SUPPLEMENTAL DOCUMENT 4

SUPPORTIVE SERVICES CRITERIA

THIS SUPPLEMENTAL DOCUMENT INCLUDES PROPERTY MANAGEMENT PLAN & TENANT SELECTION PLAN CRITERIA

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Exhibit 1 – List of DHS-Approved Intensive Case Management Services Providers

Exhibit 2 – ICMS Cost Allocation Plan

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): Homeless Special Needs, Other Special Needs, and/or 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 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 – i.e. Homeless Special Needs Households living in units supported by Project Based Vouchers. Applicants seeking to serve such populations are required to partner with DHS and one of its contracting ICMS providers under the DHS Master Services Agreement. 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 Nicole Soto at DHS for more information: nmsoto@dhs.lacounty.gov.

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. Leasing Referrals

Projects serving Special Needs Tenants may receive referrals from the Coordinated Entry System (CES) or through their ICMS Provider. Applicants opting to utilize CES for project lease-up are encouraged to contact LAHSA to plan accordingly for Special Needs populations.

For projects serving homeless veterans with PBVASH subsidies, units are filled via referrals from the VA.

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 (6) months and 85% after one (1) 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 (6) months; of those applying, 90% receive benefits within one (1) 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 General Affordable 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. Homeless Management Information System (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 using CES 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 of 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 Homeless Special Needs Units	Required for General Affordable Units	Required for Other Special Needs Units
Lead Service Provider Experience Chart	UNOFA Form	No	No	Yes
Property Management Experience Chart	UNOFA Form	Yes	Yes	Yes
MOU Between Developer & Lead Service Provider	Supporting Document	Yes	Yes	Yes
Supportive Services Narrative	UNOFA Form	Yes, as indicated.	Yes	Yes
Target Population Matrix	UNOFA Form	Yes	Yes	Yes
Supportive Services Staffing Chart	UNOFA Form	Yes	Yes	Yes
Supportive Services Budget	UNOFA Form	Yes	Yes	Yes
Supportive Services Commitments	Supporting Document	No	No	Yes
General Affordable Services Table	UNOFA Form	No	Yes	No
Property Management Plan	Supporting Document	Yes	Yes	Yes
Tenant Selection Plan	Supporting Document	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. DHS-Funded Projects

DHS funds ICMS for the Homeless Special Needs units at a rate of $517.50/door/month for individuals and $690/door/month for families. DHS will not fund ICMS for Other Special Needs Units (non-homeless), nor will it fund ICMS for Homeless Special Needs units without project-based vouchers.

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 one (1) FTE case manager), and parking/mileage for transporting clients (recommended $1,200 per one (1) FTE case manager). A client needs line item for flexible funds to support housing retention, e.g., document fees, household items, is recommended at $230 per slot, 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 (if DHS funds have been exhausted, then the additional eligible expenses may be paid for with cash flow). Refer to the Supportive Services Budget template and the attached ICMS Cost Allocation Plan (Exhibit 2) 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 or cover homeless Special Needs units not eligible for DHS funding.

B. Special Needs Units without DHS Funds

Cash flow, and any other non-DHS public or private sources, may be used to fund personnel and other service expenses for Special Needs Units not eligible for DHS funding, as listed below.

C. 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.

D. 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 requirement 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 LACDA.

A. DHS-Funded Homeless Special Needs Units

Projects with Homeless Special Needs units receiving DHS funding must follow the personnel standards 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 Homeless 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. Non-DHS Funded Special Needs Units

Personnel standards appliable to DHS-Funded Homeless Special Needs units also apply to the to the Non-DHS Funded Special Needs units, with expenses paid with Project cash flow.

C. 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, VA Case Managers and/or Property Management) 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 staff-to-client ratio. For projects with more than 40 General Affordable units, Applicants may opt for a reduced staff-to-client ratio of 1:75 for the units exceeding the initial 40. For example, a project with 70 General Affordable units will be required to staff the RSC position between 1.40 FTE and 1.75 FTE.

D. VA-Assisted Units

RSC staffing is required at a 1:40 staff-to-client ratio, or as directed by the VA.

