

**Section D: Supportive Services Plan
Instructions**

1. Submit the MHSA Supportive Services Information, Section D, Items D.1 through D.16, as listed on the Application Index & Checklist.
2. Enter required information into the yellow box marked "Response".
3. Items D1 through D9 must be circulated for local review for 30 days.

Item D.1 Development Summary Form (Attachment B)

Instructions: Complete and submit the Development Summary Form (**Attachment B**)

Item D.2 Development Description

The Development Description should provide a narrative (approximately two pages) that includes:

1. Name and location of the proposed housing development;
2. Service goals of the development;
3. Characteristics of tenants to be served;
4. Type of housing to be provided (new construction or acquisition/rehab.);
5. How the building(s) in which housing and services will be provided will meet the housing and service needs of the MHSA tenants (location, building type, layout, features, etc.);
6. Name of primary service provider, property manager, and other development partners; and,
7. Summary of the anticipated sources of development financing. (Name sources only, do not include dollar amounts.)

Response:

Coalition for Responsible Community Development (CRCDD) is currently working with Restore Neighborhoods L.A. (RNLA) and the City of Los Angeles Housing Department to acquire foreclosed properties and develop them into permanent, supportive housing. CRCDD will partner with East Los Angeles Community Development Corporation (ELACC) in this project. The project, known as CRCDD Apartments, will involve the acquisition and rehabilitation of 4 multi-family properties totaling 43 units located at the following addresses - 851 W. 81st Street 90044, 7817-7821 S Figueroa St 90044, 10424 S Figueroa St 90003, and 11216 S Figueroa St. 90061 in the City of Los Angeles. East LA Community Corporation (ELACC), as the party with the most experience developing nonprofit real estate, will be designated as the Lead Developer during the development and construction phase of the project. In such capacity, ELACC will have primary responsibility for overseeing all aspects of development of the project. CRCDD will serve as co-developer of the project. Much of the project management responsibilities will be handled by CRCDD with oversight by ELACC. CRCDD will be the long-term owner of the project.

While this project may serve a mix of populations (general low income households, transition aged youth, and MHSA-eligible households), the MHSA-designated units will serve tenants who meet the following eligibility requirements:

- 1) Adults or older adults with serious mental illness as defined by Welfare and Institutions Code Section 5600.3(b) AND
- 2) Tenants shall also be one of the following:
 - a. Homeless, meaning living on the streets or lacking a fixed and regular night-time residence. This includes living in a shelter, motel or other temporary living situation in which the individual has no tenant rights.
 - b. At risk of being homeless due to one of the following situations:
 - i. Discharge from crisis and transitional residential settings; a hospital, including acute psychiatric hospitals; psychiatric health facilities; skilled nursing facilities with a certified special treatment program for the mentally disordered; and mental health rehabilitation centers
 - ii. Release from City or County Jails
 - iii. Temporarily placed in a residential care facility upon discharge from (i) or (ii) above.
 - iv. Certification by the county mental health director as an individual who has been assessed by and is receiving services from the county mental health department and who has been deemed to be at imminent risk of being homeless.

Services will be designed to assist all clients to access needed medical, substance abuse treatment, expungement, educational, life skills training, social, pre-vocational, vocational, rehabilitative, benefits

establishment and/or other community services. The case manager will work to provide necessary mental health services, linkages to community resources, pre-vocational/educational goal development, employment goal development and referrals, general health, mental health, substance abuse treatment referrals, income support and benefits advocacy referrals, recreational activities, facilitated topic groups, skill building groups, workplace fundamentals groups, and any other services necessary for the tenants' advancement towards their life goals and greater independence.

CRCD will work in partnership with People Who Care Youth Center (PWC), A New Way of Life (ANWOL), Walden House, and Women's Community Reintegration Services and Education Center (WCRC) to ensure that the supportive service needs of all residents are adequately met. People Who Care Youth Center is a non-profit social service organization that aims to assist at-risk youth and youth exiting jail and other detention facilities. A New Way of Life is a non-profit social service organization that aims to assist women exiting jail and other detention facilities. Walden House is a non-profit behavioral health organization providing a wide array of substance abuse and related services throughout California. WCRC is a directly operated program of Los Angeles County Department of Mental Health specializing in serving women recently leaving incarceration.

All of the sites are in close proximity to many social service amenities. These include Community Build's Youth and Community Center and Family Source Center, the Los Angeles Council District 8 Constituent Services Center, Los Angeles County Social Services and Department of Mental Health, a US Post Office located on Vermont Ave., and the UMMA Community Clinic. All of these are easily accessible by walking or public transportation. We also expect that all of these services will be heavily utilized by tenants of this project.

3 of the sites are located on Figueroa Street which is a major commercial and public transit corridor. The 81st Street property is less than 1 block from Vermont Avenue which is also a major north/south corridor in the area. The sites range in size from 8 to 16 units. All sites have either "tuck-under" parking, enclosed garages, and/or surface parking spaces. All of the apartments are fairly typical of the multi-family residences built in the area. Units are mostly efficiency and 1-bedroom units, with some 2-bedroom units and two 3-bedrooms. The efficiency and 1-bedroom units will be reserved for transition aged youth who will likely be single. Three- and two-bedroom units will be reserved for homeless families. Each site will have 1 unit reserved for a manager.

The project will likely be managed by Community Housing Management Services (CHMS), a community-friendly property management agent with extensive experience in managing both large and small properties housing low-income and special needs populations.

The anticipated sources of funding for this project include the Corporation for Supportive Housing, Neighborhood Stabilization Program (via Los Angeles Housing Department/Restore Neighborhoods L.A.), and Mental Health Services Act.

Item D.3 Consistency with the Three-Year Program and Expenditure Plan

Describe how the proposed housing development is consistent with the sponsoring county mental health department's approved Three-Year Program and Expenditure Plan. Provide specific information regarding how the development meets the priorities and goals identified in the Three-Year Program and Expenditure Plan.

