident manager, BMI, for income verification. Upon receipt of applicant information from RC, BMI will complete the eligibility verification and fully apprise the Residential Service Coordinator of developments throughout the process. If an applicant is not certified, they will be referred to the LACDMH system navigator to obtain services.

All applicants will be initially interviewed by a representative of BMI, called the Management Agent. It will be the responsibility of the Management Agent to inform the applicant in writing of approval. Upon approval of an application, the applicant, their

Residential Service Coordinator and/or SFPR will also be notified. The Management Agent is also responsible for informing in writing applicants who are rejected. Applicants will also be informed of their option to appeal a rejection, and to request a reasonable accommodation.

D.3.5.2 Financial Verification Process:

- a) Upon initial occupancy, the tenant's income cannot exceed thirty (30%) of the area median income as published annually by the U. S. Department of Housing and Urban Development.
- b) In accordance with HUD occupancy guidelines set forth in the HUD Handbook 4350.3, all income and all assets, including bank accounts, will be verified in writing by the third-party source indicated on income certification form, including but not limited to:
 - Employment, Self Employment
 - Savings and checking
 - Pension
 - Disability
 - Asset verification, property, home, stocks, bonds, annuities, IRA, etc.
 - Government assistance, A.F.D.C., food stamps, etc.
 - Social Security
 - Child Support/Alimony
 - Non-Tuition Financial Aid.
- c) A credit reference will be required covering the last five years. Any outstanding collections which exceed \$1,000.00 (medical expenses are exempt from this standard) are basis for denial of applicant. Foreclosure and bankruptcies are also basis for denial. Applicant will be considered for residency if s/he can prove that s/he moved as a result of a divorce and that the spouse was responsible for all debt. Applicants will also be informed of their option to appeal a rejection, and to request a reasonable accommodation. Given the characteristics of potential tenants for the MHSA units, management will remain open to negotiating with tenant and supportive services staff in regards to offering reasonable accommodation due to their disability.

D.3.5.3 Waiting List and Offer for an Apartment

Tenants will be qualified under U.S. Department of Housing and Urban Development, Los Angeles Housing Department, and all other applicable regulatory agreements by BMI. Tenants will be qualified under the Mental Health Services Act by LACDMH. Applications will be stamped, dated as they are received and then sorted for eligibility status. All qualification processing is subject to review and approval by A Community of Friends (ACOF).

Applicants will be offered only one apartment. If the offered apartment is declined, it is considered to be a withdrawal of the application by the applicant. Mitigating circumstances may be taken into account, such as an emergency situation or hospitalization. In such a case, if an applicant cannot accept an apartment during the initial lease-up of the building, the applicant will be placed on the waitlist in chronological order, based on the date and time their application is received.

BMI's on-site staff will maintain one waiting list for the entire project. LACDMH will also maintain a referral list from which it will refer applicants once they have been certified. Applicants will be placed in the order of their application date and time. Those that are not selected as a tenant will remain on the waiting list, and shall receive a letter informing them of their status with an estimate of when the next unit of the size and income designation they seek, based on previous turnover histories for similar housing projects, may be available.

In the event that the volume of applications received exceeds the number of available apartments and more than one applicant qualifies for the unit, the applicants will be offered the unit on a first completed application, for served basis. The other will go on top of the list until the next unit is available.

When the next 30-day notice is received by management, the management agent will notify the applicant at the top of the waiting list, as well as their referring SFPR or Residential Service Coordinator. If that applicant turns down the unit, the management agent will then proceed to the next person on the waiting list.

If an applicant on the waiting list rejects the first available unit, it is considered to be a withdrawal of the application by the applicant. However, efforts will be made to provide reasonable accommodation.

D.3.6 Tenant Screening

The screening process is conducted jointly by the lead service provider, HERITAGE CLINIC, and the property management company, BMI. HERITAGE CLINIC verifies program eligibility, i.e. that applicants meet the disability and homelessness criteria. At the request of the applicant, HERITAGE CLINIC will also assist with reasonable accommodation requests and/or accompany the applicants to the interviews with BMI.

HERITAGE CLINIC will obtain third party verification of mental disability and homeless status for all applicants. The applicant's assigned case manager will verify the applicant's homeless status based on their personal knowledge of where the applicant

currently resides, whether it be on the streets, in emergency housing, or in a transitional housing program. The applicant's health provider must verify the disability status for his/her client. This provider must be a licensed professional under current HUD requirements. Once this paperwork is received by RC, it is reviewed and if necessary sent to the Compliance Manager for further review. All applications and pertinent records are kept on-site at the leasing office. A separate file for active and inactive applications is maintained on-site according to date, time, and order received.

BMI will assign on-site leasing staff to the project. The leasing staff will be responsible for processing initial eligibility and income forms, applications and other records relevant to this function. Adequate staffing shall be provided to ensure timely processing of applications.

In accordance with HUD occupancy guidelines set forth in the HUD Handbook 4350.3, all income will be verified in writing on appropriate project income verifications forms. If assets are less than \$5,000, tenants will certify their assets by completing an Asset Certification Form. If assets are greater than \$5,000, all assets including bank accounts will be verified by the income source. All applicants will be required to sign a Child Support Affidavit.

D.3.7 Rejected Applications

Applications may be rejected for any of the following reasons.

- a) Blatant disrespect, disruptive, or anti-social behavior toward management, the property, or other tenants exhibited by an applicant or family member any time prior to move-in (or demonstrable history of such behavior)
- b) A negative landlord or other reference, encompassing failure to comply with the lease, poor payment history, poor housekeeping habits, or eviction for cause
- c) A negative credit report
- d) Rent exceeding thirty percent (30%) of monthly income without a demonstrated ability to pay
- e) Falsification of any information on the application
- f) Household size that does not conform to the stated minimum and maximum sizes
- g) Income exceeding the percent of area median based upon income limits established at the property

- h) A history of poor housekeeping that indicates an inability to maintain the unit according to health and safety standards or present a dangers the tenant or the apartment community (reported by prior landlord reference)
- i) Personal History:
 - i. A history of violent or abusive behavior (physical or verbal), in which anyone in the applicant's household was determined to be the offender
 - ii. No references from social workers or others involved with the applicant in a professional capacity are submitted if required
 - iii. Other good cause, including, but not limited to, failure to meet any of the tenant selection criteria in this document

All rejected applicants will have the right to appeal the decision. The appeal must be received by the managing agent no later than fourteen (14) days after the rejection letter is received. Within three working days of receipt of an appeal, the appeal will be forward to the Director of Compliance or the Regional Manager of Barker Management, Inc and to ACOF's Director of Asset Management.

Applicants will also be informed of their option to appeal a rejection, and to request a reasonable accommodation. In addition, with the approval of the applicant, the referring case manager will be given an opportunity to appeal any application denial based on information obtained from criminal record and landlord checks. However, all applicants will have to demonstrate that they meet program requirements.

D.3.7.1 Eviction and Appeals:

Eviction: Absences over 30 days without prior notification to property management will be treated as an abandoned unit. Absences over 90 days will result in a termination of the subsidy and a termination of the subject tenancy. Notices to perform or quit will be issued for all lease violations. However, unless instructed otherwise by a tenant, residential services will receive a copy of said notices. This gives residential services the opportunity to intervene on their client's /our tenant's behalf to prevent eviction and preserve tenancy. In addition, bi-weekly site staff meetings allow both residential services and property management to discuss and strategize about non-private (in compliance with HIPAA laws) behavioral concerns that might spill out into the community. Site staff, both residential services and property management can initiate an eviction, however all legal actions against tenants must be reviewed and pre-approved by the owner.

Appeals: At the request of an applicant or tenant, a reasonable accommodation request will be considered. In addition, with the approval of the applicant, the referring case manager will be given an opportunity to appeal any application denial based on information obtained from criminal record checks. However, all applicants will have to demonstrate that they meet program requirement.

D.3.8. Fair Housing

D.3.8.1 Reasonable Accommodations: Reasonable accommodations will be made to meet the needs of disabled applicants, including applicants with both physical and/or mental disabilities.

