



SHARED HOUSING APPLICATION

SECTION D

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:

The M.J.M. Pathways project meets the priorities and goals of serving a high-need target population with housing and services and contributes to the geographic dispersion of projects throughout the county's Service Planning Areas (SPA).

ALA and Swarthy, Inc. worked collaboratively with DMH to identify a high-need area in SPA 1 in Lancaster, California. The partnership between ALA and Swarthy, Inc will result in the first shared housing project located in this SPA.

M.J.M. Pathways will empower clients in recovery to pursue new goals and maintain housing stability. The service coordinator will work with tenants toward achieving self-sufficiency in their recovery. The entrance intake will be available to tenants who wish to establish goals toward to developing skills and sustaining housing.

Independent living in a shared housing model offers tremendous benefits to tenants who require affordable housing enhanced by service coordination. Supportive housing serves as a platform from which tenants can achieve stability and receive assistance from community providers. Project implementation will make available services designed to satisfy tenants' immediate needs as well as their long-term personal goals.

When a tenant experiences challenges, the service coordinator will work with the tenant's primary service provider to offer support and continuity of care in their immediate living environment. The service coordinator will advocate on the tenant's behalf to mitigate issues with property management and implement a remediation plan. Likewise, the service coordinator will help the tenant understand how his/her behavior impacts his/her permanent housing stability.

Item D.4 Description of Target Population to be Served

Describe the MHSa Shared 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 MHSa 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:

M.J.M. Pathways will serve homeless adults diagnosed with a mental illness. Homeless status is defined as an individual who is living on the streets or lacking a fixed, regular, and adequate night-time residence, including shelters, motels and living situations in which the individual has no tenant rights. Eligible individuals will be 18 years or older. Household incomes will be 30% or less of the AMI.

The anticipated income level for each tenant is the current rate of Supplemental Security Income in California at \$854 per month. The anticipated rent level is \$250.

In addition to individuals with mental health needs they may also have special needs related to:

- Chronic health issues
- Educational/ Employment
- Substance abuse
- Homelessness /Independent living skills

Onsite service coordination will assist tenants in accessing off-site resources.

The service coordinator will inform tenants about peer-facilitated wellness programs through the Antelope Valley Wellness Center. Tenants interested in job training and job placement resources will be referred to the South Valley Work Source Center in Palmdale and CalWORKs in Lancaster. The service coordinator will work with the Antelope Valley Council on Alcoholism and Drugs and the Tarzana Treatment Center to address substance abuse and recovery challenges present among shared housing tenants.

Supportive mental health services will be provided by the LAC DMH's network of mental health providers in Palmdale and Lancaster. LAC DMH will provide clinical services including assessment, individual and group psychotherapy, case management, psychiatric and medication support, and crisis intervention. With client consent and signed release, the service coordinator will consult with DMH's clinical staff to coordinate the integrated client treatment plan.

The service coordinator will also work side-by-side with property management staff, partner agency staff, and individual tenants to advocate on tenants' behalf in the event of lease violations or behavioral problems—ensuring a healthy living environment for all.

Item D.5 Tenant Eligibility Certification

The county mental health department is responsible for certifying the eligibility of individuals, applying for tenancy in an MHSA 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 MHSA 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:

Tenant referrals for MHSA certification will come from staff at the directly operated clinics and DMH-contracted agencies in Service Planning Area (SPA) 1.

Applicants will be certified in accordance with MHSA Program Guidelines by the Housing Policy & Development (HP&D) Unit at the LAC DMH.

MHSA tenant certification applications will be submitted to the county by the local housing coordinators. The housing coordinators will submit the applications in a secure and appropriate manner to protect applicants' health information. DMH staff in SPA 1 collect and submit the necessary MHSA paperwork to the HP&D unit indicating that the individual is being referred to M.J.M. Pathways in SPA 1.

Once approved, HP&D staff will notify the DMH staff or housing coordinator in SPA 1 who will notify ALA and Swarthy so they can contact the applicant and proceed with the housing application and income verification. HP&D staff will return, via secured communication, the approved MHSA certificate. ALA and Swarthy will include the approved certification in the tenant's social service file; separate from the tenant's property management file.

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 MHSA 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 MHSA tenants;
5. The criteria that will be used to determine a prospective MHSA tenant's eligibility for occupancy in the development;
6. The appeals process for individuals who are denied tenancy in an MHSA unit; and,
7. The reasonable accommodations policies and protocols.