Response:

CRCD Apartments is consistent with the Los Angeles County Department of Mental Health's Three-year program and expenditure plan as its goal is to provide permanent supportive affordable housing for homeless adults and TAY, many of whom may have issues with substance abuse. The permanent housing apartment units are made affordable by the use of rental subsidies with local government funding. Services are designed to promote the tenant's recovery and wellness by maximizing the individual's strengths. Services will be delivered in the community, on-site in the clients newly rented apartment and at program services site, thereby increasing access to needed services.

Item D.4 Description of Target Population to be Served

Describe the MHSAs Rental Housing Program target population to be served in the development. Include a description of the following:

1. Age group, i.e., adults, older adults, children, transition-aged youth;
2. The anticipated income level of the MHSAs tenants; and,
3. A description of the anticipated special needs of the target population to be served, e.g., physical disabilities, chronic illness, substance abuse, prior housing status, etc.

Response:

This project will serve homeless/at-risk of homelessness transition aged youth and homeless families. All MHSAs tenants will meet the HUD definition of homelessness. The target population will be transitioning from emergency shelters, places of transitional housing, the foster care system, the probation system or homelessness. The anticipated income level of the MHSAs tenants will be at or below 30% AMI.

We anticipate that the supportive service needs of the tenants will be broad and varied. They will also be extensive. The target population will be individuals and families leaving emergency shelters and transitional housing who are mentally-ill, most having varying degrees of active substance or alcohol use, childhood abuse, educational illiteracy, and possibly recent histories of incarceration. All MHSAs tenants at this project will receive case management services that are tailored to their individual needs, which can include FSP level services. These services are designed to assist all clients to access needed medical, substance abuse treatment, expungement, educational, life skills training, social, pre-vocational, vocational, rehabilitative, benefits establishment and/or other community services. The case manager will work to provide necessary mental health services, linkages to community resources, pre-vocational/educational goal development, employment goal development and referrals, general health, mental health, substance abuse treatment referrals, income support and benefits advocacy referrals, recreational activities, facilitated topic groups, skill building groups, workplace fundamentals groups, and any other services necessary for the tenants' advancement towards their life goals.

Item D.5 Tenant Eligibility Certification

The county mental health department is responsible for certifying the eligibility of individuals, applying for tenancy in an MHSAs unit, for compliance with the target population criteria. Submit a narrative description of the following:

1. How an individual applies to the county to become certified as eligible for an MHSAs unit;
2. How certification of eligibility will be documented, provided to the individual applicant, and maintained by the county; and,
3. How certification of eligibility will be provided to the property manager/development.

Response:

All CRCD Apartment applicants initially will complete the Los Angeles County- Department of Mental Health standardized MHSAs Housing Program – Tenant Certification Application with the participation of their MHSAs Service Provider or other MHSAs Housing Specialist staff person. Once the Certification Application form has been completed it will be forwarded along with a completed and signed release of information form to the LAC-DMH Housing Policy & Development (HP&D) Unit for processing.

Property management staff and supportive services staff will review the application to confirm the prospective tenant's eligibility; specifically that the prospective applicant is a DMH client and meets the MHSAs Housing Program Income and homeless/at risk of homelessness criteria.

Either CRCD or MHSAs Service Provider staff will screen prospective applicants for these same criteria prior to the completion and submission of the Tenant Certification Application to the Department's HP&D Unit. If there are uncertainties as to whether the applicant meets eligibility criteria the certification application will be completed and submitted per the DMH guidelines.

Once the prospective tenant is certified to have met threshold eligibility criteria by the DMH HP&D Unit they will be notified and placed on the DMH HP&D Unit Master Referral list and the list of eligible tenants for the CRCD Apartments. This begins the next phase of the application process. If there are immediate vacancies in the CRCD Apartments (for example, during the initial lease up period) the MHSAs Service Provider will work with the prospective tenant to complete and submit the Property Management Company's applications and provide/update needed verifications as required by the Property Management Company. The Property Management Company will notify the prospective tenants who have successfully completed this aspect of the application process of the unit availability. The notice will describe the type of unit available and that they must respond within two weeks as to whether they would like to take the available unit or wait until another unit becomes available. The MHSAs Service Provider will coordinate with the CRCD Apartments Resident manager to show the available unit to the prospective tenant within the two-week period so the prospective tenant can make an informed decision within the allotted time frame.

Except for initial rent-up, all applications are taken on site at the property. All communications with applicants will be by first class mail. Failure to respond to letters may result in withdrawal of an application from further processing. Property Management may make exceptions to the procedures described herein to take into account circumstances beyond the applicant's control, for example, medical emergencies or extreme weather conditions.

Every application must be completed and signed by the head of the household and any other adult member of the household. All other members of the household will be listed on the application form. Staff will be prepared to assist any applicants who might have trouble completing the application form. This assistance might take the form of answering questions about the application, helping applicants who might have literacy, vision or language problems and, in general, making it possible for interested parties to apply for assisted housing.

Property Management shall obtain required verifications. No decision to accept or reject an application shall be made until all verifications have been collected and any necessary Follow-Up Interview has been performed.

Item D.6 Tenant Selection Plan

Provide a tenant selection plan, specific to the proposed development, that describes the following:

1. How prospective tenants will be referred to and selected for MHSAs units in the development;
2. The tenant application process;
3. The procedure for maintaining the wait list;
4. The process for screening and evaluating the eligibility of the prospective MHSAs tenants, including the criteria that will be used to determine a prospective MHSAs tenant's eligibility for occupancy in the development;
5. The appeals process for individuals who are denied tenancy in an MHSAs unit; and,
6. The reasonable accommodations policies and protocols.

NOTE: The Department's approval of the MHSAs Housing Program Application does not ensure that the Tenant Certification/Referral Process is compliant with local, state and federal fair housing laws. The Developer/Borrower is advised to seek legal counsel to ensure that the Tenant Certification/Referral Process complies with fair housing laws.

Response:

The 10 MHSAs Supportive Housing units will be restricted by MHSAs regulations. The units will be available to eligible households with incomes at 30% AMI or below.

