



*Dedicated to the Health  
Of the Whole Community*

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## **Section D.7.....Supportive Services Plan**

A decent, safe and affordable place to live is an essential human need with a direct bearing on health and well-being; and the supportive services necessary to make decent, safe and affordable housing accessible to mental health consumers is a critical resource that is necessary to achieve the goals of a comprehensive and effective mental health system. The MHD recognizes the vital importance of housing and the crucial need to increase housing options, particularly for unserved and underserved consumers who are homeless or at risk of homelessness, who have co-occurring disorders, who are victims of abuse or neglect, or who have involvement with the criminal justice system.

The fundamental need for housing received strong support from across the extremely broad spectrum of stakeholders that participated in Santa Clara County's extensive process of in-reach and outreach. Through this, 10,000 voices contributed their input into the MHSA Community Services and Support Plan. The importance of supportive housing was always high on the list of recommendations made by consumers of mental health services and their family members, MHD staff and contract mental health service providers, other community service providers, representatives of law and justice, experts in the field of aging and adult services, and the long list of other participants.

This particular Supportive Services Plan addresses the housing needs of mental health consumers who are adults or children and who access services from either County service teams or agencies providing services in accordance with contracts with the MHD. All entities responsible for the care of the consumers at this site will sign an addendum to the Lease Agreement and/or amendment to their County contract that specifies their housing/service-related responsibilities.

### **Philosophy Underlying the Delivery of Supportive Services**

#### **Housing First**

"Housing first" is the goal that the MHD will be striving to achieve through this approach to supportive housing. The aim is to immediately house people who currently do not have housing with the belief that housing must come first, no matter what is going on in one's life. It is further believed that housing must be varied and flexible in order that people are able to get housed easily and stay housed. "Housing first" can be contrasted with a continuum of housing "readiness," which typically subordinates access to housing to other requirements.

#### **Harm Reduction**

"Harm reduction" is a set of practical strategies that reduce the negative consequences associated with drug or alcohol abuse, including safer use, managed use, and non-punitive abstinence. These strategies meet drug users "where they're at," addressing conditions and

motivations of drug use along with the use itself. Harm reduction acknowledges an individual's ability to take responsibility for his/her own behavior. This approach fosters an environment in which individuals can openly discuss substance use without fear of judgment or reprisal and does not condone or condemn drug use. Staff working in a harm reduction setting work in partnership with tenants and are expected to respond directly to unacceptable behaviors, whether or not the behaviors are related to substance abuse. Note: The service providers will adhere to all federal regulations as they apply to any housing project or site where qualified consumers are housed, especially as they involve any zero tolerance drug policy. This may cause a contradiction to this "harm reduction" approach, because a particular housing site may require a zero tolerance drug policy because of funding or contracting requirements. The MHD will seek to minimize the involvement in such sites in order to maximize the flexibility for the consumers and service providers involved.

### **Recovery and Habilitation**

"Recovery" is a personal process through which an individual can choose to change his or her goals, with the ultimate objective of living a healthy, satisfying, and hopeful life despite limitations and/or continuing effects caused by his or her mental illness. "Habilitation" is a strength-based approach to skills development that focuses on maximizing an individual's functioning. In this approach it is recognized that the recovery and habilitative services planned collaboratively with the qualified consumer in this environment need to be individualized and focused on a holistic approach that strives to recognize that self-sufficiency is achievable, improve the tenant's quality of life, and help him/her regain personally meaningful social roles. Finally, this approach recognizes and respects the different meanings and styles of implementation of recovery of different cultures.

### **Individualized Wellness and Recovery Action Planning**

Case management and other mental health staff will work individually with the consumers residing at this project to enable them to take responsibility for their mental and physical health, thereby enhancing their self-sufficiency, developing their abilities, improving their health, enhancing their social networks, finding meaningful roles in the community, providing health education opportunities, mitigating health and behavioral risks, and seeking out peer support. Together they will identify strategies to achieve desired results that will enable the consumers to maintain their health and stability while remaining in their housing. The staff will note these results in their individualized Wellness Recovery Action Plans.

### **Zero Tolerance for Housing Discrimination**

The MHD will take seriously any report of discrimination involving any of its qualified consumers and will investigate thoroughly all such reports until the matter is resolved. The MHD recognizes that discrimination may manifest itself by individuals or groups in a variety of ways, i.e., toward a tenant's diagnosis, behavior, ethnicity, sexuality, etc. In order to address such discrimination effectively, the MHD will pursue educating affected individuals, monitoring the housing sites, and responding to all reported instances.