NOTE: The Department's approval of the MHSA Housing Application does not ensure that the Tenant Certification/Referral Process is compliant with state and federal fair housing laws. Please seek legal counsel to ensure that the Tenant Certification/Referral Process complies with state and federal fair housing laws.

Response:

One hundred percent of the shared units are designated as MHSA supportive housing units targeting formerly homeless adults diagnosed with a mental illness.

Tenant referrals will come from LAC DMH's network of mental health providers in SPA 1.

Tenants will be certified in accordance with MHSA Program Guidelines by the Housing Policy & Development Unit at the Los Angeles County Department of Mental Health. Tenants' eligibility for occupancy is dependent on verification of disability, homelessness status, age (18+) and income level. The MHSA shared housing program targets individuals earning 30% of AMI.

MHSA tenant certification applications will be submitted to the county by the local SPA 1 housing coordinator. Once approved, the housing coordinator in SPA 1 will notify ALA and Swarthy so they can contact the applicant and proceed with the housing application and income verification. The current and previous landlords, if any, may be contacted by ALA for references concerning payment records and lease compliance. References from service providers and case managers may be accepted in lieu of landlord references. Applications will be stamped, dated as they are received, and

then sorted for eligibility status.

Applicants who are denied tenancy will receive a written notification stating the reasons for denial. The notice will be sent directly to the applicant unless the applicant requests that notices are sent to the referring agency. Applicants have 14 days to appeal the denial. ALA property management staff review the appeal and supporting documentation before arriving at a final decision. Property management staff will work closely with the DMH housing coordinator to address behavioral or other issues that may be interfering with the applicant's application process.

Applicants may be rejected for one of the following:

- Failure to present all members of the household at the interview prior to completion of initial certification or for presenting a household composition that is not appropriate for shared housing (i.e., families with children)
- Falsification of information on the application.
- Income exceeding the maximum income of 30% AMI as defined by federal guidelines.
- Failure to answer notification from management when waiting list is updated through the year. Flexibility will be given to individuals with mental illness who often fail to respond to notices. If needed, special accommodations will be made to meet the needs of physically and mentally disabled.
- Other good cause: including, but not limited to, failure to meet any of the applicable regulatory selection criteria in this document.
- Reasonable accommodations will be made to meet the needs of disabled applicants, including applicants with physical and/or mental disabilities.

The program's intent is to provide a housing opportunity for homeless individuals who traditionally experience significant barriers to accessing fair market housing.

Program guidelines require prompt written notification to the applicant with an explanation of:

- I. The reasons for the rejection; and
- II. The appeal process (i.e., that the applicant has 14 days to respond in writing or to request a meeting to discuss rejection); and
- III. The referring case manager will be given an opportunity to appeal any application denial based on information obtained from criminal record checks. The applicant will have to demonstrate that they meet the program requirement.

Applicants will be placed on the wait list in chronological order. Those that are not selected as a tenant will remain on the waiting list, and shall receive a letter informing them of their status and requesting they call property management staff to update their file when there is a change of service provider and/or contact information. Property management staff is responsible for notifying the applicant at the top of the waiting list of an upcoming vacancy. If that applicant turns down the unit, management will proceed to the next person on the waiting list. If an applicant on the waiting list rejects a unit offered to him/her twice, the applicant will be removed from the waiting list and notified of this action.

After receiving the notification letter, applicants have fourteen days to respond to management regarding the available unit. If there is no response, a second notice will be mailed and the applicant will have an additional five days to notify management of his/her decision.

ALA will conduct targeted marketing to special needs populations. In conducting targeted marketing, ALA will follow all applicable fair housing and non-discrimination legislation and regulations. ALA staff will assist individuals with submitting requests for reasonable accommodations and/or the individuals will be afforded the opportunity to have their primary service provider assist them with the request process. 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 it will enable an otherwise eligible applicant or tenant with a disability an equal opportunity to access and enjoy the housing program. In order to provide for reasonable accommodations during lease-up, language is included on the instruction page of the application that reads: "If you have a physical or mental disability, and as a result of this disability there are reasonable accommodations that should be considered in your application, please attach a note to your application describing the reasonable accommodation(s) you are requesting and why they should be considered in your application." You may be asked to fill out a Reasonable Accommodation Request form upon receipt of your application and further information may be required to verify need for reasonable accommodations. In addition, if as a result of a disability you need changes in the way we communicate with you, please contact us by calling (323) 650-7988, faxing us at (323) 622-8719, or visit the leasing office and tell us what change you are requesting. 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, we can be reached by TTY line for those with a hearing impairment by calling the California Relay Service at 711.

