

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

**4.2.5—SECTION D: MHSA HOUSING PROGRAM SUPPORTIVE
HOUSING AND SERVICES INFORMATION**

***D.1 CONSISTENCY WITH THREE-YEAR PROGRAM AND
EXPENDITURE PLAN***

MTSH is part of a community-wide strategy to address chronic homelessness with a collaborative approach in order to resolve the problems of this city's most vulnerable citizens. Research and experience has shown that permanent supportive housing is a tenable solution to chronic homelessness; by providing the supportive services and stable housing needed to promote and maintain residential stability, *permanent supportive housing can eliminate the revolving door in and out of homelessness*. The Program's strength is the diversity and comprehensiveness of service linkages which offer a host of wrap-around services that include: permanent housing, mental health, substance abuse services, primary health care, and life skills for both adults and their families.

The collaborating agencies include:

- Special Service for Groups (SSG) - Adult Mental Health Services
- Drew Child Development Corp. (CDC) – Children & Family Mental Health Services
- Crystal Stairs – Child Care Services
- Maxine Waters Learning Center – Adult and Children Educational Services
- JWCH Institute, Inc. – Adult Health Care Services
- South Central Family Health Center (SCFHC) – Health Care Services
- Coach for Kids & Families (CFF) – Child Health Care Services
- Watts Labor Community Action Committee (WLCAC) – Job Development Services

These collaborators offer a diversity of programs. The efforts through this collaboration are to build good communication and cross-agency training to increase effectiveness; reduce duplication of and gaps in services. The seamless coordination of services is central to success.

Tenants inclusive of adult women, parenting women and men will occupy the 18 unit facility that includes 10 singles, 6 one-bedroom and 2 two-bedroom apartments which meet all the standards for Permanent Supportive Housing Projects in accordance with the objectives outlined by the Mental Health Services Act Community Services and Support Plan. Support staff will be available on site, 24 hours, seven-days a week, 365 days a year. Each adult in the PSH units will have an individual lease and live independently, without care and supervision. Crisis services will be available 24/7 by the Tenant Support Team under the supervision of the Director of Residential Services. The Tenant Services Coordinators will be responsible for initial intake screening, and

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

assessment and developing a Service Plan contract with each tenant. While mental health and health assessments are required for tenant eligibility, tenants may elect to participate in either or both the housing and the services.

The Following Agencies will Provide Services On-site:

Mental Health Assessment and Services – SSG for adults; Drew CDC for children and their families. An Integrated Assessment will be used to identify the interactions among the symptoms of mental disorders and substance use. Integrated assessment considers how all the interactions relate to treatment experiences, especially stages of change, periods of stability, and periods of crisis. Having all these components in one facility increases the delivery of integrated services.

Diagnosis: The SSG Mental Health Therapist/professional determines mental health diagnosis and works closely with Substance Abuse Counselors to distill substance abuse and mental health disorders into a Client Care Plan. Key information is reviewed and appropriate counselor actions and approaches are recommended for the substance abuse treatment client who manifests symptoms of a mental disorder.

Upon diagnosis the following resources will be offered including:

- *Medication Support* is essential to helping permanent supportive housing tenants to stabilize and control their symptoms, thereby increasing their receptivity to other treatment (i.e. substance use/abuse). SSG will link permanent supportive housing tenants to psychiatric consultation, and or consultants for onsite psychiatrist (for assessment, diagnosis, and medication).
- *Psycho-educational Classes* target tenants with a mental health diagnosis, these services will be delivered in an ongoing group format. Groups offered will include anger management; life skills; domestic violence; relapse prevention and collateral groups.
- *Dual Diagnosis Groups* address the cumulative effect of co-occurring disorders. These groups are crucial because they identify triggers for relapse and allow for early intervention.
- *Self-help groups* offered both on-site and off-site by MTSH will provide PSH tenants access to an understanding environment and safe forum for strengthening coping skills and developing positive and supportive social networks.

Health Care Services: JWCH Institute, Inc for Adults; Coach for Kids & Families

Access to health care is a major issue among the homeless. Health professionals are not distributed adequately throughout Los Angeles to meet the health needs of the population. In light of the spiraling cost of health care and decreasing funds, County facilities are overburdened and can only accommodate those most seriously ill.

All tenants, both adults and children, regardless of their diagnosis or place of referral, will have a complete physical examination upon admittance to the program. This will

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

include baseline laboratory exams and x-ray services. This will aid the program staff in monitoring the client's current condition as well as any other medical problems they may have now or in the future. Ongoing communication between the health care provider and program staff will assist in developing a realistic plan-of-action for each program participant.

The purpose of this medical approach is to improve health status thereby improving quality of life by identifying and managing or preventing diseases such as: High blood pressure, diabetes, asthma, and smoking cessation. The goal is to reduce/eliminate the number of referrals for specialty services and hospitalizations. Part of this strategy is to change the culture of avoidance of health care to one of responsible health care by assisting individuals in finding a medical home where they feel comfortable and confident in seeking services.

The Following Agencies will Provide Services Off-site:

Substance Abuse Treatment: *Mini Twelve Step House, Inc.*

The Tenant Services Coordinators will be certified substance abuse counselors who are able to identify and work with dually diagnosed individuals. All tenants seeking to sustain their sobriety will have access to the MTSH Aftercare Relapse Prevention program on-site. When a relapse occurs, the Tenant Support Team will intervene and assist the individual in taking the necessary steps to re-gain sobriety. This will include referral to an appropriate treatment protocol to assist tenants to re-establish their sobriety. MTSH has the following programs under its umbrella of services to meet the needs of PSH tenants:

- **Residential Treatment:** The Mini House located at 303 E. 52nd Street is the organization's anchor program where women and women with children find support in this therapeutic homelike environment as they begin healing the wounds and shame inflicted by addiction. The facility has a 31 bed capacity. The average length of stay is 3 to 6 months.
- **Transitional Living:** The University Mini House Transitional Living is located at 1145 W. 37th Place and offers housing limited to one year of residency for recovering women and/or women with children who have completed a treatment program. The house is located across the street from USC in a quiet, residential area, close to bus lines and healthy recreational activities and safe shopping areas for families.
- **Outpatient Treatment Program:** The Solutions Family Resource Center, located at 1228 E. Compton, CA 90221, offers a 6-9 month outpatient treatment program to women and men throughout the Compton and south Los Angeles communities. Individual counseling sessions and group meetings are incorporated through this four-tier program which includes: crisis intervention, treatment, transition, and vocational rehabilitation. Community outreach promotes prevention, imparts education and intervention. These services have been in place since 1985.

