

**Section D: Supportive Services Plan
Instructions**

1. Submit the MHSA Supportive Services Information, Section D, Items D.1 through D.16, as listed on the Application Index & Checklist.
2. Enter required information into the yellow box marked "Response".
3. Items D1 through D9 must be circulated for local review for 30 days.

Item D.1 Development Summary Form (Attachment B)

Instructions: Complete and submit the Development Summary Form (**Attachment B**)

Item D.2 Development Description

The Development Description should provide a narrative (approximately two pages) that includes:

1. Name and location of the proposed housing development;
2. Service goals of the development;
3. Characteristics of tenants to be served;
4. Type of housing to be provided (new construction or acquisition/rehab.);
5. How the building(s) in which housing and services will be provided will meet the housing and service needs of the MHSA tenants (location, building type, layout, features, etc.);
6. Name of primary service provider, property manager, and other development partners; and,
7. Summary of the anticipated sources of development financing. (Name sources only, do not include dollar amounts.)

Response:

Name and location of the project:
Santa Ines Senior Villas
184 N. Prospect Avenue, Orange, CA



The Pacific Companies, Urban Pacific Multi-Housing, and PATH Ventures are currently developing an affordable senior community located at 184 N. Prospect Avenue that will greatly benefit the senior residents of the city of Orange.

Service goals of the development and characteristics of tenants to be served:

This senior apartment community will have a robust menu of services that will assist the resident seniors in their daily activities.

The developer, in conjunction with the Orange County Health Care Agency Behavioral Health Services has partnered with the Older Adults Support and Intervention System (OASIS) to provide supportive services to the MHSA Housing Program tenants. OASIS is a Full Service Partnership program whose parent company is Providence Corporation. The OASIS program is administered by College Community Services, a subsidiary of Providence Corporation. The OASIS staff will provide services to the MHSA tenants both on and off-site. Services will be delivered under the MHSA philosophy of "Whatever It Takes" and include case management, counseling, psychiatric services, crisis management, dual diagnosis treatment, and life skills. All OASIS services are offered using the Recovery Model, which emphasizes client strengths and client-driven and directed services. The goals of treatment are to improve community integration and independent functioning.

The location is suitable for the senior population as there are many nearby amenities and easy access to public transportation. Within walking distance are a grocery store, pharmacy, public transportation, and medical clinic among other shops and restaurants. Within a block are two bus stops with service for two different bus lines giving the residents the ability to travel to any part of Orange County.

Type of housing to be provided and how it will meet the housing and service needs of the MHSA tenants:

The community will consist of 42 units within one three-story building, with 2 stories being residential over a fully on-grade parking garage. The project is parked at over 1.5 spaces for every 1 unit. Additionally, the project proposes a 1,895 square foot community center, which will provide services and activities for all the residents. The community center will include kitchen facilities for gatherings and educational classes. Computers will be available with online access, an area to conduct computer-training classes, do internet searches and keep in touch with family members via email. The recreational room section of the community space will also be available for health screenings, social activities, and arts and crafts among many other regular social activities. There will also be onsite laundry rooms that will be located in the residential building, with one laundry room located on each residential floor. The resident community space, roof top deck, and courtyard open space will all be professionally planned and decorated.

All the units are to be one-bedroom units ranging in size from 620-683 square feet, and two- bedroom unit sized at 810 square feet. Each unit will have a full kitchen with an oven, microwave and refrigerator. All the units will be accessible by elevator and have dedicated, secure, and covered parking in the parking garage.



View of Community Room with Rooftop Deck, and Outdoor Courtyard Space

The building has a unique old world Spanish design that will dramatically improve the surrounding neighborhood. Leveraging different funding sources will allow us to build a high quality project that will rival any market rate apartment in exceptional design and quality of construction. Our goal is to set the standard for quality of design and construction for future developments in the City of Orange.

Name of primary service provider, property manager, and other development partners:

Service Provider: OASIS

Property Manager: Buckingham Property Management, Inc.

Development Team: Pacific West Communities, Urban Pacific Multi-Housing, and PATH Ventures

Summary of the anticipated sources of development financing:

The senior apartments will be developed using multiple funding sources along with Federal Tax Credits constituting the majority of the funds. All of the units are affordable to residents at rent and income levels ranging from 30% to 60% of the Area Median Income (AMI). These below market rents are very much needed by many seniors of Orange County who have trouble meeting their financial obligations each month.

The project is to be funded with Low Income Housing Tax Credits, City of Orange HOME funds, and funds from the Mental Health Services Act. Ten special needs units are to be allocated to the project for MHSA-enrolled tenants. Those MHSA tenants are to be seniors who were previously homeless or at the risk of homelessness. The rents will be set based on Orange County AMI with the MHSA unit tenant-paid portion estimated to be \$260 a month. Buckingham Property Management, Inc., a nationally certified management company that has extensive experience with managing affordable senior apartments, will manage the community.

Entitlements from the City of Orange were completed in 2011, and through an extension request, will be in place through 2015. We are proposing that the project will be submitted to the California Tax Credit Allocation Committee in July of 2013. If the TCAC application were successful, construction would then begin in February of 2014.

Construction is proposed be completed within 12 months with a three month lease up period, with full occupancy being achieved May of 2015.

Item D.3 Consistency with the Three-Year Program and Expenditure Plan

Describe how the proposed housing development is consistent with the sponsoring county mental health department's approved Three-Year Program and Expenditure Plan. Provide specific information regarding how the development meets the priorities and goals identified in the Three-Year Program and Expenditure Plan.

Response:

Consistency with Three Year Program and Expenditure Plan

Orange County Health Care Agency's (HCA) and Behavioral Health Services (BHS) *Fiscal Year 2009-10 Annual Update to the Three Year Program and Expenditure Plan for MHSA Community Services and Support (CSS)*, identified a need for permanent supportive housing for Older Adults aged 60 and above with Serious Mental Illness (SMI) who are homeless or at risk of being homeless and are underserved. Additionally, the County's original *MHSA Three Year Program and Expenditure Plan*, prepared following an intensive collaborative effort and input from consumers, family members, community leaders, service providers and other interested parties which included community forums and age-specific surveys, found that the provision of supportive permanent housing for Older Adults, who are homeless or in danger of homelessness, was ranked first among the top six issues identified by community stakeholders for this age group. The Orange County MHSA Housing program is expected to generate approximately 185 Supportive Housing units across all the age categories served. The MHSA Housing program at Santa Ines Senior Apartments directly responds to this identified community need and County priority by directly serving the Older Adult population with SMI.

Santa Ines Senior Villas Responds to Identified Need for Older Adults

Urban Pacific and PATH Ventures, partnering with OASIS as the Older Adult Full Service Partner (FSP) for MHSA specific resident services, is requesting MHSA capital and operating subsidy funding for Santa Ines Senior Villas. This development, located at 184 North Prospect Avenue in Orange, incorporates ten (10) one bedroom MHSA units into a 42-unit, affordable senior housing project, offering a larger sense of community to MHSA residents. Each unit will have a full kitchen, private bedroom, bathroom and living room allowing the residents privacy and independence. The project is to be 100% affordable for no less than 55 years with the main financing source coming from 9% tax credits.