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 (6) 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	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/or General Affordable units. If the same entity, include a signed statement from the	• Pass or Fail.

Phase	Requirements	Evaluation
	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 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	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).	• 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.	• Issue updated Final Conditions List.
Prior to Loan Closing	Submit Revised Services Plan per Final Conditions List, to include Services Required at Loan Close.	• 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. Additional due diligence – including, but not limited to: • Tenant Selection Plan • Marketing Plan	• Issue approval. • DHS to issue final approval, if applicable. • Release any withheld funds.

	HOMELESS SPECIAL NEEDS	OTHER SPECIAL NEEDS POPULATIONS			AFFORDABLE
	Homeless	**HIV/ AIDS**	**Int./Dev Disabled.**	**TAY**	**Affordable**
Case Management	Services covered by ICMS 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

Phase	Requirements	Evaluation
	• Affirmative Fair Housing Marketing Plan (form HUD-935.2A) • Flyer(s) • Rental Application • Lease and Addendums • House Rules • Housing Resource Center (HRC) Form	
Monitoring	Facilitate monitoring; require all service partners to cooperate with monitoring.	• Issue monitoring report

7. SERVICES CRITERIA MATRIX AND SERVICES DEFINITIONS

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

DHS- and VA-Funded 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 Units

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; 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 General Affordable and 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 up to five (5) years old, 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; and
- 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 (if CES was utilized to lease the building). 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:
   - A. Has a primary nighttime residence that is a public or private place not meant for human habitation;
   - B. 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

C. 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.

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. Four (4) separate occasions in the last three (3) 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. 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.

F. 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.

D. Survivors of Domestic Violence / Human Trafficking / Sexual Assault

A survivor of domestic violence, pursuant to California Penal Code 13700, is a person who has experienced abuse committed by an intimate partner. Human trafficking is defined as a person who has been subjected to a “severe form of trafficking in persons,” which, as defined in 22 U.S.C. § 7102(11), means: (a) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or (b) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

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 population(s).

- Special Needs units supported by LACDA have the option to participate in LA County's Coordinated Entry System (CES) OR receive direct referrals from the project's Lead Service Provider.
- General Affordable units, including the extremely low-income units, shall be leased through a randomized lottery system, with separate waitlists for accessible and non-accessible units.

The Property Management and Tenant Selection Plans (Plans) must describe the procedures for lease-up and detail how Property Management will work with the Lead Service Provider and other applicable leasing agencies (i.e. the referring CES provider/navigator, 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

Affordable 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 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, regardless of whether the project is supported with PBVs or PBVASH. 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 mandatory criteria for denial beyond the HUD-mandated lifetime exclusions for registered sex offenders and methamphetamine production.

With respect to the General Affordable units, a three- (3)-year lookback period for criminal background, housing history and financial screening may be utilized.

In mixed population projects, given the required differences in selection criteria for the Special Needs and General Affordable units (i.e. population type and income restrictions), 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, referring entity (LAHSA or Lead Service Provider, as applicable) 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:

1. Tenant eligibility and screening standards for Special Needs units must align with the standards set by the local PHA, regardless of the inclusion of PBV or PBVASH. Any additional screening criteria in categories not included by the PHA (e.g., credit history, rental history) must align be approved by the LACDA. All stated screening criteria should be clearly defined to include lookback periods or other objective parameters as applicable.
2. Referrals for homeless Special Needs provided through the local Coordinated Entry System (CES) or the Lead Service Provider.
3. Tenant outreach for general population units, if applicable.
4. The use of a lottery to fill General Affordable units.
5. The use of waiting lists for vacant General Affordable units, with separate lists maintained for accessible and non-accessible units.
6. Confidentiality policy.
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 reasonable for the target populations, and eviction prevention procedures that provide adequate support for residents help maintain tenancies. For all Special Needs units, the grounds for lease termination should align with the mandatory causes for the termination of assistance established by the local PHA, with additional eviction criteria subject to approval by the LACDA. For illustration purposes, the LACDA's Administrative Plan includes the following mandatory causes for the termination of assistance:
    a) Failure to sign and submit documentation certifying unit eligibility.
    b) Methamphetamine manufacture or production.
    c) Any household member is currently engaged in any illegal use of a drug or has a pattern of illegal drug use that interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
    d) Any household member's abuse or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents.
    e) Any household member has violated the family's obligation not to engage in any drug-related criminal activity, violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of

other residents and persons residing in the immediate vicinity of the premises.

f) Any household member has committed a crime that subjects them to a lifetime sex offender registration requirement imposed by any State sex offender registration program reside in the unit.