### **Right to Confidentiality**

The qualified consumer's right to confidentiality is respected. This right applies to the dissemination, storage, retrieval and acquisition of identifiable information. The service providers will not release information to a landlord about a tenant's receipt of services without a written release from the tenant.

## **Right to Privacy**

The qualified consumer's right to privacy is respected. Information will be requested from the tenant only when the information is specifically necessary for the provision of services. Tenants will be requested to supply information relevant to their care only after signing a release of information form as a condition of obtaining services that are a part of this program.

## **How qualified consumers will be screened and assessed**

Being aware of the qualifying criteria of the MHSA Housing Program project (as stated in the MHSA application and the additional criteria specified by the MHD as stated in D.6, The Tenant Selection Plan), the Care Coordination Project (CCP) Coordinator will review those chronically homeless individuals that are a part of the Housing 1000 registry, identify those individuals who could qualify for this project and set up a meeting with the members of the CCP Review Team. This team is comprised of the CCP Coordinator, a Mental Health clinician from the Valley Health Care for the Homeless Program clinic and the County Homeless Concerns Coordinator (the MHSA Housing Program Manager). The CCP Review Team reviews the potential applicants and certifies them as qualified applicants for this MHSA Housing Program project. During this meeting the CCP Review Team will certify at least double the number of applicants as there are units available. The Team will then refer the certified applicants to the applicant's Case Manager, who will fill out the required documentation (as specified in D.6) and submit it to the MHD's designated staff person, the Homeless Concerns Coordinator, who will continue the tenant selection process (as noted in D.6).

Any service provider that participates in the MHD's System of Care and that participates in the CCP, agrees to serve the chronically homeless by doing intensive case management (1:20 staff: client ratio), enter the client information into the Help Management Information System, assess the household using the Self-Sufficiency Matrix and track/report on outcome measures. Once an applicant is properly screened and certified, their Case Manager will conduct an assessment utilizing the MORS (Milestones of Recovery Scale), which is a strengths-based approach to assessing a consumer's mental health status and needs. Also, that Case Manager will fill out the required documentation (as specified in D.6) and submit it to the MHD's designated staff person, the Homeless Concerns Coordinator, who will continue the tenant eligibility certification process (as noted in D.5).

## **The Service Providers**

Any service provider that has a consumer selected for this housing program by the CCP Review Team will provide services to him/her while he/she is a tenant in the housing site designated in this application. Whether the consumer is referred by a Case Manager from a County mental health clinic, a Full Service Partnership-contracted provider or another mental health provider, he/she will receive the personalized attention that they need and deserve during the time that he/she is housed. This individualized attention provided with the service philosophy mentioned previously will enable the individual to remain in his/her housing, even if he/she decompensates and needs to be hospitalized or enter a recovery program.

Finally, the staff involved in the consumer's care will meet on a regular basis to integrate their work with the consumer and chart his/her progress according to his/her individualized Wellness Recovery Action Plan.

## **How the Services Have Been Designed to Meet the Specific Needs of the Target Population**

The services will be consumer driven. Believing that there is no "one size fits all" type of housing and supportive services, the service providers will offer their services in a graduated level of support, according to the needs and ability levels of the consumers themselves. Also, this dynamic is reflected in this application in that housing options—with their appropriate array of services—will be made available to the eligible consumers and they will have a say in their choice of housing setting. Thus, the decisions on which type of housing and responsible living setting will be made by consumers and staff jointly. The support services will be tailored according to the consumers' needs, will draw upon the Adult and Family and Children Systems of Care and other avenues of assistance outside that system and will be voluntarily accessed by the consumers involved in this housing program.

## **How the Services Offered Support Wellness, Recovery and Resiliency**

The service providers will receive training on the philosophy that is the basis for how services will be provided in this program; this includes receiving training in recovery and resiliency concepts, and the openness to employ wellness and recovery strategies to meet the consumers' needs. This approach embraces the concept of person-centered recovery services. Fundamental to this approach is working with the strength and resilience that each individual has acquired within his/her life experiences and capitalizes on the innate strength of the individual. Secondly, this model embraces the concept of community recovery, which emphasizes the need for the individual to connect with the community, and establish social relationships that are not attached to his/her treatment. It also recognizes that the individual—along his or her path to recovery and wellness—will occasionally confront challenges and stresses that will impede recovery and that services must be immediately available to ensure continued achievement of the person's recovery and wellness goals. This approach normalizes the process of recovery and reduces stigma.