In addition to onsite amenities such as a community room, open air deck and a ground floor retail space, there are a number of amenities within walking distance to the project, including a bus stop, full scale grocery store, and pharmacy. Offices for the MHSA FSP provider will also be onsite.

Santa Ines Senior Villas will provide much needed high quality permanent supportive housing for seniors, 62 years and older with serious mental illness and at risk of homelessness. The 10 units will have the benefit of comprehensive onsite services provided by OASIS, as well as general services provided by the management company. The OASIS program will focus on attaining and maintaining maximum independence in the community for each of the participants and will utilize an approach based on individualized goals. Senior wellness, both physical health care and mental health treatment, will be stressed.

The 10 MHSA units at Santa Ines Senior Villas apartments will substantially contribute to the County's goal of creating 185 supportive housing units.

Item D.4 Description of Target Population to be Served

Describe the MHSA Rental Housing Program target population to be served in the development. Include a description of the following:

1. Age group, i.e., adults, older adults, children, transition-aged youth;
2. The anticipated income level of the MHSA tenants; and,
3. A description of the anticipated special needs of the target population to be served, e.g., physical disabilities, chronic illness, substance abuse, prior housing status, etc.

Response:

Santa Ines Senior Villas will provide ten (10) units of permanent supportive housing for Older Adults (aged 62+), one of the identified Mental Health Services Act (MHSA) target populations under the Orange County MHSA Housing plan. Older Adults served in the MHSA Housing program at Harper's Pointe Senior Apartments will be age 62 or older with a diagnosis of serious mental illness (SMI) and be homeless or at risk of becoming homeless. They may be unserved or underserved and may have been hospitalized, at risk of institutionalization or been involved in the criminal justice systems. Individuals served may have a co-occurring substance abuse disorder, and may suffer from psychiatric, physical, or other functional impairments. Older Adults in the program will be of very low income with an annual income not to exceed 30% of Area Median Income (AMI), and many MHSA older adults may have incomes considerably less than 30% AMI. At the time of entrance into the housing, it is anticipated that many of the older adults may have no income other than SSI, SSDI, or Social Security benefits.

Item D.5 Tenant Eligibility Certification

The county mental health department is responsible for certifying the eligibility of individuals, applying for tenancy in an MHSa unit, for compliance with the target population criteria. Submit a narrative description of the following:

1. How an individual applies to the county to become certified as eligible for an MHSa unit;
2. How certification of eligibility will be documented, provided to the individual applicant, and maintained by the county; and,
3. How certification of eligibility will be provided to the property manager/development.

Response:

The Mental Health Services Act (MHSa) Housing Program provides significant opportunities to provide permanent supportive housing to unserved and underserved persons with serious mental illness. Orange County developed the *Tenant Certification and Referral Process* for the MHSa Housing Program in order to ensure a fair and understandable process to connect MHSa enrolled consumers with housing. The *MHSa Tenant Certification and Referral Process* outlines the eligibility factors for housing units funded under the MHSa Housing Program.

The County of Orange Health Care Agency (HCA) in collaboration with OC Community Services (OCCS) has developed a standardized application and certification process for the Orange County Mental Health Services Act Housing Program. The HCA MHSa Housing Program is the central point of coordination for MHSa Housing Program certification.

Application Process

The HCA MHSa Housing Program staff will certify applicants as MHSa Housing Program eligible using a standardized process for the MHSa funded units. The Tenant Certification and Referral Application is designed for MHSa Full Service Partnerships (FSPs) and other County providers to complete in collaboration with the potential tenant. Individuals who are MHSa eligible can apply for MHSa Housing. Note that property management screening for housing will be conducted by the housing provider, and will be separate from eligibility determination for MHSa services.

Each site specific MHSa Housing Project Property Management company will accept applications from FSP enrolled clients during lease up of a new development and as vacancies in projects with MHSa Housing Program units become available, following the outreach and marketing outlined in the Marketing Plan. HCA and its providers will use culturally competent efforts to outreach to and engage members of the target population, including those among unserved or underserved ethnic communities and other minority populations, and will utilize a variety of proven outreach strategies to connect with and refer potential residents to FSPs. County of Orange FSP and other outreach programs visit areas known to be places where homeless adults spend their days and nights.

The referring clinic is responsible for documenting an applicant's eligibility utilizing the standard MHSa Housing Program Certification and Referral Application, by securing all required eligibility documentation; including a release of information authorizing the referring service provider to share certification information with the HCA MHSa Housing Program. It is expected the service provider will assist the applicant as needed in completing the certification application, as well as any additional requirements related to the project screening process. Both referring Care Coordinators (CCs)/Personal Services Coordinators (PSCs) and the identified Lead Provider's staff will provide support throughout the entire application and project screening process.

Eligibility Determination

The HCA MHSa Housing Program staff will review the application and supporting documentation for completeness and certify the applicant meets the Orange County MHSa Housing Program eligibility criteria. These criteria are outlined below and must all be met in order to be MHSa Housing Program eligible. If the application is incomplete, the HCA MHSa Housing Program will contact the referring clinician to request missing information. A form certifying MHSa Housing Program eligibility will be provided directly to the property manager by the Residential Care and Housing Office. Certifications will be forwarded in the order of completion. A copy of this eligibility will be provided to the Care Coordinator or Personal Services Coordinator for the applicant's chart and/or to the applicant, or both, depending upon applicant's preference. The Residential Care and Housing Office will retain a copy and the individual's information will be entered into the Residential Care and Housing Office's MHSa Eligibility database, maintained in a secured folder.

MHSa Housing Program Threshold Eligibility:

1. Applicant has a Serious Mental Illness or Severe Emotional Disorder

Applicant is an adult 18 years or older with a verifiable serious and persistent mental illness as defined in Welfare and Institutions Code Section 5600.3 (b) (1) or a child or adolescent (<18 years old) with a severe emotional disorder as defined in Welfare and Institutions Code 5600.3 (a) (1).

2. Applicant is either "Homeless" OR "At-Risk of Homelessness"

Homeless:

"Homeless" means living on the streets, or lacking a fixed, regular, and adequate night-time residence. (This includes shelters, motels and living situations in which the individual has no tenant rights.)

(Source: MHSa Housing Program Term Sheet.)

At Risk of Homelessness:

At risk of becoming homeless due to one of the following situations:

- (i) Transitional age youth exiting the child welfare or juvenile justice systems
- (ii) Individuals discharged from institutional settings including:

- Hospitals, including acute psychiatric hospitals, psychiatric health facilities (PHF), skilled nursing facilities (SNF) with a certified special treatment program for the mentally disordered (STP), and mental health rehabilitation centers (MHRC)

- Crisis and transitional residential settings

- (iii) Released from local city or county jails

- (iv) Temporarily placed in a residential care facility upon discharge from (ii) or (iii) above.

