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. If proposing to develop Shared Housing units within a Rental Housing Development, 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. **A description of the anticipated needs of the MHSA tenants:** The target population for this program consists of older adults who have a serious and persistent mental illness and who are homeless or chronically homeless. The National Institute of Mental Health estimates that one in four Americans suffers from a diagnosable mental illness. The Older Adults target population consists of those who are diagnosed with serious and persistent mental illnesses, as well as co-occurring disorders. Primary service needs include case management, assessment, psychiatric care, mental health services, educational and vocational services, co-occurring disorder services, crisis intervention, medical support, peer support, and housing services to facilitate participants' journeys toward wellness and recovery. A significant goal of all participants in the program is establishing permanent housing and the ability to live independently for as long as possible. The independence level varies based on individual needs and goals with the primary focus being a safe and stable environment which provides security and consistency. The Full Service Partnerships (FSP) and Field Capable Clinical Services (FCCS) contracted by Los Angeles County Department of Mental Health will provide client centered, culturally sensitive mental health services, helping people with severe mental illness realize their full potential. Older Adult programs were created to meet identified service needs for older adults who were homeless and have a serious and persistent mental illness. The programs consists of a multiple disciplinary teams of professionals all working together to improve the overall quality of life for participants in the programs, helping them regain independence and achieve their goals.
2. **The supportive service provider's initial and ongoing process for assessing the supportive service needs of the MHSA tenants;** Each tenant receives an assessment that covers the major areas of one's life and is based on input from a wide variety of sources. The treatment plan focuses on the participant's strengths and identified areas of need. Each participant actively develops their Individual Recovery Plan. This plan contains goals and objectives which incorporate their unique strengths, needs, abilities, and preferences, as well as identified challenges and problems. Older Adult tenants will have a Treatment Plan goal which includes housing stability. Through a combination of Mental Health Services, Supportive Services, and Housing Services, this is a goal which can be achieved by all participants. By obtaining stable and supportive housing, OA participants will gain a sense of belonging to an apartment community, and enjoy the feeling of being capable and able to live in a community setting. Participants will be empowered by supportive services that help them redevelop social and independent living skills. The provision of mental health services operates using a treatment plan which is updated annually. Each person residing in an MHSA unit will have a dedicated case manager who will provide services on site, in the tenants' apartment or in the community. Each participant's plan is reviewed and updated at least annually as participants achieve goals. Staff typically functions in a team approach whereby treatment plans are developed and enhanced through discussion at the daily team meetings. The Team Leader works closely with all team members ensuring clinically appropriate treatment planning. This person coordinates the multidisciplinary treatment team and works closely with the Quality Improvement Coordinator to effectively manage staff compliance with expected guidelines and documentation. The nursing staff work to provide general medical assessment and support to OA tenants. This includes taking vitals, providing medical health screenings, assisting participants with medications, and coordinating services with medical providers in the community with referral and often transportation of participants.
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:** The OA MHSA programs include community based wrap-around recovery services that include: intensive case management, flexible funds for immediate needs such as housing, food or transportation, twenty-four (24) hours a day, seven (7) days a week clinical availability as needed for

crisis intervention, housing assistance, transportation assistance, medication support, co-occurring disorders treatment services, vocational and educational services, linkage to financial benefits/entitlements, family and peer support, and support groups. Services are provided to assist participants in retaining and maintaining their housing. Each participant interested in the OA program is assessed for appropriateness based on their individual needs. A full history is received during the initial assessment meeting including discussion about participants' past and present living situation, history of mental illness, substance abuse issues, medical issues, financial situation, housing, social supports, and more. Once admitted to the program, every participant is assigned a dedicated Personal Service Coordinator (PSC) who works closely with them to reach their goals. The PSC functions as a case manager, providing primary oversight to participants on an individual basis and coordinating linkage to all services, both internal and external. The PSC provides ongoing assessment and support to participants through regular visits in any location that is convenient for the participant. The PSC works in coordination with other staff such as the Housing Specialist, Psychiatrist, Nursing staff, Employment Specialist and Substance Abuse Specialist to service the needs of the participant. The PSC is responsible for developing master treatment plans for each participant on their caseload, and to develop along with the member, individualized goals with plans to help participants establish a progressively higher level of independence. The PSCs work collaboratively with the multi-disciplinary treatment team under the direction and guidance of the Team Leader.