The consumers will learn to articulate specific measurable results they desire in each life domain (health/well-being, living situation/home, education/work, and safety). They will identify those strategies to achieve their desired results that will enable them to maintain their health and stability while remaining in their housing. Their Case Manager will note these results in their individualized Wellness Recovery Action Plans. All tenants will agree to do their part of their service plan, which may include specific treatment strategies (i.e., trauma-based CBT, medication, Anger Reduction Therapy, family therapy, substance abuse treatment, etc.), a living plan (where to live, who to live with, how to be successful, friends, support network, etc.), and a safety plan (what to do to keep safe and keep others safe, who to call in a crisis, etc.). If the individual does not wish to participate in either the formulation or implementation of this plan, he/she will be involved in a lower level of care and will still

remain in his/her MHSA housing unit. This is to say that involvement in all these services by the consumer is voluntary.

In view of this dynamic work between the consumers and their Case Manager, self-help and self-advocacy are important elements in recovery and how services will be delivered in this project. Two models that have been adopted by the MHD are the Wellness Recovery Action Plan and Procovery.

1. The Wellness Recovery Action Plan, developed by Mary Ellen Copeland, is a simple, safe method for monitoring recovery and helping people take charge of their lives.
  - a) The plan is based on five recovery principles: hope, personal responsibility, education, self-advocacy, and support.
  - b) The plan is voluntary and is developed by the individual who wants to use it.
  - c) Supporters (not only peers) provide feedback and encouragement throughout the process.
  - d) Developing a Wellness Recovery Action Plan can be a lengthy process and must be done at the individual's own pace.
  - e) Prior to the implementation of the plan is the development of the Wellness Toolbox, i.e., an assessment of their personal strengths.
  - f) There are six parts to a Wellness Recovery Plan: Daily Maintenance, Triggers, Early Warning Signs, When Things Are Breaking Down, Crisis Plan, and Post-Crisis Plan.
2. Procovery, developed by Kathleen Crowley, is an approach to healing based on hope and grounded in practical everyday steps that individuals can take to move forward in their lives.
  - a) There are eight principles fundamental to Procovery, such as “focus forward not backward” and “focus on life not illness.”
  - b) The keynote of Procovery is the trademark “Just start anywhere.”
  - c) There are twelve strategies to implementing Procovery, whether by staff, individuals, family, or systems. These are:
    - i. Detoxify the diagnosis—changing the manner in which a diagnosis is given and received.
    - ii. Take practical partnering steps.
    - iii. Manage medications collaboratively.
    - iv. Build—and most critically do not extinguish—hope.
    - v. Create and support change.
    - vi. Dissolve stigma, particularly internal stigma.
    - vii. Use feelings as fuel for Procovery.
    - viii. Gather, utilize and maximize support.
    - ix. Stick with Procovery during crises and use those times to initiate Procovery.
    - x. Adopt effective self-care strategies.
    - xi. Live intentionally through work and activities.
    - xii. Actively retain Procovery.

The consumers' Case Managers will assess their recovery needs and work with them to get them connected to the services appropriate to his/her needs. He/she will determine with the consumer which approach to his/her recovery will be most helpful to him/her. If the consumer would benefit from developing a Wellness Recovery Action Plan or any other approach, the Case Manager will be present to him/her at every step along the way. He/she will empower the tenant to get into rehab, get involved in relevant support groups, get involved in other healthy activities and develop peer and family (where appropriate) support.

All tenants will learn to recognize the importance of social relationships and connections in achieving healthy living. These relationships and service connections will offer specific services to the individual as they are needed (e.g., cooking, household maintenance, life coaching, legal assistance, employment assistance, transportation, shopping, recreation, etc.). A key ingredient to the success of dually diagnosed consumers will be their participation in support groups, either the twelve step or Health Realization models. Where possible, these groups will be offered on site. If that is not possible, then the consumers' Case Managers will work with them to enable them to participate in such groups wherever it is feasible for them to do so.

Finally, services provided will vary according to tenants' level of need. An emphasis will be placed on the availability of support groups, workshops, and family or group activities, such as those mentioned in D.8. Staff will work to help the MHSA tenants develop an active and collaborative safety net support team. This approach will be exemplified by a utilization of the available family, non-related family members, age-appropriate peers and current service providers actively involved in creating this agreed-upon structure of support.