- (v) Certification by the county mental health director as an individual who has been assessed by and is receiving services from the county mental health department and who has been deemed to be at imminent risk of being homeless.

(Source: MHSa Housing Program Term Sheet.)

3. Applicant had difficulty obtaining/maintaining housing

In addition to being either homeless or at-risk of homelessness, the certification must demonstrate that the issues and/or conditions that establish the individual's eligibility for the housing program are the same issues and/or conditions that significantly interfere with his/her ability to obtain and maintain housing; and without services linked to the MHSa Housing Program, the individual will not be able to obtain or maintain housing.

4. Eligible for MHSa services

Applicant is eligible for enrollment in a program funded and approved by the State as part of the County's Community Services and Support Plan, or other County-run or contracted program. In Orange County, other factors besides mental illness and homelessness that contribute to MHSA eligibility include:

- Functional impairments due to an untreated or under-treated mental illness that prevents engagement in meaningful activities and inability to remain in housing.
- Frequent incarceration or psychiatric hospitalizations due to untreated or under-treated illness.
- Special consideration is given to the ethnically and culturally unserved/underserved populations among the homeless and mentally ill, especially in the Latino and Asian/Pacific Islander communities.

Note that the Property Management of each project will verify applicants' income, along with other eligibility factors, in relation to the funding restrictions on the MHSA Housing Program rental units.

Certification Denial

If the certification is denied because the prospective tenant did not meet the MHSA Housing Program criteria, the referring MHSA FSP and the prospective tenant is notified and informed of the reason for the denial in writing, as well as a phone call from the HCA MHSA Housing Program staff, if possible. The referring FSP and/or prospective tenant may resubmit the application for reconsideration if the conditions that resulted in the original denial change.

Item D.6 Tenant Selection Plan

Provide a tenant selection plan, specific to the proposed development, that describes the following:

1. How prospective tenants will be referred to and selected for MHSA units in the development;
2. The tenant application process;
3. The procedure for maintaining the wait list;
4. The process for screening and evaluating the eligibility of the prospective MHSA tenants, including the criteria that will be used to determine a prospective MHSA tenant's eligibility for occupancy in the development;
5. The appeals process for individuals who are denied tenancy in an MHSA unit; and,
6. The reasonable accommodations policies and protocols.

NOTE: The Department's approval of the MHSA Housing Program Application does not ensure that the Tenant Certification/Referral Process is compliant with local, state and federal fair housing laws. The Developer/Borrower is advised to seek legal counsel to ensure that the Tenant Certification/Referral Process complies with fair housing laws.

Response:

MHSA Housing Unit Marketing and Tenant Selection

HCA MHSA housing staff certifies applicants as to their eligibility for the MHSA Housing Program. The site specific property management company will conduct the marketing of units, as well as the selection of a tenant for a specific unit. The Residential Care and Housing Office will also provide notice throughout the Adult Mental Health Services providers to inform age-appropriate applicants of the available units. The next section discusses the process by which units are marketed to potential applicants and then how MHSA-certified applicants are selected as tenants for MHSA Housing Units.

Notification of Unit Availability

As MHSA Housing Program units become available, prospective tenants are notified through the following process:

1. The Project Sponsor/Developer or Property Management Company will post vacancies using the marketing plan described in the MHSA Housing Application.
2. Both uncertified and certified prospective tenants apply for tenancy at the specific MHSA Housing Program funded site. The prospective tenant will directly approach the Property Management Company to inquire about applying for tenancy for one of the units. The uncertified prospective tenant will first complete the MHSA Housing Program Certification Application and, working with the Property Manager and service provider(s), will submit this Certification Application to the HCA MHSA Housing Program. HCA MHSA will provide confirmation of MHSA housing unit eligibility to the applicant, the property management company, and the service provider if the applicant meets the MHSA Housing Program criteria.
3. Each individual MHSA property will maintain a site specific wait list, keeping it current by contacting the prospective tenant/referring service provider on a regular basis (as defined in their site specific property management plan) to query their continued interest in an MHSA funded unit.

Project Waiting List

Each MHSA Housing Program funded development will have a discrete screening protocol that is site-specific as outlined in the MHSA Housing Program application. Applications will be processed in the order in which they are received. If no units are available, eligible applicants will be placed on the property management's project

waiting list, upon favorable review of a credit report and criminal background check. The processing of credit and criminal reports does not assure, nor does it imply, that an application will be approved, or that property management is preparing a particular application for a unit that may be available. Additional tenant selection criteria for the property, as outlined in the project specific tenant selection plan, also apply.

Property Management Screening

The MHPA FSP enrolled applicant will be screened by the property manager and is expected to include review of the completed project-specific housing application, credit report, and criminal history check. Applicants successfully passing this screening will be placed on a property management waiting list (see above), if necessary, with third-party income verification, review of landlord and/or other references, and collection of verification forms from the Health Care Agency occurring as the final step for obtaining a specific available unit.

Screening Assistance to the Applicant

The FSP(s) and other service providers providing services to tenants at a particular project will provide all necessary support during the screening process, including – if desired by the applicant – assisting the applicant to complete the required paperwork, securing required documentation, and accompanying the applicant during interviews with property management staff.

References

1. If landlord references are not available, personal references, other than family members, will be required. Required references can be provided by staff of a homeless shelter, other homeless service providers, social workers or others involved with the applicant in a professional capacity, together with as much information as possible about where the applicant has been living for the past 3 years. Landlord, personal, or other references must indicate the ability to care for the property and pay rent on time, as well as the ability to peacefully co-habit with other residents. The landlord reference check (if applicable for the previous three year period) is conducted to determine that an applicant has:
 - Demonstrated an ability to pay rent on time and in full
 - Followed the rules and regulations
 - Kept his or her residence in a clean and sanitary manner
 - Kept his or her residence undamaged
 - At no time received a notice for lease violation(s)
 - Behaved as a good neighbor and resident

Notice of Decision

Property Management will provide applicants written notification of assigned waiting list number or reason for denial after consideration of the credit and criminal background checks. The applicant will also be given written notification by Property Management of specific occupancy date or reason for denial after final processing. All notices of denial will include information on the right to appeal and a reminder notice of the right to reasonable accommodation for disability. A copy of any denial notice for MHPA enrolled applicants will also be sent to the applicant's service provider. In the event of successful application for the housing, the FSP(s) or Care Coordinators will be available to assist the tenant in making arrangements for and completing the move-in process.

Fair Housing

This project will comply with all federal, state, and local fair housing and civil rights laws, as well as with all equal opportunity requirements during marketing, rent-up and ongoing operations. Specifically, the project is committed to requirements of Title VI of the Civil Rights Act of 1964, Title VIII and Section 3 of the Civil Rights Act of 1968 (as amended by the Community Development Act of 1974), Executive Order 11063, Section 504 of

the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Fair Housing Amendments of 1988, and legislation which may subsequently be enacted protecting the individual rights of residents, applicants, or staff. The project will not discriminate against prospective residents on the basis of the fact of perception of their race, religion, creed, national origin, age, color, sex, blindness or other physical or mental disability, marital status, domestic partner status, ancestry, actual or perceived sexual orientation, gender identity, AIDS, AIDS-Related Complex, HIV, medical condition, height, weight, political affiliation or other consideration made unlawful by federal, state or local laws.