Item D.7 Supportive Services Plan

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

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

1. A description of the anticipated needs of the MHSA tenants;
2. The supportive service provider's initial and ongoing process for assessing the supportive service needs of the MHSA tenants;
3. A description of each service to be made available to the MHSA 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 MHSA 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 MHSA 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 MHSA tenants. This description should also include the identification of staff (the responsible service provider) and specific strategies for working with MHSA 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 MHSA 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 MHSA tenants who do not speak English and how communication between the property manager and the non-English speaking MHSA tenants will be facilitated;
9. Describe the process to ensure effective communication between the service provider and the property manager regarding the status of MHSA 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. Describe the plan for developing "house rules" and **provide a copy of any rules** that may be in place at initial rent-up; (**Please label and attach as "House Rules"**).

Response:

1. The target population will have special needs related to:
 - Mental health challenges
 - Chronic health issues
 - Unemployment
 - Substance abuse
 - Independent living skills
 - Social skills
2. Assessment will begin at the time of lease up. The service coordinator will work independent of the property management team to coordinate the MHSA tenants' service needs and obtain a release of information so staff may communicate with the tenants' primary providers. At time of move-in, staff will conduct a voluntary entrance intake to assess the tenant's immediate needs and collect baseline information for measuring against later outcomes. After the initial intake, the tenant and service staff will create goals and determine a schedule for monthly meetings. In between meetings, the service coordinator will maintain bi-weekly contact with each tenant, conducting well checks more frequently if necessary. Tenants will be encouraged to visit the service coordinator outside of scheduled appointments by showing up during open office hours. The service coordinator will use the 6-month and 12-month follow-up meetings to reassess the tenant's progress toward goal achievement and measure outcomes against the service provider's performance criteria.
3. Onsite service coordination will enable tenants to achieve stability, develop independent living skills, maintain continuity of care with established providers, and engage in a vibrant community for formerly homeless individuals.

Services will be designed around the anticipated needs of tenants, and will encourage independent living and autonomy.

Mental health services will be provided by the LAC DMH's network of mental health providers. Tenants will work with their DMH provider to determine frequency of services. LAC DMH providers will offer clinical services including assessment, individual and group psychotherapy, case management, psychiatric and medication support, and crisis intervention. With client consent and signed release, the service coordinator will consult with the individual's provider to coordinate the integrated client treatment plan.

Physical healthcare services are available through several different organizations throughout the Antelope Valley including: Olive View/UCLA Medical Center, Antelope Valley Health Center, Palmdale DMH, and others. Swarthy will provide a supportive service guide to each tenant that offers information about health care services nearest the M.J.M. Pathways project.

Tenants interested in job training will be referred to the South Valley Work Source Center in Palmdale and CalWORKs in Lancaster to access job readiness assistance and job placement resources. Tenants interested in pursuing educational goals will be connected to the disability coordinator at the Antelope Valley College in Lancaster. Antelope Valley College is a comprehensive community college dedicated to providing services and education to students with a wide range of abilities.

The service coordinator will regularly post available employment and volunteer opportunities. When tenants are referred offsite for services, the service coordinator will coordinate transportation via bus tokens or discounted passes. Staff will review restrictions related to available methods of transportation so tenants can schedule their appointments and activities accordingly. The service coordinator may also transport tenants to appointments and services if necessary. Tenants would sign a Transportation Waiver, protecting staff from liability while using their personal vehicles to supplement other transportation services.

The service coordinator will work with the Antelope Valley Council on Alcoholism and Drugs and the Tarzana Treatment Center to address substance abuse and recovery challenges present among tenants. Referrals for inpatient and outpatient services will be made as necessary and in coordination with tenants' primary service provider.

The service coordinator will hold budget classes and review a tenant's financials one-on-one to provide additional, targeted assistance if necessary. Tenants will learn how to set up bank accounts and how to use direct deposit to pay their rent and other important bills. The service coordinator will spend time with each tenant to ensure they are maximizing their benefits, both financial and health-related, based on their eligibility for assistance.

Tenants will receive a resource guide that provides information on local resources, public transportation and other helpful tips. Staff will link tenants to health care and mainstream resources as needed (including prescription delivery services, assistance with Medi-Cal and drug plan coverage) as part of the on-site service coordinator's

proactive approach to identifying and assessing health-related needs.

The service coordinator will coordinate monthly life skill trainings to educate tenants on topics such as effective communication, conflict resolution, health and wellness, money management, positive self-esteem and tenant responsibilities.

