

SUPPLEMENTAL DOCUMENT 4

**SUPPORTIVE SERVICES CRITERIA
(INCLUDES PROPERTY MANAGEMENT PLAN & TENANT
SELECTION PLAN)**

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This Supportive Services Criteria document delineates the standards required by the Los Angeles County Development Authority (LACDA) to provide comprehensive supportive services in permanent housing developments funded through the Notice of Funding Availability (NOFA) and summarizes how the LACDA reviews the Supportive Services Plans and supporting documentation of proposed projects.

1. GENERAL

Supportive Service Plans must address the Service Criteria for the project's intended population(s): NPLH eligible populations, Homeless Special Needs, Other Special Needs, and General Affordable. Supportive Service Plans for projects with multiple target populations must address the Service Criteria for all project populations, including the General Affordable population. The Plans must present a clear distinction between the staffing resources and supportive services allocated to each population, and which services are available to all. The lead service provider(s) must be identified at the time of application for each target population.

A. Partners Serving Homeless Special Needs Populations

Los Angeles County Department of Mental Health (DMH)

DMH will coordinate the provision of supportive services to NPLH-assisted units. The County of Los Angeles, through Measure H, will provide for supportive services to residents of supportive housing units that are set aside for homeless individuals and families. Projects are not required to outline supportive service plans for NPLH units.

Supportive service provision to the balance of the project's units must be detailed in a Supportive Service Plan. The Tenant Selection Plan must include the use of low-barrier tenant selection practices that prioritize vulnerable populations and offer flexible, voluntary, and individualized supportive services.

All applicants must prepare a Supportive Services Plan that is appropriate for the project's residents who are not served by the NPLH program and who are not homeless. DMH will coordinate supportive services for all NPLH-assisted units through its network of contracted Full-Service Partnership providers. The supportive services narrative and budget may indicate that DMH will provide supportive services to assisted units but must also identify all services to be provided to non-NPLH assisted units in the project.

Los Angeles County Department of Health Services (DHS)

The LACDA is partnering with DHS, which administers the Housing for Health program, to provide Intensive Case Management Services (ICMS) to eligible tenants. Projects seeking to serve Homeless Special Needs populations are required to partner with DHS and one of its contracting ICMS providers under the DHS Master Services Agreement. Note that a project may not have more than one ICMS provider serving the Homeless Special Needs units. Lead service providers who are not already ICMS providers must complete the [DHS Request for Statement of Qualifications for Supportive Housing Services](#) process and enter into a Supportive Housing Services Master Agreement (SHSMA) with DHS by

loan closing. See Exhibit 1 for a list of current ICMS providers. Contact Christin Doyle at DHS for more information: CDoyle@dhs.lacounty.gov.

For proposers interested in serving survivors of human trafficking, a compiled list of ICMS providers that serve this population is available in Exhibit 1. In addition to consulting the list, proposers are encouraged to reach out to Sarah Whitman, Coordinator, Domestic Violence System, at LAHSA if you have any general questions: (213) 549-1771, swhitman@lahsa.org. LAHSA cannot and will not consult on the design of specific projects.

The final supportive services plan and budget will be negotiated with DHS approximately six months prior to project lease-up.

U.S. Department of Veterans Affairs (VA)

For projects serving homeless veterans that are receiving, or planning to receive, PB-VASH subsidies, the VA will coordinate and fund most, if not all, supportive services. However, project cash flow may be used to fund a limited amount of additional personnel, as explained below in Section 4. Staffing.

B. Coordinated Entry System

All projects serving Homeless Special Needs Tenants will be required to receive referrals from the Coordinated Entry System (CES). All units that receive ICMS-funded services will be entered into the Resource Management System (RMS) platform hosted by LAHSA. As potential residents are matched to a specific resource through LAHSA in accordance with the CES matching policy, the ICMS provider receives their information and begins outreach to the client, using the DHS CHAMP database to log case notes, track progress, and receive reimbursement for the services. This will ensure all projects can be leased up in an efficient, streamlined manner.

For projects serving survivors of human trafficking, DHS and LAHSA will work with the project team to develop a plan for coordinating referrals of prospective tenants. The plan will include protocols indicating when referrals of other homeless populations of survivors (e.g., survivors of sexual assault, stalking or other dangerous or life-threatening conditions qualifying under HUD's Category 4 definition) will be made to a project in the unlikely event that a human trafficking survivors cannot be identified and matched to a vacant unit.

Applicants are encouraged to contact LAHSA to plan accordingly for Special Needs populations. Applicants can contact David Dang, Permanent Housing and Matching Manager at Ddang@lahsa.org.

NPLH-Assisted Units

DMH will provide supportive services delivery to NPLH-assisted units, with referrals coming through the CES for the homeless and chronically homeless populations and a similar system for the at-risk of chronic homelessness populations.

For project serving homeless veterans with PBVASH subsidies, these units are filled via referrals from the VA rather than through CES.

C. Outcomes

Projects must adopt appropriate measurable outcomes and plan to track and evaluate outcomes data. Outcomes are what you expect to happen for the people served by your project. Outcome objectives, sometimes called outcome benchmarks or indicators, are measurable goals that identify how you know if you are achieving your desired results within specified time frames.

The County of Los Angeles is a partner in the United Way of Greater Los Angeles' Home for Good initiative, which is working to end chronic and veteran homelessness in Los Angeles County. Home for Good has adopted a set of Performance Goals and Indicators for permanent supportive housing. Accordingly, the LACDA requires that all funded projects monitor outcomes for special needs units using the following Home for Good Standards of Excellence:

Housing Stabilization: At least 90% of tenants retain permanent housing (remain in unit or exit to other permanent housing) at six months and 85% after one year.

Increase in Benefits: 100% of tenants assessed for eligible benefits (at a minimum Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI), General Relief (GR), CalWORKs, Veterans Administration (VA)); of those eligible, 95% apply within six months; of those applying, 90% receive benefits within one year.

Tenant Satisfaction/Quality of Life: 80% of tenants who complete satisfaction surveys would recommend this housing project to others in need.

Projects that include units for non-special needs populations are required to adopt the Home for Good outcomes above or establish outcome objectives in the same categories (Housing Stabilization, Increase in Benefits, and Tenant Satisfaction/Quality of Life) that are at least as stringent as the Home for Good outcomes.

D. HMIS Reporting Requirement

The LACDA recognizes the nexus between the special needs housing funded under this NOFA and the work to end homelessness accomplished by the four homeless Continuums of Care (CoC) in Los Angeles County – Glendale, Long Beach, Los Angeles, and Pasadena. The LACDA further recognizes the importance of comprehensive data for the CoCs to plan and accomplish their objectives. Accordingly, Applicants shall agree to enter any units reserved for homeless applicants into LAHSA's RMS, or any successor system at the time of project lease up. For any units targeted to survivors of trafficking, LAHSA will work with the project developer and property management company to ensure that entry to such units into RMS does not identify the units as being reserved for survivors.

Furthermore, no personally-identifiable information will be used to identify matched survivors in RMS (only an HMIS/Victim Service Provider number).

2. SUPPORTIVE SERVICE PLAN APPLICATION COMPONENTS

Depending on the project's target population(s), the Applicant is required to complete certain components of the Supportive Services Plan as detailed in the table below.

Service Plan Application Component	Application Section	Required for NPLH Units	Required for Homeless Special Needs Units	Required for General Affordable Units	Required for Other Special Needs Units
Lead Service Provider Experience Chart	UNOFA Excel Workbook	No	No	No	Yes
Property Management Experience Chart	UNOFA Excel Workbook	Yes	Yes	Yes	Yes
MOU Between Developer & Lead Service Provider	Supporting Document	No	Yes	Yes	Yes
Supportive Services Narrative	UNOFA Excel Workbook	No	Yes, as indicated.	Yes	Yes
Target Population Matrix	UNOFA Excel Workbook	Yes	Yes	Yes	Yes
Supportive Services Staffing Chart	UNOFA Excel Workbook	No	Yes	Yes	Yes
Supportive Services Budget	UNOFA Excel Workbook	Yes	Yes	Yes	Yes
Supportive Services Commitments	Supporting Document	No	No	No	Yes
General Affordable Services Table	UNOFA Excel Workbook	No	No	Yes	No
Property Management Plan	Supporting Document	Yes	Yes	Yes	Yes
Tenant Selection Plan	Supporting Document	Yes	Yes	Yes	Yes

3. BUDGET

All projects must submit a Supportive Services Budget to demonstrate that the level of funding is adequate for the services to be provided and financially feasible. The

application's Budget template includes detailed information on the allowable expense line items and amounts based on the funding source.