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

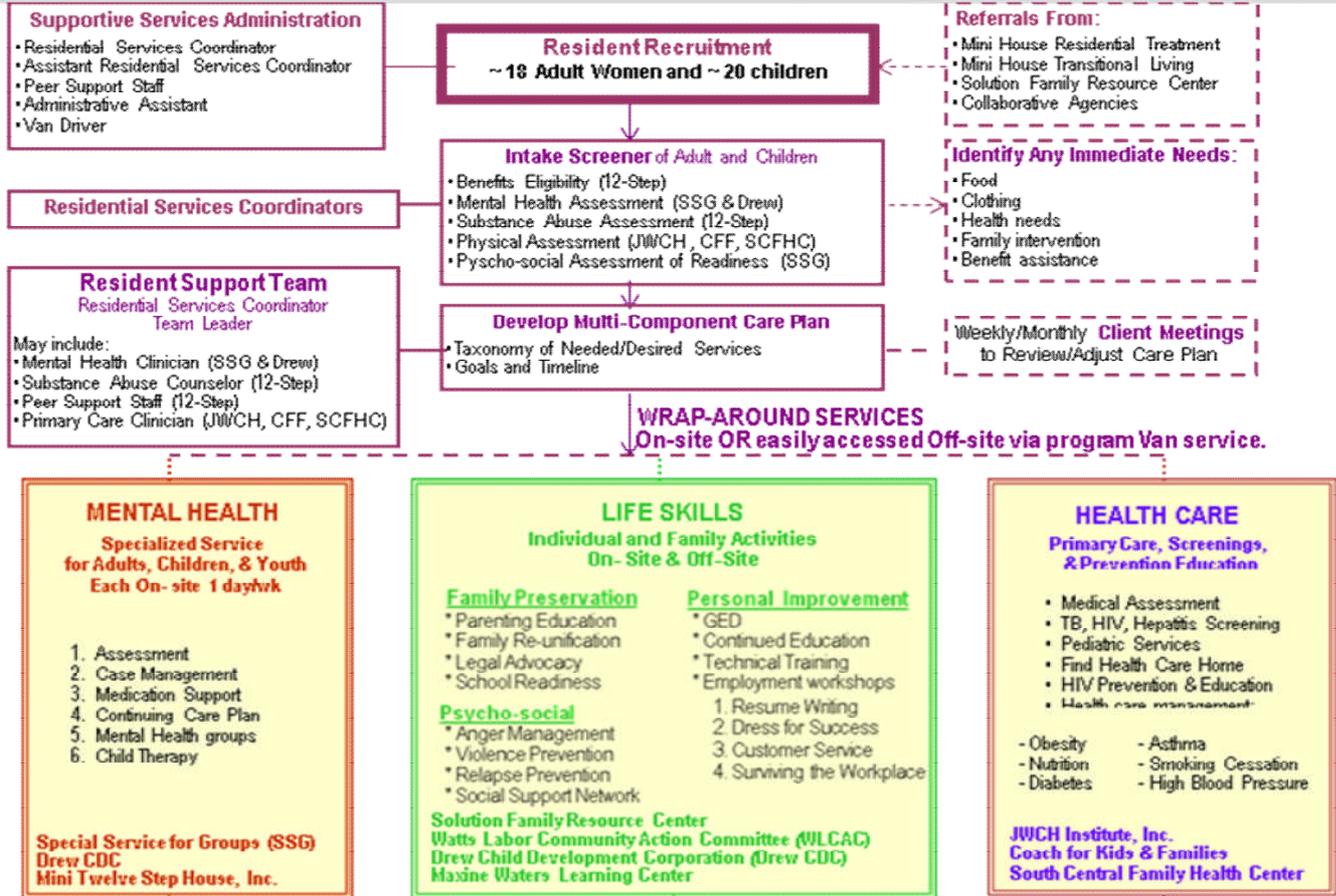
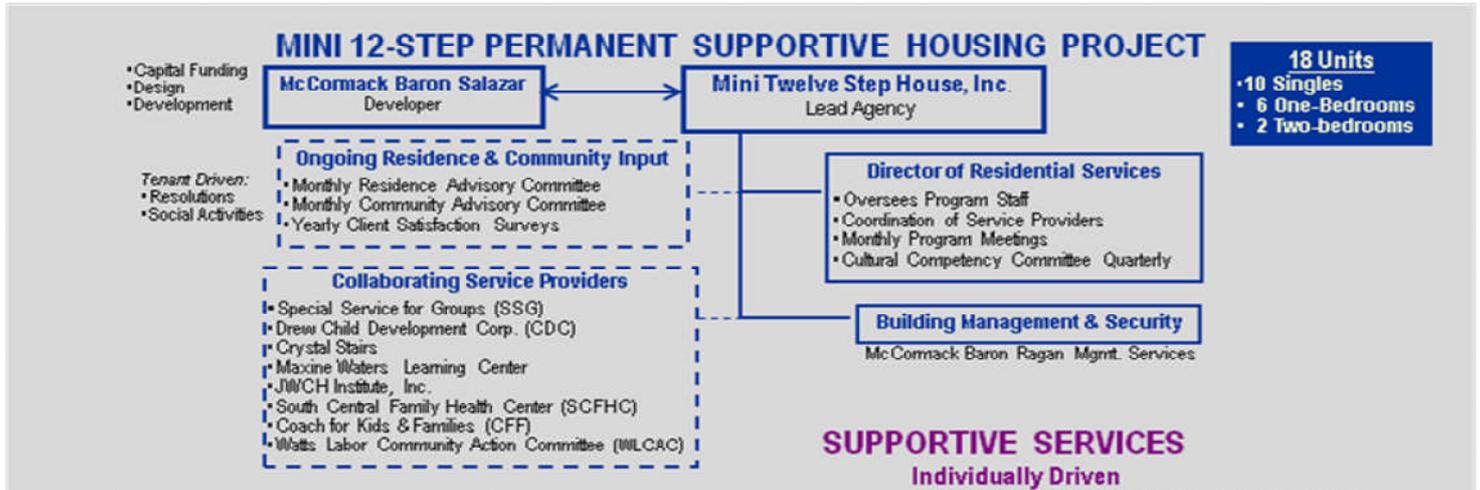
- **Aftercare Relapse Prevention Program:** This program is also offered at Solutions Family Resource Center (SFRC) located at 1228 E. Compton, CA 90221. SFRC is a 6-month program which offers comprehensive case management to assist clients in meeting goals to combat addiction and achieve self-sufficiency. Weekly participation in individual coaching sessions, group sessions, and community 12 step meetings reduce relapse by supporting clients in achieving social re-entry goals such as gainful employment, navigating social, judicial and child welfare systems, re-structuring broken family systems and obtaining affordable stable housing.

Life Skills: *Solution Family Resource Center; Watts Labor Community Action Committee (WLCAC); Drew Child Development Corporation (Drew CDC); Maxine Waters Learning Center*

As shown in the Program Model, individual, group, and family services will offer tenant opportunities for personal as well as educational growth. A seamless system of service delivery ensures that tenants are viewed as whole, not just episodic problems. An array of ailments that frequently occur among the target population are addressed. By providing tenants mental health and health care services along with information needed to reduce illness and prevent further progression of disease, their overall health costs will be greatly reduced while the life skill trainings will provide the residents and their families. These services will be easily accessed either on-site or via transportation provided by the program staff. Although they will be utilized at the individuals discretion, it is the programs objective to assist each person to “move toward readiness” to gain the necessary skills, and tools to become self-sufficient.

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM



OUTCOMES

Improve the quality of life for formerly homeless women and their children who may also have dual diagnosis of substance abuse and mental illness living at the Mini House Permanent Supportive Housing by:

- Increased and enhanced long-term housing stability
- Improved health status through early prevention, education, and intervention of disease
- Reduced episodes of family crisis and relapse
- Reduced involvement with penal and child-welfare systems
- Increased ability of families to reach self-sufficiency goals
- Improved economic stability
- Increased ability to achieve educational and employment goals

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

**4.2.5—SECTION D: MHSA HOUSING PROGRAM SUPPORTIVE
HOUSING AND SERVICES INFORMATION**

D.2 DESCRIPTION OF TARGET POPULATION TO BE SERVED

This permanent supportive housing project targets formerly homeless women, parenting women and men of color who are at homeless or risk for homelessness, with co-occurring disorders including substance abuse, mental health diagnosis, HIV/AIDS and domestic violence. South Los Angeles Service Planning Area (SPA) 6 has been designated as a medically underserved area (MUA) populated by the medically underserved (MUP) with geographic segments classified as Health Professional Shortage Areas (HPSA) for primary care. It has a population density six and one-half times that of Los Angeles County.

As shown in Table 1, diversity is a characteristic feature of the area; In a total population of 955,054, 60% are of Hispanic ethnicity with backgrounds ranging from newly-arrived monolingual Spanish speakers to second, third, and fourth generation bilingual and monolingual English speakers; 35% of the population is African American, including continental Africans of many origins and Caribbean people of African origin; Asian and Pacific Islanders comprise 3% of the population with high concentrations of distinct ethnicities such as Cambodians and Philipinos; and, Caucasians constitute 2.6%.ⁱ

Poverty is epidemic in South Central: Over 79% of the youth fall under 200% of the Federal Poverty Level (FPL). Persons receiving Public Assistance Income amount to 29% of the population. In South Central 38% of the youth obtained a high school education, and the SAT scores of 742 falls well below the college entry requirements (1100).