Management will apply the same screening criteria to all applicants. However, management is obligated to offer qualified applicants with disabilities additional consideration in the application of rules, practices, or services and structural alterations if said accommodation will enable an otherwise eligible applicant or tenant with a disability an equal opportunity to access and enjoy the housing program. Management is not, however, required to make a reasonable accommodation or physical modification if the accommodation or modification will result in an undue financial burden to the property or if it requires management to alter or change a basic component of the housing program.

If applicant has a physical or mental disability, and as a result of this disability there are reasonable accommodations that should be considered in his/her application, s/he will be asked to attach a note to his/her application describing the reasonable accommodation(s) s/he is requesting and why this should be considered in his/her application. The applicant may be asked to fill out a Reasonable Accommodation Request form upon receipt of his/her application and further information may be required from a certified medical provider, SFPR, and/or case manager to verify need for reasonable accommodations.

If as a result of a disability an applicant needs changes in the way the management agent communicates with them, the applicant should contact BMI or visit the leasing office and inform them of the change requested. This can include requests for notices and applications in large print, for those with a visual impairment, or to have applications sent to those with mobility impairments. In addition, BMI can be reached by TTY line for those with a hearing impairment by calling the California Relay Service at (888) 877-5379.

In addition, an applicant may request that the Resident Case Manager help with the application process. Services offered by the Resident Case Manager in this capacity include:

- explaining and filling out the application form;
- obtaining supportive documents need to complete your application;
- attending the property management interview with the applicant;
- help with the appeal process; and
- help with a reasonable accommodation.

BMI will conduct targeted marketing to special needs populations, as described above. In conducting targeted marketing, BMI will follow all applicable fair housing and non-discrimination legislation and regulations.

All units are American with Disability Act (ADA) adaptable, as defined by the California Building Code. These units are designed with specific features for persons with mobility impairments, as well as hearing impairments and sight related impairments. Preference will be given to applicants who require a unit with the specific design features offered in accessible units in the development. All reasonable efforts will be made to rent accessible units to applicants who require or who could benefit from such units. Outreach will be conducted with agencies whose consumers require or could benefit from such units.

In the case of an accessible unit, when no qualified household has applied that requires the design features offered, then the unit will be offered to the next qualified household. This applicant will be required to complete a Lease Addendum form, whereby they agree to transfer to a non-accessible unit within the development should a tenant or applicant require an accessible unit.

The addendum states: "Tenant acknowledges that the unit now occupied by the tenant was specifically designed and adapted for occupancy for persons living with mobility, visual and hearing impairments needing accessible units. Tenant further acknowledges that the tenant does not need an accessible unit and that management retains the right to allocate accessible units to those who have the greatest needs for units. Tenant agrees that should another existing tenant, or applicant, need an accessible unit that the tenant, will upon thirty (30) days written notice from management, move to a different dwelling unit of comparable size and rent. Failure to accept or move to the offered unit shall be deemed material non-compliance with this Occupancy Agreement and be cause for termination of the Agreement."

If after occupying the accessible unit, the physical condition of a member of the household changes and a household member would then benefit from continued occupancy in the accessible unit, the household would not be required to move.

D.3.8.2 Fair Housing: As the property management firm, BMI will comply with all State and Federal Fair Housing Laws. As such, BMI does not discriminate against any individual or family because of race, color, creed, national or ethnic origin or ancestry, religion, sex, sexual preference, gender identity, age, disability, handicap, military status, source of income, marital status or familial status children in a household, acquired immune deficiency syndrome (AIDS) or AIDS-related conditions (ARC), or any other arbitrary basis. Management will apply the same screening criteria to all applicants. However, management is obligated to offer qualified applicants with disabilities additional consideration in the application of rules, practices, or services and structural alterations if said accommodation will enable an otherwise eligible applicant or tenant with a disability an equal opportunity to access and enjoy the housing program.

Management is not, however, required to make a reasonable accommodation or physical modification if the accommodation or modification will result in an undue financial burden to the property or if it requires management to alter or change a basic component of the housing program.

D.3.8.3 Policy on Privacy: The privacy of applicants will be guarded as conferred by the Federal Privacy Act of 1974. This in no way limits the management's ability to collect such information as may need to determine eligibility, compute rent, or determine an applicant's suitability for tenancy.

D.3.8.4 Pet Policy: Tenants may not keep any type of pet on the premises, with the exception of those persons with disabilities requiring service animals, or as otherwise required by law.

D.3.8 Consistency with County CSS Plan and MHSA Housing Program

Willis Apartments is consistent with the Los Angeles County Community Services and Supports by designating its units specifically to one (1) of the four (4) intended target populations. That is, Willis Apartments will target homeless older adults with serious mental illness. In addition, Willis Apartments is consistent with the MHSA Housing Program by providing permanent supportive housing to tenants with serious mental illnesses who are homeless or at-risk of homelessness. Moreover, consistent with both plans to house low-income households in order to further assist in sustaining long-term permanent housing, Willis Apartments limits monthly rent to no more than thirty percent (30%) of area median income.

D.3.9 Copy of the County Mental Health Department's Tenant Referral and Certification Process This will be provided by Los Angeles County Department of Mental Health.

D.4.1 Overview

The purpose of supportive services at the Willis Apartments Avenue site in the Pacoima neighborhood of Los Angeles will be to maximize the potential of tenants 1) persons who are at least 55 years of age; and 2) people with chronic mental illness which may also include co-occurring medical conditions) 3.) who experience symptoms of mental illness that contribute to chronic risk of eviction and homelessness, to achieve stable housing. Toward this end, and contingent on adequate funding, A Community of Friends will partner with The Center for Aging Resources' Heritage Clinic to provide a wide range of supportive services including active outreach and engagement, service coordination, hands-on care coordination, medication management, crisis management, psychotherapy, substance abuse treatment, individual and group rehabilitation, and peer support. These voluntary, individualized services will be made available to tenants of Willis Apartments. To facilitate access, these services will be delivered primarily at the Willis Apartments Avenue site through a trained Residential Service Coordinator, skilled mental health clinicians and peer advocates.

D.4.2 Description of Services

D.4.2.1 Primary Service Provider & Experience Providing Supportive Services to the Target Population

To provide the proposed supportive services, A Community of Friends has opted to partner with The Center for Aging Resources' (CFAR) Heritage Clinic based on the clinic's 30-year history of providing high quality, in-home mental health services to older adults. To meet the complex needs of older adults who experience symptoms of mental illness that impede stable housing, Heritage Clinic is committed to an interdisciplinary approach as evidenced by its long-term, formal partnerships with existing community service providers such as law enforcement, social services and community centers. Further complementing its mental health services, the clinic has experience conducting elder abuse-specific programming for more than 15 years, and dementia-specific programming for more than 25 years. Since December 2006, Heritage Clinic has provided formalized Full-Service-Partnership services, including housing-related assistance, to approximately 100 older adults in Los Angeles County who experience the most severe symptoms of mental illness.

D.4.2.2 Description of proposed services including age appropriate services, and when and how supportive services will be available to the MHSA tenants

The proposed supportive services will consist of active outreach and engagement, intake, longer-term, consistent (e.g., weekly) psychotherapy, hands-on care coordination, medication management, substance abuse treatment, crisis management, leisure and social rehabilitation, and peer advocacy. Age-appropriate services for tenants will include in-home service delivery to accommodate physical and emotional limitations; recognition of and response to elder abuse; capacity enhancement to accommodate hearing, vision and memory loss; pacing accommodations such as

shorter appointments, slower speech, additional time; and gradual, relationship building over time. The proposed services will be delivered at the Willis Apartments Avenue site as part of an interdisciplinary, team approach to mental health services in response to tenants' expressed desire to reduce symptoms of mental illness that contribute to recurrent risk of eviction and homelessness. Depending on the tenants' needs, the treatment team will minimally include a skilled Mental Health Clinician, Residential Service Coordinator and On-call Mental Health Clinician. When symptoms of mental illness are more severe, the supportive services can also include a care coordinator, geriatric psychiatrist and peer advocate.