The service coordinator will work with tenants toward achieving self-sufficiency in their recovery. Tenants will be encouraged to engage in activities that align with their goals and enrich their lives. The service coordinator's interventions will empower tenants to assume an active role in their recovery.

4. The M.J.M. Pathways project will have an onsite service coordinator. The staff to tenant ratio is 1:15. The service coordinator will flex evening/weekend hours as needed but will not exceed 40 hours a week. The service coordinator will be available M-Friday 10:00 am – 7 pm and on call by phone for emergencies 24/7. Because this is a scattered-site program, the service coordinator will coordinate services across the multiple sites and will physically be in each location throughout the week. The service coordinator will post the date and time when they will be at each location. Tenants will have access (posted in a central area at each property) to two emergency numbers: one for property management issues and one for other crises. During the first 90 days of lease up, the service coordinator will follow a more intensive schedule to ensure a well-supported transition for all tenants.
5. The service coordinator will help facilitate the first Shared Housing Tenant Council. There will be one council for the scattered-site program. The service coordinator will choose the first meeting date and time and will introduce tenants to the Tenant Council format. With the help of staff, the Tenant Council will be tenant-led and will develop a yearly schedule of meetings during which they will address issues within the community.

In an effort to support tenants' reintegration into the community, the service coordinator will maintain a comprehensive directory of peer-facilitated groups and self-help programs offered nearby. One hundred percent of the tenants will receive referrals to participate in the community-based support groups. Given the small size of the shared housing community and the importance of interpersonal relationships, tenants will be referred to support groups located offsite. This will help maintain tenant privacy and will keep personal issues separate from other internal issues among the shared housing community. The shared housing sites will be closely located to the Mental Health of America Enrichment Center which also hosts peer support groups.

6. The service coordinator will begin developing rapport with future tenants by advocating for applicants and minimizing frustrations during the leasing process. The service coordinator will engage tenants from the beginning of the application process by talking about what they can expect upon move-in and scheduling applicants for voluntary entrance intake and orientation. If tenants refuse to participate, the service staff will contact the tenant's referring agency to seek assistance in engaging the tenant. Services will not be mandatory. Tenants will receive a 24-hour confirmation call or written reminder of the intake appointment.

During initial occupancy, the service staff will conduct an on-site orientation in conjunction with the property manager to review house rules and building use issues. Together, the property manager and service staff will demonstrate how to use building features including the thermostats, storage areas, laundry area and garbage area. Staff will review building policies, the monthly house meeting schedule, and lease requirements to clarify tenants' questions. During the orientation, staff will ask each tenant to introduce themselves and share one thing they hope to gain from living in the shared housing community.

Tenants will receive a resource guide that provides information on local resources, public transportation, on-site activities and other helpful tips.

During the initial intake meeting, the service coordinator will inquire about each tenant's immediate needs. The intake will document the tenants' functional status, medical history, medication profile and other needed services. The service staff will compile information about an individual's existing support network, primary providers, mental health and substance abuse history, personal interests, preferred method of contact and future goals.

Case management sessions, community building activities and events will reflect the interests of tenants. The service coordinator will distribute semiannual tenant satisfaction surveys, with a specific section dedicated to soliciting comments on the types of services offered and the manner in which services are delivered. Regular attempts will be made to encourage participation in onsite events by knocking on doors, leafleting flyers, sending personal invitations and cross-referencing events at all on-site activities.

The service coordinator will commit additional time to engage challenging tenants. This may include one-on-one informal meetings as well as coordination with the individual's primary service providers (mental health social workers and therapists) to leverage other professionals' well-established relationship with the tenant.

Both property management staff and the service coordinator will be prepared to handle crises in conjunction with the tenant's primary provider or emergency responders. In emergencies, staff will call 911. In crisis situations the staff will contain the tenant and wait with them until additional help arrives or the tenant agrees to participate in treatment offsite, in which case staff will arrange transportation. If the tenant is a Full Service Partnership (FSP) client then the service coordinator will contact the afterhours on-call team. If the tenant is not an FSP client then the service coordinator will contact the County Psychiatric Emergency Response Team. The service coordinator is responsible for completing an incident report and obtaining his/her supervisor's signature. Immediately following the crisis or upon return from an inpatient stay, the service coordinator will provide intensive follow-up to the tenant and develop a plan to address the issues that caused the crisis.

Tenants will receive written warnings from the property manager if they are in violation of the lease. Before eviction proceedings are considered, every attempt will be implemented and documented to ensure the tenant has opportunities to comply with a behavioral contract or to make the choices that would enable them to remain housed.