9. 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 and General Affordable units, as applicable.
10. Processes for assisting tenants to apply for utility rate assistance programs, if available.
11. 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.
12. Notice of consumer rights specific to adaptability features available in each unit.
13. 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.
14. 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.
15. 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.

Misc. Leasing Requirements

- The Landlord shall comply with the Pet-Friendly Housing Ordinance Number 2020-0001 ("Pet-Friendly Ordinance") of Chapter 8.70 of the Los Angeles County Code. Pursuant to the Pet-Friendly Ordinance, the Landlord shall allow Resident to have at least one (1) pet in the Unit consistent with applicable Federal and State Laws.
- The initial lease term should be one year (12 months), transitioning to month-to-month thereafter.

- Rental deposits, in aggregate, shall not exceed one month's rent.

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
DHS-APPROVED INTENSIVE CASE MANAGEMENT SERVICES PROVIDERS

Supportive And/Or Housing Master Agreements

	Name:	Agreement #:	Execution Date:
1.	A Community of Friends	H-709569	6/29/2022
2.	A Friends Love, Inc.	H-710406	1/29/2024
3.	A New Way of Life Re-Entry Project	H-709615	6/29/2022
4.	A Step to Freedom	H-709677	7/1/2022
5.	Abundant Blessings From Above, Inc.	H-709758	8/31/2022
6.	Across the Nations, Inc.	H-709376	8/12/2022
7.	Affordable Living for the Aging	H-709567	6/29/2022
8.	Alcoholism Center for Women	H-709774	9/19/2022
9.	Alcott Center for Mental Health Services	H-709574	7/1/2022
10.	All In 1 Choices, Inc.	H-709790	1/6/2023
11.	Alliance for Community Empowerment, Inc.	H-709674	7/1/2022
12.	Alliance for Community Empowerment, Inc.	H-708256	9/26/2019
13.	Alma Family Services	H-709643	7/1/2022
14.	AltaMed Health Services Corporation	H-708759	8/15/2022
15.	American Family Housing	H-709622	7/1/2022
16.	Angel Housing	H-709815	1/23/2023
17.	Angels of Africa	H-710971	12/24/2024
18.	Antelope Valley Domestic Violence Council	H-710036	3/16/2023
19.	Antelope Valley Partners for Health	H-709687	7/1/2022
20.	April Parker Foundation, Inc.	H-710977	12/24/2024
21.	Asani Inc.	H-710069	6/14/2023
22.	Ascencia	H-709570	7/1/2022
23.	Asian American Drug Abuse Program, Inc.	H-709636	7/1/2022
24.	Asian Youth Center	H-709610	7/1/2022
25.	Assisted Living Foundation of America	H-709672	6/29/2022
26.	Awakening Recovery	H-709770	9/13/2022
27.	Bayfront Youth and Family Services	H-709780	10/12/2022
28.	Beach Cities Health District, a CA Health District	H-709816	2/24/2023
29.	Behavioral Health Services, Inc.	H-709651	7/1/2022
30.	Beit Tshuvah	H-709387	7/1/2022
31.	Bienestar Human Services, Inc.	H-709732	8/10/2022
32.	Bridge to Home SCV	H-709605	6/29/2022
33.	Bridges Community Treatment Center	H-709755	8/13/2022
34.	Brilliant Corners	H-709560	6/29/2022
35.	Browns Bridge Housing, Inc.	H-710963	10/23/2024
36.	Bryant Temple AME Community Development Corporation	H-710029	2/10/2023
37.	Building Lives, LLC	H-709667	7/1/2022
38.	California Care Centers, Inc. DBA The Manor	H-709696	7/1/2022
39.	Cambodian Association of America	H-709682	7/1/2022
40.	Canon Human Services Centers, Inc.	H-709657	6/29/2022