The service community is lower in income, higher in unemployment, and has a disproportionate share of social and health problems. Service area health status indices reported by Los Angeles County, (2000) include the following:

- Homicide/violence and alcohol dependence are the two leading causes of premature death.
- Coronary heart disease, drug overdose, other forms of intoxication, and diabetes mellitus are the third, fourth and fifth leading causes of death and disability among men.
- Diabetes mellitus and coronary heart disease are the two leading causes of premature death and disability among women.
- The highest rate of cumulative AIDS cases per 100,000 population (843) is in the Crenshaw District. Adams has a rate of 775/100,000; Leimert Park 686/100,000; Hyde Park 618/100,000; Jefferson Park 548/100,000; and Humphrey 456/100,000.

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

- The percent groupings of men diagnosed with AIDS per 100,000 are 87% black, 25% Latino, 7% white, and 1% from other racial/ethnic groups.
- Women diagnosed with AIDS are 29% black and 13% Latina.
- Rates of gonorrhea and syphilis are two to four times the rates of Los Angeles County, and the Chlamydia rate is twice that of the county.
- African American mothers average the highest percentage of low birth weight babies (14%), followed by Native Americans (12%), Asians/Pacific Islanders (8%), whites and Latinas (both 5%).
- Minority women in the service area are disproportionately impacted by breast cancer (27.2% deaths per 100,000) with patterns of late stage diagnosis shown to be associated with uninsured and underinsured status.

When addressing the health and well-being of this target population, it is important to include the psycho-social issues being faced, as well. Mental health is fundamental to overall health and productivity and is the basis for successful participation in family, community, and society. Less than two years ago the first Surgeon General's report to focus exclusively on mental health was published. The Report documented the disabling nature of mental illnesses, how effective strong science-based treatments can be, and recommended that people seek help. Major mental disorders like schizophrenia, bipolar disorder, depression, and panic disorder are found world-wide, across all racial and ethnic groups. Although the prevalence of mental disorders for racial and ethnic minorities in the United States was found to be similar to that for whites several disparities affecting the mental health care of minorities when compared to whites it was determined that:

- minorities have less access to, and availability of, mental health services;
- minorities are less likely to receive needed mental health services;

Table 1 Demographic Characteristics		
	Los Angeles County¹	SPA 6²
Age Groups		
0 - 17 years of age	28.1%	35.7%
18 – 34 years of age	26.9%	28.5%
35 – 64 years of age	35.3%	28.6%
65+ years of age	9.7%	7.2%
Race/ Ethnicity		
African American	9.5%	34.7%
Asian	11.8%	1.4%
Latino	44.6%	59.7%
Other	2.8%	1.4%
Pacific Islander	0.2%	0.2%
White	31.1%	2.6%
Household Income		
Persons <100% of Federal Poverty Threshold	17.9%	32.1%
% of Children	24.6%	40.4%
Persons <200% of Federal Poverty Threshold	39.9%	62.7%
% of Children	51.1%	72.6%
No Vehicle available (transportation)	12.6%	22.9%
Do Not speak English well or at all	18.2%	26.7%
Unemployed	8.2%	14.2%
<small>1. Population Profiles–2000; Service Planning Areas” L. A. City Children’s Planning Council 2. HRSA Uniform Data System Client Level Data for T.H.E. Clinic 2004.</small>		

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

- minorities in treatment often receive a poorer quality of mental health care;
- minorities are underrepresented in mental health research.

Specifically, it has been estimated that over 138,000 L.A. residents have severe and persistent mental illness (SPMI), including substance abuse issues.¹ In addition, Los Angeles County has the second-largest drug-injecting population in the United States; there are an estimated 120,000–190,000 Injection Drug Users (IDUs) in the City of Los Angeles¹. The State of California Little Hoover Commission Report of 2003 acknowledges that 1 in 9 Californians suffers from an addiction problem. Drug addiction underlies the abuse and neglect of more than 100,000 children in California and is a factor in a majority of domestic assaults. Eight in 10 felons who are sent to prison are found to abuse drugs or alcohol. The expenditures and economic losses to individuals, corporations, and public agencies that result from abuse and addiction are estimated to top \$32 billion.

A health care provider in the area, T.H.E. Clinic, shared their data that shows how substance abuse is a pervasive problem as evidenced by the number of patients who have been identified with persistent and serious alcohol and drug problems. T.H.E. Clinic, Inc. had over 2,000 patients who had a diagnosis of substance abuse in 2002, and over half of the clinic's prenatal patients are using controlled substances requiring mental health assistance. To improve access to mental health care the Surgeon General's Report recommended integrating mental health care and primary care.

While facing these disparities among their participants, it became increasingly apparent that if Mini Twelve Step House, Inc. is to truly be holistic and comprehensive in its approach to recovery, the organization must expand its services to accommodate clients on the road to self-sufficiency *after* treatment is completed. This has become even more critical as affordable, quality housing is virtually non-existent in Los Angeles and much less available for clientele due to their problematic background.

Services to support clients beyond treatment remain in short supply. Since many of the women entering treatment are homeless, securing stable, affordable housing becomes a high priority following their 6-month treatment stay. Historically, these individuals have recently been released from jail, discharged from detox programs, and/or entered after a long period of time living on the streets of L. A. Since the organization serves individuals with severe substance abuse problems, most have exhausted, alienated, and destroyed all support networks that can provide housing assistance before and/or after treatment and most have no resources to pay for housing.

To strengthen the capacity of Mini Twelve Step House, Inc. programs and to meet the demand for mental health services identified among clients they will expand to deliver an integrated model of primary and mental health services that matches the needs of

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM
the diverse community served.

- ¹. U.S. Census 2000 data.

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

**4.2.5—SECTION D: MHSA HOUSING PROGRAM SUPPORTIVE
HOUSING AND SERVICES INFORMATION**

D.3 TENANT SELECTION PLAN

Tenant-Selection Process:

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

- The criteria that will be used to determine the tenant's eligibility for participation in your development;
- How those criteria are consistent with both the County CSS Plan and MHSA Housing Program target populations;
- Reasonable accommodation policies and protocols as they relate to targeting and tenant screening;
- How fair housing and MHSA Housing Program target population requirements will be met; and
- Your appeals process for individuals who are denied tenancy in your development.

Tenant-Selection Plan:

MTSH will follow and comply with the MHSA Housing Program Tenant Referral and Certification Process as defined by LACDMH.

To ensure equal access and equal opportunity to all, no one will be denied the opportunity to apply for housing at the Bobbi Owens Family Living Center. However, successful applicants must meet eligibility criteria as defined by MHSA, LACDMH, and MTSH. All applications will be stamped and dated as they are received.

The tenant-selection process will involve three distinct parties, who will all be in agreement prior to occupancy:

1. The Mental Health Services Agency: All potential tenants who are not already DMH clients will be referred by MTSH to DMH to be screened and evaluated by its psychiatric staff to make a positive diagnosis of a mental health disorder and secondly to determine eligibility for MHSA services.

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

2. MTSH: MTSH's tenant services coordinator will ensure that a Tenant Certification Application will be completed for each potential tenant and sent to the Housing Policy & Development Unit (HP&D) at LACDMH in order to certify that they are a DMH client with a Single Fixed Point of Responsibility (SFPR) prior to move-in (for details, see Section VIII - Tenant Referral and Certification Process).
3. LACDMH: Once the prospective tenant has been certified by HP&D to have met the threshold eligibility criteria for an MHSA-funded unit, s/he will be referred to MTSH's Housing Management Division (Rental Office) to obtain a rental application and to determine if they are eligible for housing. West Central Mental Health Center (WCMHC), or other LACDMH contacted or directly operated mental health agencies, will work in conjunction with MTSH on a case-by-case basis to assess past behavior, to negotiate any reasonable accommodations deemed necessary, and to address any derogatory information that would normally exclude persons from housing.

If anyone is found to be potentially excluded, the mental health agency and MTSH will meet to determine if they can be housed and under what conditions. A specific action plan will be developed with the potential tenant, MTSH and the mental health agency, outlining the responsibility of each to ensure a safe living environment.

The above-noted criteria and guidelines are consistent with both the Los Angeles County CSS Plan and MHSA Housing Program target populations. The Bobbi Owens Family Living Center will have 18 designated units for single individuals with children. The Bobbi Owens Family Living Center will be providing permanent-supportive housing for these target populations and most specifically for homeless individuals with mental illnesses. Also consistent with both plans, Bobbi Owens Family Living Center will make available these 18 designated units with a limit on the monthly rent to no more than 30% of tenants' adjusted income.