An applicant will need to assure the property management firm that, with assistance from the applicant's Single Point of Fixed Responsibility (SFPR): (1) be capable of living under the terms of the lease; (2) be able to pay rent on time. Additionally, The Los Angeles County Department of Mental Health (LACDMH) will certify that the applicant is a LACDMH client.

Referrals will be taken from the Los Angeles County Department of Mental Health (LACDMH) after they have been certified as MHSAs-eligible with an assigned SFPR. In addition to DMH referrals, we expect that the project's primary referral source will be our existing service partners. In addition to these sources, we will advertise in mainstream newspapers, and local, Spanish language newspapers. The advertisements will describe the purposes of the property, eligible family size and eligible income levels. The MHSAs units will be marketed to MHSAs's programs run by LACDMH. Referrals will also be taken from by local community based service organizations and from homeless service providers in the area who serve the mentally ill and people exiting the criminal justice center. Care will be taken to communicate with community agencies prior to the initial rent-up period, and then on a regular basis thereafter about the availability of units, paying particular attention to notifying agencies and organizations that focus their activities on the MHSAs targeted populations.

The waiting list will be reviewed as each vacancy approaches to make sure that there are sufficient income-, homeless-, and MHSAs eligible applicants at the time. If not, notices will go to the appropriate referring agencies. A waiting list of eligible prospective tenants will be maintained at all times. As a unit becomes available, the next person on the list will be contacted. If that person cannot be reached by CRCD or their case manager within two weeks, they will be moved to the bottom of the list and the next person will be contacted

CRCD will follow and comply with the MHSAs Housing Program Tenant Referral and Certification Process and defined by LACDMH.

The project's affirmative fair housing marketing will be critical and will be in compliance with HUD (24) CFR part 200.620 (a)-(c). Marketing will invite applicants to apply to the waiting list. The initial application will describe the units and the varied targeting requirements of the project. Applicants will mark those income, family size,

and disability criteria that apply in their case. Qualified applicants will be added to the waiting list based on this initial self-screening. Current contact information will be requested. People without a current address will be asked to name a third party (friend, case manager, clergy, etc.) where they may be notified of a vacancy. The onsite property manager will offer to sit beside the applicant to help fill out the form. Referring agencies will be trained so that applicants can complete the task with people that they trust. Applications received before the initial rent up will be included in a lottery to be held to determine ordinal position on the initial waiting list of 50 applicants. Thereafter, qualified applicants will be added to the list based on the date of the delivery of their initial application. (Applications that arrive simultaneously--as in the same day's mail--will be randomly selected for date and time order). Applications will be submitted to the property manager. The waiting list will be closed after 50 names and reopened when the list gets below 25 names or when the list no longer has eligible candidates for any one of the target populations.

Property management staff will use e-mail, phone calls, and the postal service to actively work the waiting list, regularly notifying applicants of their position, communicating regularly with both applicants and third party contacts, to inform applicants and referring agencies of impending vacancies. Because an applicant's situation will likely change over time, all applicants will be notified of a vacancy regardless of position on the waiting list, or assumptions about a waiting list applicant's disability or income. The vacancy notification will list the unit's restrictions and state that the unit will go to the earliest waiting list applicant that meets the qualifications. Interested parties will be given two weeks to respond to the invitation. The notice will also state that, should no one on the waiting list qualify for that particular unit, property management will recruit applicants from among referring agencies and the general population. The waiting list (with names omitted) shall be made available to prospective tenants upon request. Applicants will be removed from the waiting list if any of the following are true: (1) an applicant asks to be removed, (2) an applicant fails three times to respond to requests for information or confirmation of interest, or (3) the property management company or referring agency, after reasonable effort, can no longer locate the applicant.

Once an applicant has been identified as the first person on the waiting list to meet the targeting restrictions of the unit, a full application will be taken. This application will be processed in a supportive and open process. The task of property management is to judge the applicant's ability to (a) pay rent on time; and (b) live under the terms of the lease. Property management will do this by doing a credit and criminal background check to screen for violent behavior, reviewing information on the application form, checking with former landlords and meeting with the applicant and any support service staff the applicant may wish to bring for support. If property management has concerns about an applicant's ability to conform to (a) or (b), above, there will be a conversation about reasonable accommodations on the part of the project or support from the applicant's service providers. The property management agent will work with the supportive service staff as required to ensure timely processing of the application review.

The property management company will, after reviewing the application and checking references, in writing: (1) notify the applicant that they have been accepted; or (2) notify the applicant that they are accepted under certain conditions (e.g. money management by the support service agency); or (3) notify the tenant that their application has not been accepted for the stated reasons. In the third case, the applicant will be offered the opportunity to discuss the letter with property management and/or appeal the decision to the sponsor's asset manager.

All applicants will be screened for:

- Verification that income is at or below 30 - 50% of AMI by using the Housing Authority, City of Los Angeles (HACOLA) or equivalent document as provided/required by LACDMH.
- Verification of homelessness as defined by HUD. Using forms provided HACOLA or equivalent document as provided/required by DMH.
- Verification that the applicant is a LACDMH client with a SFPR and is MHSAs eligible.

In addition to meeting the above requirements, MHSAs supportive housing tenants must also meet the below criteria:

- Timely and substantially completed applications. (Property management will work closely with applicants and support services to facilitate this.)
- Ordinal position on a waiting list.

- Income restrictions as per regulations.
- Ability to pay rent each month as determined by property management review of credit information, third-party income verifications, and conversations with support service providers. In addition, a signed affidavit and/or a tax return may be requested from applicant.
- A credit check will be run on each applicant prior to processing the application. Bad credit must be explained. Persons must satisfactorily prove income sufficient to pay the rent and have enough for basic expenses.
- Ability to get along with his/her neighbors and refrain from interfering with the right of quiet enjoyment of others in the community.