	Name:	Agreement #:	Execution Date:
41.	CASA of Los Angeles	H-709767	9/23/2022
42.	Catholic Charities of Los Angeles, Inc.	H-709617	6/29/2022
43.	Center for Employment Opportunities, Inc.	H-710035	6/8/2023
44.	Center for Interated Family and Health Services	H-709754	8/31/2022
45.	Center for Living and Learning	H-709597	7/1/2022
46.	Centinela Youth Services, Inc.	H-709642	6/27/2022
47.	Century Villages at Cabrillo, Inc.	H-709596	7/1/2022
48.	Chabad of California, Inc.	H-709658	7/1/2022
49.	Champions in Service San Fernando Valley and Greater Los Angeles	H-709624	7/1/2022
50.	Charles R. Drew University of Medicine and Science	H-709390	7/1/2022
51.	Charles R. Drew University of Medicine and Science	H-709006	4/7/2021
52.	Child & Family Center	H-709386	8/24/2022
53.	Childrens Bureau of Southern California	H-709688	7/1/2022
54.	Childrens Hospital Los Angeles	H-709756	10/6/2022
55.	Chinatown Service Center	H-709768	1/26/2023
56.	Chosen Gospel Recovery, Inc.	H-710038	4/11/2023
57.	Christ-Centered Ministries	H-709612	6/29/2022
58.	CLARE|MATRIX	H-709591	7/1/2022
59.	Clear Skies Ranch	H-710978	1/29/2025
60.	Coalition for Responsible Community Development	H-709602	6/29/2022
61.	Comagine Health	H-709753	8/29/2022
62.	Community Health Alliance of Pasadena DBA ChapCare	H-709649	7/1/2022
63.	Community Partners	H-710034	3/6/2023
64.	Community Restoration Housing	H-710967	12/17/2024
65.	Compatior, Inc.	H-710053	4/10/2023
66.	CORE Community Organized Relief Effort	H-709683	7/1/2022
67.	Covenant House California	H-709616	7/1/2022
68.	CRI-Help, Inc.	H-709650	7/1/2022
69.	Detour Behavioral Health Inc	H-709807	1/26/2023
70.	Detours Mentoring Group Inc. dba Assured Lifestyle Housing	H-709817	1/30/2023
71.	Didi Hirsch Psychiatric Service	H-709589	7/1/2022
72.	Dignity Health dba St. Mary Medical Center	H-710948	4/30/2024
73.	Divine Healthcare Services, Inc.	H-709388	6/29/2022
74.	Downtown Womens Center	H-709551	7/1/2022
75.	East Valley Community Health Center, Inc.	H-709628	6/29/2022
76.	Edwards Consulting, LLC	H-709750	8/24/2022
77.	Eggleston Youth Centers, Inc.	H-709731	1/6/2023
78.	El Proyecto del Barrio, Inc.	H-710070	6/9/2023
79.	Ellas Foundation	H-709675	7/1/2022
80.	Emotional Health Association, dba SHARE! The Self-Help And Recovery Exchange	H-709592	7/1/2022
81.	Encompass Housing	H-710949	5/2/2024
82.	Enki Health Services, Inc.	H-709680	6/29/2022