The project will not discriminate against prospective residents on the basis of their receipt of, or eligibility for, housing assistance under any Federal, State or local housing assistance program or on the basis that prospective residents have minor children. While the Property will not discriminate against those using Section 8 certificates or vouchers or other rental assistance, applicants with such rental assistance must meet all eligibility requirements. The Property will work closely with legal counsel and regulatory agencies throughout the marketing and outreach process to ensure full compliance with all applicable requirements.

Reasonable Accommodation and the Right to Appeal

All applicants will be given notice in the project specific application package of their right to reasonable accommodation, as well as their right to appeal screening decisions. All background information obtained from credit reports, criminal history checks and/or landlord or other personal references will be considered in the light of the project's commitment to provide housing for people in transition who have special needs. Applicants with negative background information will have the opportunity to demonstrate that past behavior causing those issues was related to a disability and request reasonable accommodation. The availability of supportive social services that can assist the applicant in meeting the conditions of tenancy may also be considered in evaluating such information.

All notices of denial will include information on the right to appeal and reminder notice of the right to reasonable accommodation for disability.

Item D.7 Supportive Services Plan

NOTE: A tenant's participation in supportive services may not be a condition of occupancy in MHSAs units.

Describe the development's approach to providing supportive services to MHSAs tenants. The following information should be provided:

1. A description of the anticipated needs of the MHSAs tenants;
2. The supportive service provider's initial and ongoing process for assessing the supportive service needs of the MHSAs tenants;
3. A description of each service to be made available to the MHSAs tenants, to include where and how the service will be delivered, the frequency of the service delivery and identification of the service provider. A description of the available services and supports should include, but not be limited to:
 - a) Mental health services
 - b) Physical health services (including prevention programs)
 - c) Employment/vocational services
 - d) Educational opportunities and linkages
 - e) Substance abuse services
 - f) Budget and financial training
 - g) Assistance in obtaining and maintaining benefits/entitlements
 - h) Linkage to community-based services and resources
4. Indicate whether or not there will be an onsite service coordinator, and include the ratio of onsite staff to MHSAs tenants. If there is no onsite service coordination, provide a description of service coordination for the development;
5. A description of how services will support wellness, recovery and resiliency. It is anticipated that the supportive services plan for the development will include services that are facilitated by peers and/or consumers. If this is not part of your service delivery approach, please provide an explanation;
6. A description of how the MHSAs tenants will be engaged in supportive services and community life. Include strategies and specific methods for engaging tenants in supportive services and the frequency of contact between supportive services staff and MHSAs tenants. This description should also include the identification of staff (the responsible service provider) and specific strategies for working with MHSAs tenants to maintain housing stability and plans for handling crisis intervention;
7. If the Development is housing for homeless youth, provide a description of services to be provided to meet the unique needs of the population including engagement strategies and peer involvement. In addition, provide a description of how transition-aged youth MHSAs tenants will be assisted in transitioning to other permanent housing once they reach 25 years of age;
8. Supportive services must be culturally and linguistically competent. Describe how services will meet this requirement including, when necessary, how services will be provided to MHSAs tenants who do not speak English and how communication between the property manager and the non-English speaking MHSAs tenants will be facilitated;
9. Describe the process to ensure effective communication between the service provider and the property manager regarding the status of MHSAs tenants in the development and any other issues regarding the development, including but not limited to regularly scheduled meetings and the identification of a single point of contact for communication and coordination of supportive services; and,

10. If proposing to develop Shared Housing units within a Rental Housing Development, attach "House Rules".

Response:

Housing Supportive Services Plan

OASIS

The OASIS program is a Full Service Partnership contracted by Orange County Health Care Agency to provide voluntary, client centered, culturally sensitive mental health services. OASIS is a division of Providence Services Corporation, a national organization dedicated to the provision of accessible, effective, high quality community-based counseling and social services as an alternative to traditional institutional care. The OASIS program provides services throughout Orange County in locations that are comfortable and safe for clients. The program was created to meet identified service needs for older adults who were homeless or at risk of homelessness and have a serious and persistent mental illness.

OASIS was formed as a result of the passage of the Mental Health Services Act and has been in operation since July of 2006. The program consists of a multiple disciplinary team of professionals working together to improve the overall quality of life for participants in the program, helping them regain independence, and achieve their goals. OASIS is dedicated to providing comprehensive services that are coordinated, proactive, and effective in promoting wellness and recovery for homeless older adults with mental illness living in Orange County. Eligibility for OASIS's services is defined by the Mental Health Services Act: 60 years and older with serious mental illness – including older adults with co-occurring disorders and a primary diagnosis of mental illness – who are not currently being served by mental health services, or who are underserved by mental health services, and who have an impairment in personal or community functioning, are homeless, and/or at risk of homelessness or institutionalization, including frequent hospitalization and use of emergency room services.

PATH

PATH was founded in 1984 with the mission "to break the cycle of homelessness by empowering people with the tools for self-sufficiency." Our programs connect homeless individuals and families from throughout Los Angeles County with an extensive continuum of housing (emergency, transitional, permanent), street outreach, job services, case management, and support services.

PATH has 25 years of experience providing supportive services to a diversity of homeless individuals, including homeless mentally ill seniors, and chronically homeless individuals. PATH operates residential programs out of three sites, all of which provide on-site and/or direct access to a full range of supportive services: the PATH Regional Homeless Center (RHC) in central Los Angeles (transitional housing), the PATH Westside Center in west Los Angeles (transitional housing), and the PATH Hollywood Center (interim housing). Last fiscal year, PATH provided supportive housing services to 878 homeless men, women, and children through our housing programs. Additionally, PATH provided supportive services to more than 4,000 homeless individuals, enabling them to move toward greater independence.

PATH has been providing services to homeless individuals and families, including homeless and chronically homeless adults 55 and older with persistent mental illness, since founded 25 years ago. PATH Hollywood Center (open since 2005) provides interim housing and linkages to supportive services specifically geared to serving the chronically homeless, including those with persistent mental illness, and regularly services individuals aged 55 and older. Transitional housing programs (130 beds) are also open to homeless and chronically homeless adults 55 and older with persistent mental illness. From 2003 to 2007, they served an estimated 195 individuals aged 55 and older, with approximately 35% of our clients struggling with mental illness. PATH felt that the best way to address mental illness was to partner with accomplished agencies that specialized in mental health care and service, such as OASIS.