The Mental Health Clinician will coordinate the treatment team's interventions, including crisis management, provide regular (e.g., weekly) psychotherapy, and conduct substance abuse intervention, as needed, with individual tenants. If an elder's care coordination needs are straightforward, the Mental Health Clinician or Residential Service Coordinator will provide problem-solving assistance, including hands-on linkage to community-based services. If an older adult's practical needs are multifaceted and complicated by severe symptoms of mental illness, then a care coordinator will be added to the supportive services and meet with the elder on a consistent basis (e.g., weekly). When the Mental Health Clinician identifies a need for medication evaluation and management, a geriatric psychiatrist will be available as part of the supportive services (e.g., monthly). Services can be further extended by peer advocates who will provide friendly visitation and assist with practical tasks (e.g., weekly), as determined by the Mental Health Clinician and elder. All proposed services are available Monday through Friday, 8:30 am to 5:30 pm. When urgent needs emerge outside these hours, an On-call Mental Health Clinician will be available by telephone 24 hours per day, seven days per week.

Notably, the Residential Services Coordinator (RSC) will be located at the Willis Apartments Avenue site 40 hours per week. In this way, the RSC will be strategically positioned to promote stable housing through individual and group supportive services. For example, the RSC will be on-site to assist individual tenants by gradually building relationships of trust, promoting early identification and intervention regarding tenants' needs, and assisting tenants to advocate for themselves with property management through timely and assertive communication. In addition to helping individual tenants, the RSC will foster connection among tenants through a weekly gathering such as community gardening; group yoga, walking or tai chi; and conversation. Furthermore, the RSC will arrange for bimonthly, educational presentations from community agencies. The RSC will also be attentive to community needs such as tension between tenants (e.g., ethnic tension often surfaces in older-adult residences) or trauma related to community violence or natural disasters, communicating such issues to Heritage Clinic's Clinical Director who will then work with staff Mental Health Clinicians to develop interventions. In summary, the daily, predictable, welcoming presence of the RSC will provide the structure of a dependable resource to help contain tenants' anxiety, reduce recurrence of crises, decrease isolation, diffuse tension between tenants, and solve problems.

The RSC will work with tenants and their individual mental health service providers to establish medical benefits and find a medical home. Additionally, the RSC will work with tenants and their individual mental health service provider to insure that the appropriate level of services are provided.

D.4.2.3 Describe how you will assess the supportive housing needs of the tenants

The Mental Health Clinician, working with the tenants, will assess supportive housing needs on an ongoing basis, with measurement tools and frequency of measurement dependent upon the severity of the elder's symptoms of mental illness. For tenants with the most serious symptoms of mental illness (e.g., Full Service Partnership clients), an initial Outcomes Measures Application (OMA) will be used to establish a baseline level of functioning and related housing needs, including financial support (e.g., benefits), Instrumental Activities of Daily Living, physical health, substance abuse and social support. Thereafter, a follow-up OMA will be completed at three-month intervals to ensure that the elder's supportive services needs accurately respond to his or her current level of functioning and wishes regarding stable housing. If supportive services are disrupted due to an older adult's hospitalization, incarceration, or other life challenge, a key-event-change OMA will be used at that time to inform future supportive services, thereby enhancing the possibility of the older adult reaching his or her goal of stable housing. For tenants with less severe symptoms of mental illness (e.g., Field-Capable-Clinical-Service [FCCS] clients), an initial FCCS OMA Application Form will be used to establish a baseline of supportive housing needs including satisfaction and risk of abuse related to living arrangements, supportive relationships, medical services, meaningful use of time, and financial resources. Thereafter, the FCCS OMA Form will be completed at six-month intervals for one year to ensure that an elder's supportive services accurately respond to his or her current level of functioning and desires regarding sustained housing. After the first 12 months, an FCCS: Second Year and Later OMA Form will be completed at six-month intervals thereafter.

D.4.2.4 Specify how the supportive services plan promotes wellness, recovery and resiliency

The proposed supportive services plan will promote wellness, recovery and resiliency in multiple ways. First and foremost, the services will be elder-centered, thereby supporting autonomy, including empowerment and self-responsibility. For example, services will be available to tenants who self-identify stable housing as a goal of their recovery. Additionally, services will be personalized and flexible to better accommodate tenants' wishes and needs through age-appropriate adaptations; on-site delivery of services including substance abuse intervention, crisis management and medication management; and smooth transitions from one level of care to another, thereby accommodating symptom-related fluctuations in tenants level of functioning. Personalized services will be further supported by a coordinated, knowledgeable,

interdisciplinary support system that will include the Residential Service Coordinator (RSC), mental health clinician, peer advocate, care coordinator and geriatric psychiatrist, depending on the severity of tenants' symptoms of mental illness. Additionally, the flexibility of services will be fostered by the dependable presence of the RSC to promote early identification of and intervention with tenants' needs (e.g., rent payment plans for tenants who are temporarily away due to hospitalization or incarceration, diffusion of tension between tenants, problem solving), as well as the 24-hour availability of a skilled mental health clinician to intervene with more severe symptoms of mental illness.

Relationships of trust are the context for all service delivery, thereby fostering meaningful interpersonal connections and hope. Toward this end, all of Heritage Clinic's direct service providers are trained to be knowledgeable about community opportunities, sensitive to issues of diversity including sexual and spiritual concerns, and skilled at working collaboratively with tenants, their loved ones and service providers. Individual psychotherapy will provide interested tenants with a regular format in which to develop skills foundational to sustained interpersonal relationships such as anger management, assertiveness and anxiety tolerance. Community connection will also be promoted through the RSC who, in collaboration with tenants, will facilitate a weekly opportunity for tenants to engage with one another in social activities, arrange for bimonthly, educational presentations from community agencies, de-escalate interpersonal tensions between tenants, and link tenants with peer support.

D.4.2.5 Describe your supportive service staffing pattern, including specific duties of each staff and the client to staff ratio. Add specific titles and ratios.

The Center for Aging Resources' Heritage Clinic anticipates that adequate staffing for the proposed supportive services would include:

Residential Service Coordinator (2 FTE for up to 41 tenants)

The Residential Service Coordinator (RSC) will be responsible to support tenants' stable housing through:

- Building relationships of trust with tenants
- Assisting tenants to advocate for themselves with property management
- Identifying and responding to individual tenants' needs early on (e.g., problem solving, managing facility-related emergencies)
- Providing community information (e.g., resources, activities, requirements) to tenants with age-appropriate adaptations such as large print, oral presentation, high contrast paper
- Coordinating with other members of tenants interdisciplinary supportive service (e.g., mental health clinicians, care coordinators)
- Facilitating a weekly gathering for tenants and maintaining related documentation (e.g., attendance)
- Arranging bimonthly educational presentations and maintaining related documentation

- Identifying and responding to tenants' needs early on (e.g., diffusion of tensions between tenants, trauma debriefing following natural disasters or community violence)

The RSC will participate in weekly individual supervision with a mental health professional, and weekly group supervision with other members of tenants' interdisciplinary supportive services. Also, the RSC will provide regular feedback to tenants mental health clinicians as part of the ongoing assessment of tenants' supportive housing needs.

Mental Health Clinician (2 FTEs for up to 41 tenants, with about 15% experiencing the most severe symptoms of mental illness)

The Mental Health Clinician will be responsible to support tenants' sustained housing through:

- Assessing tenants housing service needs on an ongoing basis with input from tenants and other service providers
- Providing regular (e.g., weekly), individual psychotherapy in response to tenants' wishes and needs
- Coordinating tenants' supportive service's interventions (e.g., crisis management, substance abuse intervention, medication management)
- Assisting tenants whose practical needs are uncomplicated, and who experience less severe symptoms of mental illness, to link with community-based services

The Mental Health Clinician will participate in weekly individual supervision with a licensed mental health professional, and weekly group supervision with other members of tenants' interdisciplinary supportive services.

