



*Dedicated to the Health
Of the Whole Community*

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Section D.4.....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. Community Solutions 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 inreach 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 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

The goal of all of our services is to keep consumers successfully housed.

Housing First

"Housing First," posits that everyone deserves a home as a basic human right. 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. Because people have varied needs and desires, housing should be varied and flexible in order so that people are housed easily and stay housed. "Housing first" can be contrasted with a continuum of housing "readiness," which typically subordinates access other requirements for housing.

Harm Reduction

"Harm reduction" is a set of practical strategies that reduce the negative consequences associated with substance abuse, providing the consumer on the street needed resources to

reduce harm to self and the community. Staff models positive decision making and works to strengthen the relationship with the consumer. The harm reduction approach recognizes that recovery is a continuum in which consumers may need to address other areas of their lives before they make the decision to take definitive steps toward abstinence and recovery. Reduction in use, switching to less harmful substances, using more responsibly, will all be recognized as positive steps.

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 conflict with a “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

A Case Manager works with consumers and their families (when appropriate) to develop a Personal Services Plan (PS Plan) that is strength-based and focuses on the individual’s future, wellness and recovery. The PS Plan addresses the unique needs/goals of consumers, and is developed in active collaboration with consumers to increase their motivation for treatment compliance and outcomes. The PS Plan includes developmental, social and cultural considerations in its conceptualization and implementation. The PS Plan ensures that consumers in the program receive gender- and culturally-appropriate services, customized to them and designed to enable them to:

- Live in the most independent, least restrictive housing feasible, in the local community;
- Engage in the highest level of work or productive activity appropriate to their abilities and experience;
- Create and maintain a support system consisting of friends, family and acquaintances through participation in community activities;
- Access an appropriate level of education or vocational training;
- Obtain an adequate income;
- Self-manage their illness and exert as much control as possible over both the day-to-day and long-term decisions which affect their lives;
- Parent their children effectively;
- Engage in meaningful activities;
- Reduce or eliminate serious anti-social or criminal behavior and thereby reduce or

- eliminate their contact with the criminal justice system;
- Reduce or eliminate the distress caused by the symptoms of mental illness;
- Be free from dangerous, addictive substances;
- Live in a supportive housing environment that strives for reunification with their children or assist in maintaining custody of their children as appropriate.

Zero Tolerance for Housing Discrimination

Community Solutions 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. Community Solutions 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, Community Solutions 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 required 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 assessed

Any service provider that participates in the MHD's System of Care and that serves the adult population can refer a consumer to this housing program. Taking into consideration the qualifying criteria established by the State (as stated in the MHSA application) and the additional criteria specified by the MHD (as stated in D.3, The Tenant Selection Plan), the consumer's Case Manager will make an initial determination that he/she is potentially qualified for the housing that is identified in this application. The Case Manager's approach will be to do a strengths-based assessment of the consumer's needs. Also, that Case Manager will fill out the required documentation (as specified in D.3) and submit it to the MHD's designated staff person, the Housing Development Consultant, who will continue the tenant selection process (as noted in D.3).

The Service Providers

Any service provider that participates in the MHD's System of Care can refer a consumer to this housing program and provide services to him/her while he/she is a tenant in any of the housing sites 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. Community Solutions will be the Service Provider of Medi-Cal clients. The staff of the South County clinic will be able to refer and manage non Medi-Cal clients. 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 goal of services is to decrease the frequency of clients' contacts with the criminal justice and emergency service systems by improving their social functioning through stable housing, employment, treatment, and support services. Community Solutions' evidence-based model, California's AB2034, is a Best Practice Model that promotes wellness, recovery and improved outcomes in housing and employment resulting in significant reductions in hospitalizations and incarcerations. This integrated services approach uses supported employment and housing as well as mental health services, peer services and others in accord with the individual's needs and preferences.

The services will be consumer driven. Believing that there is no "one size fits all" type of housing and supportive services, Community Solutions will offer individually tailored intensive services utilizing evidenced-based practices including Assertive Community Treatment, Cognitive Behavioral Therapy, and Motivational Interviewing for our MHSA FSP clients. Supported by a team-based approach, consumers can access intensive 24/7 field-based and in-home mental health services and supports. We provide comprehensive case management, mental health, domestic violence shelter and counseling, drug and alcohol education and treatment, and other services.

Consumers receive medication evaluation and medication management services from a qualified psychiatrist, either in the clinic or, if clinically indicated, in the community. The treating psychiatrist participates in team decisions and ensures that the consumer is fully informed about medication services and options.

Community Solutions assists consumers to accomplish their goals by providing intensive case management services, available on a 24/7 on-call basis. Staff works in collaboration with local law enforcement and community agencies to reduce unnecessary hospitalizations and re-incarcerations. Case management services include financial and housing stabilization, food acquisition, treatment planning, medication support and linkage to necessary community resources. The crisis line is answered 24-hours per day, seven days per week. Referrals are provided for follow-up care to Community Solutions and other community agencies as appropriate.

The program provides intensive services to adults for an average of 18 months utilizing a

step down philosophy. The active stage of services includes intensive multiple weekly contacts for approximately four to six months. The frequency of services decreases to twice per week (2-3 hours) during the maintenance stage. When clients progress to the third stage, they are well connected and independently participating in peer support groups and activities. They demonstrate increased abilities in their independent living skills and maintain a more stable living situation. At this point, they have made significant progress in their recovery and are ready to transition to a less intensive service and receive two-three hours of services each month.