At the request of an applicant, and/or the Service Coordinator/Case Manager, a reasonable accommodation request will be considered. Every effort will be made to accommodate prospective tenants following reasonable accommodation guidelines as established by the MHSA, LACDMH, and MTSH. (For more details, see Section VI – Reasonable Accommodation.)

With respect to processing prospective tenants, MTSH will follow all Fair Housing laws and regulations and will not discriminate against any individual because of race, color, creed, national or ethnic origin or ancestry, religion, gender, sexual preference, gender identity, age, disability, handicap, military status, source of income, marital status, HIV/AIDS or AIDS-related conditions, or any other arbitrary basis. No criteria will be applied or information considered pertaining to a particular attribute of behavior that may be imputed by some to a particular group or category. All criteria shall be applied equitably and all information considered on an applicant shall be related solely to the attributes and behavior of individuals as they may affect residency, as it pertains to the

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

ability to adhere to the terms of a lease, likelihood of disturbing the peaceful enjoyment of other tenants, and ability to care for or provide care for the unit.

All rejected applicants will have the right to appeal the decision. In addition, with the approval of the applicant, the referring party will be given an opportunity to assist in appealing any application denial. However, all applicants will have to demonstrate that they meet program requirements. (See Section VII – Appeals Process)

I. Outreach:

MTSH's marketing efforts, as well as its policies and procedures, are intended to maximize the opportunity for all persons, regardless of gender, race, religion, national origin, primary language, marital status, disability, or sexual preference to apply for vacancies in its properties.

MTSH will maintain a wait list of potential tenants who would most likely already qualify for this new project. Additionally, WCMHC will be targeting chronically homeless individuals with children with severe mental illnesses and referring them to MTSH for permanent housing.

Both WCMHC and MTSH will ensure that special marketing outreach considerations are given to homeless individuals with mental illnesses. Because WCMHC will be the primary mental health services provider for the Bobbi Owens Family Living Center, WCMHC and MTSH will be responsible for outreaching to community agencies serving special needs populations. Outreach will be conducted through special announcements to local agencies as well as through e-mail blasts to local coalitions of social service agencies that provide services for persons with mental illnesses. MTSH's outpatient programs and transitional housing programs will also identify potential tenants for the housing.

As early as possible before the construction is completed, comprehensive application materials will be made available to the community through MTSH's outreach efforts. MTSH will provide information about all aspects of the application process for potential tenants in order to eliminate as many obstacles as possible to applying for residency. . This will enable applicants to anticipate and positively address issues such as providing identification documents, birth certificates, landlord references, credit reports, criminal background reports, and other applicable supportive documentation needed to complete the application process. In those cases, where applicants may not already have appropriate identification or documents, the MTSH staff will refer them to the on-site Service Coordinator or Case Manager to assist them with this part of the process. Every effort will be made to provide reasonable accommodation as applicable if issues remain at the time of application. (See Section IV - Reasonable Accommodation).

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

II. Income Verification Process:

The tenant application must be completed in detail. The applicant will be required to report about rental history or housing history, income, assets, retirement pensions, etc. All applications must be fully completed in order to be accepted. Applicants will be required to have a California ID and a Social Security number. Applicants are required to complete a third party income verification form to verify their income during the pre-screening interview. Only third party income verifications will be accepted. In the event a prospective applicant applies for housing in this new project and does not currently have a source of income, they will be referred to the Bobbi Owens Family Living Center' on-site Service Coordinator and/or to their Case Manager to address this matter.

III. Rejected Applications:

Applications may be rejected for any of the following reasons:

- 1) Blatant disrespect, disruptive or anti-social behavior toward management, the property, or other tenants, exhibited by an applicant any time prior to move-in, or during interview. This must be documented.
- 2) A negative landlord or other reference, encompassing failure to comply with the lease, poor payment history, or eviction for cause.
- 3) Negative credit report.
- 4) Felony conviction.
- 5) Falsification of any information on the housing application.
- 6) Income exceeding the area median income based upon income limits established at the property.
- 7) The submission of an incomplete application and supporting documents such as required references from the applicant's case manager, physician, or social worker necessary to determine if that applicant meets tenant-selection criteria and program regulatory requirements.
- 8) Personal History Concerns such as:
 - a) A history of violent or abusive behavior (physical or verbal), in which the applicant was determined to be the offender.
 - b) Current use of illegal drugs.
 - c) Applicant is subject to lifetime registration requirements under any State sex offender program.

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

- 9) Other good cause, including, but not limited to, failure to meet any of the tenant selection criteria in this document.

Any applicant who provides altered information and/or deliberate misinformation regarding his/her income, current status, or past history, will be disqualified. Some history of unemployment, alcoholism, drug addiction, imprisonment, etc., will not automatically disqualify an applicant from becoming a tenant. The fact that people have had problems in the past is less important than what they are doing about them in the present, and their characteristics indicating whether or not they will be good tenants/neighbors. (See Section IV – Reasonable Accommodation) There shall be no discrimination based on race/color, religion, age, national origin/ancestry, gender, sexual orientation, mental or physical disability, medical conditions, or familial status.

Again it should be noted that all rejected applicants will have the right to appeal the decision. In addition, with the approval of the applicant, the referring party will be given an opportunity to assist in appealing any application denial. However, all applicants will have to demonstrate that they meet program requirements. (See Section VII – Appeals Process)

IV. Reasonable Accommodation:

Reasonable accommodations will be made available to meet the needs of disabled applicants, including applicants with both physical and/or mental disabilities. All requests for reasonable accommodations will be addressed through MTSH's on-site office, and all forms for these requests may be obtained at this office. The on-site Service Coordinator and/or Case Managers will work with the prospective tenant to assist in this process, if needed.

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

All units are adaptable for persons with disabilities, as defined by the California Building Code, and some units are designed with specific features for persons with mobility impairments. All reasonable efforts will be made to rent units with these special design features to applicants who require or who could benefit from such units. In the case of these special units, when no qualified applicant has applied that requires the design features offered, then the unit will be offered to the next qualified applicant. This applicant will be required to complete a Lease Addendum form, whereby they agree to

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

transfer to a standard unit within the development should a new tenant require a special unit. If after occupying the special unit, the physical condition of the tenant changes such that the unit no longer adequately accommodates the physical health needs of the tenant MTSH will work in conjunction with the tenant and their Case Manager to relocate them to an appropriate facility.

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

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

MTSH's on-site Service Coordinator, along with West Central Mental Health Center staff will screen prospective tenants for eligibility by utilizing the HUD Desk Guide reference materials and the MHSA Housing Program guidelines in which homelessness and chronic homelessness are defined.

V. Appeal Process:

All denied applicants will have the right to appeal any housing decisions made by MTSH's housing or the Property Management staff. Prospective tenants or their Case Manager may request a copy of MTSH's Grievance Procedures from property management staff or Supportive Services staff. The Tenant Services Coordinator or a tenant's Case Manager may work in conjunction with the prospective tenant, if needed, to assist in the appeal process. The appeal must be received by housing management no later than fourteen (14) days after the rejection letter is received. Within three (3) working days of receipt of an appeal, the appeal will be forwarded to the Director of Housing Management.

The Director of Residential Services, or other designee, will address the matter within 72 hours of receiving the appeal, including the gathering of facts. The Director of Housing Management and/or designee will provide the rejected applicant with a written response as to the reason for the denial.

VI. Tenant Referral and Certification Process:

MTSH will notify prospective tenants who have been referred by LACDMH or their mental health service provider/Single Fixed Point of Responsibility (SFPR) of the availability of a unit. The notice will describe the type of unit available and will alert the prospective tenant that s/he must respond to MTSH within two (2) weeks to indicate whether they wish to be considered for the available unit or would prefer to wait until

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

another housing unit becomes available.

If MTSH is unable to make contact with the prospective tenant directly or through their mental health service provider or SFPR within two weeks, the person will be removed from the project's waiting list but may remain on the master Referral List maintained by HP&D. MTSH will notify the prospective tenant, their mental health service provider/SFPR and the HP&D Unit that they have been removed from the project's waiting list.