Care Coordinator (.33 FTE for about 6 tenants with the most serious symptoms of mental illness and/or

co-occurring challenge such as substance abuse, medical condition, monolingual in a language other than English)

The Care Coordinator will be responsible to support tenants' stable housing through:

- Partnering with tenants to identify and prioritize their practical needs
- Providing consistent (e.g., weekly) care coordination in response to tenants' wishes and needs
- Facilitating tenants' access to supportive services in the community (e.g., accompaniment to medical appointment, grocery shopping, public transportation)
- Strategizing with tenants to solve problems (e.g., financial, legal, medical) and reduce risks to stable housing
- Assisting tenants to establish benefits such as Medicare, SSI and Medi-Cal

D.4.2.6 Describe the frequency of contacts (both formal and informal) between supportive services staff and MHSA tenants

Based on its 30 years of experience, CFAR's Heritage Clinic is committed to providing services in the context of trusting relationships, where tenants live, and with adequate duration and frequency—all in an effort to actualize almost all tenants wish for sustained independent-living in the community. Thus, the Residential Service Coordinator (RSC) will attempt to meet with each tenant at least weekly as part of ongoing relationship building. This weekly face-to-face contact can be either informal or formal and include the weekly gathering of tenants around social activities, response to emergencies, collaborative advocacy with property management, communication regarding community opportunities, and other naturally occurring encounters. More broadly, the RSC will be on site Monday through Friday, 8:30 am to 5:30 pm and will make daily efforts to engage tenants in relationship building and supportive services.

The Mental Health Clinician will meet with individual tenants for approximately 50 minutes on a biweekly, weekly or semiweekly basis, depending on the severity of their symptoms of mental illness, to support community connection and autonomy, including sustained housing. These face-to-face contacts may be supplemented by weekly or occasional telephone calls, as needed to minimize disruptions to supportive services. As symptoms decrease, contacts will become less frequent (e.g., monthly). Also, tenants will have access to an on-call mental health clinician 24 hours per day, seven days per week to assist with urgent situations that arise outside of regular business hours.

The Care Coordinator will be available to tenants whose practical needs are multifaceted and complicated by severe symptoms of mental illness and/or co-occurring substance abuse, medical condition(s) or cultural factor(s). Initially, as a working alliance is developed, the Care Coordinator may spend up to three hours per week in direct contact with tenants. Later, one to two hours per week are typically sufficient. The duration of the Care Coordinator's direct contact with tenants (e.g., half-hour, two hours) will depend on multiple factors such as the type of task (e.g., dropping off groceries, appointment at Social Security Administration), the schedule of other service providers (e.g., taxi service, physician), and the severity of tenants' symptoms (e.g., suspiciousness that contributes to tenants refusing almost all supportive services, hoarding behavior). Similar to the Mental Health Clinician, the frequency of the Care Coordinator's face-to-face meetings with tenants will range from monthly to semiweekly, depending on the complexity of tenants' practical needs and severity of symptoms. As tenants' level of functioning is enhanced, contacts will become less frequent.

D.4.2.7 Describe where both on- and off-site services will be delivered. Identify community linkages and how they will be accessed

The proposed supportive services will consist of active outreach and engagement, intake, longer-term, consistent (e.g., weekly) psychotherapy, hands-on care

coordination, medication management, substance abuse treatment, crisis management, leisure and social rehabilitation, and peer advocacy. All of these services will be delivered primarily in tenants' homes. However, tenants and their Mental Health Clinician will work together to identify a meeting location that is consistent with tenants' goals for recovery and enhances their mutual safety (e.g., community center, clinic, park).

To access sustainable community-based services, tenants may be assisted by the Residential Service Coordinator (RSC), Mental Health Clinician, Care Coordinator and Peer Advocate, depending on tenants' wishes and needs. The RSC will provide information and referral, while the Mental Health Clinician, Care Coordinator and Peer Advocate will convey information and referral as well as assist with applications, arrange for transportation, and advocate on the tenants behalf as needed. Community linkages will include such resources as legal services (e.g., Bet Tzedek Legal Services), health care (e.g., LAC+USC Medical Center and Mission Community Hospital), benefits establishment (e.g., Center for Health Care Rights), and community opportunities such as volunteering and adult education (e.g., WISE & Healthy Aging). When online linkages are available and facilitate tenants' access to supportive services, they will be utilized (e.g., online applications for In-home Supportive Services [IHSS] and SSI) as well.

Regular bus service is available, adjacent to the property, to destinations throughout the San Fernando Valley and the Greater Los Angeles Area. RSC's will assist tenants with using public transportation to go to off-site service locations.

D.4.2.8 Explain your approach to providing supportive services to the MHSA Housing Program target population while addressing the specific needs and issues associated with the target population while protecting tenant privacy.

The approach of The Center for Aging Resources' Heritage Clinic to providing supportive services to older adults with symptoms of mental illness is elder-centered, with services delivered where tenants live and in the context of relationships of trust. Over its 30-year history, CFAR's Heritage Clinic has identified these three strategies as effective in surmounting common barriers (e.g., physical, cultural, emotional) to older people accessing supportive services, services which are key to sustained housing. For example, national experience and research suggest that when homeless people were able to live in permanent housing, connected with supportive services such as a treatment program, the potential was greatly increased for them to live at lower risk of relapse, and with greater independence and self-responsibility, economically and socially. Heritage Clinic's elder-centered approach means that services will reflect tenants' personal goals for recovery; thus, all services will be voluntary. Similarly, participants will be encouraged to make their own life decisions, thereby promoting self-determination.

The Center for Aging Resources' Heritage Clinic will maintain participants' privacy and confidentiality in a manner consistent with the American Psychological Association's

(APA) *Ethical Principles of Psychologists and Code of Conduct (2002)*, and in compliance with the Health Insurance Portability and Accountability Act (HIPAA)'s rules regarding security, privacy and transaction. The APA principles HIPAA rules will guide Heritage Clinic's staff regarding disclosure of information and minimization of intrusions of privacy, two areas pertinent to the multifaceted needs of tenants. All Heritage Clinic project staff (e.g., Residential Service Coordinator, Mental Health Clinician) will receive training and ongoing, weekly supervision by a mental health professional to ensure that the APA principles and HIPAA rules are followed. Information regarding tenants' privacy such as limits of confidentiality and authorizations to release information will be carefully communicated during the intake process. During the tenants' application process potential tenants will provide authorization of information, including the limits of confidentiality, as well as authorization to release information, where applicable and desired by tenants. Tenants' confidential information will be maintained in a secure location and accessed only by members of the supportive services.

D.4.3 Self Determination and Independence

D.4.3.1 Specify how the *supportive services plan* will assist tenants in working towards self-determination and independence:

The proposed supportive services plan will be tenant-centered, so that tenants' choices and self-determination are active and strengthened in the working alliance. To promote independence, tenants will be encouraged to exercise self-determination in areas such as advanced directives, affordable housing, goals for recovery and money management. The plan will consistently provide all services where tenants live (i.e., on site) to reduce events that, when recurrent, undermine independence by contributing to feelings of fear and hopelessness. Examples of hindering events include interruption of benefits, disruptive hospitalizations, conflictual interpersonal encounters, and incarceration.

D.4.3.2 Discuss the specific community services/linkages that will be available to the tenants to assist them in achieving independence, i.e. employment, budgeting and financial training, educational and employment opportunities, maintaining benefits

Age-appropriate to tenants, meaningful participation in the community will be primary over employment. For example, hands-on linkage will be provided to educational and volunteer opportunities in the community, such as adult day programs (e.g., Northeast Valley Adult Day Support Center) and senior centers (e.g., Alicia Broadous-Duncan Multipurpose Senior Center). Additionally, tenants will be connected to ONE Generation, which offers selected college-level courses, language studies, and free legal assistance for tenants. Similarly, tenants will be linked to OASIS Adult Education Program, which provides educational programs in technology and volunteer service. Skill-building regarding budgeting and finances will be incorporated into tenants' interdisciplinary treatment plan as an individual mental health rehabilitation service to be provided by the Care Coordinator and Mental Health Clinician. Enhancement of tenants' financial responsibility will also include active linkage to resources such as the Valley

Interfaith Council Food Pantry Coalition, California Lifeline for discounted lifeline telephone service, subsidized Metro passes, and the Money Smart adult education program developed by the Federal Deposit Insurance Corporation (FDIC). To support tenants' sustained independence in the community by reducing disruption of benefits, the Mental Health Clinician and Care Coordinator will actively assist tenants with current information about their benefits, linkage to identified benefit managers (e.g., Med-Cal, Veterans Administration), advocacy, and assistance with related paperwork. Tenants' understanding of their complex medical coverage options will be increased through linkage to the Health Insurance and Advocacy Program (HICAP).