PRIMARY SERVICE NEEDS OF THE TARGET POPULATION**OASIS**

The National Institute of Mental Health estimates that one in four Americans suffers from a diagnosable mental illness. Older adults in general face some unique issues which can lead to functional impairment. Depression is very common among the older adult population, compounded by medical problems and social isolation. Depression is such a major issue that the National Institute of Mental Health (NIMH) has reported that older adults are disproportionately likely to die by suicide compared to other age groups. Symptoms of depression can also be triggered by other chronic medical-related illnesses common in the older adult population. Many older adults also suffer from sleep problems, leading to increased depressive symptoms or self-medicating options such as overusing both prescription and over the counter medication or alcohol abuse. The OASIS Geriatric pharmacist plays a very important role in assessing and educating participants on the potential dangers and adverse effects of medication non-compliance. Over half of the OASIS participants are diagnosed with some form of Major Depression and a significant percentage include a co-occurring disorder. Primary service needs for older adults with mental health related functional impairments include case management, assessment, psychiatric care, mental health services, educational and vocational services, co-occurring disorder services, crisis intervention, medical support, peer support, and housing services to facilitate participants' journeys toward wellness and recovery. A significant goal of all participants in the OASIS program is establishing permanent housing and the ability to live independently. The independence level varies based on individual needs with the primary focus being a safe and stable environment which provides security and consistency. At OASIS, the philosophy is to meet clients "where they are at," doing "whatever it takes" to collaboratively offer client centered services focused on recovery.

IDENTIFICATION OF LEAD SERVICE PROVIDER/OTHER SIGNIFICANT SERVICE PARTNERS

OASIS utilizes the recovery model philosophy in providing services that focus on helping participants to attain maximum independence by promoting participant strengths and self-identified goals and objectives. The program's multi-disciplinary staff partners with participants to offer a full array of mental health and case management services which are provided in the field or whatever location is convenient for the participant. OASIS participants have a range of goals, which call for flexibility on how and when services are provided. An important aspect of the program is that it provides intensive case management to this unserved/underserved population. The program is designed to respond to the needs of the older adult population who tend to have increased physical health ailments; therefore the staffing model also includes medical staff. To manage the program administratively, staffing includes a clinically licensed Program Director and Clinical Manager. Program staffing consists of Bachelor's and Master's level Personal Service Coordinators who are supervised by a Master's Level team leader, a Board Certified Geriatric Psychiatrist, Nurse Practitioner, Licensed Vocational Nurse and Registered Nurse, Housing Specialist, and Licensed Therapist. Staffing also includes four paid peer positions called Life Skills Coaches. These are individuals who have a mental health diagnosis and who have achieved independence and overcome any stigma associated with their diagnosis. They function as peer counselors to participants and offer a very insightful perspective. A full time Lead Life Skills Coach coordinates participant program activities and peer support groups. A Benefits Specialist and Data Analyst provide ongoing support to both participants and staff alike. Language capabilities among staff include bilingual Vietnamese, Spanish, Korean, and Chinese.

The OASIS program offers a high staff ratio (1:16) of direct service clinical staff to participants and provides services in the community, with a significant amount of interaction provided at the participant's residences. Services are also provided at the OASIS office and public places, where the participants are familiar and feel safe. The services are provided through a contract with Orange County Health Care Agency with funding through the Mental Health Services Act.

DESCRIPTION OF KEY SERVICES

Each participant interested in the OASIS program is assessed for appropriateness based on their individual needs. A full history is received during the initial assessment meeting including discussion about participants' past and present living situation, history of mental illness, substance abuse issues, medical issues, financial

situation, housing, social supports, and more. Once admitted to the program, every participant is assigned a dedicated Personal Service Coordinator (PSC) who works closely with them to reach their goals. The PSC functions as a case manager, providing primary oversight to participants on an individual basis and coordinating linkage to all services, both internal and external. The PSC provides ongoing assessment and support to participants through regular visits in whatever location is convenient for the participant. The PSC works in coordination with other OASIS staff such as the Housing Coordinator, Benefits Coordinator, Medical Team, and Life Skills Coaches to service the needs of the participant. The PSC is responsible for developing master treatment plans for each participant on their caseload and assists the OASIS member in the development of individualized goals help members establish functional independence. The PSCs work collaboratively with the multi-disciplinary treatment team under the direction and guidance of the Clinical Manager.

OASIS employs a Data Analyst to provide ongoing data analysis through collaboration with OASIS and the County of Orange. Data is collected from a primary database and disseminated to provide ongoing feedback to the program on trends and outcomes in a wide variety of areas including, but not limited to residential reports, admission/discharge statistics, diagnosis queries, employment and volunteerism. Data is shared with participants in the program and is also made public through posting on the County of Orange website. The collected data helps to identify trends and shifts and allows the opportunity for continued shaping of the program. The OASIS Benefits Coordinator is responsible for interacting with all participants upon admission and providing support throughout as needed to help establish and manage medical and financial benefits. This person works to ensure that participants apply for and receive entitlements that they are eligible for in order to further their goal of independence.

Typical Services Provided by OASIS Staff:

- Intensive case management and service coordination, with personalized, focused treatment plans.
- Symptom management, using counseling and psychotherapy services.
- Medication education and/or medication support services; assistance with certain medication administration as needed, both on and off-site.
- Coordination with medical providers, maintaining a relationship with clinics and coordinating care with participants and their medical provider.
- Linkage and financial support as needed to provide dental care for participants. The OASIS population often has severely neglected dental issues as many have had limited or no access to dental services.
- Education support to develop further independence for those who are interested in, and able to work or pursue educational endeavors.
- Mental health symptom management skills such as keeping appointments with doctors and labs and developing new ways to cope with stressful life situations without symptom exacerbation.
- Developing independent skills including, but not limited to budgeting, grooming, cleaning, cooking, and navigating public transportation.
- Developing coping skills to manage crisis, relationships, conflict resolution, unhealthy thoughts, and help with family and social relationships.
- Discussions regarding making positive choices, assessing harm potential and limiting possible adverse effects on daily living such as safety, medication compliance, healthy eating habits, etc.
- Drug and alcohol counseling, education, and linkage as indicated.

- Education and graduated practice accessing resources and referrals to build self-sufficiency and resiliency.
- Staff-led activities concerning a variety of topics including socialization, understanding emotions and feeling, crafts, and exercise groups tailored to the senior population.
- Vocational rehabilitation and educational skill development and assistance.
- Assistance with legal issues through referral and partnership with legal resources in the community.
- Assistance in obtaining benefits through a dedicated Benefits Coordinator. This individual works to provide a link with participants to Social Security or will work with Medicare-Medi-Cal to coordinate benefits for participants as possible. Every participant who comes into OASIS is reviewed for benefits. The Benefits Coordinator helps participants in filling out all necessary paperwork; will accompany them to appointments, and works with all PSC staff to coordinate services.
- Community-building to establish connections and stability for participants in their individual community including linkage as appropriate to senior centers, places of worship, medical care, and shopping.

OASIS hosts a bi-weekly Ambassador's meeting which is comprised of program participants who have reached a level of recovery independence in their lives to the point where they desire to give back and share with others. Ambassadors act as the voice of the program participants and help shape activities offered by the program. Ambassadors provide resources and emotional support to participants from the perspective of someone who has truly "been in their shoes." Ambassadors will work to coordinate speakers and help in designing social activities for participants in the program.