	Name:	Agreement #:	Execution Date:
83.	Epidaurus	H-709580	6/29/2022
84.	Equitable Social Solutions, LLC	H-710030	2/13/2023
85.	Essential Access Health	H-709690	7/1/2022
86.	Exodus Recovery, Inc.	H-709577	7/1/2022
87.	Exodus Recovery, Inc.	H-706759	6/28/2019
88.	Fair Opportunity for Change, Inc.	H-709681	6/29/2022
89.	Fathers and Mothers Who Care, Inc.	H-709751	9/21/2022
90.	FBG Group, LLC	H-709637	6/29/2022
91.	First to Serve, Inc.	H-709646	7/1/2022
92.	Five Keys Schools and Programs	H-709803	1/10/2023
93.	Flintridge Center	H-709611	7/1/2022
94.	Fly Like an Eagle Outreach, Inc.	H-710052	5/26/2023
95.	Fred Browns Recovery Services, Inc.	H-709652	7/1/2022
96.	Free From Hardship L.A. Inc.	H-710033	2/21/2023
97.	Friends Outside in Los Angeles County	H-708715	8/11/2020
98.	Fusion Community Empowerment	H-710944	2/27/2024
99.	Good Seed Community Development Corporation	H-709583	6/29/2022
100.	Grandview Foundation, Inc.	H-709659	7/1/2022
101.	Hamburger Home dba Aviva Family and Childrens Services	H-709771	9/7/2022
102.	Harbor Interfaith Services	H-709600	7/1/2022
103.	Harbor Interfaith Services	H-707350	9/19/2017
104.	Hathaway-Sycamores Child and Family Services	H-709765	9/23/2022
105.	Health Advocates, LLC	H-709671	7/1/2022
106.	HealthRIGHT 360	H-709585	6/29/2022
107.	Helpline Youth Counseling, Inc.	H-709627	6/29/2022
108.	Heritage Clinic and the Community Assistance Program for Seniors	H-709608	6/29/2022
109.	Hillsides	H-709748	9/2/2021
110.	Hillview Mental Health Center, Inc.	H-709749	10/12/2022
111.	Hollenbeck Police Activities League	H-710083	8/18/2023
112.	Hollidays Helping Hands, Inc.	H-709668	7/1/2022
113.	Hollywood Community Housing Corporation	H-709746	8/1/2022
114.	Home at Last Community Development Corporation	H-709604	7/1/2022
115.	Homeboy Industries	H-709631	6/29/2022
116.	Homeless Health Care Los Angeles	H-709548	7/1/2022
117.	Homes for Life Foundation	H-709745	10/14/2022
118.	Hope of the Valley Rescue Mission	H-709639	7/1/2022
119.	Hosang Ventures, LTD	H-710970	1/29/2025
120.	House of Hope Foundation, Inc.	H-709647	7/1/2022
121.	Housing Works	H-709549	7/1/2022
122.	I-ADARP, Inc	H-710065	5/18/2023
123.	Imagine Los Angeles, Inc.	H-709588	7/1/2022
124.	Inner City Law Center	H-709666	6/29/2022

	Name:	Agreement #:	Execution Date:
125.	Inner City Visions	H-710027	2/14/2023
126.	Jamboree Housing Corporation	H-709733	9/30/2022
127.	Jenesse Center, Inc.	H-710078	7/18/2023
128.	Jewish Family Service of Los Angeles	H-709801	12/29/2022
129.	Jovenes, Inc.	H-709581	7/1/2022
130.	Joyous Ventures, LLC	H-710093	8/29/2023
131.	JSI Acquisition, Inc. DBA Libertana Home Health Care	H-709613	6/29/2022
132.	Just Us 4 Youth	H-709744	9/21/2022
133.	JWCH Institute, Inc.	H-709550	7/1/2022
134.	Kingdom Causes Bellflower	H-709654	7/1/2022
135.	Kingdom Service Providers, LLC	H-710962	9/5/2024
136.	Koreatown Youth and Community Center, Inc.	H-709626	6/29/2022
137.	L.A. Family Housing Corporation	H-709566	7/1/2022
138.	L.A. Global Care	H-709789	12/28/2022
139.	Lake Hughes Recovery	H-710049	6/8/2023
140.	Legacy LA Youth Development Corporation	H-709743	8/17/2022
141.	Legal Aid Foundation of Los Angeles	H-709630	6/29/2022
142.	Life Skills Training and Educational Programs, Inc.	H-709552	6/29/2022
143.	LINC Housing Corporation	H-709634	6/29/2022
144.	Little House	H-710071	6/13/2023
145.	Los Angeles Behavior Health Inc	H-710098	10/27/2023
146.	Los Angeles Centers for Alcohol and Drug Abuse	H-709614	6/29/2022
147.	Los Angeles Community College District - East Los Angeles College	H-709684	7/1/2022
148.	Los Angeles LGBT Center	H-709619	6/29/2022
149.	Los Angeles Mission, INC	H-710054	6/5/2023
150.	Love Home, Inc.	H-709676	7/1/2022
151.	LTSC Community Development Corporation	H-709742	8/17/2022
152.	Lundquist Institute for Biomedical Innovation at HUCLA Medical Center	H-710073	12/11/2023
153.	Lutheran Social Services of Southern California	H-709606	7/1/2022
154.	Measure of Hearts Foundation	H-709818	1/26/2023
155.	Mela Counseling Services Center, Inc.	H-709776	9/27/2022
156.	Melanin Angels	H-709808	1/26/2023
157.	Men Taking Over Reforming Society, Inc.	H-709655	7/1/2022
158.	Mental Health America of Los Angeles	H-709553	6/29/2022
159.	Mess 2 A Message, Inc	H-710040	3/29/2023
160.	Million Little	H-709810	1/20/2023
161.	Mount San Antonio College	H-709691	6/29/2022
162.	National Health Foundation	H-709590	7/1/2022
163.	Neighborhood Community Housing Corp	H-710960	8/21/2024
164.	Neighborhood Legal Services for Los Angeles County	H-709784	1/1/2023
165.	New Chapter Housing Foundation	H-710064	8/12/2024
166.	New Directions Housing, LLC	H-709579	7/1/2022