- Intensive case management and service coordination, with personalized, focused treatment plans.

- Symptom management, using counseling and psychotherapy services.
- Medication education and/or medication support services; assistance with medication administration as needed, both on and off-site.
- Nursing staff work closely with medical providers, maintaining a relationship with a local clinic and coordinating care with participants who have their own medical provider.
- Educational and employment volunteer support to develop further independence for those who are interested in volunteer activities, work, or pursuing educational endeavors.
- Mental health symptom management skills such as keeping appointments with doctors and labs and developing new ways to cope with stressful and general life situations without symptom exacerbation.
- Developing independent living skills including, but not limited to budgeting, grooming, cleaning, cooking, and navigating public transportation.
- Developing coping skills to manage the following: crisis, relationships, conflict resolution, unhealthy thoughts, and help with family and social relationships.
- Discussions regarding making positive choices, assessing harm potential and limiting possible adverse effects on daily living such as safety, medication compliance, healthy eating habits, etc.
- Drug and alcohol counseling, education, and linkage as indicated.
- Education and graduated practice accessing resources and referrals to build self-sufficiency and resiliency.
- Staff-led groups on a variety of topics including socialization, understanding emotions and feeling, crafts, and exercise groups.
- Vocational rehabilitation and educational skill development and assistance.
- Assistance with legal issues through referral and partnership with legal resources in the community.
- Assistance in obtaining benefits. The staff works to provide a link with participants to Social Security or will work with Medicare and Medi-Cal to coordinate benefits for participants as possible.
- Community-building to establish connections and stability for participants in their individual community including linkage as appropriate to places of worship, medical care, and shopping.

OA clients/tenants are encouraged to participate in volunteer activities and often do so as a way to "give back." A number of "participant-led" groups are offered as participants realize their strengths and desire to share this with others. Some of the groups include learning how to work on a computer, painting classes, cooking of meals, and even a sports group.The anticipated service model will make most services available at both the clinic and the apartment site as needed. Staff will provide individual and group services, including activities that will assist the MHSA tenants to integrate within the community, such as assisting with locating and accessing needed services. Some examples of local services to anticipate linking tenants are medical appointments and pharmacy services. They will also work with tenants on managing public transportation to get to surrounding

points of interest including premier shopping centers, the beach, supermarkets, post office, and churches.