Staff will implement an Eviction Prevention Program wherein the warning signs of lease or house rule violations are identified early (through casual observation and communication with property management staff). The service coordinator will intervene to educate the tenant and create a plan for achieving compliance with the lease. As necessary, the service coordinator will implement daily or weekly well checks to stay involved with individuals experiencing challenges and implementing corrective behaviors.

The on-site service coordinator will act as the liaison between tenants and property management. The service staff will offer increased access to appropriate services or assist the tenant with a rental payment plan. During biweekly staff meetings, the service coordinator will update the property manager on the tenant's progress and provide an expected timeline for a resolution. The property manager will use discretion to grant flexibility if the tenant is actively engaged in eviction prevention activities.

7. NA

8. Linguistic challenges for individuals who are monolingual will be addressed through collaboration with the local DMH support team that is already providing services to the applicant/tenant in their native language. Property management and social service staff will utilize a translator service when necessary for all critical verbal and written tenant announcements. Onsite activities and resources will reflect the cultural makeup of the tenant population by facilitating celebration of various events and cultural customs throughout the year.
9. Property management staff and social service staff will operate with separate responsibilities, however, both staff will be held accountable to the same mission-driven purpose of administering a service-enriched housing program so adults with mental illness are able to live independently in the community.

Communication and collaboration will be a regular part of the daily operations. Social service staff and the property manager will communicate with one another while maintaining delineation of roles and respecting client confidentiality.

The service coordinator will maintain tenant information and files in strict confidentiality and in compliance with HIPAA regulations. In some cases, tenants may sign waivers allowing the service coordinator to share limited information with the property manager and vice versa. However, this will not be a requirement of tenancy and a tenant's property management file will be maintained separate from the social service file.

The social service file will maintain a copy of the MHSA Tenant Certification approval; verification of disability; contact information for primary service providers; intake assessment; release of information; case notes; and tenant-specific goals. The property management file will contain the tenant's executed lease agreement and addenda; signed copy of the house rules; income verification and documentation; and case notes related to incident reports, lease violations or disciplinary notices.

Service staff and property management staff responsible for the shared housing properties will meet bi-weekly for the purpose of discussing ongoing issues and addressing new issues as they arise. In addition to day-to-day communication, staff will attend biweekly staff meetings to touch base about ongoing issues and to provide the other staff with updates related to property maintenance and security or social services. During the meetings staff will update one another on the ongoing status of interventions or resolutions that require implementation. Staff serving the shared housing sites will also participate in a quarterly Swarthy and ALA staff meetings to review organizational policies and share information about effective approaches to common issues.

10. A copy of the house rules is attached. During the tenant council meetings, tenants may address changes to the house rules. Although ALA & Swarthy cannot guarantee every request will result in policy changes, staff will work with tenants so the house rules support an independent living environment without compromising tenants' safety and security.

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.

Supportive Services Chart

List all the services to be provided to MHSA tenants in the MHSA Shared Housing Development, including any in-kind services essential to the success of your Supportive Services Plan. Add additional lines to the Supportive Services Chart 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.	List the name of the proposed service provider.	Indicate where the service is to be provided - onsite or offsite. For offsite services, indicate the means by which residents will access the service.
1	Service Coordination & Case Management	Single Adults with Mental Illness	Swarthy, Inc.	Onsite
2	Independent Living Skills & Computer Skills	Single Adults with Mental Illness	Swarthy, Inc. and nearby wellness centers	Onsite and offsite ¹
3	Educational Training	Single Adults with Mental Illness	Antelope Valley College in Lancaster	Offsite
4	Vocational Training	Single Adults with Mental Illness	South Valley Work Source Center in Palmdale and CalWORKs in Lancaster	Offsite
5	Mental Health Services	Single Adults with Mental Illness	LAC DMH Network of Mental Health Providers in SPA 1	Offsite
6	Peer Support Groups	Single Adults with Mental Illness	LAC DMH Network of Mental Health Providers and the Mental Health America Enrichment Center	Offsite
7	Healthcare Services	Single Adults with Mental Illness	Olive View/UCLA Medical Center and Antelope Valley Health Center	Offsite
8	Substance Abuse	Single Adults with Mental Illness	Antelope Valley Council on Alcoholism and Drugs and the Tarzana Treatment Center	Offsite

¹. Tenants will access offsite services using bus tokens for public transportation. The service coordinator will assist with navigation of bus routes and access to bus tokens or discount passes. The service coordinator will assist eligible tenants with enrollment for ACCESS and other paratransit options.

Primary Service Provider:	Swarthy, Inc
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