D.4.3.3 Describe any peer facilitated or self-help programs that will be included in your plan. Please provide an explanation if this will not be part of your plan

The proposed supportive services plan will utilize peer advocates to provide personalized services in response to tenants' desired goals for recovery. Examples of services that CFAR's Heritage Clinic's peer advocates have provided in similar settings include facilitation of a poetry group, friendly visitation, and assistance with de-cluttering. At the Willis Apartments Avenue site, the specific services to be provided by the peer advocates will be based on individual tenants' expressed wellness goals. Peer advocates will participate in weekly, group supervision with a mental health professional to enhance their partnerships with tenants.

D.4.4 Housing Stability

D.4.4.1 Identify specific services and efforts that you will employ to promote housing stability and housing retention:

The Center for Aging Resources' Heritage Clinic's client-centered approach is the means by which specific services and efforts promote housing stability. Initially, through careful assessment, the Mental Health Clinician will determine with tenants their desire for stable housing. Then voluntary, supportive services will consistently be made available at the Willis Apartments Avenue location to help eliminate barriers to tenants' housing stability. These services will include outreach and engagement, intake, longer-term, consistent (e.g., weekly) psychotherapy, hands-on care coordination, medication management, substance abuse treatment, crisis management, leisure and social rehabilitation, and peer advocacy. All services will be delivered in the context of relationships of trust, thereby maximizing the potential for tenants to receive timely assistance with emerging needs. Timely, consistent assistance will be key to promoting stable housing. The Residential Service Coordinator will make daily efforts to foster a supportive, inclusive living environment through individual orientation of new tenants, facilitation of weekly gatherings, communication of information about community opportunities, early identification of tenants' needs, diffusion of tensions between tenants, arrangement of bimonthly educational presentations, and assistance with scheduling public space and transportation, as needed.

All tenants will sign a lease that will empower them with all of the rights and responsibilities of tenants living in the County of Los Angeles, including abiding by the rules of the lease and payment of rent. The Residential Service Coordinator (RSC) will work with tenants, as part of ongoing service provision, to help tenants understand their rights and responsibilities, and provide assistance to abide by the lease and pay rent on time. On behalf of the community of tenants, the RSC will liaison with San Fernando Valley Neighborhood Legal Services Program, Fair Housing Council of the San Fernando Valley and/or Bet Tzedek Legal Services to arrange on-site workshops and legal assistance, if necessary, in the area of tenants' rights and responsibilities.

D.4.4.2 Explain how the services provided will assist tenants in remaining in their housing:

As part of ongoing service provision, the Residential Service Coordinator (RSC) will be alert to early warning signs of lease violations and nonpayment of rent. For example, with the permission of individual tenants, copies of notices that have tenancy repercussions will be given to the Residential Service Coordinator. This early notification will maximize the time available for the supportive services to work with tenants, and to advocate with property management, to avoid eviction. When early indicators are identified, the RSC will contact tenants' Mental Health Clinician who will coordinate with property management staff to clarify the risk to housing stability. The Mental Health Clinician will give priority to working with at-risk tenants to clarify hindrances, and then coordinate with the treatment team to implement enhanced services (e.g., rent payment plan, increased frequency of care coordination) to manage the hindrances. When tenants are away from the building temporarily due to hospitalization or incarceration, the Mental Health Clinician will consult with property management staff to inform an interim plan for sustained housing. If tenants are hospitalized or incarcerated, their units will be held for them for the maximal time allowed within federal guidelines.

D.4.5 Engaging Tenants

D.4.5.1 Explain the strategies you will employ to engage tenants in supportive services.

The primary engagement strategy of the proposed supportive services plan is that all service delivery occurs in the context of trusting relationships. Toward this end, all of CFAR's Heritage Clinic's direct service providers are trained to be knowledgeable about community opportunities, sensitive to issues of diversity including sexual and spiritual concerns, and skilled at working collaboratively with tenants, and their loved ones and service providers.

Individual psychotherapy will provide interested tenants with a regular format (e.g., weekly) in which to develop skills foundational to sustained relationships with service

providers such as anger management, assertiveness and anxiety tolerance. The Mental Health Clinician will assist tenants in identifying and prioritizing their needs, such as health care, mental health care, nutrition and exercise. The Mental Health Clinician and Care Coordinator will persist over time (e.g., weekly) to encourage tenants' involvement in supportive services and to reduce practical barriers to accessing assistance. As new services are engaged, additional services will be introduced for consideration as needed.

The Residential Service Coordinator (RSC), as part of ongoing service provision, will be responsible for daily efforts to engage tenants in supportive services. When tenants first move into the Willis Apartments Avenue site, the RSC will quickly begin establishing rapport, a process that will include a personalized orientation to the building. The RSC will have specific information to convey to new tenants such as the voluntary nature of services and the building's amenities, and as needed, the RSC will apply thoughtful age- and culture-appropriate adaptations (e.g., slower pace, repetition, translation) to enhance understanding. Over time, the RSC will continue to advise tenants of on-site services and activities, and as rapport develops, to invite tenants to participate in activities and services that would be consistent with their personal goals for recovery. The RSC will spend time in the building's common areas to proactively develop relationships with tenants, relationships that will encourage them to access needed services.

D.4.5.2 Explain the strategies you will employ to assist tenants in *developing a sense of community* within the housing project.

Developing a sense of community within the housing project will contribute to empowerment and hope, which are prerequisite to tenants re-engaging the larger community. Integral to reducing isolation and creating a sense of belonging will be a well-organized team of service providers (e.g., Residential Service Coordinator, Mental Health Clinician, Care Coordinator). Consistent care, delivered in the context of trusting relationships, will be foundational to creating the value and self-acceptance that facilitate relational connection. In particular, the Residential Service Coordinator (RSC) will be on site 40 hours per week and, thus, strategically positioned to make daily efforts at fostering connection with tenants. In addition to helping individual tenants, the RSC will foster connection among tenants through a weekly gathering such as community gardening; group yoga, walking or tai chi; and conversation. Also, the RSC will arrange for community organizations to conduct on-site, educational presentations for tenants bimonthly. Furthermore, the RSC will work with the Pacoima Police Department and tenants to design and implement a neighborhood watch program within the building. The RSC will also be attentive to challenges to community such as tension between tenants (e.g., ethnic tension often surfaces in older-adult residences) or other behavior that is distressing or inappropriate between tenants. In summary, the daily, predictable, welcoming presence of the RSC will be key to developing a sense of community within the Willis Apartments Avenue site.

D.4.5.3 Explain the strategies you will employ to assist tenants in *re-integrating back into the larger community*.

The Center for Aging Resources' Heritage Clinic will employ several strategies to assist tenants in reconnecting with the larger community. For example, CFAR's Heritage Clinic will train supportive housing service providers (e.g., Residential Service Coordinator, Mental Health Clinician, Care Coordinator) to be knowledgeable about social, educational, spiritual and volunteer opportunities in the community. In this way, direct service providers will be equipped to actively link tenants to opportunities to rejoin the community. Furthermore, the Residential Service Coordinator will arrange for community agencies to conduct educational presentations on site during alternate months. Treatment team members will also provide practical support to facilitate re-engagement in the community such as assistance to utilize public transportation, initial accompaniment to events, and role-playing to increase confidence. Additionally, all services will be delivered where tenants live, that is, in natural community environments to reduce separation and stigmatization that hinder neighborhood connection. Furthermore, peer support, a powerful form of connection, will be facilitated and utilized to provide models of and hope for re-integration into the community. Peer support for community reconnection will include accompaniment to activities as desired by tenants, a consistent telephone relationship with a community member, and joint participation in a group experience to strengthen tenants' leisure and social skills.

D.4.6 Communication

D.4.6.1 Describe the policies and procedures that will be in place to assure prompt *communication* between the service provider, project sponsor and the property management company to *address concerns raised by the tenant* or the service provider, project sponsor or property management company.