	Name:	Agreement #:	Execution Date:
167.	New Hope Academy of Change	H-709760	8/31/2022
168.	New Opportunities Organization	H-710043	4/25/2023
169.	New Reflections, Inc.	H-710041	1/29/2024
170.	Olive Support Services	H-710066	3/5/2024
171.	Open Arms Community Health & Service Center	H-710951	7/15/2024
172.	Open Arms Temporary Living, Inc.	H-709678	7/1/2022
173.	Optimist Boys' Home and Ranch, Inc.	H-710950	5/16/2024
174.	Parents, Educators/Teachers & Students in Action	H-709812	1/20/2022
175.	Partners in Care Foundation, Inc.	H-709669	6/29/2022
176.	PATH	H-709565	6/29/2022
177.	PATH	H-705713	3/4/2013
178.	Paving the Way Foundation	H-709594	7/1/2022
179.	Paving the Way Foundation	H-707299	8/9/2017
180.	PAX House, Inc.	H-709811	1/20/2023
181.	PCS Family Services Inc	H-709725	1/29/2022
182.	Penny Lane Centers	H-709562	7/1/2022
183.	People Coordinated Services of Southern California, Inc.	H-710075	7/19/2023
184.	Personal Involvement Center, Inc.	H-710028	6/6/2023
185.	Phoenix Houses of Los Angeles, Inc.	H-709778	9/27/2022
186.	Pleasant Beginnings Foundation	H-709747	1/27/2023
187.	Position of Power, Inc.	H-710964	9/30/2024
188.	Posse Love Corporation DBA Lone Star Board and Care	H-709781	12/13/2022
189.	Pretty Girlsss LLC	H-709813	1/26/2023
190.	Primary Care Development Corporation	H-709819	1/26/2023
191.	Principles, Inc.	H-709648	7/1/2022
192.	Project & Vendor Management Advisors, LLC	H-710042	3/25/2023
193.	Public Health Foundation Enterprises, Inc. DBA Heluna Health	H-709598	6/29/2022
194.	Public Health Foundation Enterprises, Inc. DBA Heluna Health	H-707340	8/28/2017
195.	Pukuu Cultural Community Services	H-710975	12/31/2024
196.	Rancho San Antonio Boys Home, Inc.	H-709694	6/29/2022
197.	RDB Management, LLC	H-709820	1/26/2023
198.	Reach for the Top, Inc.	H-709656	7/1/2022
199.	Reclaim-Possibility LLC	H-709761	8/30/2022
200.	Regeneration Recovery and Reentry Services	H-709782	9/22/2022
201.	Rio Hondo Community College District - Rio Hondo College	H-709686	7/14/2022
202.	Roots, Inc. dba Roots through Recovery	H-710961	9/11/2024
203.	Safe Refuge	H-709653	7/1/2022
204.	San Fernando Valley Community Mental Health Center, Inc.	H-709587	7/1/2022
205.	Sanctuary of Hope	H-709621	6/29/2022
206.	SCAN Health Plan	H-709763	8/31/2022
207.	Serenity Recuperative Care, Inc.	H-709644	7/1/2022
208.	Shields for Families	H-709554	6/29/2022