OASIS participants are encouraged to participate in volunteer activities and often do so as a way to "give back." A number of "participant-led" activities are offered as participants realize their strengths and desire to share this with others. Some of the activities include learning how to work on a computer, providing a painting class in water-colors, participating in Tai Chi, Bingo, meal preparation, and even a participant teaching other seniors how to use the Wii arcade system as a way to engage and stay in shape.

PATH

Service providers and developers cited the following as the most important services needed for formerly homeless older adults: case management, mental health services, social activities, meals/food, medical care, and transportation. Thus, there is a critical need for intensive case management and service coordination to ensure that homeless mentally ill seniors gain the comprehensive range of support needed for them to find long-term housing and self-sufficiency.

PATH will provide the following services to MHSAs tenants: case management and service coordination; community building, social, and recreational activities, including a tenant council; outreach and engagement of tenants; assistance with independent living skills including money management; linkages to educational services; linkages to community resources, health care, dental care, substance abuse treatment; and mental health services; and self help groups/peer services. PATH staff will also act as an additional liaison between property management, offsite service providers, and tenants, including mediating between tenants and property management. Although the majority of services will be provided onsite, the tenants will have the option to access the PATH Mall if they choose. The service coordinator will help tenants find bus routes to their desired destinations. The service coordinator will also have copies of the maps and schedules for the bus lines located in close proximity to Santa Ines Senior Villas.

Case Management: The onsite Case Manager will provide one-on-one case management for special needs tenants who wish to develop a personalized plan for greater independence and self-determination (ISP). The Case Manager will proactively outreach to tenants to encourage them to participate in case management with the frequency that is appropriate for the individual. Case Management staff will provide in-depth training and on-going

support in the areas of independent living skills (health, hygiene, household cleanliness, nutrition, cooking/food planning, good neighbor practices), money management (budgeting, saving, paying bills on time, etc), and residential stability (help meeting lease obligations, including on-time rent payments). An Eviction Prevention Program will be implemented wherein the warning signs of lease violations and nonpayment of rent are identified and interventions are made by the Case Manager and property management staff to educate the tenant and create a plan for getting back into compliance with this plan.

Residential Service Coordinator – Located on-site, the Service Coordinator, hired by PATH, will be proactively engaged with the tenants in activities and services beginning at the time of application. Applicants will be advised by the Service Coordinator of the services available on-site through marketing materials, workshops, and flyers. Tenants will receive “welcome packets” from the residential coordinator that provide information on local amenities, public transportation information, on-site activities and other “tips”. The Service Coordinator will be responsible for publishing a monthly calendar that will be posted in public areas advertising on-site and off-site community activities and services. Throughout their residency at Santa Ines Senior Villas, the Service Coordinator will make regular attempts to encourage tenants to participate in services by knocking on doors, engaging in conversation in the common spaces, and cross-marketing of opportunities at all on-site events and activities.

On-site activities: On-site activities facilitated by peers/tenants, staff, and volunteers will include movie and game nights, reading groups, spiritual groups, arts and crafts, cooking classes, nutrition counseling, AA/NA meetings, anger management/non-violent conflict resolution classes, a monthly Tenant Advisory Board meetings, legal assistance, nutrition classes, and community volunteer opportunities such as getting involved in neighborhood councils, arts and craft groups. Tenants will also have the opportunity to provide input on the types of activities they want. They can provide feedback at the Tenant Advisory Board meetings, during their case management sessions, and by submitting a written comment in the comment box.

Linkages to mainstream resources and other community resources: The Case Manager and Service Coordinator will work with other partner agencies to help tenants access mainstream resources such as government entitlement programs, social security, SSI/Disability, Medi-Cal, Medicare, food assistance, mental health services through the Los Angeles County Department of Mental Health (DMH), health care, substance abuse recovery, education and employment, low income utility assistance, and local government programs.

RECOVERY APPROACH

OASIS follows the Recovery Model as its foundation for mental health services. Recovery is the awakening of hopes and dreams. It is a deeply personal, unique process of understanding one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life. Recovery involves the development of new or rediscovered meaning and purpose in one's life as one grows beyond the effects of untreated mental illness. The recovery process involves gaining the knowledge to reclaim one's power and achieve one's desires by learning to make choices that bring strength rather than harm. It is essential that OASIS participants who are facing the challenges of mental illness and homelessness obtain permanent housing as both a springboard and a platform for recovery to occur.

In line with the recovery approach OASIS employs a team of Life Skills Coaches. These are consumer level staff who hold paid positions in the program. Each of the Life Skills Coaches has an "included diagnosis" similar to the program participants. This provides them with additional insight and highlights the fact that there is no reason for participants to be limited in their abilities to achieve success and they can achieve successes by effectively managing their own diagnoses. The role of Life Skills Coaches is to provide ongoing support and encouragement as a peer mentor to participants in the program. Rather than being assigned to specific participants similar to a PSC, the Life Skills Coaches work in conjunction with each other to provide services to all program participants. Life Skills Coaches may provide assistance in helping participants move into a new home or to assist them in shopping for clothing or food. They are often called upon to help ensure participants are able to make scheduled appointments in the community by providing transportation and individualized support depending upon the specific situation.

ASSESSMENTS AND TREATMENT PLANS

Each participant of OASIS receives an assessment that covers the major areas of one's life and is based on input from a wide variety of sources. The treatment plan focuses on the participant's strengths and identified areas of need. Each participant actively develops their Individual Recovery Plan with assistance from their Personal Services Coordinator. This plan contains goals and objectives which incorporates their unique strengths, needs, abilities, and preferences, as well as identified challenges and problems. Through a combination of Mental Health Services, Supportive Services, and Housing Services, goals and life objectives can be achieved by all participants. By obtaining stable and supportive housing, OASIS participants gain a sense of belonging to a community. Participants are empowered by supportive services that help them redevelop social and independent living skills. OASIS PSC's and Life Coaches role model social and independent living skills and provide different options for addressing various situations and support participants as they practice new skills. These staff will provide a range of services including linkages to community resources for food, entertainment, recreation, exercise, faith-based, mental health, medical and dental needs.

OASIS staff is aware that Older Adults can experience significant issues related to depression. OASIS staff monitors the mood and functionality of OASIS members and when indicated, work with the member to develop a treatment plan and goals which includes preventive and responsive steps to address depression, suicidal thoughts, and feelings. For example, a peer of a resident may notice something different in a resident's behavior, perhaps a lack of desire to socialize or some increased anger in their interactions. This can be brought to the attention of the assigned PSC or other OASIS staff member who will be able to "check-in" on the resident. Through this peer support, participants can help each other and provide ongoing support to prevent adverse situations. The resident may have been down about something as innocuous as a television show focusing on death which brought up issues. The PSC or other OASIS staff will be able to process accordingly to ensure there is a plan and direction to deal with the situation.