### **How the Services Will Assist the Tenant in Obtaining and Maintaining Benefits to Which They Are or May Be Entitled, such as Cash Assistance and Medical Benefits**

The Case Manager who is working with each consumer/tenant has the primary responsibility of enabling the individual to both access and maintain all the benefits to which he/she qualifies. This entails frequent and ongoing contact with the appropriate governmental offices and facilitating the paperwork and transportation necessary to ensure the tenant is consistently prepared and able to arrive at the appropriate facilities on a timely basis.

Also, the Santa Clara County Department of Social Services has committed Benefits Specialists to work with the homeless to help them obtain their benefits in a timely manner. These specialists are located at the Mental Health Central Wellness and Benefits Center and the One-Stop Homeless Prevention Centers for the Homeless. The Case Managers will work closely with these specialists so that their consumers will be successful in obtaining and maintaining their cash assistance and medical benefits. If the consumer's benefits are ever interrupted or cancelled, the Case Manager will work diligently with the Benefits Specialists in order to ensure that the benefits are restored. He/she will communicate with the housing site staff to make sure they are aware of the status of the consumer's income and ability to pay his/her rent.

In addition, the MHD is implementing a new software (called *Report Assistant*) approach to help therapists complete an SSI application for consumers. It is currently loaded on several PCs at the MHD Call Center and eventually it will be made available to the therapists at other clinics.

### **Whether Services Will Be Delivered On-Site or at Other Locations in the Community**

Most likely there will be several service providers involved in the care of the MHSA tenants housed at this site. In order to facilitate a coordinated service delivery approach, the County Housing Support Liaison will meet with representatives from the service providers involved and will coordinate the services that will be delivered on site. He/she will facilitate meetings with the Case Managers and others as needed in order to ensure appropriate service delivery and review all potential issues related to ensuring that the consumer is ready to make an application for an available housing unit. Thus, the Housing Support Liaison will serve as the single point of contact for communicating between service providers and property management staff and coordinating supportive services for the MHSA tenants.

While the Case Managers will not be assigned to work on site, case management services will be delivered at the housing site. In this way, the Case Managers will visit the tenants on a regular basis and attend to their needs appropriately. In this environment, the Case Managers also will organize and coordinate—while working with the housing staff on site—helpful workshops (see D.8), support groups, and social/recreational activities. In addition, mental health counseling and medication assistance will be made available to the tenants at their usual appointments with their psychiatrists and medical professionals at the mental health and medical clinics located nearby. The tenants will be able to access those and other off-site services through the help of their Case Manager, family/friends, through public transportation or Outreach, a non-profit paratransit provider. In this light, the tenants will be taught bus routes and all modes of transportation available based on their needs.

## **Frequency of Contact between Supportive Services Staff and MHSA Tenants**

Services will be made available to all the MHSA tenants on a regular basis, depending on the tenant's level of care and his/her needs. Regular, in-home supportive services may be needed for some tenants on an ongoing basis, including assistance with food preparation, house cleaning and education on medication self-management. The frequency of basic services will vary from daily (personal hygiene assistance, food, supervision) to the other end of the spectrum for very independent clients, which could involve monthly contact with their Case Manager and utilization of other services on an as-needed and as-desired basis. The Case Manager will provide linkages to community day services that either interest or are necessary for the MHSA tenants. Finally, sensitivity to the adult's culture and language will be maintained.

Peer Mentors will be available to work with the Case Managers to provide on-site services to the tenants as specified in D.8. This will make possible even more frequent contact with the tenants.

## **Staffing Levels**

The staffing levels will correspond to the level of consumers' need. All MHSA tenants will have a designated Case Manager and have access to the service team at the clinic to which they are attached. The staff members of the service team include a psychiatrist, a vocational rehabilitation specialist, rehabilitation counselor, therapist (LCSW/MFT), and peer mentors.

The peer mentors have special training for their job. They would be accessed either through their assignment to the Federally Qualified Health Clinic or the nearby Self-Help Center. This will be determined later. The Housing Support Liaison assigned to the project will coordinate their involvement with their supervisor on an as-needed basis. When appropriate, the Case Manager will connect tenants to other staff available through the County, especially the Housing Support Liaison, or contract agency with which he/she works. All MHSA tenants will also have access to the on-site Services Coordinator who will work closely with the Case Manager to ensure the tenant is able to access all the necessary services. Finally, all services will be delivered in a linguistically appropriate and culturally sensitive manner.