Applications will be processed by the property management staff who will contact the applicant and/or supportive service staff working with the applicant (directly or through the third party contact) and, with the applicant's permission, the referring service provider to schedule an interview. The interview will take place in the vacant unit, and include a property management representative, the applicant, and any supportive persons the applicant may wish to attend the meeting, including case management representation).

Applicants judged by property management to be unable to meet the above standards will be notified in writing of the cause of the denial. Given the characteristics of potential tenants for the MHPA units, management will remain open to negotiating with tenant and supportive services staff in regards to reasonable accommodation due to their disability. Applicants eligible for the MHPA units will be reviewed on a case-by-case basis, and management will work closely with supportive services staff to determine reasonable accommodations for MHPA housing applicants. Examples of reasonable accommodation can include, but may not be limited to, credit history requirements. Should a tenant be denied for tenancy, their denial letter will include an attachment outlining the appeals process and the support service agencies and arbitrators that may assist the applicant in an appeal.

If a tenant believes that management has acted so that their rights or status are adversely affected, or if they believe that management has not complied with the terms of the residential lease it entered into with them, then they are entitled to a hearing in accordance with the project's grievance and appeal procedure. A tenant may request a hearing if they have a complaint about another tenant concerning their health and safety or others' health and safety or if the complaint in reference to the other tenant involves the maintenance and management of the project.

If a tenant applied for a unit and was rejected, they also have the right to request a hearing. At the request of the tenant/applicant, supportive services staff may be present at the hearing. The full appeal policy will be included in the management plan.

Item D.7 Supportive Services Plan

NOTE: A tenant's participation in supportive services may not be a condition of occupancy in MHSAs units.

Describe the development's approach to providing supportive services to MHSAs tenants. The following information should be provided:

1. A description of the anticipated needs of the MHSAs tenants;
2. The supportive service provider's initial and ongoing process for assessing the supportive service needs of the MHSAs tenants;
3. A description of each service to be made available to the MHSAs tenants, to include where and how the service will be delivered, the frequency of the service delivery and identification of the service provider. A description of the available services and supports should include, but not be limited to:
 - a) Mental health services
 - b) Physical health services (including prevention programs)
 - c) Employment/vocational services
 - d) Educational opportunities and linkages
 - e) Substance abuse services
 - f) Budget and financial training
 - g) Assistance in obtaining and maintaining benefits/entitlements
 - h) Linkage to community-based services and resources
4. Indicate whether or not there will be an onsite service coordinator, and include the ratio of onsite staff to MHSAs tenants. If there is no onsite service coordination, provide a description of service coordination for the development;
5. A description of how services will support wellness, recovery and resiliency. It is anticipated that the supportive services plan for the development will include services that are facilitated by peers and/or consumers. If this is not part of your service delivery approach, please provide an explanation;
6. A description of how the MHSAs tenants will be engaged in supportive services and community life. Include strategies and specific methods for engaging tenants in supportive services and the frequency of contact between supportive services staff and MHSAs tenants. This description should also include the identification of staff (the responsible service provider) and specific strategies for working with MHSAs tenants to maintain housing stability and plans for handling crisis intervention;
7. If the Development is housing for homeless youth, provide a description of services to be provided to meet the unique needs of the population including engagement strategies and peer involvement. In addition, provide a description of how transition-aged youth MHSAs tenants will be assisted in transitioning to other permanent housing once they reach 25 years of age;
8. Supportive services must be culturally and linguistically competent. Describe how services will meet this requirement including, when necessary, how services will be provided to MHSAs tenants who do not speak English and how communication between the property manager and the non-English speaking MHSAs tenants will be facilitated;

9. Describe the process to ensure effective communication between the service provider and the property manager regarding the status of MHSAs tenants in the development and any other issues regarding the development, including but not limited to regularly scheduled meetings and the identification of a single point of contact for communication and coordination of supportive services; and,
10. If proposing to develop Shared Housing units within a Rental Housing Development, attach "House Rules".

Response:

CRCD anticipates that the supportive service needs of the tenants will be broad and varied. They will also be extensive. The target population will be individuals leaving emergency shelters and transitional housing who are mentally-ill, most having varying degrees of active substance or alcohol use, childhood abuse, educational illiteracy, and possibly recent histories of incarceration. All MHSAs tenants at this project will receive case management services that are tailored to their individual needs, which can include FSP level services. These services are designed to assist all clients to access needed medical, substance abuse treatment, expungement, educational, life skills training, social, pre-vocational, vocational, rehabilitative, benefits establishment and/or other community services. The case manager will work to provide necessary mental health services, linkages to community resources, pre-vocational/educational goal development, employment goal development and referrals, general health, mental health, substance abuse treatment referrals, income support and benefits advocacy referrals, recreational activities, facilitated topic groups, skill building groups, workplace fundamentals groups, and any other services necessary for the tenants' advancement towards their life goals.

CRCD expects that most tenants of this project will be referred directly by one of our service partner agencies, and as such, will already be integrated into their case management systems. However, if a tenant is not already receiving case management services, they will be assigned a case manager immediately upon initial application for tenancy. If they require case manager's assistance to fill out the application, they may be paired with a case manager during the application period.

To ensure appropriate and effective care, the service system is individually guided by the Personal Services Plan of each MHSAs eligible tenant. Each tenant's case manager will begin the planning process with an exploration of the tenant's goals and needs for assistance to achieve those goals. The case manager facilitates the tenant's exploration of their personal situation, helping them arrive at an understanding of the personal or environmental issues that cause or worsen their mental illness. This new understanding of the essential nature of the tenant's recovery goals, allow both the tenant and case manager to explore fresh solutions to help them achieve their goals. These solutions become the tenant's reasons for receiving assistance from service providers. Once the tenant's specific service goals are set, the case manager leads them through a systematic decision-making process to select his or her preferred service providers. Then, together, the tenant and case manager develop a personal service plan that describes how service provision will be arranged and documented. With this plan as a guide, the tenant and the case managers will work towards progress in achieving these goals, and the resident services coordinator will add a supportive element to the personal services team, by coordinating recreational and life skills events on-site that support the tenant's personal development, community reintegration and success in permanent housing.