A. DMH Funded Projects (NPLH-assisted Units)

DMH will fund mental health services, Intensive Case Management Services, and substance use services for NPLH-assisted units.

B. DHS-Funded Projects

DHS funds ICMS for the Homeless Special Needs units at a rate of \$450/door/month for individuals and \$600/door/month for families. DHS will not fund ICMS for Other Special Needs Units (non-homeless).

This funding is designed to cover all costs (e.g., personnel, supplies, administrative) associated with providing the required services as outlined in this NOFA and the DHS Master Agreement. In addition to personnel costs (staffing requirements are detailed in Section 4 below), DHS requires that budgets include line items for training (estimated at \$1,200 per 1 FTE case manager), client needs (\$2,400 per slot in flexible funds to support housing retention, e.g., document fees, household items), and parking/mileage for transporting clients. Additional expenses such as mobile phone/hotspot contract and office supplies are not required but may be planned for in the budget but if, and only if, all required FTEs and services are covered. Refer to the attached ICMS Cost Allocation Plan (Exhibit 3) for more detail on the allowable use of ICMS funds.

LACDA will permit supportive service costs (personnel and non-personnel) for homeless Special Needs units to be included in a project's operating budget, to the extent that the expense is justifiable, and the project maintains financial feasibility. These expenses paid with cash flow to support homeless Special Needs units are meant to supplement the supportive services funded by DHS.

C. Other Special Needs Units

Cash flow, and any other non-DHS public or private sources, may be used to fund personnel and other service expenses for Other Special Needs Units, as listed below.

D. VA-Assisted Units

The VA funds personnel and non-personnel costs for VASH units. Cash flow may be used to fund a limited amount of additional personnel and non-personnel items, as listed below.

E. General Affordable Units

Cash flow, and any other non-DHS public or private funding sources, may be used to fund personnel and other service expenses for the General Affordable units, as listed below.

4. STAFFING

Services staff must be competent to provide the services necessary to meet residents' needs, trained in best practices, experienced in working with the property's target population(s), and knowledgeable about local resources. In projects with services staff

employed by multiple agencies (e.g., a mixed population project with an ICMS Case Manager from one agency and a Resident Services Coordinator from another), the staff must act in a coordinated manner to provide effective services to all residents. The services team must collaborate with property management staff and serve as a liaison between property management and residents, including reasonable accommodation requests, eviction prevention efforts, and Violence Against Women Act (VAWA) emergency transfer requests.

Regardless of the population(s) to be served, staffing must include 24-hour on-site or on-call property management, service staff, or security staff. Project shall provide after-hours and weekend coverage by either security personnel or property management staff. Applicant may submit a waiver for this security requirements if they determine that the after-hours and/or weekend coverage is not necessary based on the target population, location, or other circumstance. Additional security coverage would be subject to approval by the LACDA.

A. DHS-Funded Units

Homeless Special Needs projects must demonstrate compliance with the personnel requirements contained in the DHS Master Agreement, as summarized below.

Each of these positions must be included in the Supportive Services Staffing Chart in the NOFA Application for Funding:

ICMS Case Manager: required to have at least one year of experience working with homeless individuals and possess a social work/mental health related bachelor's degree or have a minimum of two years of experience providing direct mental health or intensive case management services, unless otherwise approved by DHS. DHS requires Case Management to be provided at a 1:20 staff-to-client ratio for single adult households (inclusive of transition-age youth) and 1:15 for families with children households.

Program Manager: responsible for the overall day-to-day activities, management and coordination of the project, and liaising with DHS. The staffing level must be appropriate to provide adequate program supervision to the number of Case Managers allocated to the project.

Clinical Supervisor: responsible for clinical oversight of the case management services provided, including chart review and case conferencing. Clinical supervision may be provided by licensed staff directly employed by the lead service provider or by a licensed consultant. However, clinical supervision may not be provided by the same Program Manager who supervises the project's ICMS Case Managers nor may the person providing clinical supervision act as a case manager. The staffing level must be one person for up to approximately 250-300 slots.

Other Positions: ICMS funds may not be used to pay for a Resident Service Coordinator (RSC) position as it is duplicative of the Case Manager position. ICMS funds may be used for some additional positions (e.g., Peer Advocate), based on DHS approval, only if the

above required personnel have been budgeted and there are adequate funds available for the additional positions.

Cash flow may be used to fund a Resident Services Coordinator for the Special Needs units, subject to LACDA approval. The staffing level should be appropriate to the tenant population and size of the project. Staffing levels typically fall between 1:50 – 1:100. This optional RSC position is in addition to the DHS- required positions outlined above and in the DHS Master Agreement.

B. General Affordable Units

The primary staffing for the General Affordable units is a Resident Service Coordinator (RSC) or equivalent position. The RSC provides information and referral services to residents to connect them to services in the community as needed and coordinates social activities and other programming for the residents. The RSC is expected to communicate with other on-site staff (e.g., ICMS or VA Case Managers) to ensure effective collaboration, including when planning activities (e.g., social activities) that are available to all tenants.

RSC staffing is required at a 1:40 to 1:75 staff-to-household ratio.

C. VA-Assisted Units

In addition to the services staffing provided by the VA, projects may use cash flow to fund a Resident Services Coordinator for the VA units at a 1:40 – 1:75 staff-to-household ratio.

5. PROJECT PHASES

A. Threshold Review

At threshold review, the Supportive Services Plan will be evaluated to ensure that the requisite application forms and supporting documentation have been submitted in a complete manner, that a formal agreement such as an MOU or a contract is in place between the Applicant and lead service provider, and that a commitment from DHS and/or the VA is in place, depending on the project's target population(s).

Threshold review will also determine whether the services required at this phase (listed in Section 7 below) have been appropriately designed.

B. Quality Review

At quality review, the Supportive Service Plan will be evaluated to ensure that the plan for service provision is adequate and that all other service requirements are met. If the Supportive Services Plan has any deficiencies, a Final Conditions List will be issued for the Applicant to make revisions prior to loan closing.

C. Loan Closing

All awarded projects will be required to provide a revised Supportive Services Plan that addresses all issues identified in the Final Conditions List prior to execution of loan documents and release of funds. If there are unaddressed plan elements subsequent to

loan closing, the LACDA will withhold funds until all issues are addressed to the satisfaction of staff.

D. Pre Lease-Up

All Supportive Services Plans must go through a final review six months prior to lease-up to finalize the incorporation of the Final Conditions List. DHS will issue final approval of Supportive Services Plans for those projects in which it is a partner.

E. Lease-Up

Projects must have a final Supportive Services Plan approved by the LACDA at the time lease-up commences. Any funds that are withheld at loan closing will be released upon resolution of any unaddressed plan elements at this time.

F. Monitoring

The LACDA will monitor the supportive services of projects in operation. The lead service provider must comply with LACDA requirements regarding monitoring and must ensure that all service partners participate.

6. SERVICES PLAN REQUIREMENTS BY PROJECT PHASES

Phase	Requirements	Evaluation
Threshold Review	<ol style="list-style-type: none"> 1. All forms completed and all questions in the UNOFA Application for Funding answered. 2. Formal agreement between Applicant and lead service provider(s) for Special Needs and, if applicable, General Affordable units. If the same entity, include a signed statement from the Executive Director committing to providing services. 3. For each Service Required at NOFA Application Threshold: include a detailed description, identify the service provider, and for off-site services, describe an appropriate transportation plan for residents to access services. 4. For Homeless Special Needs projects, the Lead Service Provider (LSP) is an ICMS provider with an active work order or has begun the RFSQ process. 5. For Homeless Veteran projects, VA or Housing Authority commitment 	<ul style="list-style-type: none"> • Pass or Fail