ACOF's policy as lead developer is that the third party property management (Barker Management, Inc.), third party supportive service provider (HERITAGE CLINIC), ACOF's Asset Management department, and ACOF's Residential Services department will work hand-in-hand to address concerns raised by the team or tenants promptly. The primary responsibilities of the property manager are to coordinate with ACOF's Asset Management department during intake/lease-up; collect rent; process evictions; and prepare monthly reports, income certifications, and lender reports. In addition to the responsibilities listed above, the resident manager (an employee of the property management company) will live on-site, and handle and resolve all tenant complaints regarding property management, take all requests for maintenance, and respond to after hour emergency situations. ACOF's Asset Management staff and residential services staff visit ACOF properties regularly to meet with the site staff, and discuss tenant, property, and service provider issues.

In addition to the procedures detailed below, ACOF strives to inculcate ACOF's mission and operational philosophy, by conducting quarterly trainings that involve asset management, property management and residential services staff. These trainings are focused on issues and procedures that affect the tenant population as well as team building, skills improvement, inter-departmental (services and property management) collaboration, and specific workshops aimed at improving service to the special needs population we serve. The trainings are also an opportunity for corporate staff to hear what works and what needs tuning directly from site operations.

ACOF has a five step grievance procedure that is followed to promptly address concerns raised by the tenants and to ensure the apartment community is being managed in a manner that is consistent with ACOF's operating philosophy. If desired, the tenant will have the option to include the SFPR in the grievance process.

The following process will be followed in the event that a tenant has a grievance against property management and/or services staff or rules:

- The tenant will first address his/her concerns with the staff member whom s/he has a concern.
- If tenant is not satisfied with the resolution, the concern is elevated to the appropriate Supervisor for resolution.
- If the tenant is not satisfied with the resolution, s/he may file a written grievance and submit it to ACOF's Grievance Resolution Board. ACOF's Director of

Residential Services and/or Director of Asset Management will review the complaint and provide a written response.

- If the concern remains unresolved, the tenant may seek review by ACOF's Grievance Resolution Board.
- Finally, if the tenant desires, the last step is to take the grievance to an outside mediator.

To provide similar responses to issues with tenants' outside case managers or mental health service providers, tenants will be provided with the Department of Mental Health grievance resolution information and contacts.

ACOF has a hands-on approach to property management; consequently property management is a shared responsibility between ACOF and the third party property management company. ACOF assures that the apartment community is being managed in a manner that is consistent with ACOF's operating philosophy by instituting the following policies and procedures at all its sites:

- Incident Reports: Within 24 hours and no later than the first business day after an incident, the residential service coordinator /resident manager is required to forward incident reports directly to ACOF. This policy allows ACOF to monitor and provide proactive oversight to incidents that involve the use of the public emergency response systems and well as incidents that involve the communities in which our properties are placed.
- Weekly reports directly from the property management site staff: This ensures that ACOF's Asset Management department has real time information about the operating conditions at the sites. Consequently ACOF's Facilities Manager (FM) is able to provide timely oversight of maintenance; and ACOF's Asset Manager can provide proactive oversight of site conditions.
- Site Visits: ACOF's Service staff has bi-weekly meetings with site staff to address non emergency issues and to evaluate programming and site needs. ACOF's Asset Management Department visits each property at least twice monthly. ACOF's Facilities Manager is charged with conducting monthly site inspections and ACOF's Asset Manager visit each site monthly to participate in community meetings and/or or to conduct curb appeal inspections.
- Site Specific Performance Standards: As part of the budgeting process, ACOF's Asset Management staff develops site specific performance standards which are used to track actual vs. projected cash flow performance; compliance with the loan and documents and regulatory agreement; and progress with achieving corrective action.

- Compliance Matrix: Based on the Loan and Regulatory agreement, ACOF Asset Management department develops a one page compliance matrix that acts as a handy tool for the resident management to use to administer compliance.

Willis Apartments will take several measures to ensure tenant safety. These measures include:

- *Controlled Entry/Locks/Cameras/Gated Parking:* The building will be locked at all times. Each tenant will have his/her own card key to the building and door key to his/her unit. An intercom system will enable visitors to call individual units in order to gain entry to the building. There will be common area cameras, a site manager office at the ground-level entry area, and enclosed and secured parking.
- *Residential Staff CPR/First Aid Training:* Property management staff will be trained in fire safety, crisis intervention and First Aid/CPR. A site coordinator will reside in the manager's unit and will be tasked with responding to all crises.
- *Emergency and Disaster Preparedness:* Access to LACDMH-related psychiatric emergency teams, coordinated with the Pacoima Police Department, will be maintained at all times. A building-wide safety and evacuation plan will be developed for earthquake, fire and other potential disasters.
- *Neighborhood Vigilance:* RC and property management staff will work with the Pacoima Police Department and the Tenant Advisory Committee to design and implement a neighborhood watch program within the building, tailored to a special needs population. The goal will be to give each individual the least restrictive setting possible commensurate with safety for all.
- Unarmed security guards will be hired to provide proactive intervention should the need arise. The hours and schedule will be tailored to meet the sites' needs.
- In case of an emergency, the 24 hour Department of Mental Health's Access Center resource number will be made available to site staff.

D.4.6.2 Describe the policies and procedures to address admission, eviction, conflict resolution issues and appeals process and how the property management company will work with the tenant, project sponsor, and/or service provider:

D.4.6.2.a Admission: The information provided below is a summary of the Rental Application process of Willis Apartments.

Program Eligibility Requirements: Occupancy is restricted as follows: thirty-five percent (35%) to households that are Chronically Homeless as defined by the Los Angeles Housing Department's Permanent Supportive Housing Program; The remaining units will be restricted to households that are Homeless as defined by Section 103 of the McKinney-Vento Act. In addition, the tenants will have chronic mental

illnesses, to be diagnosed by a licensed professional in accordance with LACDMH standards, and be diagnosed as Disabled Adults in accordance with HUD standards.

Occupancy standards:

a) Units will be occupied in accordance with the following standards:

<u>UNIT SIZE</u>	<u>MINIMUM</u>	<u>MAXIMUM</u>
1 Bedroom	1	3

- b) Every member of a tenant’s household will be counted when determining unit size. This includes household members in the military or at school; anyone that will occupy the unit during the upcoming twelve (12) months.
- c) The head of household must be sixty (55) years of age or older.. Each adult applicant must sign the appropriate consent forms and comply with the verification process.
- d) Applicants must be able to maintain the housing unit in accordance with local health standards and Housing Authority standards, with or without assistance.
- e) All applicants must have a valid Social Security Number and legal photo ID. Birth certificates and/or proof of guardianship will be required of dependant minors.
- f) Personal care attendants will be given a separate bedroom. – N/A
- g) Assigned unit must be household’s primary place of residence.
- h) Total household income cannot exceed thirty percent (30%) of area median income.

To meet with program requirements, persons will not pay more than thirty percent (30%) of their adjusted income as rent. Actual rent amount will be determined by subject housing authority.

Affordable Units:

# of Units	Unit Size (BR)	Rent *	AMI %	1 Person Max Income	2 Person Max Income	3 Person Max Income	4 Person Max Income	5 Person Max Income	6 Person Max Income	7 Person Max Income
41	0	\$416	30 %	\$16,650						

*Approximate rental rates based upon 2009 current income limits published by U.S. Department of Housing and Urban Development and current housing authority utility allowances. Rental rates subject to change.

All applicants must meet certain underwriting guidelines detailed below. This project is subject to the requirements of several funding sources including the Los Angeles Housing Department and the Mental Health Services Act Housing Program that have made it feasible. The above information reflects these requirements to the best of management's knowledge at this time but is subject to change if required for compliance with law, regulations or policy changes.

Other Eligibility Criteria: Other factors in determining the applicant's eligibility may include the applicant's demonstrated ability to pay his/her rent each month; the ability to care for his/her apartment, and the ability to get along with his/her neighbors and refrain from interfering with the right of quiet enjoyment of others in the community.