In order to assess the ongoing supportive housing needs of each tenant, they will meet with their case manager on a weekly basis to assess their progress along their individualized service plan. Further, all case managers will meet quarterly with the resident services coordinator to discuss each tenants' progress along their plan and assess whether or not any additional services or other action plans are required.

More detail on our supportive service staffing pattern will be provided below. However, following is a brief description. CRCD will employ a .5 FTE Resident Services Coordinator. This person will be responsible for overseeing the provision of services without actually providing direct services. Each tenant will be paired with a Single Fixed Point of Responsibility (SFPR). The SFPR will most likely be one of our current service partners (People Who Care Youth Center, Women's Reintegration Center, A New Way of Life, or Walden House). Each of these agencies will provide services as detailed below. If the tenant prefers to work with another SFPR, the Resident Services Coordinator will work with that particular SFPR to ensure that the appropriate services are being delivered. Also, the Resident Services Coordinator will work with each service provider to ensure that in

the event that a tenant's SFPR is unable to provide a service (ie. Mental Health Services) that the SFPR does not provide, that another provider may administer those services. Further, LA County Department of Mental Health will also serve as a mental health service provider in the event that a tenant has no other Mental Health service provider.

Most services will be available to tenants during regular business hours (Monday -Friday, 9 AM – 5 PM), but case managers will also work with the tenants to provide necessary services at a time that is mutually agreeable if the established business hours do not work for either party.

Case managers will meet with their clients on-site. When possible, we will provide dedicated service space on-site at the apartments, but this may not be possible at all sites. When such space is not available, then the case managers can meet with their clients in their individual units. Further, we are exploring development sites that are in close proximity to the locations of our service providers. For example, one potential development site is located within walking distance to the Women's Community Reintegration Services & Education Center.

Services other than case management will most likely occur off-site at the individual service provider's locations. Case managers will work with their clients to educate them regarding the use of public transit, and van shuttles will be arranged whenever possible.

Women's Community Reintegration Services & Education Center (WRSC):

Women's Community Reintegration Services & Education Center is a directly operated program of Los Angeles County Department of Mental Health. As such, all of their clients are MHPA eligible. They specialize in serving women who have been recently incarcerated and have an Axis I diagnosis. Their client base is primarily homeless, single women. Women's Re-Integration provides case management services for their clients, focusing on the following services:

- Family Reunification
- Personal Goal Setting
- Benefits Advocacy
- Employment Training/Readiness
- Rapid Re-Housing
- Groups (substance abuse, employment, trauma, anger management, parenting)
- Life Skills Training
- Client Run Activities

WRSEC can provide on-site case management services in a client's apartment. All other services will be provided off-site. WRSEC's main office—which houses most of their services—is located at 8300 S. Vermont, Los Angeles, CA 90044.

People Who Care Youth Center (PWC)

People Who Care Youth Center was founded in 1975 by a group of residents concerned with the lack of positive outlets for youth in the community. Since its inception, PWC has provided an urban haven where young people have an opportunity to receive mentoring, counseling and tutoring as well as enjoy positive recreational activities.

PWC currently serves youth between the ages of 13-17 and their families. They provide the following services to their clients, all of which will be available to eligible tenants of our project:

- Individual and Family Counseling
- Parenting Classes
- Anger Management Classes
- Supportive Service Advocacy
- Referrals to Housing Services
- Life Skills Training
- Mental Health and Primary Health Care Referrals
- Case Management

PWC can provide on-site case management services (either in community space or meeting with clients in their apartments). All other services will be provided off-site at PWC's facility which is located at 1500 W. Slauson Ave, Los Angeles, CA 90047.

Walden House

Walden House is a nonprofit organization that provides a wide spectrum of health and human services in both residential and outpatient environments. Their services include:

- Case Management
- Substance abuse and addiction treatments
- Behavioral and Mental Health programs
- Programs for women with children
- Vocational Placement
- Peer Support
- Cognitive behavioral/Life Skills Training
- Treatment Planning
- Community Capacity Development
- Advocacy and Referral
- Benefits Advocacy
- Job Development & Employment Training/Work Readiness

Walden House serves primarily clients who are on parole, 45% of which are dual diagnosed. Case management services will be provided on-site. Most other services will be located at Walden House's Re-Entry Center, which is located at 145 W. 22nd Street, Los Angeles, CA 90007.

A New Way of Life (ANWOL) Re-Entry Project

A New Way of Life is a non-profit organization in South Los Angeles with a core mission to help women and girls break the cycle of entrapment in the criminal justice system and lead healthy and satisfying lives. ANWOL provides:

- Housing and reentry support for women and children
- Advocates for the human and civil rights of people in prison and people with past convictions
- Builds leadership of formerly incarcerated women
- Referrals and case management services
- Family reunification
- Employment readiness
- Legal Services – certificates of rehabilitation, expungement, occupational licensing
- Parenting, anger management, life skills classes

Approximately 60% of ANWOL's clients are dual diagnosed and 40% are on parole. ANWOL will provide case management services on-site, and other services will be located at ANWOL's facilities.

Coalition for Responsible Community Development (CRCD)

Any Transition Aged Youth (TAY) ages 18-25 will also have access to CRCD's workforce development programs. CRCD has several programs that provide TAY with access to employment and educational services. These programs are designed to meet the following objectives:

- To enable disadvantaged youth to obtain the education and employment skills necessary to achieve economic self-sufficiency in occupations in demand and post-secondary education and training opportunities;
- To provide disadvantaged youth with opportunities for meaningful work and service to their communities;
- To foster the development of employment and leadership skills and commitment to community development among youth in low-income communities; and
- To expand the supply of permanent affordable housing for homeless individuals and low-income families by utilizing the energies and talents of disadvantaged youth.