Phase	Requirements	Evaluation
	letter for VASH is submitted. Projects that are in the process of applying to the LACDA for VASH will pass threshold on a conditional basis.	
Quality Review	<ol style="list-style-type: none"> 1. For Other SN units: Formal agreements for all services. 2. Meet all service requirements (as defined per population in Section 7). 3. All other service requirements have been met (e.g., staffing, budget, property management plan). 	<ul style="list-style-type: none"> • Issue Final Conditions List for any services that were not appropriately planned and to improve other areas of the Services Plan.
Project Review Committee (if necessary)	If directed in Final Conditions List, meet with the Project Review Committee to refine the Service Plan and provide appropriate services.	<ul style="list-style-type: none"> • Issue updated Final Conditions List.
Prior to Loan Closing	Submit Revised Services Plan per Final Conditions List, to include Services Required at Loan Close.	<ul style="list-style-type: none"> • Issue updated Final Conditions List • May withhold loan funds if not completed before loan closing.
Pre Lease-Up (Six Months Prior to Leasing)	Submit Final Services Plan per updated Final Conditions List, if still outstanding.	<ul style="list-style-type: none"> • Issue approval • DHS to issue final approval, if applicable • Release any withheld funds.
Monitoring	Facilitate monitoring; require all service partners to cooperate with monitoring.	<ul style="list-style-type: none"> • Issue monitoring report

7. SERVICES CRITERIA MATRIX AND SERVICES DEFINITIONS

	HOMELESS SPECIAL NEEDS	OTHER SPECIAL NEEDS POPULATIONS			AFFORDABLE
	Homeless	HIV/AIDS	Int./Dev Disabled.	TAY	Affordable
Case Management	Services covered by ICMS/DMH or by VA.	APP	APP	APP	
Mental Health Care		APP	APP	APP	LC
Substance Use Services		APP	APP	APP	LC
Education (including for children, if applicable)		LC	LC	APP	LC
Employment & Training		LC	LC	APP	LC
Life Skills		LC	APP	APP	LC
Physical Health Care		APP	APP	APP	LC
Benefits Assistance		LC	LC	LC	LC
Representative Payee		LC	APP	LC	
Legal Assistance		LC	LC	LC	LC
Child Care (if applicable)		LC	LC	LC	LC
Adult Day Care		LC	APP		
Info & Referral/Service Coordination					LC

App: Service must meet the requirements described below at time of application submission in order to pass Threshold phase.

LC: Service must meet the requirements described below by Loan Close or must document why the service is not needed.

Gray cell: Not applicable

A. Meeting Service Requirements by Population Type

Homeless Special Needs Units

Services funded by DHS are considered adequate and not subject to review as long as the lead service provider is an Intensive Case Management Services (ICMS) provider with a SHSMA with DHS by loan closing. In addition, any project serving survivors of violence, including survivors of human trafficking or any other population captured in HUD's Category 4 homeless definition, is considered adequate and not subject to review if the lead service provider has staff who meet the requirements under state code for serving the targeted subpopulation. These requirements are as follows: domestic violence counselor training - California Evidence Code Section §1037.1, the human trafficking caseworker training - California Evidence Code Section §1038.2, and/or the sexual assault counselor training - California Evidence Code Section §1035.2.

Services funded by the VA are considered adequate and not subject to review as long as the project has a VA commitment letter by loan closing.

Other Special Needs Populations

In order for the service to be considered “provided” by Application or Loan Close, the Plan must:

- (a) Include a detailed description of the service;
- (b) Identify the service provider;
- (c) Obtain a services commitment, e.g., MOU, commitment letter (see requirements in Section 2.B, Quality Review); and
- (d) Describe an appropriate transportation plan so residents can reasonably access services to be provided off-site.

General Affordable Units

In order for the service to be considered “provided,” the Plan must:

- (a) Include a detailed description of the service;
- (b) Identify the service provider; and
- (c) Describe an appropriate transportation plan so residents can reasonably access services to be provided off-site.

While written documentation is not required for these services, Applicants must complete the General Affordable Services Table for mixed-population projects in the NOFA Application for Funding to demonstrate that the lead service provider for the General Affordable units has established relationships with partner agencies in the community to which residents may be referred for services as needed.

B. Services Definitions

The following are descriptions of the services listed in the Services Criteria Matrix. Refer to the Matrix to determine which services are required in the services plan at Application and which are required at Loan Close, based on the tenant population(s).

Service plans that do not provide the appropriate Services Required at NOFA Application Threshold will not pass threshold review. To be considered provided, the Plan and documentation must meet the definition of “provided” as described above.

All services are required to be voluntary for tenants. Participation in services may not be a condition of tenant selection nor tenancy.

Case Management: The primary service provided to tenants on-site. Case managers work with tenants to jointly develop individualized service plans, link tenants to supportive services, e.g., mental health care, and to basic necessities, e.g., food banks/meal delivery, follow up on the outcome of referrals, and coordinate with property management staff to support tenant stability in housing and with other staff (e.g., Resident Services Coordinator) to support community building. Case management also includes the following activities:

- **Individualized Service Plans:** Services staff conduct an initial assessment and work jointly with each tenant to develop an individualized service plan (ISP) to establish goals and corresponding action items to achieve them. Assessments and ISPs

should be updated regularly. For survivors of violence and/or those at high risk, service plans should include objectives related to safety planning.

- **Housing Outplacement:** Linkage to alternative housing options for tenants that require either a higher or lower level of care based on changes to their functioning or health status. Examples of other housing types include board and care, residential treatment, assisted living facilities, or affordable housing. Outplacement can also include tenants whose safety becomes compromised (e.g., victim of domestic violence or sexual assault) and require an emergency transfer to a comparable assisted housing situation.

Mental Health Care: The provision of mental health interventions that meet the tenants' needs, such as individual/family therapy, group therapy, crisis intervention, and support groups.

Substance Use Services: Services to assist tenants experiencing substance use disorders in an outpatient setting, such as individual therapy, group therapy, relapse prevention, and support groups. Tenants may also need access to residential substance use treatment. Both substance use services in an outpatient setting and access to residential substance use treatment must be addressed.

Educational Services: Services to promote tenants' formal educational growth, as appropriate to the age of the tenant population, such as GED classes, school enrollment, and tutoring support. This service is separate from workshops or classes on life skills topics that fall under the Life Skills service category for purposes of this NOFA. For tenants with school-age children, educational services may also include assistance with school enrollment/transfers, arranging for tutoring services, and the like.

Employment Services: Services to support tenants in securing employment, such as job skills training, resume writing, job placement, and job retention services.

Life Skills: Training tenants in various life skills, such as household maintenance, nutrition, cooking, money management, and parenting education, in order to promote independence and successful long-term tenancies. The training can occur one-on-one or in group settings.

Physical Health Care: The provision of physical health services, such as primary health care, dental care, and vision care. Physical health care also includes:

- **Medication Management:** A range of services to assist tenants with their prescription medications, including a review of prescriptions and side effects, patient education, and ensuring compliance with the medication regimen.

Benefits Assistance: Services to assist tenants with the process to secure government benefits for which they are eligible, such as Supplemental Security Income (SSI) and CalFRESH, including collecting documentation, submitting applications and making appeals. Benefits assistance may also include:

- **Attendant Care:** In-home assistance to tenants in need of help performing activities of daily living, such as housekeeping, shopping, and cooking. Attendant care can be provided through the County's In-Home Supportive Services program.

Representative Payee: Financial management for those tenants identified by the Social Security Administration as needing help in managing their benefits. The representative payee ensures that the client uses monthly benefits to pay for basic needs and medical needs before addressing personal needs.

Legal Assistance: Services provided by attorneys to assist tenants with legal matters in areas such as family law, government benefits, and employment.

Child Care: Access to free or low-cost childcare programs to support parents with children of ages 0 – 5, or afterschool care for school-age children.

Adult Day Care: Community-based facilities that provide daytime care and supervision, including social activities, educational programs, health monitoring and exercise, to older or disabled adults.

Information & Referral/Services Coordination: Linkage to supportive services and other resources in the community. This is an important role of the Resident Services Coordinator for tenants in general affordable units.

8. SUPPORTIVE SERVICES PROGRAM REQUIREMENTS

Service providers must ensure that:

- Service provision is flexible and responsive to residents' needs.
- Services are culturally-specific and linguistically-appropriate.
- Services are trauma informed.

All projects are required to have written policies and procedures and to train staff on those policies and procedures covering:

- Drug and/or alcohol use on-site and off-site, including steps to deal with relapsing residents to ensure their ability to remain in the housing.
- Payment of rent by residents during periods of hospitalization.
- Protecting the privacy and confidentiality of residents.
- Assisting applicants and residents in making reasonable accommodation requests, both of property management and outside entities, such as housing authorities, to ensure that persons with disabilities have access to and can maintain housing.
- Violence Against Women Act (VAWA) protections for survivors of domestic violence when applying for, and residing in, federally assisted housing. Such protections include, but are not limited to, emergency transfers to alternative, comparable housing to ensure tenant safety. See <https://www.lahsa.org/portal/apps/vawa> for further information.