If a prospective tenant indicates interest in the available unit, MTSH staff will initiate their established screening process (See above Section – Tenant-Selection Plan). The mental health service provider/SFPR will make arrangements to accompany the individual to the interview and provide support with the process (including a request for reasonable accommodation or an appeal if the application is denied), unless the individual specifically declines assistance.

Prospective tenants may also seek tenancy at the Bobbi Owens Family Living Center by directly approaching the Property Management or MTSH staff to inquire about qualifying for one of the units. In this case, MTSH Tenant Services Coordinator and the prospective tenant will jointly complete a Tenant Certification Application and submit it to the HP&D Unit. After the certification process has been completed, the individual will be placed on the master Referral List kept by HP&D and will be referred back to MTSH for any additional screening.

The HP&D Unit will keep the master Referral List current by making every effort to contact prospective tenants, their case managers or the referring agency every 90 days to query their continued interest in an MHSA-funded unit. If the prospective tenant is unable to be contacted within 30 working days, s/he will be removed from the list. However the tenant, his/her case manager or the referring agency may reinstate their active certification status at any time by contacting the HP&D Unit and providing updated eligibility and contact information.

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

**4.2.5—SECTION D: MHSA HOUSING PROGRAM SUPPORTIVE
HOUSING AND SERVICES INFORMATION**

D.4 Supportive Services Plan

This development will advance the concept of supportive housing beyond just a residential project. It will incorporate it into a larger comprehensive environment from recovery inception, to recovery completion, to supportive housing, to final self-sufficiency and family wholeness. It will make this permanent supportive housing a multi-dimensional development. This program focuses on women and women with their children however; men with their children will not be excluded from housing consideration.

• The Primary Service Provider And Specific Experience With Target Population

Mini Twelve Step House, Inc. (MTSH), is a non profit, 501(c)(3) organization founded in 1971 when Marie Bowden converted her three-bedroom home into a sanctuary where homeless women could address their alcohol and drug addiction and rebuild their lives. Since that time over 20,000 men, women and children have benefited from MTSH services. The organization's mission is to empower inner city women to free themselves from alcohol and drug related problems by providing quality recovery services along a continuum of care designed to achieve their self-sufficiency goals.

Today, under the present leadership of Bobbi Owens, Executive Director (since 1992), and its dedicated board of directors, MTSH, has positioned itself for growth and development. The programs are specialized in providing high quality, effective, and culturally rich residential, outpatient, aftercare, and outreach services that includes: intensive case management by certified counselors. MTSH programs are steeped in tradition and deeply tied to the community. The organization's unique and valuable programs serve the most vulnerable families of South Los Angeles. The program has received numerous state, county, and national awards, and commendations.

The continuum of care is designed to provide continuous support as women work to achieve long-term sobriety, stable housing and self-sufficiency, thus overcoming the family's dependence on bureaucratic systems that govern their lives and burden the County's resources. Especially competent in addressing the multiple vulnerabilities of women, it is continually improved upon to meet the most urgent needs of the community it exists to serve.

Current Programs assist clients in changing long-standing patterns of behavior that have served as personal barriers while meeting their physical and psychological needs including:

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

- ***Mini House Residential Treatment*** is a 31 bed facility where women with their children find support as they begin healing the wounds and shame inflicted by addiction for an average stay of 3 to 6 months.

- ***University Mini House (UMH) Transitional Housing Program*** offers housing for one year of residency for recovering women with their children who have completed a treatment program.

- ***Outpatient Treatment Program*** is part of the Solutions Family Resource Center offers a 6-9 month outpatient treatment program to women and men throughout the Compton and South Los Angeles communities. Individual counseling sessions and group meetings are incorporated through this four-tier program which includes: crisis intervention, treatment, transition, and vocational rehabilitation. Community outreach promotes prevention, imparts education and intervention. These services have been in place since 1985.

- ***Aftercare Relapse Prevention Program*** is also offered at Solutions Family Resource Center as a 6-month program that offers comprehensive case management to assist clients in meeting goals to sustain their sobriety while they continue to work on achieving self-sufficiency. Weekly participation in individual coaching sessions, group sessions, and community 12-step meetings reduce relapse by supporting clients in achieving social re-entry goals such as gainful employment, navigating social, judicial and child welfare systems, re-structuring broken family systems and obtaining affordable stable housing.

- ***The Resale Shop Employment Training Program*** offers service learning opportunities to clients of the Solutions Center. At completion of the 6 month program, participants are awarded a certificate and stipend.

PROPOSED SERVICES

Historically, the women targeted for this program have recently been released from jail, discharged from detox programs, and/or entered after a long period of time living on the streets of Los Angeles. Since the organization serves individuals with severe substance abuse problems, most have exhausted, alienated, and destroyed all support networks that can provide housing assistance before and/or after treatment. In addition, MTSH has found that long-term housing is essential to impede outside placements and assist women in meeting the demands of the Child Welfare System to regain custody of their children. Services have been integrated to help these parents succeed in bonding and re-bonding with their children in a healthy manner. Furthermore, the mental and primary health issues of the children are addressed in the supportive services. Moreover, we have found that nearly all of the women in our population have no resources to pay for housing of any kind.

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

By embarking on this new journey MTSH hopes to better service clients by truly creating a full continuum of care that begins with residential treatment, continues to outpatient services and aftercare programs along with permanent housing. As shown in the attached Program Model, MTSH is part of a community-wide strategy to address chronic homelessness with a collaborative approach in order to resolve the problems of this city's most vulnerable citizens. Research and experience has shown that permanent supportive housing is a tenable solution to chronic homelessness; by providing the supportive services and stable housing needed to promote and maintain residential stability, *permanent supportive housing can eliminate the revolving door in and out of homelessness*. The Program's strength is the diversity and comprehensiveness of services it links: **permanent housing, mental health, substance abuse services, primary health care, and life skills for both adults and their families.**

• **Where Services Will Be Delivered**

The plan is to completely redevelop the existing property located on the corner of 52nd and San Pedro. The lot encompasses addresses: 303 and 309-311 ¾ E. 52nd Street as well as 5132 San Pedro Place. All properties are within the South Central Los Angeles area (SPA 6). The goal is to create a mini community inclusive of 20 carefully designed units with bedrooms and kitchens and bathrooms that meet all the space requirements of permanent supportive housing of which 18 will be supported by DMH funds.. The units will extend and enhance MTSH program for women in recovery with or without their children however; men with their children will not be excluded from housing consideration. Common areas to meet the unique needs of this population may include: library, outdoor recreation areas, terraces, community recreation/meeting rooms, gym, play area for children and an outreach office to house outreach workers and access to a resource database.

• **Community Linkages Access**

The collaborating agencies include:

- Special Service for Groups (SSG) - Adult Mental Health Services
- Drew Child Development Corp. (CDC) – Children & Family Mental Health Services
- Crystal Stairs – Child Care Services
- Maxine Waters Learning Center – Adult and Children Educational Services
- JWCH Institute, Inc. – Adult Health Care Services
- South Central Family Health Center (SCFHC) – Health Care Services
- Coach for Kids & Families (CFF) – Child Health Care Services
- Watts Labor Community Action Committee (WLCAC) – Job Development Services

These collaborators offer a diversity of programs. The efforts through this collaboration are to build good communication and cross-agency training to increase effectiveness; reduce duplication of and gaps in services. The seamless coordination of services is

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

central to success.

- **When Supportive Services Will Be Available to the MHSA Tenants**

Tenants will occupy 18 of the 20 units that will meet all the standards for Permanent Supportive Housing Projects. Support staff will be available on site, 24 hours, seven-days a week, 365 days a year. Each adult in the PSH units will have an individual lease and live independently, without care and supervision. Crisis services will be available 24/7 by the Tenant Support Team under the supervision of the Director of Residential Services.