Through CRCD's workforce development programs, tenants of this project may be exposed to careers in construction, computers, and environmental conservation. Slots will be reserved in the Vernon-Central Workforce Development program for eligible tenants of the CRCD Apartments. The Vernon-Central Workforce Development network is a multi-agency neighborhood-wide effort to connect low-income young people to school and work in South Los Angeles. The Network is a CRCD-led collaborative to prepare young people for careers in construction, computers, and environmental conservation. CRCD's Network partners are the LA Conservation Corps, All People's Christian Center, and CD Tech. Through this network residents have the opportunity to participate in workforce development programs focusing in any of the above three industries. Participants in any of the three programs will receive extensive case management, job training (hard and soft

skills), placement services, and counseling to ensure their success and growth.

South Los Angeles YouthBuild (SLAYB) focuses on construction. Through this program, CRCD provides case management; paid work experience; work readiness, life skills, and leadership training; opportunities for community involvement; placement in employment, occupational training, and education programs; and one year follow-up services. In partnership with LA Trade Technical College, SLAYB enrolls program participants in basic skills and occupational training. The college's construction department is the largest in the state, and ranks #1 for conferring degrees and certificates in carpentry, electrical, plumbing, and HVAC.

CRCD and its partners have experience in all areas related to the unique youth culture. House rules will be created to acknowledge areas in which youth may have access to current technology, such as the internet, on and off site. Consideration will be given to later hours and weekends for youth to access community spaces, considering that youth may go to school during the day. Efforts will be expanded through development of a youth council to create structured activities and recreational opportunities at times when young adults may otherwise engage in less positive activities.

In addition to the primary service providers listed above, CRCD has developed partnerships with the following organizations to provide supplemental supportive services.

Primary Care Health Services: CRCD has a long-standing relationship with South Central Family Health Clinic (SCFHC), a Federally Qualified Healthcare Center (FQHC) located within two miles the neighborhood we will be serving. Regular visits from SCFHC staff to promote healthy lifestyles and provide healthcare information to tenants will be arranged.

Additional Mental Health Services: Individual and group therapy will be available weekly as scheduled and on a walk-in basis at the tenant's mental health provider. Individual Mental Health Rehabilitation services are offered at the program site and in the community. In the event of an emergency mental health situation, tenants have the option of calling the Department of Mental Health's Access Center at (800) 854-7771 to obtain support, 24/7. Full Service Partnership tenants have access to DMHC services 24/7. As a matter of routine, all tenants are informed about the County 211 information line. This is a 24/7 countywide information center that is available to address a wide range of routine social service needs as well as emergency needs including suicide hot lines.

There is a directly operated County mental health center and a County contracted mental health center in close proximity to our neighborhood. Both mental health centers provide psychiatric and medication services. These include West Central Family Mental Health Services at 3751 Stocker St., Los Angeles, CA 90008 and Kedren Community Mental Health Center at 4211 South Avalon Blvd., Los Angeles, CA 90011

In addition, all staff will be aware of crisis intervention procedures and will contact each tenant's case manager in event of an emergency. That case manager will then determine whether or not the tenant's Mental Health service provider should be consulted. There will be a care coordination plan in place with each tenant's mental health service provider. This plan, which will be prepared specifically for each tenant, will outline procedures to be followed during any mental health emergency.

Medication Services: We anticipate that psychiatric medication services will be provided by the mental health supportive services staff on a scheduled monthly basis or more often if necessary. Medication services include assessment and evaluation for medication, prescriptions, including review and refills, medication education, and injections as required.

Social/Recreation Activities: As services are geared to the desires of the tenants, they will be involved in planning and preparation of group recreational/social activities which will be reflective of their interests, needs, and available community resources. Tenants will be involved via participation in the project's tenant council as well as through their case manager, who will solicit their suggestions during regular meetings. Activities will be coordinated by the resident services coordinator. Individuals will be encouraged to participate in community activities such as those provided by Parks and Recreation or local churches. Individuals will receive transportation training and bus tokens and passes as needed. Some of the services available to tenants as an example will include: cooking classes, quilting/basic sewing classes, special arts and crafts classes,

food/nutrition counseling, agency and community events and tenant desired recreational activities. These services will be provided on-site at the apartments or at other CRCD housing sites in the neighborhood. If they are provided off-site, transportation will be provided.

Resident services staff will maintain a directory of the churches, mosques, and temples serving the major faiths in the vicinity of the apartments. The directory will contain addresses, telephone numbers, contact names, and bus directions.

Legal Services: CRCD has an agreement with Public Counsel Law Center to conduct visits to other project sites to offer legal advice and services to tenants of those projects. We expect to implement a similar arrangement with the CRCD Apartments project. Further, tenants can be referred by the resident services coordinator so that tenants of this project can access Public Counsel's services. Several of our service providers also offer legal expungement clinics and services, which will be very important for tenants of this project.

Independent Living Skills: All of our service providers offer independent living skills trainings in various forms. The resident services coordinator will ensure that independent living skills training for all residents in the form of groups, modeling, guest speakers, referrals, and one-to-ones, is provided as needed. This training will cover daily living activities, such as time management; budgeting and financial literacy; obtaining and maintaining benefits, grooming and hygiene; household safety; household cleaning and organization skills; using appliances, telephone usage; finding and utilizing resources; and use of public transportation.

CRCD will employ one half-time resident services coordinator that will work with tenants and the supportive services case managers on-site. It is anticipated that the resident services coordinator will be .5 FTE dedicated to coordinating resident services for the buildings. The role of the resident services coordinator will be to serve as the point of contact for communication between the supportive services team and the property management team, organize the tenant council, maintain the tenant council meeting schedule and work with the council to resolve any issues that arise during those meetings, organize recreational activities for the tenants of the building, conduct tenant orientations in coordination with property management staff and case managers, and organize the monthly meeting between property management staff and supportive services staff and attend a monthly service plan progress meeting between the case manager and the tenant. S/he will be responsible for ensuring that case managers/SFPRs are meeting regularly with tenants, that tenants are progressing towards goals set in their service plans and that an adequate level of services is being delivered to the tenants. The resident service coordinator will have a working knowledge of the local social service system and will work directly with the case manager and tenants to encourage them to engage in activities that promote socialization and improved quality of life. The resident services coordinator will add a supportive element to the tenant's mental health services, by coordinating recreational and life skills events on-site that support the tenant's personal development, community reintegration and success in permanent housing. The resident services coordinator will plan employment training and money management workshops on-site when possible and as appropriate. Other life skills training workshops will be arranged by the resident services coordinator, based on consultation with the case manager and tenants.