- Ensuring the safety and security of staff and residents, including instances of violence and the sale and use of controlled and/or illegal drugs/substances.
- Initial and periodic training in the appropriate and immediate response to tenant crises, such as when tenants become a danger to themselves or others.
- Initial and periodic training in the operator's program philosophy, values, and principles, including those regarding relapse, substance use on-site, and harm reduction. Projects with federal funding (e.g., project-based Section 8 rental assistance) are exempt from any harm reduction requirements that conflict with federal drug laws but otherwise are required to use harm reduction approaches (i.e., general zero tolerance policies are prohibited).
- Grievance procedures.
- Supporting and promoting Voluntary Moving On practices, when resources permit, to help special needs tenants to voluntarily relocate to alternative affordable housing in the community with lower intensity services.
- Facilitating program transfers in accordance with the Coordinated Entry System's Permanent Housing Transfers policy. Transfers to another permanent housing or housing program are designed to better meet a tenant's ongoing needs and reduce the tenant's risk of returning to homelessness and/or other adverse outcomes. (For more information, the policy can be found at <https://www.lahsa.org/documents?id=5524-coordinated-entry-system-policy-permanent-housing-transfers>).

It is highly recommended that supportive service staff and property management staff be trained together on these requirements, whenever possible, to help support mutual understanding and collaboration. It is also recommended that the development of supportive service plans and property management plans be coordinated so they are consistent, complementary, and mutually reinforcing.

9. HOMELESS SPECIAL NEEDS POPULATIONS

Permanent supportive housing for homeless households may target individuals (inclusive of TAY), families and/or families with children experiencing homelessness. The range of services to be provided will vary depending on the particular subpopulation of homeless households served, e.g., chronically homeless, veterans, seniors. All permanent housing developments for persons exiting homelessness shall provide safe, clean, affordable housing to provide stability to residents who will likely have experienced a great deal of disorder and trauma while homeless. It is critical that the housing provider foster a sense of community and support for its residents.

Service providers must assist residents in adjusting to their new living arrangements, help them successfully maintain independent living, and coordinate services to meet their needs, including physical health, mental health, substance use treatment, and other services that support housing retention. Projects serving homeless families with children shall ensure that supportive services target both parents and children.

A. Homeless

Residents served must meet HUD's homeless definition. The full definition can be accessed at

https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

The LACDA is using the category 1 definition of homelessness for the purposes of this NOFA, although projects serving survivors of violence (Category 4 definition) are also eligible:

- (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - (ii) Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or
 - (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

If HUD changes its homeless definition, providers are required to adhere to the definition in effect when leasing to new tenants.

Projects may also choose to target specific homeless subpopulations, including:

B. Chronically Homeless

The HUD chronically homeless definition can be accessed at

<https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf> is:

An abbreviated version of the chronically homeless definition is below. Consult the link above for the exact definition.

- 1) An individual who:
 - A. Has a disability
 - B. Has lived in a shelter, safe haven, or place not meant for human habitation for:
 - i. 12 continuous months with no breaks, or
 - ii. 4 separate occasions in the last three years that total 12 months.
 - C. Occasions are separated by at least consecutive seven nights. Stays in an institution of fewer than 90 days do not constitute a break.

- 2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- 3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

If HUD changes its homeless definition, providers are required to adhere to the definition in effect when leasing to new tenants.

C. Homeless Veterans

“Veteran” means a person who served in the active military, naval, air service, or Coast Guard, including the National Guard and Reserve. For the PBVASH program, the VA has established a priority for chronically homeless veterans. The definition can be accessed at: (<https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>)

D. Homeless Transition Age Youth (TAY)

Homeless TAY are individuals or families between the ages of 18 – 24 who meet the HUD Category 1 definition of homelessness, noted above (although such young adults could also meet the Category 4 definition).

The full definition can be accessed at

https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

E. Persons Impacted by Domestic Violence or Other Life-Threatening Conditions including Human Trafficking

The LACDA is using the Category 4 definition of homelessness. The definition can be accessed at

https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

Note: The 2022 reauthorization of the Violence Against Women Act (VAWA) expanded the criteria to meet HUD’s Category 4 homeless definition. This expansion became effective October 1, 2022. Refer to the following HUD guidance document for further information:

https://www.hud.gov/sites/dfiles/Main/documents/VAWA_Letter_CoC_ESG_Grantees.pdf

The expanded definition is below. Consult the link above for the additional changes of relevance, including the addition of “economic abuse” and “technological abuse” to the definition of domestic violence and stalking.

Any individual or family who:

(i) Is experiencing trauma or a lack of safety related to, or fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or family member in the individual’s or family’s current housing situation, including where the health and safety of children are jeopardized.

(ii) Has no other safe residence; and

(iii) Lacks the resources to obtain other safe permanent housing.

F. Homeless Seniors (aged 55+)

For the purposes of the LACDA’s NOFA, the age requirement for seniors is 55 years of age and older. However, if a senior unit is assisted with federal project-based rental assistance or federal funding, the age requirement is then 62 years of age and older.

In addition to the standard services for homeless residents, projects serving homeless seniors shall be designed to enable senior residents to remain independent, mentally alert, and engaged as they age in place. In order to allow tenants to age in place and remain in independent living for as long as possible, housing operators shall work with tenants to determine what accommodations can be made and services provided to allow them to remain in their units as their needs change. If and when a tenant’s needs exceed what the housing operator is equipped to provide (directly or through partnerships), and the tenant can no longer safely live in his or her unit, housing operators shall make accessible to the tenant information and counseling regarding alternative care options and shall work closely with the tenant to establish a transition plan.

G. Homeless Persons with Mental Illnesses

Permanent housing developments must assist persons with mental illnesses in maintaining long-term, permanent housing. Service providers shall assist residents in adjusting to their new living arrangements and successfully maintain independent living. Providers shall also coordinate residents’ housing and service needs. Some residents may require supportive services to address a variety of special needs in addition to mental illness, such as substance use disorders and developmental disabilities, while others may not require these specialized services.

10. OTHER SPECIAL NEEDS POPULATIONS

A. Persons Living with HIV/AIDS

Permanent housing developments must assist persons living with HIV/AIDS (PLWHA) and their families in maintaining long-term, permanent housing. Residential providers shall assist residents in adjusting to their new living arrangements and successfully maintain independent living. Providers shall also coordinate residents' housing, service, and other basic needs.

Some residents may require supportive services to address a variety of special needs in addition to HIV/AIDS, such as mental illness or substance abuse, while others may not require these specialized services.

Residents should also be connected to Los Angeles County's Division of HIV and STD Programs' Medical Care Coordination (MCC) services, accessed through medical homes, to promote improved health outcomes for PLWHA. Services for residents should also incorporate education on HIV/AIDS-specific issues, such as licit and illicit drug interactions, medical complications of substance use, and health and self-care practices.

B. Persons with Intellectual/Developmental Disabilities

Residential providers shall provide clean, safe, affordable housing for persons with developmental disabilities. Residential providers shall partner with the regional center case manager and the regional center contracted service providers (Independent Living Services or Supported Living Services) who will assist residents in adjusting to and successfully maintaining their independent or supported living arrangements and the overall coordination of their housing and service needs. Regional centers are private non-profit agencies under contract to, and receiving funds from, the State of California to assist persons with developmental disabilities to have access to the services and supports best suited to them throughout their lifetimes.

Applicants must recognize the specific needs of persons with developmental disabilities, who demonstrate a variety of levels of self-care skills, physical coordination and mobility, and/or disruptive or self-injurious behavior.

State of California Definition of Developmental Disability (CA Welfare and Institutions Code Section 4512(a)): "Developmental disability" means a disability that originates before an individual attains 18 years of age; continues, or can be expected to continue, indefinitely; and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability but shall not include other handicapping conditions that are solely physical in nature.

Collaboration. Contact the community services department at the appropriate regional center to inquire about housing needs of individuals with developmental disabilities in the area. Technical assistance may be available from the regional center in whose catchment

area the development will be located. The proposer shall work with the regional center and residents' chosen service providers.