Outpatient therapy services are tailored for consumers who can benefit from individual, group, or family therapy, in order to return them to their optimal level of functioning in the community. For specific treatment modalities, the team will utilize Cognitive-Behavioral Therapy (CBT), Assertive Community Treatment (ACT), and Motivational Interviewing. To meet the unique, individually-identified needs, staff will also utilize intensive case management and other services, either directly or indirectly, to address mental health services, rehabilitation, housing, employment, education, social and recreation activities and physical health care as identified on the individualized PS Plan.

The tenants will be able to access off-site services through the help of their Case Manager, family/friends, through public transportation or Outreach, a non-profit paratransit provider. If needed and desired, the tenants will be taught bus routes and all modes of transportation available.

The program is structured as a step down for acute care, adjusting 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 and will draw upon the Adult System of Care and other avenues of assistance outside that system.

How the Services Offered Support Wellness, Recovery and Resiliency

Community Solutions' provision of services is designed to increase the wellness and recovery of the consumer. As needed, service providers will receive 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.

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 Psycho-Social Rehabilitation Services, activities provided to assist an individual or group to improve, maintain or restore functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources, and/or medication education. The development of social, recreational and relationship skills includes the meaningful use of time and capabilities, such as employment, vocational training, education, symptom management, activities of daily living, social and community activities. As appropriate, we will reach out to the family, peers and current service providers to participate in the program and learn new skills for positive family relationships, education on mental disorders and substance abuse, and community-based resources on behalf of the consumer.

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 assisting 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 to dedicating at least three (3) Benefits Specialists to work with the homeless to help them obtain their benefits in a timely manner. 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.

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

There will be at least two service providers involved in the care of the MHSA tenants housed at this site. In order to facilitate a coordinated service delivery approach, the 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 all 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 will also organize and coordinate—while working with the housing staff on site—helpful workshops (see D.5), support groups, and social/recreational activities.

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 work with the Case Managers to provide on-site services to the tenants as specified in D.5. This will make possible even more frequent contact with the tenants.

Staffing Levels

The staffing levels will correspond to the level of consumers' need. Community Solutions' Adult Full Service Partnership program offers a 1:4 staff to client ratio; their Criminal Justice System FSP ratio is 1:14. More than 50% of their staff has bilingual capability and bicultural understanding; all have knowledge of community and agency resources and knowledge of, and belief in, recovery/wellness principles in relation to seriously mentally ill adults. Case loads are kept low in order to allow staff sufficient time to actively engage the client and/or the family. By facilitating the individual's Personal Service Plan, including goal setting and options for change in order to attain goals, the staff conveys confidence in the client's ability to handle challenges, which promotes further engagement.

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 case manager, a therapist (LCSW/MFT), and peer mentors. 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. Finally, all services will be delivered in a linguistically appropriate and culturally sensitive manner.

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 the medical, psychosocial and functional status needs of the adults housed at this site. The Case Manager's approach will be to do a strengths-based assessment of the consumer's 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 for a documented disability 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.

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 Memorandum of Understanding 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 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 service provider and property management staff and coordinating supportive services for the MHSA tenants. In this role, the Housing Support Liaison will facilitate regular 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 service providers working with the tenants 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.
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 have the appropriate phone numbers in order to contact the Housing Support Liaison and/or a County Case Manager in a timely manner.
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 offer training to the housing site and property management staff concerning the special circumstances 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

Upon referral, team members join with the consumer and conduct a complete life domain assessment. Joining at this stage is particularly important, as the consumer may be resistant to treatment. The staff of Community Solutions and the South County Mental Health clinic are trained to offer acceptance and respect for people of different cultures, recognizing cultural values and practices that are different from their own, building trust, and engaging consumers long enough to make a real difference in functioning. They attempt to match individual consumer background and language with the background of the staff who works with them.

Contact with the consumers is highly intensive initially, in alignment with the service delivery model and their level of acuity. Our agency philosophy, however, is averse to building consumers' dependence. Therefore energy is put toward building positive, natural supports for the consumer that remains with them even as they transition to a less intensive service, promoting their ongoing recovery. This approach supports the adult in maintaining stability and becoming more autonomous while building positive, natural, community supports. For Criminal Justice System consumers, a focus on sobriety and deterrence from criminal activity is necessary in order to support engagement and continued participation. Supports may include linkages with the Department of Alcohol and Drug Services, employment, education, permanent housing, and fostering healthy social and recreation activities that will remain with the consumer. This program promotes and supports an individual's ongoing recovery, ensures their stability, and prevents incarceration until their eventual transition out of the program.

During this process, the consumer's team is assembled including staff, probation officer or social worker (if applicable), along with other identified support people (e.g. friends, relatives, faith community). The team utilizes the skills of the family and peer partners to initiate a relationship based on empathy and shared experiences in order to directly provide, or link to, community resources such as educational/vocational/social activities and mental/physical health services. With the consumer at the heart of the process, the team develops a Personal Services Plan that addresses the consumer's needs in all life domains, defines desired outcomes with short and long term strategies, and clarifies the supports systems, roles, responsibilities, and timelines necessary for success.

Services are tapered off as the identified recovery goals are met, housing and support systems are committed to the consumer, and linkage to community resources occurs. Consumers

continue to receive regular services with their PS Coordinator and other staff to support their recovery and ensure their stability until they eventually transition out of the program.

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

1. Having their Case Managers and Peer Mentors engaging them on a one-to-one basis, thereby strengthening their trusting relationship;
2. Providing transportation assistance;
3. Organizing fun activities;
4. Coordinating language and culturally specific activities;
5. Offering incentives for participation;
6. Combining food with educational and social activities; and
7. Offering services and activities on-site or in close proximity to tenants' housing.
8. Creating social outlets at the housing site that foster connections to self as well as 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.5, 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:

- 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 their units.
- 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:

- Link the tenants to the County's self-help centers and all the programming activities provided at those sites.

- Help tenants deal with consequences of 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.