The staff ratio for the MHSA tenants will be 1.02:1. This is the case because each of the tenants will have their own Case Manager and the County Housing Support Liaison is scheduled to spend at least 5% of her time at this project. All of these staff members will work with their clients both on and off site, this means that they won't have fixed offices there but they will work with them on site and also at other locations. The other non-County, non-Mental Health staff persons that are working on site are the full-time Property Manager and the part-time Services Coordinator, both of whom will work with all the clients.

## **Process for Assessing the Supportive Service Needs of Tenants**

The Case Manager will assess MHSA tenants' service needs, including mental health services, income assistance, housing, personal hygiene, personal health or medical issues/concerns, educational goals, transportation needs, employment or volunteering opportunities, etc. This assessment will address their medical, psychosocial and functional status needs of the adults housed at this site. This will include appropriate planning in the event of crisis or involuntary psychiatric hospitalization. To facilitate this assessment, the Case Manager will utilize the MORS (Milestones of Recovery Scale), which is a strengths-based approach to assessing a consumer's mental health status and needs. This will include appropriate planning in the event of crisis or involuntary psychiatric hospitalization. If an MHSA tenant is institutionalized as a result of a documented disability or otherwise absent from his/her unit for 90 days or longer, the tenant or Case Manager may request a reasonable accommodation in order for the unit to be kept available for up to 90 days, as long as the rent is paid. At the end of the 90-day period, the tenant or Case Manager may request an extension. Any reasonable accommodation is subject to the approval of the property management company.

In order to be knowledgeable concerning the range of a tenant's service needs, the Case Manager will consult with other staff members and service partners who may be involved in the care of his/her tenants. These findings will guide the tenant and his/her Case Manager in determining the level of services needed, the type of living environment that is preferred, and the way that his/her individualized treatment plan will take shape. Finally, the Case Manager will educate the tenant on community programs that are available to consumers and their families.

If during the course of his/her tenancy an MHSA tenant is diagnosed as no longer meeting medical necessity due to dementia or another illness, he/she will be discharged by his/her Case Manager. If this happens, the client is no longer considered an MHSA tenant and when another similar unit becomes available, a new MHSA tenant will be selected according to the

ordinary tenant selection process. In this instance the Case Manager will help the client in his/her transition according to his/her Wellness and Recovery Plan.

## **Procedures for Ongoing Communication between the Property Management and Supportive Services Staff to Assist Tenants in Maintaining Housing Stability**

The collaborative relationship between the MHD, the service providers, the landlord, the property management company, and the housing site staff is integral to this Plan and is detailed in the Operational Agreement developed for this site. In addition, *Release of Information* forms will be presented to all qualified consumers in order to allow for appropriate sharing of information among all parties involved in the housing program. In view of that, all those participating in this program will keep the following items in mind:

1. This Plan is about enabling qualified consumers to obtain housing that is appropriate to their needs and unavailable to them through other resources. However, this approach to housing qualified consumers is more than just housing; it is a program that gives tenants the opportunity to set and prioritize goals, save money, learn new skills and develop their skills. This approach can be a bridge to their future, empowering them to accomplish their goals toward greater health and a higher quality of life.
2. The qualified consumers' initiative and cooperation as tenants is of utmost importance in order to promote harmonious and pleasant living conditions at the housing site. The observance of requirements and guidelines set forth in the House Rules related to the housing site will help the tenants, their neighbors, and the landlord maintain the housing development as an outstanding place to live.
3. The tenants participating in this housing will be responsible for respecting and abiding by the maintenance procedures that are in place at this site in order to do their part to properly maintain their apartment and any common areas on the property.
4. The Housing Support Liaison will serve as the single point of contact for communicating between the tenant and the tenant's Case Manager and the property management staff and coordinating supportive services for the MHSA tenants. In this role, the Housing Support Liaison will facilitate meetings to discuss issues related to service delivery at the site.
5. The service providers working with the tenants will provide any coaching and support that will help them maintain their apartment. This will ensure responsible behavior by their tenants; help build the tenants' self-esteem; and foster a clean and healthy living environment.
6. If there are any safety issues arising from any home visit, the staff working with the tenants will use discretion in communicating with the property manager or housing site staff about the issues and will work with the tenants until the issues are resolved.
7. The housing site staff will have ready access to the MHSA tenants' Case Managers and supervisory staff. In case of any emergency or emerging need, they will contact the tenants' Case Manager and/or the Housing Support Liaison in a timely manner. This applies to any situation in which any MHSA tenant's mental or physical health condition may be acute and require immediate attention. The MHD staff will respond immediately and appropriately to each and every situation.
8. In case of any significant behavioral problem exhibited by the MHSA tenant that may affect his/her tenancy, either the housing staff, the Housing Support Liaison or the Case Manager can call a "case conference" through which the problem will be addressed and

resolved in an appropriate and timely basis. To address repetitive problems, the appropriate follow-up service activities will occur according to the level of severity exhibited by the tenant.