C. Transition Age Youth (TAY)

Permanent housing programs for at-risk transition age youth, 18 – 24 years of age (e.g., those exiting foster care), offer a vital opportunity to offset limited support networks, incomes, credit, rental history, and exposure to living independently with an opportunity to become stable in safe, affordable housing that is integrated with specialized supportive services. These programs offer youth a chance to address issues that may have developed during their diverse and sometimes turbulent histories. In turn, permanent housing improves outcomes related to education, employment, health care, and overall well-being. Proposers shall provide a safe and nurturing environment for all residents. Proposers must also promote a sense of community in their developments to mitigate the sense of isolation and lack of support that remain common experiences among this population.

TAY shall be provided with permanent housing that fosters independence and self-reliance, but still allows access to additional supportive services that are appropriate to their particular, individualized needs.

These programs are lease-based, where youth are treated as residents and assume all the rights and responsibilities associated with tenant-based housing. Though youth are not forced to move out prematurely, they shall be assisted if ultimately, they seek other permanent housing arrangements and to establish themselves as self-supporting. In these cases, it is critical that the proposer arrange to provide follow-up services to facilitate a smooth transition and sufficient access to services so that the youth will remain stable and meet tenancy requirements.

11. PROPERTY MANAGEMENT AND TENANT SELECTION PLAN

The Property Management and Tenant Selection Plans (Plans) must demonstrate that the building's management operations are appropriate for the target populations. The Plans must align with the Housing First approach, as set forth in California Welfare and Institutions Code Section 8255(b), in which people can access permanent housing without preconditions (e.g., sobriety, treatment, or service participation requirements) and are provided on a voluntary basis with the supports needed to maintain that housing. The Plans must identify how the Housing First approach will be operationalized through the building's policies and procedures and do so in sufficient enough detail to enable an on-site Manager to respond *consistently* to all applicant or tenant situations at any given time.

Coordinated Entry

All projects supported by LACDA are required to participate in LA County's Coordinated Entry System (CES). The Property Management and Tenant Selection Plans (Plans) must describe procedures for this participation, including, but not limited to, entry of

vacancies into LAHSA's Resource Management System (RMS) for matching for initial lease-up purposes, the notification to CES when there is unit turnover (describe who is contacted and how), and how Property Management will work with the Lead Service Provider and other relevant agencies (referring CES provider/navigator and DHS or other county agencies) on the tenant screening and selection process. Typically, referrals for special needs units begin 60 days before initial occupancy, and the Plans need to be finalized 30 days before then. As living documents, Property Management and Tenant Selection Plans should be updated, as necessary, to reflect any revisions to LA County's matching and prioritization policies, including measures instituted on an interim basis. Current CES policies can be found at <https://www.lahsa.org/news?article=332-coordinated-entry-system-policies>.

Tenant Selection

Supportive housing programs are designed to house people whose often damaged credit, poor rental histories, and/or criminal backgrounds disqualify them from traditional tenant screening processes. Housing providers must adopt low-barrier tenant selection criteria that are lenient and flexible, while adhering to the rules and regulations of the project's other funders. Furthermore, tenant selection plans must account for the purpose and role of supportive services for special needs tenants in ameliorating past negative behaviors, such as poor housekeeping habits, rather than screening out applicants based on those behaviors.

Tenant screening standards for the special needs units, including criminal background, housing history, and financial screening criteria (e.g., rental or other debt), must not be stricter than those used by the Public Housing Authority (PHA) that has jurisdiction over the location of the project site. By way of illustration, the current Section 8 Administrative Plans for the PHAs for the City and County of Los Angeles do not include any criminal background screening beyond the HUD-mandated exclusions for registered sex offenders and methamphetamine production.

In mixed population projects, given the required differences in selection criteria for special needs units and general affordable units, tenant selection plans must clearly distinguish between criteria and procedures for the different populations in such projects. Best practice is to list the criteria and procedures separately by population.

The development of a Tenant Selection Plan will be a collaborative effort between the LACDA, affected County Departments, the management agent, and the owner, usually requiring various iterations prior to project lease-up. Applicants wishing to minimize the number of iterations, however, are strongly encouraged to provide detailed implementation procedures for the following required components.

Required Components

Plans must address each of the following components by describing the relevant policy and procedures, and ensuring consistency with Housing First practices:

1. Tenant eligibility and screening standards for the homeless special needs units must align with the standards set by the local PHA. Any additional screening criteria in categories not included by the PHA (e.g., credit history, rental history) must align with Housing First practices. All stated screening criteria should be clearly defined to include lookback periods or other objective parameters as applicable.
2. The use of the local Coordinated Entry System (CES) for referrals of homeless special needs tenants.
3. Tenant outreach for general population units, if applicable.
4. The use of waiting lists for vacant units. Such lists should only be used for general affordable units.
5. Confidentiality policy.
6. Substance use policy for residents that aligns with harm reduction practices. Note: projects with federal funding (e.g., project-based Section 8 rental assistance) are exempt from harm reduction requirements that conflict with federal drug laws but otherwise must adhere to non-conflicted harm reduction requirements.
7. Regular communication and collaboration between property manager and services coordinator/case manager to support housing retention and overall building operations (e.g., types, times, and locations of communication and meetings; initial and ongoing cross training that will be provided).
8. Eviction policies (e.g., in cases of lease violations, non-payment of rent) and eviction prevention procedures that are reasonable for the target populations and provide adequate support for residents with the ultimate goal of maintaining tenancies. Under Housing First, the burden is on Property Management to flexibly respond to tenant crises or issues, only using the eviction process as a last resort. The Plan should describe the specific procedures for how Property Management will work with the on-site service provider(s) to remediate issues jeopardizing the tenant's housing (e.g., protocols for copying services staff on notices given to tenants and then working together to address observed lease violations). Plans should differentiate between policies and procedures for special needs units and general affordable units, if applicable.
9. Processes for assisting tenants to apply for utility rate assistance programs, if available.
10. How applicants and residents will be assisted in making reasonable accommodation requests, in coordination with the services provider, to ensure that persons with disabilities have access to and can maintain housing, including how an applicant's disability will be considered relative to past behavior(s) or records that might otherwise lead to rejection of an application for tenancy.
11. Consumer rights specific to adaptability features available in each unit.
12. The type of Green/Sustainability Education to be offered to residents and the ways that residents will be made aware of the project's green building elements.
13. Policies and practices to work with the Lead Service Provider to support Voluntary Moving On strategies <https://files.hudexchange.info/resources/documents/Moving-On-Services-Guide.pdf> consistent with best practices for supportive housing programs and

with California State Department of Housing and Community Development requirements for supportive housing projects. When community resources allow (e.g., tenant-based vouchers are available), Voluntary Moving On expands a community's supportive housing capacity by helping persons who no longer need or want intensive services to move to alternative affordable housing with services, thereby creating supportive housing vacancies for other special needs persons in need.

14. Policies and procedures to notify victims of violence about their protections under the Violence Against Women Act and to ensure rental applicants and tenants who are survivors can realize their full rights, including as needed relocation. See local guidelines and requirements for the local Continuum of Care in which the housing project is located. For the LA CoC, see <https://www.lahsa.org/portal/apps/vawa>.
15. Commitment to Housing First practices, consistent with the core components set forth in Welfare and Institutions Code Section 8255(b), which include:
 - Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.
 - Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of “housing readiness.”
 - Participation in services or program compliance is not a condition of permanent housing tenancy.
 - Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California’s Civil, Health and Safety, and Government codes.
 - The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction.
 - Use of a coordinated entry system that prioritizes eligible tenants based on criteria other than “first-come-first-served,” including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services.
 - The project and specific unit may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

Evaluation

The Plans will be assessed for their applicability to the proposed project and target population(s) and will be evaluated against the criteria above. They must be consistent with other assertions throughout the Supportive Services Plan (e.g., reasonable accommodation procedures, eviction prevention policies) and must demonstrate coordination between the goals of the project’s supportive services and property management. Best practice is to have the Lead Service Provider and Property Management Company review the respective Supportive Service and Property Management Plans to ensure alignment and mutual understanding. In LACDA’s experience, many projects fall short of this standard, resulting in inconsistencies in plans.