	Name:	Agreement #:	Execution Date:
209.	Single Room Occupancy Housing Corporation	H-709575	6/29/2022
210.	SISTAHFRIENDS	H-710051	5/3/2023
211.	Sleep Tight Tonight Healing Solutions, LLC	H-710965	11/13/2024
212.	Social Model Recovery Systems, Inc.	H-709660	7/1/2022
213.	Soledad Enrichment Action, Inc.	H-709632	7/1/2022
214.	South Bay Center for Counseling	H-709764	9/23/2022
215.	Southern California Alcohol and Drug Programs, Inc.	H-709555	6/29/2022
216.	Southern California Crossroads	H-709673	4/14/2023
217.	Southern California Health & Rehabilitation Program	H-709582	7/1/2022
218.	Special Service For Groups, Inc.	H-709556	6/29/2022
219.	St. Annes Maternity Home	H-709638	7/1/2022
220.	St. Johns Community Health	H-709586	7/1/2022
221.	St. Joseph Center	H-709557	6/29/2022
222.	Step by Step Resource Center	H-710072	6/23/2023
223.	Step Up On Second Street, Inc.	H-709568	6/29/2022
224.	Steward Hospice Care, Inc.	H-710955	7/18/2024
225.	Sunbridge Braswell Enterprises, LLC dba Olive Vista Behavioral Health Center	H-710400	2/12/2024
226.	Sustainable Futures Project	H-710952	7/22/2024
227.	T.D.D. Supportive Living Inc.	H-709791	1/5/2023
228.	Tarzana Treatment Centers, Inc.	H-709603	6/29/2022
229.	Telecare Corporation	H-709618	6/29/2022
230.	Testimonial Community Love Center	H-709802	1/4/2023
231.	The AMAAD Institute	H-711371	1/29/2025
232.	The Antelope Valley Community Uplift Foundation	H-710063	6/8/2023
233.	The Anti-Recidivism Coalition	H-709578	7/1/2022
234.	The Beacon House Association of San Pedro	H-709389	7/1/2022
235.	The Catalyst Foundation	H-709593	7/1/2022
236.	The Center In Hollywood	H-709633	6/29/2022
237.	The Childrens Center of The Antelope Valley	H-709785	12/8/2022
238.	The Chrysalis Center	H-709620	6/29/2022
239.	The Chrysalis Center	H-707651	4/10/2018
240.	The Illumination Foundation	H-709573	7/1/2022
241.	The Information and Referral Federation of Los Angeles County dba 211 LA County	H-709787	1/26/2023
242.	The People Concern	H-709547	6/29/2022
243.	The Salvation Army	H-709558	7/1/2022
244.	The Sidewalk Project	H-710080	8/14/2023
245.	The TransLatin@ Coalition	H-710966	10/10/2024
246.	The Village Family Services, Inc.	H-709752	9/30/2022
247.	The Whole Child - Mental Health & Housing Services	H-709601	7/1/2022
248.	Timelist Group, Inc.	H-709663	7/1/2022
249.	Tri-City Mental Health Authority	H-709670	7/1/2022
250.	Turning Point Alcohol and Drug Education Program, Inc.	H-709609	7/1/2022