- **Approach For Supportive Services to Addressing Specific Needs and Issues Associated with the Target Population**

Homelessness is a multi-faceted problem and needs a multi-faceted and multi-disciplinary solution. *Permanent supportive housing* through collaborative integrated systems is a tenable and effective solution to addressing the needs of the target population. A definition provided by the Corporation of Supportive Housing (*Opening New Doors*, January 2003) speaks to the effectiveness of this approach; “permanent supportive housing is: decent, safe, and affordable community-based housing that...is linked to voluntary and flexible supports and services designed to meet residents’ needs and preferences.” By integrating service and housing systems and providing holistic and individualized services, permanent supportive housing has proven effective in reducing the shelter use, hospitalizations, length of stay per hospitalization, and time incarcerated, *eliminating the revolving door in and out of homelessness*.

Mini Twelve Step House, Inc. has identified local service providers who have a long history of providing appropriate services for people with co-occurring substance abuse issues. They have included agencies to serve both the adults, and their children to ensure there is the opportunity for hope and healing relative to both generations within a healthy family structure.

Drug addiction is a brain disease that affects behavior. Drug addiction has well-recognized cognitive, behavioral and physiological characteristics that contribute to the continued use of illicit drugs, despite the harmful consequences. Effective drug abuse treatment engages participants in a therapeutic process, retains them in treatment for an appropriate length of time, and helps them learn to cope with life and thereby maintain abstinence over time. Providing appropriate, integrated services for the dually diagnosed can improve recovery success and overall health, as well as restructure the effects their disorders have on their family, friends, and society at large. By helping people stay in treatment and housing, find jobs, develop better social skills, insight and judgment, there is the potential to restore lives, revive communities, and reduce the growing demand on public programs.

- **Assessment Of The Supportive Housing Needs Of The Tenants**

The Tenant Services Coordinators will be responsible for intake screening, assessment,

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

and developing a file on each enrolled tenant on their caseload. The file will contain: intake and assessment forms; consent forms; ASI 5th ed.; CMHS GPRA Client Outcome Measures- baseline and on-going; *Caminar* data sheets and status changes; service plan and goals (updated every 6 months); medical and mental health records/diagnoses/medication; proof of income; probation, parole, or legal concerns; Psychiatrist notes; activity participation record; and progress notes. While mental health and health assessments are required for tenant eligibility, tenants may elect to participate in either or both the housing and the services.

SELF-DETERMINATION AND INDEPENDENCE

• **How Supportive Services Plan Promotes Wellness, Recovery and Resiliency**

When addressing the health and well-being of this target population, it is important to include the psycho-social issues being faced, as well. Mental health is fundamental to overall health and productivity and is the basis for successful participation in family, community, and society. Less than two years ago the first Surgeon General's report to focus exclusively on mental health was published. The Report documented the disabling nature of mental illnesses, how effective strong science-based treatments can be, and recommended that people seek help. Major mental disorders like schizophrenia, bipolar disorder, depression, and panic disorder are found world-wide, across all racial and ethnic groups. Although the prevalence of mental disorders for racial and ethnic minorities in the United States was found to be similar to that for whites several disparities affecting the mental health care of minorities when compared to whites it was determined that:

- minorities have less access to, and availability of, mental health services;
- minorities are less likely to receive needed mental health services;
- minorities in treatment often receive a poorer quality of mental health care;
- minorities are underrepresented in mental health research.

Specifically, it has been estimated that over 138,000 L.A. residents have severe and persistent mental illness (SPMI), including substance abuse issues.¹ In addition, Los Angeles County has the second-largest drug-injecting population in the United States; there are an estimated 120,000–190,000 Injection Drug Users (IDUs) in the City of Los Angeles¹. The State of California Little Hoover Commission Report of 2003 acknowledges that one in nine Californians suffers from an addiction problem. Drug addiction underlies the abuse and neglect of more than 1000,000 children in California and is a factor in a majority of domestic assaults. Eight in 10 felons who are sent to prison are found to abuse drugs or alcohol. The expenditures and economic losses to individuals, corporations, and public agencies that result from abuse and addiction are estimated to top \$32 billion. To improve access to mental health care the Surgeon General's Report recommended integrating mental health care and primary care.

The purpose of this medical approach is to improve health status thereby improving quality of life by identifying and managing or preventing diseases such as: High blood

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

pressure, diabetes, asthma, and smoking cessation. The goal is to reduce/eliminate the number of referrals for specialty services and hospitalizations.

Part of this strategy is to change the culture of avoidance of health care to one of responsible health care by assisting individuals in finding a medical home where they feel comfortable and confident in seeking services.

- **Supportive Services Plan Assists Tenants In Maintaining Their Housing While Working Towards Self-Determination And Independence**

While facing the disparities described above among their participants, it became increasingly apparent that if Mini Twelve Step House, Inc. is to truly be holistic and comprehensive in its approach to recovery, the organization must expand its services to accommodate clients on the road to self-sufficiency *after* treatment is completed. This has become even more critical as affordable, quality housing is virtually non-existent in Los Angeles and much less available for clientele due to their problematic background.

Services to support clients beyond treatment remain in short supply. Since many of the women entering treatment are homeless and securing stable, affordable housing becomes a high priority following their 6-month treatment stay. Historically, these women have recently been released from jail, discharged from detox programs, and/or entered after a long period of time living on the streets of Los Angeles. Since the organization serves individuals with severe substance abuse problems, most have exhausted, alienated and destroyed all support networks that can provide housing assistance before and/or after treatment. In addition, nearly all of the women have no resources to pay for housing of any kind.

To strengthen the capacity of Mini Twelve Step House, Inc. programs and to meet the demand for mental health services identified among clients they will expand to deliver an integrated model of primary and mental health services that matches the needs of the diverse community served.

- **Specific Community Services/Linkages Available To The Tenants To Assist Them In Achieving Independence**

This program offers an integrated abstinence model that will include the following services provided ON-SITE:

Mental Health Assessment and Services *will be provided by SSG for adults; Drew CDC for children and their families will provide* – An integrated assessment will be used to identify the interactions among the symptoms of mental disorders and substance use. Integrated assessment considers how all the interactions relate to treatment experiences, especially stages of change, periods of stability, and periods of crisis. Having all these components in one facility increases the delivery of integrated services.

- **Diagnosis:** The SSG Mental Health Therapist/professional determines mental health diagnosis and works closely with Substance Abuse Counselors to distill substance

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

abuse and mental health disorders into a Client Care Plan. Key information is reviewed and appropriate counselor actions and approaches are recommended for the substance abuse treatment client who manifests symptoms of a mental disorder.

Upon diagnosis the following resources will be offered including:

- **Medication Support:** is essential to helping permanent supportive housing tenants to stabilize and control their symptoms, thereby increasing their receptivity to other treatment (i.e. substance use/abuse). SSG will link permanent supportive housing tenants to psychiatric consultation, and or consultants for onsite psychiatrist (for assessment, diagnosis, and medication).
- **Psycho-educational Classes:** Targeted to tenants with a mental health diagnosis, these services will be delivered in an ongoing group format. Groups offered will include anger management; life skills; domestic violence; relapse prevention and collateral groups.
- **Dual Diagnosis Groups:** The cumulative effect of co-occurring disorders will be addressed in Dual Diagnosis Groups. These groups are crucial because they identify triggers for relapse and allow for early intervention.

Health Care Services will be offered by *JWCH Institute, Inc for Adults; Coach for Kids & Families* Access to health care is a major issue among the homeless. Health professionals are not distributed adequately throughout Los Angeles to meet the health needs of the population. In light of the spiraling cost of health care and decreasing funds, County facilities are overburdened and can only accommodate those most seriously ill.

- All tenants, both adults and children, regardless of their diagnosis or place of referral, will be offered a complete physical examination upon admittance to the program. This will include baseline laboratory exams and x-ray services. This will aid the program staff in monitoring the client's current condition as well as any other medical problems they may have now or in the future. Ongoing communication between the health care provider and program staff will assist in developing a realistic plan-of-action for each program participant.