EXHIBIT 1
LIST OF DHS-APPROVED INTENSIVE CASE MANAGEMENT SERVICES
PROVIDERS

Supportive And/Or Housing Master Agreements

	Name:	Agreement #:	Execution Date:
1.	A Brighter Day Recuperative Care, LLC	H-709769	8/31/2022
2.	A Step to Freedom	H-709677	7/1/2022
3.	Abundant Blessings From Above, Inc.	H-709758	8/31/2022
4.	Across the Nations, Inc.	H-709376	8/12/2022
5.	Alcoholism Center for Women	H-709774	9/19/2022
6.	Alcott Center for Mental Health Services	H-709574	7/1/2022
7.	All In 1 Choices, Inc.	H-709790	1/6/2023
8.	Alliance for Community Empowerment, Inc.	H-708256	9/26/2019
9.	Alliance for Housing and Healing	H-709561	7/1/2022
10.	Alma Family Services	H-709643	7/1/2022
11.	AltaMed Health Services Corporation	H-708759	8/15/2022
12.	American Family Housing	H-709622	7/1/2022
13.	Angel Housing	H-709815	1/23/2023
14.	Antelope Valley Partners for Health	H-709687	7/1/2022
15.	Asani Inc.	H-710069	6/14/2023
16.	Ascencia	H-709570	7/1/2022
17.	Asian American Drug Abuse Program, Inc.	H-709636	7/1/2022
18.	Asian Youth Center	H-709610	7/1/2022
19.	Assisted Living Foundation of America	H-709672	7/1/2022
20.	Awakening Recovery	H-709770	9/13/2022
21.	Bayfront Youth and Family Services	H-709780	10/12/2022
22.	Behavioral Health Services, Inc.	H-709651	7/1/2022
23.	Beit Tshuvah	H-709387	7/1/2022
24.	Bienestar Human Services, Inc.	H-709732	8/10/2022
25.	Bridge to Home SCV	H-709605	7/1/2022
26.	Bridges Community Treatment Center	H-709755	8/13/2022
27.	Brilliant Corners	H-709560	7/1/2022
28.	Brilliant Corners	H-705430	9/14/2012
29.	Bryant Temple AME Community Development Corporation	H-710029	2/10/2023
30.	Building Lives, LLC	H-709667	7/1/2022
31.	California Care Centers, Inc. DBA The Manor	H-709696	7/1/2022
32.	Cambodian Association of America	H-709682	7/1/2022
33.	Canon Human Services Centers, Inc.	H-709657	6/29/2022
34.	CASA of Los Angeles	H-709767	9/23/2022
35.	Catholic Charities of Los Angeles, Inc.	H-709617	6/29/2022
36.	Center for Interated Family and Health Services	H-709754	8/31/2022
37.	Center for Living and Learning	H-709597	7/1/2022
38.	Century Villages at Cabrillo, Inc.	H-709596	7/1/2022
39.	Chabad of California, Inc.	H-709658	7/1/2022
40.	Champions in Service San Fernando Valley and Greater Los Angeles	H-709624	7/1/2022
41.	Charles R. Drew University of Medicine and Science	H-709390	7/1/2022

	Name:	Agreement #:	Execution Date:
42.	Charles R. Drew University of Medicine and Science	H-709006	4/7/2021
43.	Child & Family Center	H-709386	8/24/2022
44.	Childrens Bureau of Southern California	H-709688	7/1/2022
45.	Childrens Hospital Los Angeles	H-709756	10/6/2022
46.	Chinatown Service Center	H-709768	1/26/2023
47.	Chosen Gospel Recovery, Inc.	H-710038	4/11/2023
48.	Christ-Centered Ministries	H-709612	6/29/2022
49.	CLARE MATRIX	H-709591	7/1/2022
50.	Coalition for Responsible Community Development	H-709602	6/29/2022
51.	Comagine Health	H-709753	8/29/2022
52.	Community Health Alliance of Pasadena DBA ChapCare	H-709649	7/1/2022
53.	Community Partners	H-710034	3/6/2023
54.	Community Partners	H-708146	5/8/2019
55.	CORE Community Organized Relief Effort	H-709683	7/1/2022
56.	Covenant House California	H-709616	7/1/2022
57.	CRI-Help, Inc.	H-709650	7/1/2022
58.	Detour Behavioral Health Inc	H-709807	1/26/2023
59.	Detours Mentoring Group Inc. dba Assured Lifestyle Housing	H-709817	1/30/2023
60.	Didi Hirsch Psychiatric Service	H-709589	7/1/2022
61.	Divine Healthcare Services, Inc.	H-709388	6/29/2022
62.	Downtown Womens Center	H-709551	7/1/2022
63.	East Valley Community Health Center, Inc.	H-709628	6/29/2022
64.	Edwards Consulting, LLC	H-709750	8/24/2022
65.	Eggleston Youth Centers, Inc.	H-709731	1/6/2023
66.	El Proyecto del Barrio, Inc.	H-710070	6/9/2023
67.	Ellas Foundation	H-709675	7/1/2022
68.	Emotional Health Association, dba SHARE! The Self-Help And Recovery Exchange	H-709592	7/1/2022
69.	Enki Health Services, Inc.	H-709680	7/1/2022
70.	Epidaurus	H-709580	7/1/2022
71.	Equitable Social Solutions, LLC	H-710030	2/13/2023
72.	Essential Access Health	H-709690	7/1/2022
73.	Exodus Recovery, Inc.	H-709577	7/1/2022
74.	Exodus Recovery, Inc.	H-706759	6/28/2019
75.	Fair Opportunity for Change, Inc.	H-709681	6/29/2022
76.	Fathers and Mothers Who Care, Inc.	H-709751	9/21/2022
77.	FBG Group, LLC	H-709637	6/29/2022
78.	First to Serve, Inc.	H-709646	7/1/2022
79.	Five Keys Schools and Programs	H-709803	1/10/2023
80.	Flintridge Center	H-709611	7/1/2022
81.	Fly Like an Eagle Outreach, Inc.	H-710052	5/26/2023
82.	Fred Browns Recovery Services, Inc.	H-709652	7/1/2022
83.	Free From Hardship L.A. Inc.	H-710033	2/21/2023
84.	Friends Outside in Los Angeles County	H-708715	8/11/2020

	Name:	Agreement #:	Execution Date:
85.	Good Seed Community Development Corporation	H-709583	6/29/2022
86.	Grandview Foundation, Inc.	H-709659	7/1/2022
87.	Hamburger Home dba Aviva Family and Childrens Services	H-709771	9/7/2022
88.	Harbor Interfaith Services	H-709600	7/1/2022
89.	Harbor Interfaith Services	H-707350	9/19/2017
90.	Health Advocates, LLC	H-709671	7/1/2022
91.	HealthRIGHT 360	H-709585	6/29/2022
92.	Helpline Youth Counseling, Inc.	H-709627	7/1/2022
93.	Heritage Clinic and the Community Assistance Program for Seniors	H-709608	6/29/2022
94.	Hillsides	H-709748	9/2/2021
95.	Hillview Mental Health Center, Inc.	H-709749	10/12/2022
96.	Hollidays Helping Hands, Inc.	H-709668	7/1/2022
97.	Hollywood Community Housing Corporation	H-709746	8/1/2022
98.	Home at Last Community Development Corporation	H-709604	7/1/2022
99.	Homeboy Industries	H-709631	6/29/2022
100.	Homeless Health Care Los Angeles	H-709548	6/29/2022
101.	Homes for Life Foundation	H-709745	10/14/2022
102.	Hope of the Valley Rescue Mission	H-709639	7/1/2022
103.	House of Hope Foundation, Inc.	H-709647	7/1/2022
104.	Housing Works	H-709549	7/1/2022
105.	I-ADARP, Inc	H-710065	5/18/2023
106.	Imagine Los Angeles, Inc.	H-709588	7/1/2022
107.	Inner City Law Center	H-709666	6/29/2022
108.	Inner City Visions	H-710027	2/14/2023
109.	Jamboree Housing Corporation	H-709733	9/30/2022
110.	Jewish Family Service of Los Angeles	H-709801	12/29/2022
111.	Jovenes, Inc.	H-709581	7/1/2022
112.	JSI Acquisition, Inc. DBA Libertana Home Health Care	H-709613	6/29/2022
113.	Just Us 4 Youth	H-709744	9/21/2022
114.	JWCH Institute, Inc.	H-709550	7/1/2022
115.	Kingdom Causes Bellflower	H-709654	7/1/2022
116.	Koreatown Youth and Community Center, Inc.	H-709626	7/1/2022
117.	L.A. Family Housing Corporation	H-709566	7/1/2022
118.	L.A. Global Care	H-709789	12/28/2022
119.	Lake Hughes Recovery	H-710049	6/8/2023
120.	Legacy LA Youth Development Corporation	H-709743	8/17/2022
121.	Legal Aid Foundation of Los Angeles	H-709630	6/29/2022
122.	Life Skills Training and Educational Programs, Inc.	H-709552	7/1/2022
123.	LINC Housing Corporation	H-709634	7/1/2022
124.	Little House	H-710071	6/13/2023
125.	Los Angeles Centers for Alcohol and Drug Abuse	H-709614	6/29/2022
126.	Los Angeles Community College District - East Los Angeles College	H-709684	7/1/2022
127.	Los Angeles LGBT Center	H-709619	6/29/2022