9. MHD staff will work with the property management staff to help them be responsive to the needs and behaviors of the MHSA tenants.
10. Finally, MHD staff will be available for consultation or mediation assistance if the service providers need such guidance to help resolve housing-related issues.

## **Strategies for Engaging Tenants in Supportive Services and in Community Life**

The strategies that will be used by the service providers to engage their tenants in supportive services include:

1. Having their Case Managers engage them on a one-to-one basis, thereby strengthening their trusting relationship;
2. Organizing fun activities;
3. Coordinating language and culturally specific activities;
4. Combining food with educational and social activities;
5. Offering services and activities on-site or in close proximity to tenants' housing; and
6. Creating social outlets at the housing site that foster connections to the community where they live. This could be community barbeques, sharing groups and supporting local volunteer efforts, etc. Coordinating these outlets well will attract them to other similar opportunities.

## **Plan for Helping Tenants Maintain Their Housing and Achieve Self-Sufficiency, Including Employment Services, Budgeting and Financial Training, Educational Opportunities, and Other Community Services that Will Be Made Available to Tenants**

As mentioned previously and delineated in D.8, the staff involved in the tenants' care will offer a broad range of topics for workshops and classes. These include budgeting and money management, personal grooming assistance, emotion and medication management, and other self-directed independent living skills trainings.

In addition to this, the Peer Mentors involved in providing services to their tenants will:

- Help tenants obtain the security deposit/rent assistance from the appropriate agency.
- Work with the Housing Support Liaison to help the tenants obtain those household furnishings or items needed for healthy living.
- Collaborate with property management staff on rent-payment issues and redirect tenants to housing site staff if questions arise.
- Prepare tenants for late payment issues.
- Support tenants' efforts to get to know the housing staff.
- Guide tenants through the rent-paying process.
- Instruct/coach tenants on how to take care of, clean, upkeep his/her unit.

- Provide any coaching and support that will help their tenants maintain their unit. This will promote responsible behavior by the tenants, help build the tenants' self-esteem, and foster a clean and healthy living environment.
- Show tenants how they can take initiative to solve problems, e.g., a noisy neighbor.
- Encourage tenants to participate fully in activities on site.

The Case Managers will:

- Accompany tenants to site and work with them throughout the application, rent-up and move-in process.
- Help tenants obtain the security deposit/rent assistance from the appropriate agency.
- Collaborate with housing staff on rent-payment issues and redirect tenants to housing site staff if questions arise.
- Prepare tenants for late payment issues.
- Support tenants' efforts to get to know the housing staff.
- Guide tenants through the rent paying process.
- Instruct/coach tenants on how to take care of, clean, upkeep his/her unit.
- Provide any coaching and support that will help their tenants maintain their unit. This will promote responsible behavior by the tenants, help build the tenants' self-esteem, and foster a clean and healthy living environment.
- Show tenants how they can take initiative to solve problems, e.g., a noisy neighbor.
- Encourage tenants to participate fully in activities on site.
- Link the tenants to the County's self-help centers and all the programming activities provided at those sites.
- Help tenants deal with consequences to their inappropriate conduct in public.
- Advise tenants on how to handle emergencies and after-hours work requests.
- Help tenants find other housing, if necessary.

The Housing Support Liaison will:

- Advise tenants on any and all requests for reasonable accommodation of services or reasonable modification of their unit.
- Reinforce tenants' awareness of House Rules and the process whereby infractions are addressed.
- Conduct periodic, informal home visits of tenants' units. If there are safety issues arising from any home visit, the liaison will use discretion in communicating with the landlord or housing site staff about the issues and will work with the tenants until the issues are resolved.
- Conduct with management those health and safety checks that are appropriately warranted.
- Provide the appropriate guidance to help tenants maintain their unit and thereby prevent any eviction.
- Be available for consultation or mediation assistance if the tenants need such guidance to help resolve housing-related issues.
- Explain alternatives to eviction.
- Work with property management to handle tenants' property if they abandon the unit or die.