Landlord references will be obtained and may cover a five year history. Landlord references will help determine rental history including but not limited to non-payment of rent, repeated disruptive behavior, and chronic late rent payments. A determination will be made regarding whether or not the applicant has demonstrated a record of conduct which could constitute a material violation of Willis Apartments' Occupancy Agreement provisions or applicable tenancy law. If such a record of violations is documented, that will be considered grounds for a determination of ineligibility. Evictions three years or older *are not* grounds to reject an application. One eviction and unlawful detainer within the last three years may be grounds to reject an application, however applicants' case managers will be allowed to request a reasonable accommodation based on tenant's disability. Further, an appeals process is available, as articulated in section D.3.7.

If landlord references are not available, applicants will be asked to provide as much information as possible regarding where they have been living for the past three years. On a case by case basis, if sufficient landlord references are not available staff may make reasonable accommodations to secure written references of social workers or others involved with the applicant in a professional capacity. Based upon these references, staff will decide if the applicant has demonstrated an ability and willingness to live peacefully with neighbors and refrain from behavior that jeopardizes the safety, security and peaceful enjoyment of the community. The level of support an applicant has, transitional living programs completed, and the appropriateness of an applicant's needs with the services offered will be considered.

Marketing/Outreach: Willis Apartments will accommodate as applicable all applicants and tenants who have limited English proficiency. At minimum this means all advertising materials will be printed in both English and Spanish and BMI staff will be trained to offer to pay for an interpreter in the applicant's or tenant's native language

With respect to the treatment of applicants, the BMI agent (Management Agent) will not discriminate against any individual or family because of race, color, creed, national or

ethnic origin or ancestry, religion, sex, sexual preference, gender identity, age, disability, handicap, military status, source of income, marital status or presence of children in a household, acquired immune deficiency syndrome (AIDS) or AIDS-related conditions (ARC), or any other arbitrary basis. No criteria will be applied or information considered pertaining to attributes or behavior that may be imputed by some to a particular group or category. All criteria shall be applied equitably and all information considered on an applicant shall be related solely to the attributes and behavior of individual members of the household as they may affect residency as it pertains to the household's ability to adhere to the terms of the lease, likelihood of disturbing the peaceful enjoyment of other tenants, and ability to care for or provide care for the unit, with or without assistance.

Special marketing and outreach considerations will be given to special needs populations. Willis Apartments, L.P. has partnered with HERITAGE CLINIC, who will be the designated supportive service provider for Willis Apartments. HERITAGE CLINIC will be responsible for outreaching to community agencies serving special needs populations (see **Exhibit A**). As early as possible, but no later than six months before construction completion, comprehensive application materials will be made available to these agencies. HERITAGE CLINIC will coordinate with staff at these agencies who will be working with consumers to apply for housing. HERITAGE CLINIC will provide information about all aspects of the application process in order to eliminate as many obstacles to applying as possible. This will enable consumers of these agencies to anticipate and positively address issues such as obtaining identifications, birth certificates, landlord references, credit reports, criminal background reports and other applicable supportive documentation needed to complete the application process.

For persons with limited English proficiency, staff will be trained to offer to pay for an interpreter in the subject's primary language. All advertising and marketing materials will be printed in Spanish and English.

Notice may be given to these agencies and organizations by way of flyers, e-mails, telephone calls, and in-person visits. If specific agencies or organizations request information be given to consumers in the context of meetings, these requests will be honored, as staffing and resources allow.

In addition, during the formal lease up period HERITAGE CLINIC will provide support to individual applicants as requested by any applicant.

Advertising and outreach efforts will occur in accordance with the property's Regulatory Agreement and Affirmative Marketing Plan. Advertising for this development will include the use of Equal Housing Opportunity logos to affirmatively market the units. Material to be used in affirmative marketing will include the following.

- A Fair Housing poster to be displayed in the place where interviews take place
- An Equal Housing Opportunity logo to be displayed on the development's sign

- An Equal Housing Opportunity logo to be displayed on the Marketing Brochure, flyers and other marketing materials. Marketing will be provided through the lead service provider, HERITAGE CLINIC.
- Flyers and banners will be displayed at the property and at nearby community centers and social services organizations.

Referral Sources: To assure equal access and equal opportunity to all, no one will be denied the opportunity to apply for tenancy at Willis Apartments. However successful applicant must meet program eligibility guidelines. HERITAGE CLINIC as the lead service provider for Willis Apartments will review all applications and forward eligible applicants to the property manager for income eligibility verification and certification. Many of the potential tenants of Willis Apartments are expected to be referred from HERITAGE CLINIC, [Hillview Mental Health Clinic, and West Valley Mental Health Center. Other referral sources will include Verdugo Mental Health Center and the Foothill Mental Health and Rehabilitation Center. In addition, HERITAGE CLINIC staff will meet with social service agencies and groups to increase referrals and facilitate the application process].

HERITAGE CLINIC staff will meet with social service agencies and groups to increase referrals and facilitate the application process. HERITAGE CLINIC employs Service Coordinators who will meet with social service agencies and groups to increase referrals and facilitate the application process. Additionally, ACOF has committed staffing to ensure compliance with HUD programmatic policies and funding grant requirements.

Application Process and the Waitlist: Referrals: All interested applicants will be referred to HERITAGE CLINIC for program eligibility verification as defined in Section D.3.1 above. HERITAGE CLINIC will then facilitate the completion of the MHSA Housing Program – Tenant Certification Application, and forward it to the MHSA Housing Policy & Development Unit for processing. This form will ensure that interested applicants are MHSA eligible as defined by LACDMH. RC will then refer all eligible applicants to the resident manager, BMI, for income verification. Upon receipt of applicant information from RC, BMI will complete the eligibility verification and fully apprise the Residential Service Coordinator of developments throughout the process. If an applicant is not certified, they will be referred to the system navigator to obtain.

All applicants will be initially interviewed by a representative of BMI, called the Management Agent. It will be the responsibility of Management Agent to inform the applicant in writing of approval. With the approval of the applicant, their Residential Service Coordinator and/or SFPR will also be notified. The Management Agent is also responsible for informing in writing applicants who are rejected. Applicants will also be informed of their option to appeal a rejection, and to request a reasonable accommodation.

Financial Verification Process: Upon initial occupancy, the tenant's income cannot exceed thirty-five percent (35%) of the area median income as published annually by the U. S. Department of Housing and Urban Development. In accordance with HUD occupancy guidelines set forth in the HUD Handbook 4350.3, all income and all assets, including bank accounts, will be verified in writing by the third-party source indicated on income certification form, including but not limited to:

- Employment, Self Employment
- Savings and checking
- Pension
- Disability
- Asset verification, property, home, stocks, bonds, annuities, IRA, etc.
- Government assistance, A.F.D.C., food stamps, etc.
- Social Security
- Child Support/Alimony
- Non-Tuition Financial Aid

A credit reference will be required covering the last five years. Any outstanding collections which exceed \$1,000.00 (medical expenses are exempt from this standard) are basis for denial of applicant. Foreclosure and bankruptcies are also basis for denial. Applicant will be considered for residency if s/he can prove that s/he moved as a result of a divorce and that the spouse was responsible for all debt. Applicants will also be informed of their option to appeal a rejection, and to request a reasonable accommodation. Given the characteristics of potential tenants for the MHSA units, management will remain open to negotiating with tenant and supportive services staff in regards to offering reasonable accommodation due to their disability.

Waiting List and Offer for an Apartment: Tenants will be qualified under U.S. Department of Housing and Urban Development, Los Angeles Housing Department, and all other applicable regulatory agreements by BMI. Tenants will be qualified under the Mental Health Services Act by LACDMH. Applications will be stamped, dated as they are received and then sorted for eligibility status. All qualification processing is subject to review and approval by A Community of Friends (ACOF).

Applicants will be offered two apartments. Mitigating circumstances may be taken into account, such as an emergency situation or hospitalization. In such a case, if an applicant cannot accept an apartment during the initial lease-up of the building, the applicant will be placed on the waitlist in chronological order.

BMI's on-site staff will maintain one waiting list for the entire project. LACDMH will also maintain a referral list from which it will refer applicants once they have been certified. Applicants will be placed in the order of their application date and time. Those that are not selected as a tenant will remain on the waiting list, and shall receive a letter informing them of their status with an estimate of when the next unit of the size and income designation they seek, based on previous turnover histories for similar housing projects, may be available.