	Name:	Agreement #:	Execution Date:
128.	Los Angeles Mission, INC	H-710054	6/5/2023
129.	Love Home, Inc.	H-709676	7/1/2022
130.	LTSC Community Development Corporation	H-709742	8/17/2022
131.	Lutheran Social Services of Southern California	H-709606	7/1/2022
132.	Measure of Hearts Foundation	H-709818	1/26/2023
133.	Mela Counseling Services Center, Inc.	H-709776	9/27/2022
134.	Melanin Angels	H-709808	1/26/2023
135.	Men Taking Over Reforming Society, Inc.	H-709655	7/1/2022
136.	Mental Health America of Los Angeles	H-709553	6/29/2022
137.	Mess 2 A Message, Inc	H-710040	3/29/2023
138.	Million Little	H-709810	1/20/2023
139.	Mount San Antonio College	H-709691	6/29/2022
140.	National Health Foundation	H-709590	7/1/2022
141.	Neighborhood Legal Services for Los Angeles County	H-709784	1/1/2023
142.	New Directions Housing, LLC	H-709579	7/1/2022
143.	New Hope Academy of Change	H-709760	8/31/2022
144.	New Opportunities Organization	H-710043	4/25/2023
145.	Open Arms Temporary Living, Inc.	H-709678	7/1/2022
146.	Parents, Educators/Teachers & Students in Action	H-709812	1/20/2022
147.	Partners in Care Foundation, Inc.	H-709669	6/29/2022
148.	PATH	H-709565	7/1/2022
149.	PATH	H-705713	3/4/2013
150.	Paving the Way Foundation	H-709594	7/1/2022
151.	Paving the Way Foundation	H-707299	8/9/2017
152.	PAX House, Inc.	H-709811	1/20/2023
153.	PCS Family Services Inc	H-709725	1/29/2022
154.	Penny Lane Centers	H-709562	7/1/2022
155.	People Coordinated Services of Southern California, Inc.	H-710075	7/19/2023
156.	Personal Involvement Center, Inc.	H-710028	6/6/2023
157.	Phoenix Houses of Los Angeles, Inc.	H-709778	9/27/2022
158.	Pleasant Beginnings Foundation	H-709747	1/27/2023
159.	Posse Love Corporation DBA Lone Star Board and Care	H-709781	12/13/2022
160.	Pretty Girlsss LLC	H-709813	1/26/2023
161.	Primary Care Development Corporation	H-709819	1/26/2023
162.	Principles, Inc.	H-709648	7/1/2022
163.	Public Health Foundation Enterprises, Inc. DBA Heluna Health	H-709598	7/1/2022
164.	Public Health Foundation Enterprises, Inc. DBA Heluna Health	H-707340	8/28/2017
165.	Rancho San Antonio Boys Home, Inc.	H-709694	6/29/2022
166.	RDB Management, LLC	H-709820	1/26/2023
167.	Reach for the Top, Inc.	H-709656	7/1/2022
168.	Reclaim-Possibility LLC	H-709761	8/30/2022
169.	Regeneration Recovery and Reentry Services	H-709762	9/22/2022
170.	Rio Hondo Community College District - Rio Hondo College	H-709686	7/14/2022

	Name:	Agreement #:	Execution Date:
171.	Safe Refuge	H-709653	7/1/2022
172.	San Fernando Valley Community Mental Health Center, Inc.	H-709587	7/1/2022
173.	Sanctuary of Hope	H-709621	7/1/2022
174.	SCAN Health Plan	H-709763	8/31/2022
175.	Serenity Recuperative Care, Inc.	H-709644	7/1/2022
176.	Single Room Occupancy Housing Corporation	H-709575	6/29/2022
177.	SISTAHFRIENDS	H-710051	5/3/2023
178.	Social Model Recovery Systems, Inc.	H-709660	7/1/2022
179.	Soledad Enrichment Action, Inc.	H-709632	7/1/2022
180.	South Bay Center for Counseling	H-709764	9/23/2022
181.	Southern California Alcohol and Drug Programs, Inc.	H-709555	6/29/2022
182.	Southern California Crossroads	H-709673	4/14/2023
183.	Southern California Health & Rehabilitation Program	H-709582	7/1/2022
184.	Special Service For Groups, Inc.	H-709556	6/29/2022
185.	St. Annes Maternity Home	H-709638	7/1/2022
186.	St. Johns Well Child and Family Center, Inc.	H-709586	7/1/2022
187.	St. Joseph Center	H-709557	6/29/2022
188.	Step by Step Resource Center	H-710072	6/23/2023
189.	Step Up On Second Street, Inc.	H-709568	7/1/2022
190.	T.D.D. Supportive Living Inc.	H-709791	1/5/2023
191.	Tarzana Treatment Centers, Inc.	H-709603	6/29/2022
192.	Telecare Corporation	H-709618	6/29/2022
193.	Testimonial Community Love Center	H-709802	1/4/2023
194.	The Antelope Valley Community Uplift Foundation	H-710063	6/8/2023
195.	The Anti-Recidivism Coalition	H-709578	7/1/2022
196.	The Anti-Recidivism Coalition	H-706854	6/28/2019
197.	The Beacon House Association of San Pedro	H-709389	7/1/2022
198.	The Catalyst Foundation	H-709593	7/1/2022
199.	The Center at Blessed Sacrament	H-709633	7/1/2022
200.	The Childrens Center of The Antelope Valley	H-709785	12/8/2022
201.	The Chrysalis Center	H-709620	6/29/2022
202.	The Chrysalis Center	H-707651	4/10/2018
203.	The Illumination Foundation	H-709573	7/1/2022
204.	The Information and Referral Federation of Los Angeles County dba 211 LA County	H-709787	1/26/2023
205.	The People Concern	H-709547	6/29/2022
206.	The Salvation Army	H-709558	7/1/2022
207.	The Skid Row Housing Trust	H-709563	7/1/2021
208.	The Village Family Services, Inc.	H-709752	9/30/2022
209.	The Whole Child - Mental Health & Housing Services	H-709601	7/1/2022
210.	Timelist Group, Inc.	H-709663	7/1/2022
211.	Tri-City Mental Health Authority	H-709670	7/1/2022
212.	Turning Point Alcohol and Drug Education Program, Inc.	H-709609	7/1/2022
213.	Uncle Daves Housing	H-710068	5/23/2023

	Name:	Agreement #:	Execution Date:
214.	Union Station Homeless Services	H-709572	7/1/2022
215.	United States Veterans Initiative	H-709664	6/29/2022
216.	Unity Care, Inc., dba Caregiving Solutions	H-710022	1/27/2023
217.	Uplift Family Services, dba Pacific Clinics	H-709571	6/29/2022
218.	Upward Bound House	H-709564	6/29/2022
219.	Van Ness Recovery House	H-709661	7/1/2022
220.	VelNonArt Transformative Health	H-710039	4/24/2023
221.	Venice Community Housing Corporation	H-709595	7/1/2022
222.	Veteran Social Services Inc.	H-709735	8/18/2022
223.	Via Care Community Health Center	J-709722	7/1/2022
224.	Victory Starts Now, Inc.	H-709695	6/29/2022
225.	VIP Community Mental Health Center, Inc.	H-709736	8/30/2022
226.	Volunteers of America of Los Angeles	H-709559	6/29/2022
227.	Watts Healthcare Corporation	H-709662	6/29/2022
228.	Weingart Center Association, Inc.	H-709599	6/29/2022
229.	Wellnest Emotional Health And Wellness	H-709645	6/29/2022
230.	West Hollywood Community Housing Corporation	H-709738	8/23/2022
231.	WESTCAL ACADEMY, INC.	H-709741	8/17/2022
232.	Wheeler Management LLC	H-709739	8/23/2022
233.	Whittier Area First Day Coalition	H-709740	10/4/2022
234.	Whole Systems Learning	H-709775	10/7/2022
235.	Worker Education and Resource Center, Inc.	H-709737	8/24/2022
236.	Youth Advocate Programs, Inc.	H-709804	1/18/2023
Total Number of Agreements:		236	



LACDA worked with LA Homeless Services Authority (LAHSA) and the County Department of Health Services (DHS) to compile this list of ICMS providers that serve survivors of human trafficking, for proposers interested in dedicating units to that preference population. The list includes contact information, geography served, and population served. Note that this is not an exhaustive list of eligible agencies. In addition to consulting this list, proposers are encouraged to reach out to Sarah Whitman, Coordinator, Domestic Violence System, at LAHSA with any general questions: (213) 549-1771, swhitman@lahsa.org. LAHSA cannot and will not consult on the design of specific projects.