Substance Abuse Treatment will be provided by *Mini Twelve Step House, Inc.* The Tenant Services Coordinators will be certified substance abuse counselors who are able to identify and work with dually diagnosed individuals. All tenants seeking to sustain their sobriety will have access to the MTSH Aftercare Relapse Prevention program on-site. When a relapse occurs, the Tenant Support Team will intervene and assist the individual in taking the necessary steps to re-gain sobriety. This will include referral to an appropriate treatment protocol to assist tenants to re-establish their sobriety. MTSH has the following programs under its umbrella of services to meet the needs of PSH tenants:

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

- **Residential Treatment:** Mini House located at 303 E. 52nd Street is the organization's anchor program where women and women with children find support in this therapeutic homelike environment as they begin healing the wounds and shame inflicted by addiction. The facility has a 31 bed capacity. The average length of stay is 3 to 6 months.
- **Transitional Housing Program** University Mini House (UMH) is located at 1145 W. 37th Place and offers housing limited to one year of residency for recovering women and/or women with children who have completed a treatment program. The house is located across the street from USC in a quiet, residential area, close to bus lines and healthy recreational activities and safe shopping areas for families.
- **Outpatient Treatment Program:** Solutions Family Resource Center, located at 1228 E. Compton, CA 90221 offers a 6-9 month outpatient treatment program to women and men throughout the Compton and south Los Angeles communities. Individual counseling sessions and group meetings are incorporated through this four-tier program which includes: crisis intervention, treatment, transition and vocational rehabilitation. Community outreach promotes prevention, imparts education and intervention. These services have been in place since 1985.
- **Aftercare Relapse Prevention Program:** The program is also offered at Solutions Family Resource Center (SFRC) at 1228 E. Compton, CA 90221. SFRC is a 6-month program which offers comprehensive case management to assist clients in meeting goals to combat addiction and achieve self-sufficiency. Weekly participation in individual coaching sessions, group sessions, and community 12-step meetings reduce relapse by supporting clients in achieving social re-entry goals such as gainful employment, navigating social, judicial and child welfare systems, re-structuring broken family systems and obtaining affordable stable housing.

Should a resident find it necessary to seek residential treatment an interim contract will be developed to avoid eviction.

Life Skills: *Solution Family Resource Center; Watts Labor Community Action Committee (WLCAC); Drew Child Development Corporation (Drew CDC); Maxine Waters Learning Center*

As shown in the Program Model (See Attached), individual, group, and family services that the tenants request will be offered for personal as well as educational growth. A seamless system of service delivery ensures that tenants are viewed as whole, not just episodic problems. An array of ailments that frequently occur among the target population are addressed. By providing tenants mental health and health care services along with information needed to reduce illness and prevent further progression of disease, their overall health costs will be greatly reduced while the life skill trainings will provide the residents and their families. These services will be easily accessed either on-site or via transportation provided by the program staff. Although they will be utilized

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

at the individuals discretion, it is the programs objective to assist each person to “move toward readiness” to gain the necessary skills, and tools to become self-sufficient.

- **Peer Facilitated Or Self-Help**

MTSH will have on-site and off-site self-help groups facilitated by peers that offer access to an understanding environment and a safe forum for strengthening coping skills and developing positive and supportive social networks for PSH tenants.

HOUSING STABILITY

- **Specific Services And Efforts To Promote Housing Stability And Retention**

The overall goal of this project is to “improve the quality of life” for formerly homeless women and their children who may also have dual diagnosis of substance abuse and mental illness living at the MTSH Permanent Supportive Housing. Each of the providers involved in this project has more than 30 years of experience working with this population and is committed to helping each and every resident to obtain this goal through a “whatever it takes” approach. The policies and protocols will be consistent with applicable fair housing laws and requirements established by the other funding sources. The program is designed to identify and intervene with a tenant in crisis early, so that eviction is rarely an option. Interim contracts will be developed to help individuals maintain their residence should they need to enter treatment or be hospitalized. Additionally, reasonable accommodations will be made for people with bad credit.

The design of the facility includes space for service provider staff, tenant, and community gatherings, and outside activities. The Director of Residential Services and the Tenant Services Coordinator will have the primary responsibility for the day-to-day supervision of the program staff and the subcontractors. Monthly multidisciplinary team meetings will provide the forum for updating the entire team on each member’s progress, needs, plans, and issues. Daily informal interaction between and among partnering service providers will be encouraged and tools will be developed to record referral streams and follow-ups.

- **How The Services Provided Will Assist Tenants Remain In Their Housing**

Mini Twelve Step House, Inc. plans to continue its policy of maintaining an integrated abstinence program. The organization believes this is the best practice for communal space inhabited by a combination of adults and children. Upon entrance, tenant needs will be assessed. Services offered to address substance use will include prevention services such as relapse prevention, recovery support, individual counseling, and peer support. Regularly scheduled community meetings such as AA, NA, and CA. will be held on site. There will be no drug testing integrated into the program protocol. However, no illegal activity will be tolerated; if discovered a protocol developed by the Tenant Advisory Board and the management group will be initiated that may include individual counseling, peer advocacy, and an array of treatment services. Every effort

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

will be made to assist the resident in remaining in the program. In addition, the “good neighbor” attitude will be agreed upon as described by the Tenant Advisory Board.

ENGAGING TENANTS

• **The Strategies To Assist Tenants In Developing A Sense Of Community; And, To Re-Integrate Back Into The Larger Community**

Tenant Advisory Board of community of stakeholders inclusive of tenants, staff and property management will be formed. Tenants will be encouraged to participate in maintaining both the physical and communal environment. This will be achieved in part through various activities such as a tenant advisory council meetings and weekly roundtable discussions where stakeholders can gather to address issues and concerns relative to the collective well-being of the housing community.

• **Frequency Of Contacts Between Supportive Services Staff And MHSA Tenants**

Face-to-Face contact will occur biweekly with staff and residents even if this means interaction initiated by a knock on the door. Various social activities, incentives and peer support will be ongoing to encourage each resident to leave their apartments and interact with the community.

COMMUNICATION

• **Policies And Procedures Between The Service Provider, Project Sponsor And The Property Management Company To Address Concerns**

MTSH will conduct annual audits of subcontracted staff to verify certifications and licensing. Although collaborating agency staff will not be employees of MTSH, their work is integral to the success of the project. The performance of subcontracted staff and consultants will be monitored relative to the achievement of assigned work plans, process and outcome evaluation data, review of work assignments and satisfaction surveys. All staff through a subcontract agreement must have a three (3) month evaluation after starting the job, a six-month evaluation, and yearly evaluations, thereafter. It is a requirement that the job descriptions are reviewed and discussed annually. Protocols will be developed to identify and correct discrepancies or deficiencies in a timely manner and convey this information to the County on a regular basis.

Quality Improvement Committee will also develop policies and procedures for handling tenant grievances and appeals, and incident reports.

In addition to an evaluation of the program’s effectiveness on the target population, the MTSH will also conduct an independent evaluation utilizing client satisfaction surveys and provider surveys to address the following *systemic* or *process-driven* issues:

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

1. How are the service providers working to provide guidance to the implementation of the project and provide vision to the long-term sustainability of the project?
2. How is the multidisciplinary team of specialists in mental health, substance abuse, peers, and primary healthcare providers working to provide a seamless continuum of housing and service needs?
3. Is the level of services sufficient, appropriate, effective, and culturally relevant?
4. How is the effort of collaborating among partners working to improve access and availability of specialty services?
5. What kinds of mainstream resources are applicable to this program and/or its activities, and what ways can the program advocate for this support?
6. How does this project's performance compare and/or contrast with traditional Continuum of Care programs in Los Angeles? Possibility of duplicating the program model throughout L.A. County?

The Tenant Services Coordinator will be responsible for facilitating an on-going evaluation review, process, and plan for change. Monthly reports from the *Caminar* data system will be used as a tool to review and evaluate progress in achieving project outcomes. Weekly team meetings and case review will provide an additional method for tracking progress. With this information, the team will be able to assess which interventions and service components are utilized, and what needs to be modified to improve access, quality, effectiveness, and appropriateness.