In the event that the volume of applications received exceeds the number of available apartments and more than one applicant qualifies for the unit, the applicants will be offered a unit on a first completed application, first-served basis. The other will go on top of the list until the next unit is available.

When the next 30-day notice is received by management, the management agent will notify the applicant at the top of the waiting list, as well as their referring SFPR or Residential Service Coordinator. If that applicant turns down the unit, the management agent will then proceed to the next person on the waiting list.

If an applicant on the waiting list rejects the first available unit, it is considered to be a withdrawal of the application by the applicant. However, efforts will be made to provide reasonable accommodation.

Tenant Screening: The screening process is conducted jointly by the lead service provider, RC and the property management company, BMI. RC verifies program eligibility, i.e. that applicants meet the disability and homelessness criteria. At the request of the applicant, RC will also assist with reasonable accommodation requests and/or accompany the applicants to the interviews with BMI.

RC will obtain third party verification of disability and homeless status for all applicants. The applicant's case manager will verify the applicant's homeless status based on their personal knowledge of where the applicant currently resides, whether it be on the streets, in emergency housing, or in a transitional housing program. The applicant's health provider must verify the disability status for his/her client. This provider must be a licensed professional under current HUD requirements. Once this paperwork is received by HERITAGE CLINIC personnel, it is reviewed and if necessary sent to the Compliance Manager for further review. **See attached disability and homelessness verification forms.**

All applications and pertinent records are kept on-site at the leasing office. A separate file for active and inactive applications is maintained on-site according to date, time, and order received.

BMI will assign on-site leasing staff to the project. The leasing staff will be responsible for processing initial eligibility and income forms, applications and other records relevant to this function. Adequate staffing shall be provided to ensure timely processing of applications.

In accordance with HUD occupancy guidelines set forth in the HUD Handbook 4350.3, all income will be verified in writing on appropriate project income verifications forms. If assets are less than \$5,000, tenants will certify their assets by completing an Asset Certification Form. If assets are greater than \$5,000, all assets including bank accounts will be verified by the income source. All applicants will be required to sign a Child Support Affidavit.

Rejected Applications: Applications may be rejected for any of the following reasons.

- a) Blatant disrespect, disruptive, or anti-social behavior toward management, the property, or other tenants exhibited by an applicant or family member any time prior to move-in (or demonstrable history of such behavior)
- b) A negative landlord or other reference, encompassing failure to comply with the lease, poor payment history, poor housekeeping habits, or eviction for cause
- c) A negative credit report
- d) Rent exceeding thirty percent (30%) of monthly income without a demonstrated ability to pay
- e) Falsification of any information on the application
- f) Family size that does not conform to the stated minimum and maximum sizes
- g) Income exceeding the percent of area median based upon income limits established at the property
- h) A history of poor housekeeping that indicates an inability to maintain the unit according to health and safety standards or present a dangers the tenant or the apartment community (reported by prior landlord reference)
- i) Personal History:
 - A history of violent or abusive behavior (physical or verbal), in which anyone in the applicant’s household was determined to be the offender
 - No references from social workers or others involved with the applicant in a professional capacity are submitted if required
 - Other good cause, including, but not limited to, failure to meet any of the tenant selection criteria in this document

All rejected applicants will have the right to appeal the decision. The appeal must be received by the managing agent no later than fourteen (14) days after the rejection letter is received. Within three working days of receipt of an appeal, the appeal will be forward

to the Director of Compliance or the Regional Manager of Barker Management, Inc and to ACOF's Director of Asset Management.

Applicants will also be informed of their option to appeal a rejection, and to request a reasonable accommodation. In addition, with the approval of the applicant, the referring case manager will be given an opportunity to appeal any application denial based on information obtained from criminal record and landlord checks. However, all applicants will have to demonstrate that they meet program requirements.

D.4.6.2.b. Eviction and Appeals:

The lead service provider and all mental health service providers at Willis will work closely with the property manager to identify and mitigate any potential evictions. A tenant's SFPR will communicate regularly with property management and will indicate if any tenants are having issues that could potentially lead to an eviction. It will be a priority for a tenant's SFPR to work with the tenant and with property management to keep the tenant housed and avoid an eviction.

Eviction: Absences over 30 days without prior notification to property management will be treated as an abandoned unit. Absences over 90 days will result in a termination of the subsidy and a termination of the subject tenancy. Notices to perform or quit will be issued for all lease violations. However, unless instructed otherwise by a tenant, residential services will receive a copy of said notices. This gives residential services the opportunity to intervene on their client's /our tenant's behalf to prevent eviction and preserve tenancy. In addition, bi-weekly site staff meetings allow both residential services and property management to discuss and strategize about non-private (in compliance with HIPAA laws) behavioral concerns that might spill out into the community. Site staff, both residential services and property management can initiate an eviction, however all legal actions against tenants must be reviewed and pre-approved by the owner.

D.4.6.3 Specify the frequency of scheduled contacts/meetings among the collaborative partners and the purpose and objectives who should participate:

ACOF's Service staff has bi-weekly meetings with site staff including Heritage Clinic case management staff and property management staff to address non emergency issues and to evaluate programming and site needs. ACOF's Asset Management Department visits each property at least twice monthly. ACOF's Facilities Manager is charged with conducting monthly site inspections and ACOF's Asset Manager visit each site monthly to participate in community meetings and/or or to conduct curb appeal inspections.

D.4.6.4 Describe how service coordination will be accomplished with one and/or more service providers.

Heritage Clinic staff will take the lead role in ensuring that the on-site Residential Service Coordinator works in conjunction with other programs so that referrals and

services are seamlessly provided to tenants. Regular case coordination meetings will take place to include staff of Heritage Clinic, outside providers, and the tenant so that plans are reviewed and everyone is in agreement about the direction of service. In this way, continuity of care is achieved and providers form a support network that helps the tenant to progress forward. Outside service providers, including social services agencies, faith-based service agencies, community provider organizations, educational providers, and employers, will participate in individual case conferences as appropriate and with the consent of tenants. Team meetings will be scheduled as needed with the tenants consent to address the specific needs of each individual and develop supportive plans. RC will serve as the Single Fixed Point of Responsibility in coordinating services and continuity of care so that tenants receive the best services possible within a seamless system of care

D5 Attachment F 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 tenants will access the service.
Case Management	Homeless / Mentally Ill	HERITAGE CLINIC	On-site
Independent Life Skills	Homeless / Mentally Ill	HERITAGE CLINIC	On-site
Transportation	Homeless / Mentally Ill	HERITAGE CLINIC	On-site/Off-site
Socialization and Community Integration	Homeless / Mentally Ill	HERITAGE CLINIC Victory Wellness Center	On-site/Off-site
Recovery and Wellness Support	Homeless / Mentally Ill	HERITAGE CLINIC. Client Run Center	On-site/Off-site
Volunteer Services	Homeless / Mentally Ill	Meeting Each Need with Dignity (MEND)	Off-site
Substance Abuse	Homeless / Mentally Ill	HERITAGE CLINIC	On-site/Off-site
Employment / Educational Services	Homeless /Mentally Ill	HERITAGE CLINIC Valley Employment Center	Off-site
Domestic Violence Prevention and Treatment	Homeless / Mentally Ill	HERITAGE CLINIC.	Off-site
Family Support services	Homeless / Mentally Ill	HERITAGE CLINIC Family Links	On-site / Off-site
Child –based Programs	Homeless / mentally ill families and children	San Fernando Valley Community Mental Health Centers, Central Valley Youth and Family Center East Valley Youth and Family Center North Valley Youth and Family Center Turning Point	On-site / Off-site

Employment / Educational Services	Homeless / Mentally Ill	Pacoima Skills Center and Valley Employment Services	Off site. Transportation will be both public and rides will be given.
Mental Health	Homeless / Mentally Ill	HERITAGE CLINIC	
Legal Services	Homeless / Mentally Ill	San Fernando Valley Neighborhood Legal Alliance	
Health Care	Homeless / Mentally Ill	Meeting Each Need with Dignity (MEND)	

Primary Service Provider: HERITAGE CLINIC and LACDHM

(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.)