Each participant's treatment plan is reviewed and updated at least two times per year or as participants achieve or develop new goals. Treatment plans are enhanced through discussion between the OASIS team members at weekly multi-disciplinary treatment team meetings. The treatment team includes the coordinating PSC, Clinical Manager, Life Skills Coaches, nurses, geriatric pharmacist, benefits specialist, housing coordinator, therapist, nurse practitioner, and psychiatrist. The psychiatrist or nurse practitioner will determine the need for psychotropic medication and will provide ongoing, regular assessment and medication evaluation. The Nurse Practitioner also reviews all clinical documentation presented by the medical team to ensure accuracy. The geriatric pharmacist performs a pharmaceutical assessment of all OASIS participants. The pharmacist, nurse practitioner, psychiatrist and nurses provide one-on-one education to participants to help them understand the ramifications of mental health medications and interactions with other medications, substances, and lifestyle. As many OASIS members have multiple prescription and over-the-counter medications, OASIS is committed to educating our members of the interactive effects and the importance of following prescribed protocols. The OASIS Clinical Manager is a licensed mental health provider who is responsible for oversight of all clinical services including approval of participant Master Treatment Plans. The Clinical Manager is also responsible for clinical review of all non-medical documentation provided by staff in their work with participants in the program. The Clinical Manager works closely with all PSCs ensuring clinically appropriate treatment planning. This person coordinates the multidisciplinary treatment team and works closely with the Quality Improvement Coordinator to effectively manage staff compliance with expected practice guidelines including documentation of services. The nursing staff works to provide general medical assessment and support to OASIS participants. This includes taking vitals, providing medical health assessments, assisting participants with medications, and coordinating services with medical providers in the community including referral and linkage to transportation resources.

PROJECT STAFFING

The project will be staffed by a Personal Service Coordinator (PSC) who will be assigned to coordinate services to the OASIS members living at Santa Ines Senior Apartments. Staff will be assigned to be available to residents .67 FTE or 25 hours per week, Monday through Friday. The PSC will operate within the OASIS multidisciplinary treatment team which includes the before mentioned Board Certified Geriatric Psychiatrist, Nurse Practitioner, Geriatric Pharmacist, Licensed Vocational Nurse, Registered Nurse, Program Director, Clinical Manager, Lead

Personal Service Coordinator, Life Coaches, Housing Specialist and Benefits Counselor. While medical appointments with the psychiatrist will be scheduled at the OASIS offices, all other staff are available to meet with residents either on or offsite, as needed. OASIS supports its members 24/7 through a crisis phone line. A staff member is available to speak with members after normal business hours, as well as respond directly in person, as needed. PSCs have at least weekly contact with their assigned member which can be enhanced by visits and contact by other members of the OASIS team.

The member's assigned PSC will oversee the coordination of care with local medical and community service providers as needed. Life Skills Coaches will be available to provide visits to OASIS members at the property and introduce members to resources in the community surrounding the project. OASIS may assist in arranging for transportation for OASIS members to participate in OASIS sponsored activities. For participants who are diagnosed with co-occurring substance abuse disorders, OASIS works to find supportive resources in the participant's local community including connecting with groups such as 12-step programs. The ultimate goal of the OASIS program is independence and transitioning away from dependency upon the OASIS community—focusing our efforts in helping our members integrate into the supportive community through established resources such as senior centers and community based organizations.

PATH

Services will be provided on site. Case Management and Service Coordination will be provided at a ratio of approximately 10 tenants: 1 staff person. The specific onsite staffing pattern will include the following staff:

- Service Coordinator (1 FTE): Will assist clients in accessing the various offsite supportive services that they need and will coordinate with the tenant's clinical Personal Service Coordinator or Care Coordinator
- Personal Care Cosmetologist (0.1 FTE): Will provide tenants with personal care services to assist tenants in maintaining proper hygiene.
- Volunteer Coordinator (0.1 FTE): Will work with volunteers to arrange special workshops and classes for tenants, as well as linking volunteers with direct service staff in areas where volunteer support is beneficial.

COMMUNICATION

The OASIS Housing Coordinator will be the primary point of contact between OASIS participants and the *project* property management, participating in regular scheduled meetings to ensure a smooth flow of communication between the OASIS team and the property manager. The PSC and Housing Coordinator will meet regularly with property management onsite to exchange information, review participants progress made toward goals and adjust level of support to ensure housing stability and address problems before they become crises. In addition, as an essential part of the OASIS service team, the Housing Coordinator meets with the assigned PSC, Life Coaches, and assigned medical staff to ensure care for participants is coordinated in a timely manner, and individually and appropriately designed. Note that the Housing Coordinator will follow-up with *project* management on a regular and an as-needed basis. The focus of the effort is maintaining open communication and a collaborative relationship between all supportive service services including OASIS staff, property management and local community resources.

Item D.8 Supportive Services Chart (Attachment C)

Submit the Supportive Services Chart (**Attachment C**). The Chart must list all services that will be provided to MHSA tenants, including any in-kind services essential to the success of the Supportive Services Plan.

Item D.9 Design Considerations for Meeting the Needs of the MHSA Tenants

Describe the following:

- 1 Physical space, including common areas, outdoor areas, landscaping, physical access to the property, security;
- 2 Supportive services space (if any), including any quiet area on site for tenants to meet service staff;
- 3 How the MHSA units will be designed to provide appropriate accommodations for physically disabled MHSA tenants, if appropriate.

Response:

1. Description of physical space, including common areas, outdoor areas, landscaping, physical access to the property, security.

The proposed project is situated on a site located in the City of Orange that is adjacent to existing senior housing on the southern edge, the Santiago Villas affordable housing community on the west and north boundary, and a grocery-store anchored retail property on the east, across Prospect Avenue from the subject site. Our development seamlessly connects the existing surrounding properties on .93-acre site into this established Orange neighborhood. The site is situated approximately 1/8 mile from the Grijalva Park fields and recreational area. This plan provides for pleasant, defensible, and secure spaces within the single building design that accommodate a sense of security for seniors with special needs, and an open and inviting community to the all senior residents. Allowing residents to monitor their environment and keep their “eyes on the street” results in a sense of community ownership and pride in the place they call home.

Some site features include a robust community building space encompassing special needs services and management offices, a well-appointed kitchen and open community space. On top of the community building is a roof top deck area with seating and a sealed-air fireplace. The community courtyard within the area adjacent to the community building will include various sustainable plants, materials and landscaping. The building features an array of unit plans for seniors including 1 and 2 bedroom concepts. The floor plans range from 620 square feet to 810 square feet. The unit plans are designed to maximize spatial quality for senior resident needs.

The building provides secure enclosed parking spaces for each tenant in the above-grade podium garage and with ample guest parking spaces. To meet the needs of the “Universal Design Features” guideline book, issued by the City of Orange, each building is provided with 2 elevators to assist those with special needs and ease for pedestrian travel. All units will be provided with adaptable hardware, accessible appliances and meet typical ADA state requirements. We have introduced many on-site amenities within the project that will be unique features for the residents. The landscape character reinforces the goals of the community while also bringing interest and diversity throughout the project. Primary pedestrian access to the property will be restricted to the front entrance on Prospect Avenue which will be lushly landscaped. The community building with office space for the on-site property manager will be located directly in line with the building entrance within the building courtyard. Pedestrians entering the property will have access to their units via the entry stairs that lead to the elevators serving all residential floors within the development. Vehicular ingress and egress will be via two separate two-lane driveways off Prospect Avenue allowing for appropriate entry stacking for residents that drive.