Collectively, the project's supportive service providers will also provide 1.0 FTE worth of case management services. The case managers will work with the tenants from initial lease-up (if not before) to establish a personalized service plan and a plan for arranging and documenting services and progress towards completing the goals laid out in the plan. Once the tenant's specific service goals are set, the case manager talks through the various service options with the tenant. With this plan as a guide, the tenant and the case managers will work towards progress in achieving these goals.

It is anticipated that the case managers will deliver services on-site during the hours of 9-5 PM Monday through Friday. Including all on-site services, the staffing ratio at the proposed project will be 1:7.

Throughout the delivery of the collaborative care services, case managers and the resident service coordinator build and maintain close, trusting relationships with tenants through the collaborative process of developing and maintaining the tenant's personal services plan. The resident services coordinator will outreach to the tenant via informal visits with the tenants and the social events that are coordinated by the resident services coordinator. The nature of the relationship is more personal than most helping relationships. The case manager and resident services coordinator connect with tenants emotionally, intellectually, and spiritually. They

communicate to tenants the message that they genuinely know, accept, and care about them. The tenant experiences the presence of a person who is close to them and can be depended upon to be there when needed.

Most of the primary supportive service providers that will be working with tenants at this project have an emphasis on addiction treatment and recovery services. The overriding philosophy of the project will be one of harm-reduction, but whenever appropriate, there will be a strong focus on addiction recovery and treatment as well. This will be further emphasized in groups that can be arranged as well as other social activities that will promote wellness and healthy lifestyles.

Self-help and peer support groups are offered to link clients with others who share similar problems: reduce feelings of isolation, stigma and shame, remove barriers to positive behavioral and emotional changes, restore self-esteem and identity, and enhance tenants' roles in the community. The resident services coordinator will work to form groups that are appropriate for the tenants in the project. These groups will be based on the collective needs of the tenants. If a tenant has need of a specific group that is not offered on site, the resident service coordinator will either work to form that group or find a referral source for that group.

Groups/workshops may include psycho-educational groups, social support and activity groups, family support, and peer advocacy support, (groups currently conducted by staff, volunteers, family members, and community members include: 12-step groups for AA and NA, smoking cessation, independent living skills, budgeting/money management, "mood tune-up," conflict resolution, new attitude, personal growth and potential, positive thinking, living in balance, anxiety and depression, journal writing, poetry club, book club, "understanding our thoughts," art club, men's group, women's group, making/keeping commitments, effective communication, and recovery.) Additional recreational activities include tenant council, BBQs, yoga, hiking groups, physical education, movie nights, theme parties, and the tenant council.

The supportive services for the tenants are based on choice and individual goals of the tenants. The tenant's case manager will ensure that tenants are engaged to participate in implementing their supportive service plans to achieve their recovery and personal development goals. The core services that will be provided to support tenants will also support housing stability and retention. Mental health services, money management, employment training, nutrition training, education counseling, medical benefits counseling, and peer support groups will provide tenants with the assistance they need to reintegrate themselves into community life. While the first steps after entering into the supportive housing may focus on mental health services and benefits enrollment, the additional steps the tenant may take in their supportive services will add additional layers of stability to their lives- access to employment training will help tenants build confidence in their search for permanent employment, money management counseling will teach tenants how to manage finances responsibly, nutrition counseling will teach tenants valuable skills in leading healthier lives, and educational counseling will provide them with information when and if they are ready to pursue additional career training opportunities.

The tenant's customized service plan will incorporate the expressed cultural needs and desires of the individual. Often this involves the community integration aspect of the Service Plan – connecting the individual to relevant resources in the community – but may include assisting the tenant in bringing his or her cultural values and social customs into the community living arena to share with others. This desire to address cultural needs is particularly relevant as a service factor when assisting the tenant in selecting community-based physical and mental health providers. Because the primary non-English languages spoken within the community is Spanish, staff with these language competencies will be available to the project's tenants. However, we realize that we will never attain complete staff representation of the extremely diverse member population that we serve. Therefore, we find it important to provide our staff with cultural competency training that enables our staff to become familiar with and increase their skills and resources when dealing with special needs tenants who come from cultures other than their own. Some examples of past opportunities are:

- Latino Behavioral Health Institute
- Sexual Orientation Sensitivity Training
- African American Mental Health Conference
- Consortium on Asian American Mental Health Training
- Multicultural Accessibility and Accountability in the New Millennium

As permanent supportive housing with tenants living in their own apartments, many of the traditional house rules are not applicable. Tenants will not share common area maintenance responsibilities. Aside from being required to abide by the terms of a standard lease agreement, (paying rent on time, refraining from excessive noise and illegal activities, etc) there are no special requirements of tenancy. However, the resident services coordinator will work with the tenant council at the outset of the project to establish ground rules for the tenant common area. Enforcing these rules, however, will be challenging, as they are not part of the tenants' lease.

The web of supportive services will support the tenant to remain stably housed as well as assist the tenant in building confidence in themselves and their abilities. The coordination of these services will provide opportunities for the case manager to advocate for the tenant and develop trusting relationships. In cases where a tenant may be experiencing difficulties within the housing, the property manager will notify the resident services coordinator of negative behavior. The resident service coordinator will notify the case manager immediately of a tenant's behavior changes and will work with the tenant early on to address any negative behavior, in order to prevent evictions. During this time, the case manager will remain in regular communication with the property manager to monitor the behavior of the tenant. If the tenant has issues with the management agent, the case manager will work with the tenant on a plan to address the issue, with the goal of encouraging and training the tenant to act independently; however, the case manager will work with the tenant and property management staff on addressing issues once s/he becomes aware of them.