ICMS PROVIDERS SERVING SURVIVORS OF HUMAN TRAFFICKING

Organization	Contact	SPAs served	Willing to serve additional SPAs?	Age population served	Willing to serve additional age populations?	Experience providing services in PSH?
Child & Family Center	Nikki Buckstead nikkibuckstead@childfamilycenter.org 661-259-9439	1, 2	No	<ul style="list-style-type: none"> • Adults • Families • Youth 	N/A	No

ICMS PROVIDERS SERVING SURVIVORS OF HUMAN TRAFFICKING

Organization	Contact	SPAs Served	Willing to serve additional SPAs?	Age Population Served	Willing to serve additional age populations?	Experience providing services in PSH?
Hope of the Valley Rescue Mission	Kimberly Carter kimberlycarter@hopethemission.org 818-612-5262	2	Yes, 3, 4, 5, 6, 7	<ul style="list-style-type: none"> • Adults • Families 	Yes, Youth	Yes
Jewish Family Service of Los Angeles	Karen Rosenthal krosenthal@jfsla.org 818-789-1293	2	No	<ul style="list-style-type: none"> • Families 	Yes, Youth	No
Jovenes, Inc.	Sendy Gonzalez sgonzalez@jovenesinc.org 323-899-9153	4, 7	No	<ul style="list-style-type: none"> • Youth 	Yes, Adults	Yes
Sanctuary of Hope	Janet Denise Kelly janet.kelly@thesoh.org Tiana Brown tiana.brown@thesoh.org 323-786-2413	1, 6, 8	Yes, serving TAY only	<ul style="list-style-type: none"> • Youth 	No	No
Southern California Alcohol and Drug Programs, Inc.	Virginia Salcedo vsalcedo@scadpinc.org 562-923-4545 x 7302	1, 2, 3, 4, 5, 6, 7, 8	N/A	<ul style="list-style-type: none"> • Adults • Families 	No	Yes

ICMS PROVIDERS SERVING SURVIVORS OF HUMAN TRAFFICKING

Organization	Contact	SPAs served	Willing to serve additional SPAs?	Age population served	Willing to serve additional age populations?	Experience providing services in PSH?
St. Joseph Center	Marjorie Solorzano msolorzano@stjosephctr.org 562-350-1038	5, 6, 8	Yes	<ul style="list-style-type: none"> • Adults • Families 	No	Yes
The People Concern	Eric Becerra ebecerra@thepeopleconcern.org 818-397-4289	1, 2, 3, 4, 5, 6, 7	N/A	<ul style="list-style-type: none"> • Adults • Families • Youth 	N/A	Yes
Turning Point Alcohol and Drug Education Program, Inc.	Michelle Perkins turningpoint123@att.net	6	No	<ul style="list-style-type: none"> • Adults 	No	Yes
Volunteers of America of Los Angeles	Patricia Esquivel pesquivel@voala.org 213-605-3926	3, 6, 7	No	<ul style="list-style-type: none"> • Adults • Families 	Yes, Youth	Yes

EXHIBIT 2
SAMPLE SUPPORTIVE SERVICES COMMITMENT LETTER

[Letterhead of Agency Committing Service]

[Date]

[Applicant Name]

[Address]

SUPPORTIVE SERVICES COMMITMENT FOR [PROJECT NAME]

Dear [Applicant Contact Name],

I am pleased to provide this letter of commitment for [Applicant & Project Name], a [XX] unit [type of project: e.g. Permanent Supportive Housing; Mixed Affordable & Permanent Supportive Housing] for [target population(s)] located at [address].

[Description of Agency Committing Service].

[Agency Committing Service] is committed to providing [description of the services to be provided] to the [Project Name]'s [target population(s)] who will be able to access the service]. Services will be available to [Project Name]'s residents [days and hours during which services will be provided] at [location where services will be available].

The term of this agreement shall be for [duration of the agreement].

We look forward to partnering with you on this project.

Sincerely,

[Contact Name of Agency Committing Service]

**EXHIBIT 3
(ICMS) COST ALLOCATION PLAN**

(ICMS) COST ALLOCATION PLAN

Household Type	Project Units	Required FTE of ICMS	Monthly Reimbursement to ICMS
Single Adults (1:20 ratio)	97	4.85	\$ 43,650.00
Families w/children (1:15 ratio)	0	0	\$ -
Total	97		
Total Required FTE Direct Staffing:		4.85	
Actual Case Managers to be hired:		5	
Monthly DHS Reimbursement			\$ 43,650.00
Estimated Annual DHS Reimbursement			\$ 523,800.00

(ICMS) Cost Allocation Plan

	% FTE	Rate	DHS ICMS Funds	Leveraged Source 1	Leveraged Source 2	Comment/Justification
Personnel						
Case Manager Level 2	400%	\$60,000	\$240,000	\$0		REQUIRED. Provides direct case management to residents of the building at the applicable FTE.
Case Manager Level 1- PT caseload	85%	\$55,000	\$46,750	\$0		REQUIRED. Provides direct case management to residents of the building at the applicable FTE.
HFH Program Manager #1	100%	\$80,000	\$80,000	\$0		REQUIRED. Supervises Case Managers and liasions with DHS HFH program staff on program operations and client relations. Program Management staff is required but does not have a prescribed FTE.
Licensed Clinical Support	10%	\$100,000	\$0	\$10,000		REQUIRED. Provision of licensed clinical support is required but does not have a prescribed FTE. This can also be contracted out if no licensed clinicians are on staff. Suitable ratio is 1 person for up to approximately 250-300 slots. FTE should be scaled accordingly in column B.
Director	5%	\$120,000	\$0	\$6,000		OPTIONAL—typically does not exceed 0.1 FTE
Total Salaries			\$366,750	\$16,000		
Benefits (calculated at 28%)			\$102,690	\$4,480		
TOTAL PERSONNEL			\$469,440	\$20,480		
Services and Supplies Cost						
Training		\$1,200	\$6,000	\$0		REQUIRED— \$1200 per case manager FTE. This includes \$1,050 for the mandatory Case Management Institute + remainder for other DHS approved housing, health, and homeless trainings). Funding to be used for new employees, staff turnover, and continuing education with DHS approval.
Client Needs		\$200	\$19,400	\$0		REQUIRED. \$200 annually per slot. Funding to keep patients stable in permanent supportive housing; e.g., document fees (e.g., ID replacement/renewal), personal and household items, taxi/transportation vouchers, co-pays for meds, medical care, medical items not covered by Medi-Cal, other.
Parking and Mileage		\$1,200	\$2,720	\$3,100		REQUIRED- Transporting clients is part of the ICMS scope of work. Suggested at \$1,200 annually per case manager FTE. Average based on actuals for comparable programs. Reimbursement not to exceed IRS rate.
Program/Office Supplies						Optional. This should not include furnishings or initial technology purchases as these are paid for at slot activation (see line 22)
TOTAL SERVICES AND SUPPLIES			\$28,120	\$3,100		
Administrative Costs			\$49,756	\$0		(not to exceed 10% of Personnel and S&S)
One-Time Costs			\$10,000			1 per every new FTE High Acuity Case Mgr. x \$2,000 for furniture, computers, printers, phones, internet hot spot set up, etc.
FIRST YEAR COST ALLOCATION		\$523,800	\$533,736	\$23,580	\$0	
		Less 1x fee:	\$523,736			