• **Policies And Procedures To Address Admission, Eviction, Conflict Resolution Issues And Appeals Process**

Cloud Break Development, Inc. will create and implement a management plan that treats everyone equally regardless of income, age, or disability. A partnership between the Management Company and social service providers will be structured to provide voluntary comprehensive supportive social services as well as on-going emergency intervention for supportive housing residents. These policies and procedures will:

1. clearly describe the roles and responsibilities of project management staff
2. ensure access to the Project Manager Property Management Company for routine business during the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, and for emergencies
3. define manner for resolving conflicts between the Property Manager and supportive service provider(s) when they cannot reach agreement on a course of action

Mini Twelve Step House, Inc. plans to continue its policy of maintaining an abstinence-only environment. The organization believes this is the best practice for communal space inhabited by a combination of adults and children. Upon entrance, tenant needs will be assessed. Services offered to address substance use will include prevention

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

services such as relapse prevention, recovery support, individual counseling, and peer support. Regularly scheduled community meetings such as AA, NA, and CA. will be held on site. There will be no drug testing integrated into the program protocol. However, no illegal activity will be tolerated; if discovered a protocol developed by the Tenant Advisory Board and the management group will be initiated that may include individual counseling, peer advocacy, and an array of treatment services. Every effort will be made to assist the resident in remaining in the program. In addition, the “good neighbor” attitude will be agreed upon as described by the Tenant Advisory Board.

- **Frequency Of Scheduled Contacts**

In year 01 during the first 6 months, the partners will meet at least once a month to schedule activities and develop protocols for interagency referrals and sharing of data, as appropriate; Quarterly meetings will occur thereafter.

- **Service Coordination Among Service Providers**

It will be the Site Coordinator’s responsibility to schedule the providers on-site and off-site services, and meetings. In addition, MTSH will utilize the client-tracking and evaluation database program, *Caminar*, for the evaluation of the project to gain a real-time analysis of the Program’s effectiveness. This system has been adopted by and modified for the use of all agencies funded by the State of California Department of Mental Health’s *Integrated Services for Homeless Adults with Serious Mental Illness* (AB34) program as the targeted population and service/housing outcomes for AB34 are very similar to those required by this RFP. Included in *Caminar* are clinical and case management progress notes, which will serve as a tool for the Support Teams to keep a current, comprehensive record of services each of their participants has utilized, and the outcomes of the service. The Tenant Services Coordinator will be responsible for the information collected across the services providers. This data will be used to evaluate both outcome (i.e., client utilization patterns, progress) and process (i.e., service provider’s quality of care).

- **Commitment to the Full Service Partnership (FSP) Programs** when appropriate the program will refer and accept referrals from FSP Programs as part of a continuum of housing options.

- **Health Insurance Portability and Accountability Act of 1996 (HIPAA).**

All agencies providing services to project tenants are committed to take all necessary and reasonable actions to comply with the requirements of HIPAA. While each provider has protocols for HIPAA compliance within their own agency the collaborating service providers will be convened to give input to developing a Uniform Reporting System; a key consideration will be client confidentiality and consent. It is envisioned that a simple Interagency Referral Form will be developed to capture key information for the Uniform Reporting System.

To ensure the quality, appropriateness, and timeliness required that meet the seven

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

Performance Based Criteria outcomes in the SOW a Quality Improvement Committee will be formed to oversee the modifications and implementation of the Plan. In addition examples of Specific Targeted Behavior Outcomes may include:

OUTCOME MEASURED	PROJECT GOAL
Use of alcohol or illegal drugs	Decrease dependency; increase person's ability to manage life's responsibilities; avoid relapse; 80% of participants who have substance use problems will participate in recovery services.
Frequency of use of alcohol/drugs	Decrease/manage and/or stop use as a means toward better health and management/control of one's life; 100% will demonstrate increased management and reduction of use after enrollment; 30% will stop use within the first 12 months after enrollment.
Ability to manage life's details	Increase this ability
Obtaining and maintaining employment	Access employment opportunities and support to sustain the job; 20% of participants will obtain/maintain employment
Participating in education	Access educational opportunities, particularly basic literacy skills
Use of leisure/recreation time	Increase in ability to use leisure/recreation time constructively; increase community functioning
Developing independence	Increase independence & autonomy
Apathy/lack of interest	Decrease sense of apathy; increase social skills
Ability to concentrate	Increase skills
Memory	Enhance memory function
Quality of life	Increase sense of satisfaction with life
Income	Access and assist with obtaining benefits and/or employment income; 80% of participants who do not have SSI/SSDI benefits upon enrollment & who are eligible, will have these benefits within their first 12 months of participation
Arrests; time in jail/prison	Decrease arrests and time in jail by 80%; assure appropriate level of treatment & housing in community
Overall health	Enhance health; reduce symptoms of illness
Inpatient treatment use	Decrease reliance on/need for inpatient treatment; assure appropriate level of voluntary treatment is accessible
Outpatient treatment use	Increase by 90% appropriate use of mental health and substance use recovery and treatment services
Emergency room use	Decrease reliance on emergency room use

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

**4.2.5S—SECTION D: MHSA HOUSING PROGRAM SUPPORTIVE
HOUSING AND SERVICES INFORMATION**

D.5 SUPPORTIVE SERVICES CHART

Supportive Service	Service Location	Frequency of Service	Services Performed by	Participation Tracking Method	Performance Targets
Service Coordinator	On-site	Daily	Mini Twelve Step	Logsheets	100% of tenants will be contacted face-to-face each week.
Case management	On-site	Bi-monthly	Mini Twelve Step	Computerized Client record	50% of tenants will have face-to-face contact with their case manager at least 2 hours a month.
Mental Health Services and Medication Support	On-site & Off-site	Weekly	Ssg and Drew CDC	Computerized Client record	75% of tenants will have face-to-face contact with their Mental Health provider at least 1 hour each week.
Substance Abuse Services 1. Aftercare 2. Outpatient 3. Residential	1. On-site & Off-site 2. Off-site 3. Offsite	1a. In school or employed: once a month 1b. Otherwise once a week 2. 5 days/week 3. Daily	1. Mini Twelve Step Solution Family Resource Center 2. Mini Twelve Step Solution Family Resource Center 3. Mini House	Computerized Client record	1. 75% of tenants in aftercare will remain in contact with Counselor as required. 2. 80% of tenants in Outpatient treatment will be involved in at least 10 hours of treatment each week Monday thru Saturday. 3. 100% of tenants in the Residential program will be involved in treatment for 11.5 hours per day.
Health Care Services	<ul style="list-style-type: none"> • On-site screening and primary care • Off-site Specialty Services 	Bi-Monthly	<ul style="list-style-type: none"> • JWCH Institute, Inc. • Coach-for-Kids 	<ul style="list-style-type: none"> • Log Sheets • Health Records 	40% of tenants will seek medical services. And develop a Medical Home.
Self-help Support Groups	On-site & Off-site	Daily	Mini Twelve Step Solution Family	<ul style="list-style-type: none"> • Meeting cards • Log Sheets 	60% of tenants will be involved in at least one weekly meeting.

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES**

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

Supportive Service	Service Location	Frequency of Service	Services Performed by	Participation Tracking Method	Performance Targets
			Resource Center & Other Local Providers		
Alcohol and Drug Prevention Education	On-site	Quarterly	Mini Twelve Step Solution Family Resource Center	Log Sheets	25% of tenants and their children will be involved in the 18 hours of education.
Legal Assistance	Off-site	As needed	A New Way of Life	Referrals and Follow-up	75% of tenants interested in expunging their record will complete the referral.
Literacy Training	Off-site	As needed	Maxine Waters Learning Center	Referrals and Follow-up	50% of tenants will complete a course.
Personal Skill-building – Job Readiness	Off-site	As needed	Mini Twelve Step Solution Family Resource Center	Referrals and Follow-up	50% of tenants will complete the 1.5 hours per week for 6 week course.
Transportation	On-site	Daily	Mini Twelve Step House	Log Sheets	100% of tenants will utilize this service regularly.
Service Learning Opportunities (volunteer & paid)	On-site & Off-site	Daily	<ul style="list-style-type: none"> • Bobbi Owens Family Living Community • Twelve Step Resale Shop 	<ul style="list-style-type: none"> • Log Sheets • Timesheets 	60% of the tenants will have some level of participation
HIV/AIDS Education and Confidential Counseling and Testing	On-site	Quarterly	Prototypes	Log sheets	25% of tenants will complete the 1.5 hours per week for 7 week course.
Employment Opportunities	Off-site	As Needed	Chrysalis	Referrals and Follow-up	50% of unemployed tenants will seek employment.