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:** There will not be an onsite social services coordinator who will provide services to all tenants including the MHSA tenants. There is one coordinator who will be onsite once or twice per week. The Montecito Terrace Apartments project in Panorama City will consist of 10 designated MHSA units. Staffing will vary depending on the needs of the MHSA tenants. They will provide individual and group services, including activities that will assist the MHSA tenants to integrate within the community, such as assisting with locating and accessing needed services. They will also work with tenants on managing public transportation to get to surrounding points of interest including premier shopping centers, the beach, supermarkets, post office, and churches. The social service provider, LifeSTEPS, will provide social and community activities and educational classes to all tenants on a weekly basis. Senior services also include 'friendly visiting' by LifeSTEPS social workers, a means for staff to provide a sympathetic ear for a tenant who is troubled, lonely, or suffering from serious health problems. LifeSTEPS will work to involve adult children and other family members in providing emotional support for senior tenants.LifeSTEPS seeks tenant input in developing activities tailored to their interests. With many Social and Community activities and Educational Classes appropriate for seniors scheduled throughout the month, LifeSTEPS is able to meet the varied interests of the tenants. Activities are especially important in senior communities, reducing isolation and giving tenants the means to retain a sense of pride and independence while building a strong, mutually supportive community. In addition to social services, the LifeSTEPS social services director will develop appropriate learning and social activities at each community. By fostering social activities, LifeSTEPS and supportive property management staff help communities build a network of support among the tenants. When neighbors know each other, they are able to turn to each other when they need help.A monthly newsletter produced by property managers, or at some locations LifeSTEPS staff, is a resource for tenants to learn about upcoming activities, classes, and services. Social activities will include tenant meetings, formation of a Neighborhood Watch program, potluck dinners, movies, holiday celebrations, arts and craft classes, games, day trips and birthday celebrations. Education classes will computer skills, financial literacy, ESL, healthy living, first aid, successful aging and job search workshops. LifeSTEPS will use a variety of onsite opportunities. Classes will be taught by LifeSTEPS employees, partner agencies and supervised volunteers.
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 <u>not</u> part of your service delivery approach, please provide an explanation;** All MHSA eligible tenants will generally be linked to the Full Service Partner (FSP) program or the Field Capable Clinical Services program in collaboration with the proposed development. LA County DMH approaches services with the Recovery Model as its foundation and incorporates an awareness of Resiliency as it applies to Older Adults. Recovery is the awakening of hopes and dreams. It is a deeply personal, unique process of understanding one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life. Recovery involves the development of new or rediscovered meaning and purpose in one's life as one grows beyond the effects of untreated mental illness. The recovery process involves gaining the knowledge to reclaim one's power and achieve one's desires by learning to make choices that bring strength rather than harm. It is essential that program participants who are facing the challenges of mental illness and homelessness obtain permanent housing as both a springboard and a platform for recovery to occur.
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;** Staff will also work with tenants to identify opportunities for community involvement in this vibrant neighborhood. The Montecito Terrace Apartments site provides easy access to a wide array of amenities which easy access to the Van Nuys Blvd. public transportation lines, Los Angeles Valley College located approximately 2.5 miles from the site two (2) supermarkets; and two (2)

pharmacies. Opportunities for employment and social activities include the YMCA on Lennox Ave. in Van Nuys, a local movie theater, multiple fast food locations and assorted other restaurants within walking distance. An unfortunate reality is that a significant number of our participants are estranged from their families. The program is often successful in achieving this goal. During the initial phases of the program, OA staff secures releases of information from participants as a first step toward engagement with family members. If a participant's goal is to reconnect with family, staff works with them to engage the family member. Staff will coordinate with family members to provide support for participants in a variety of ways. Some family members provide transportation for participants to attend activities in the program and are actively involved as part of the recovery process. Others visit participants on a regular basis and engage in socializing and other activities. Family members often want to see where participants are living to share in the joys of transitioning from a homeless or temporary setting to a home they can call their own. Many participants do not have family living locally, but the program still works to coordinate a connection and ensure that there is some form of engagement as family can provide support regardless of their physical location.

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;** Not applicable.
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;** The property management team is multi-lingual and has staff capacity for additional languages. The service providers operate using a multidisciplinary treatment team which includes a Board Certified Psychiatrist, Licensed Vocational Nurse, Program Manager or Assistant Clinical Director, Team Leaders, and Specialists with backgrounds in drug/alcohol, educational/vocational rehabilitation and housing/ community services. Generally, these service providers are multi-lingual and will tailor its approach to the MHSA tenants based on cultural and linguistic requirements. There will be psychiatric assessments from the psychiatrist will be provided but they can also be provided on-site as needed. As needs and interest dictate, groups will be offered onsite to participants to provide support in a variety of areas. The ultimate goal of the OA program is to foster greater independence and transitioning away from dependency upon the OA Program rather, focusing on integration into the community through community based organizations.
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:** There will be regularly scheduled meeting when service provider, social services coordinator and property manager meet to discuss MHSA tenants and other issues facing the project. The case manager and service coordinator will be the primary point of contact between OA tenants and the Montecito Terraces Management. Case managers and housing specialists will be encouraged to meet regularly with property management onsite to exchange information, review participants progress made toward goals and adjust level of support to ensure housing stability and address problems before they become crises
10. **If proposing to develop Shared Housing units within a Rental Housing Development, 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".).** Not applicable.