	Name:	Agreement #:	Execution Date:
251.	UAW - Labor Employment and Training Corporation	H-709734	8/19/2022
252.	Uncle Daves Housing	H-710068	5/23/2023
253.	Union Station Homeless Services	H-709572	6/29/2022
254.	United States Veterans Initiative	H-709664	6/29/2022
255.	Unity Care, Inc., dba Caregiving Solutions	H-710022	1/27/2023
256.	Unseen Faces Foundation Inc.	H-710026	2/1/2023
257.	Uplift Family Services, dba Pacific Clinics	H-709571	6/29/2022
258.	Upward Bound House	H-709564	6/29/2022
259.	Urban Management Association, Inc.	H-710095	10/2/2023
260.	Van Ness Recovery House	H-709661	7/1/2022
261.	VelNonArt Transformative Health	H-710039	4/24/2023
262.	Venice Community Housing Corporation	H-709595	7/1/2022
263.	Veteran Social Services Inc.	H-709735	8/18/2022
264.	Via Care Community Health Center	J-709722	7/1/2022
265.	Via Care Community Health Center	H-709635	6/29/2022
266.	Victory Starts Now, Inc.	H-709695	6/29/2022
267.	VIP Community Mental Health Center, Inc.	H-709736	8/30/2022
268.	Volunteers of America of Los Angeles	H-709559	6/29/2022
269.	Watts Healthcare Corporation	H-709662	6/29/2022
270.	Watts Labor Community Action Committee	H-709576	6/29/2022
271.	Weingart Center Association, Inc.	H-709599	6/29/2022
272.	Wellnest Emotional Health And Wellness	H-709645	6/29/2022
273.	West Hollywood Community Housing Corporation	H-709738	8/23/2022
274.	WESTCAL ACADEMY, INC.	H-709741	8/17/2022
275.	Wheeler Management LLC	H-709739	8/23/2022
276.	Whittier Area First Day Coalition	H-709740	10/4/2022
277.	Whole Systems Learning	H-709775	10/7/2022
278.	Worker Education and Resource Center, Inc.	H-709737	8/24/2022
279.	Youth Advocate Programs, Inc.	H-709804	1/18/2023

Total Number of Agreements:	279

EXHIBIT 2
(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)	60	3	$ 31,050.00
Families w/children (1:15 ratio)	15	1	$ 10,350.00
Total	75		
Total Required FTE Direct Staffing:		4	
Actual Case Managers to be hired:		4	
Monthly DHS Reimbursement:			$ 41,400.00
Estimated Annual DHS Reimbursement:			$ 496,800.00

Household Type and Acuity	Monthly Slot Reimbursement for FY 25-26	Annual
Single Adult High Acuity	$517.50	$6,210.00
Family High Acuity	$690.00	$8,280.00

	% FTE	Rate	DHS ICMS Funds	Leveraged Source 1	Leveraged Source 2	Comment/Justification
Personnel						
Case Manager Level 2	300%	$70,000	$210,000	$0		**REQUIRED.** Provides direct case management to residents of the building at the applicable FTE.
Case Manager Level 1	100%	$60,000	$60,000	$0		**REQUIRED.** Provides direct case management to residents of the building at the applicable FTE.
HFH Program Manager #1	85%	$85,000	$72,250	$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	3%	$100,000	$2,500	$0		**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 approximately 250-300 slots. FTE should be scaled accordingly in column B.
Director	1%	$120,000	$1,200	$0		**OPTIONAL–typically does not exceed 0.1 FTE**
Total Salaries			**$345,950**	**$0**		
Benefits (calculated at 28%)			**$96,866**	**$0**		
TOTAL PERSONNEL			**$442,816**	**$0**		
Services and Supplies Cost						
Training		$1,200	$4,800	$0		**REQUIRED– $1200 per staff member. 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		$230	$17,250	$0		**RECOMMENDED $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	$4,800	$0		**REQUIRED- Transporting clients is part of the ICMS scope of work**. Suggested at $1,200 annually per Full time employee. Average based on actuals for comparable programs. **Reimbursement not to exceed IRS rate.**
Program/Office Supplies		$2,500	$2,500	$0		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			**$29,350**	**$0**		
Administrative Costs			**$47,217**	$0		(not to exceed 10% of Personnel and S&S)
One-Time Costs			**$7,500**			$100 per slot for furniture, computers, printers, phones, internet hot spot set up, etc.
FIRST YEAR COST ALLOCATION		**$496,800**	**$526,883**	**$0**	**$0**	
		Less 1x fee:	**$519,383**			