The resident services coordinator will serve as the direct point of contact between property management staff and the supportive services staff. Property management staff will inform the case manager of any verbal or written notices served to the tenant to keep them apprised of potential issues; this will allow the case manager to help the tenant address behavioral issues early on. If the behavior doesn't improve with the issuance of verbal or written warnings from the management agent, the resident services coordinator can be communicated to the case manager for a more intensive level of support to stabilize the tenant's behavior, with the goal of avoiding eviction.

The supportive services staff will meet with property management staff one time or more per month to monitor the ongoing success of the special needs tenant in his or her permanent housing. The purpose of the meeting is to review any property management issues that relate to enforcing proper housekeeping or enforcing other lease rules and to review tenant council related issues. While it is critical that the property management staff is informed about each tenant's well-being or extenuating circumstances, it is equally critical that the case management staff be vigilant in protecting their clients' confidentiality in these sessions. These sessions will also provide an excellent opportunity for cross-training. The case management staff will work with the property management staff to educate them about industry best practices, crisis management techniques, and other important tools that will help them to work better with the tenants of the building. Conversely, property management staff will also be able to educate the service staff about important property management issues so that they may better advocate for their clients. Property management staff will make every effort to prevent eviction. Should a tenant be jailed or hospitalized the MHSA operating subsidy that is provided will cover absences for a period of up to six weeks.

Item D.8 Supportive Services Chart (Attachment C)

Submit the Supportive Services Chart (**Attachment C**). The Chart must list all services that will be provided to MHSA tenants, including any in-kind services essential to the success of the Supportive Services Plan.

Item D.9 Design Considerations for Meeting the Needs of the MHSAs Tenants

Describe the following:

- 1 Physical space, including common areas, outdoor areas, landscaping, physical access to the property, security;
- 2 Supportive services space (if any), including any quiet area on site for tenants to meet service staff;
- 3 How the MHSAs units will be designed to provide appropriate accommodations for physically disabled MHSAs tenants, if appropriate.

Response:

The project is a scattered site development which includes 4 sites totaling 43 units. 7817- 7821 S. Figueroa Street has 16 one-bedrooms. 11216 S. Figueroa Street has 8 one-bedrooms. 10424 S. Figueroa Street has 10 studios and 1 two-bedroom. 851 W. 81st Street has 4 one-bedrooms, 2 two-bedrooms, and 2 three-bedrooms.

Each site will reserve one unit for an on-site manager. Studios and one-bedrooms are appropriately sized for single transition age youth (TAY). Two and three bedrooms will be reserved for tenants with children. The project is acquisition/rehabilitation and as such, has existing non-conforming conditions in regards to ADA. However when possible, the developer will attempt to make the sites ADA-compliant. Space is very limited. In similarly designed acquisition/rehab projects, CRCD has converted one unit into common space and/or services space if possible. The identified service providers for this project have office space in the area, so conversion and loss of an affordable unit to create services space may not be necessary. Case managers can also meet with tenants in their units.

Following construction, each site will have new perimeter fencing installed. New landscaping will improve the aesthetics of the site's perimeter and provide outdoor space for tenants to enjoy.

Item D.10 Summary and Analysis of Stakeholder Input

Submit documentation of the 30-day Local Review Process, including:

1. Dates of the 30-day public review and comment period;
2. A description of the methods used to circulate Items D.1 through D.9 for the purpose of public comment; and,
3. A summary and analysis of any comments received, and a description of any changes made as a result of public comment.

Response:

Item D.11 DMH Outcome Reporting Requirements (Attachment D)

This form must be completed by the County Mental Health Department, verifying the County's commitment to comply with outcome reporting requirements for the MHSA Rental Housing tenants.

**Item D.12 County Mental Health Sponsorship and Services Verification Form
(Attachment E)**

This form must be completed by the County Mental Health Department, verifying the County's commitment to provide supportive services to this development.

Item D.13 Primary Service Provider Experience Serving Target Population

The primary service provider must demonstrate that they have experience in successfully delivering services to tenants with serious mental illness. Describe general experience, and if applicable, identify and describe all developments in which the primary service provider has provided supportive services to tenants with serious mental illness. For each development, include the following:

1. Name of the development;
2. Number of units targeted to tenants with serious mental illness;
3. Services provided; and
4. Period of time during which the primary service provider delivered services to the developments' tenants.

NOTE: If the County Mental Health Department has not designated a primary service provider at the time of the initial application submittal, the County will be considered the primary service provider. An updated submission reflecting the final identification of a service provider along with the proposed provider's experience and qualifications must be submitted for approval not less than 120 days prior to initial rent-up.

Response:

Item D.14 County Fair Housing Certification (Attachment F)

This form must be completed by the County Mental Health Department, certifying the County's compliance with local, state, and federal fair housing laws.

Item D.15 Draft Memorandum of Understanding

If available at time of application, submit a draft of the Memorandum of Understanding (MOU) between the borrower, the primary service provider(s), the property management agent, and the County Mental Health Department. The MOU should document the following:

1. The roles and responsibilities of each partner;
2. Each partner's willingness to enter into a contract to carry out those roles and responsibilities (including provision of supportive services and property management services);
3. How all reporting requirements will be met;
4. How privacy and confidentiality requirements will be met; and,
5. Procedures for ongoing communication and decision-making between the property management agent and the primary service provider to assist MHSA tenants in maintaining housing stability.

NOTE: A fully executed MOU acceptable to CalHFA and DMH must be submitted not less than 120 days prior to initial rent-up.

Item D.16 Supportive Services Budget Form and Budget Narrative (Attachment G)

Complete the Supportive Services Budget Form and Budget Narrative (**Attachment G**). The budget must depict both the expenses and sources of revenue for the costs associated with the delivery of supportive services to the development. Additionally provide a budget narrative that includes the staffing ratio for the Supportive Services Plan.

NOTE: Both of these items must be submitted for approval not less than 120 days prior to initial rent-up.