2. Supportive services space (if any), including any quiet area on site for tenants to meet service staff.

Our proposed design includes an approximately 1,895 square foot, large recreation center/community building that will be designed as a central meeting space for all residents and will include an office for the Full Service Partner to meet with MHSA households, and an office for the services coordinator. In addition, there will also be office space set aside for the on-site property manager. The community building will also incorporate a resident seminar/meeting room, social gathering space with television, computer lab, and kitchen.

3. How the MHSAs units will be designed to provide appropriate accommodations for physically disabled MHSAs tenants, if appropriate.

We understand that important design considerations for the senior MHSAs population are the need for security, privacy, and a welcoming environment for social interaction should they choose to participate.

Physical accessibility

All MHSAs units are designed to be ADA adaptable to meet the mobility or sensory impairments of any proposed resident who is disabled. Access to the residential units on each of the two residential floors and the parking garage are provided via 2 separate elevators, each located in convenient locations for grocery unloading and resident access to their units. Unit modifications will be specific to the physical/sensory disability of the residents but may include: Installation of roll-in showers, shower seats, grab bars, lowered height of cabinets and countertops, counter mounted microwaves, and smoke detectors with visual alarms. Our building design provides for ADA accessibility not only within the residential units but also within all common areas of the development.

Site Plan

We have made a concerted effort to provide private, secure and serene spaces. The overall building form is a design product described in the industry as a "wood podium" building concept. It is constructed of wood (Type V construction) on grade, including the parking garage. Within this scheme the building at 3-stories in height maintains the height characteristics of this neighborhood in Orange. The site plan includes a single building with a courtyard design to generate social intimacy with constant public area awareness to reduce alienation. At the same time, MHSAs residents will be able to choose privacy if desired. The architecture also features ample natural lighting and views that will be calming and will make the units and common spaces inviting livable spaces. The site plan provides heavy landscaping within the courtyard and at the front where the private meets public to provide a protective edge, while enhancing the streetscape. The central courtyard is situated for the residents to enjoy the outdoors in a secure area as a sunlit green space.

Promoting Community

The development team emphasizes the importance of community at all its properties and designs the community amenities to promote social interaction – this will be particularly important for the MHSAs population so that they have adequate space to relax and interact with their other residents. The community room is designed to create a social hub as it is embraced by all supporting spaces such as the computer area, media area, manager's office, social services offices, and well-appointed community kitchen. These facilities are centrally located within the site plan so that residents will have more opportunity to interact with others as they go about their daily activities.

The property features both a community and media area, which will enable residents to share in social recreational events, planned and provided by the social services program. The community room will feature seating areas for residents to interact, and the media area will provide a space for all residents to watch television or movies together. Finally there are outdoor gathering spaces in the courtyard where residents can gather with friends to socialize.

Programming Space

The common space features a computer area where residents can access the internet without needing to purchase their own computers, or pay for internet service. The community room can also be closed and used as a classroom. These sessions will include opportunities open to all residents and provided by the social services coordinator, and also other programs provided by the FSP. The space is approximately 800 square feet and is more than ample for group sessions with all residents participating.

Units

The courtyard design allows all the rooms to have ample natural lighting while giving privacy within their homes. The entrance to each unit is defined with subtle architectural articulation to give a sense of a semi-private entrance while keeping a natural flow in the corridors. Additionally each home has a private deck for relaxation and for providing views of the building and outside to give a sense of privacy, security, and safety.

Safety

While the City of Orange is well known for having extremely low crime rates, the development team has been proactive in designing a site that is safe and secure. Ensuring a crime-free property promotes the safety of our residents in addition to the safety of the community at large. The building will be well lit by installing and maintaining overhead lighting at appropriate places around the periphery of the property, and in public places, and hallways. The single front entry to the project will be attractively fenced and full secure, with a front entry security and intercom system.

Property Management will also maintain a close relationship with neighbors and with the local patrol officers. An ongoing and friendly relationship with the neighbors will allow property management to be informed of any issues or concerns within the neighborhood so that we can be proactive in addressing any issues. It is also important to maintain close relations with police officers to address any illegal activity that may happen on or near the property.

Item D.10 Summary and Analysis of Stakeholder Input

Submit documentation of the 30-day Local Review Process, including:

1. Dates of the 30-day public review and comment period;
2. A description of the methods used to circulate Items D.1 through D.9 for the purpose of public comment; and,
3. A summary and analysis of any comments received, and a description of any changes made as a result of public comment.

Response:

Item D.11 DMH Outcome Reporting Requirements (Attachment D)

This form must be completed by the County Mental Health Department, verifying the County's commitment to comply with outcome reporting requirements for the MHSA Rental Housing tenants.

**Item D.12 County Mental Health Sponsorship and Services Verification Form
(Attachment E)**

This form must be completed by the County Mental Health Department, verifying the County's commitment to provide supportive services to this development.

Item D.13 Primary Service Provider Experience Serving Target Population

The primary service provider must demonstrate that they have experience in successfully delivering services to tenants with serious mental illness. Describe general experience, and if applicable, identify and describe all developments in which the primary service provider has provided supportive services to tenants with serious mental illness. For each development, include the following:

1. Name of the development;
2. Number of units targeted to tenants with serious mental illness;
3. Services provided; and
4. Period of time during which the primary service provider delivered services to the developments' tenants.

NOTE: If the County Mental Health Department has not designated a primary service provider at the time of the initial application submittal, the County will be considered the primary service provider. An updated submission reflecting the final identification of a service provider along with the proposed provider's experience and qualifications must be submitted for approval not less than 120 days prior to initial rent-up.

Response:

Item D.14 County Fair Housing Certification (Attachment F)

This form must be completed by the County Mental Health Department, certifying the County's compliance with local, state, and federal fair housing laws.

Item D.15 Draft Memorandum of Understanding

If available at time of application, submit a draft of the Memorandum of Understanding (MOU) between the borrower, the primary service provider(s), the property management agent, and the County Mental Health Department. The MOU should document the following:

1. The roles and responsibilities of each partner;
2. Each partner's willingness to enter into a contract to carry out those roles and responsibilities (including provision of supportive services and property management services);
3. How all reporting requirements will be met;
4. How privacy and confidentiality requirements will be met; and,
5. Procedures for ongoing communication and decision-making between the property management agent and the primary service provider to assist MHSA tenants in maintaining housing stability.

NOTE: A fully executed MOU acceptable to CalHFA and DMH must be submitted not less than 120 days prior to initial rent-up.

Item D.16 Supportive Services Budget Form and Budget Narrative (Attachment G)

Complete the Supportive Services Budget Form and Budget Narrative (**Attachment G**). The budget must depict both the expenses and sources of revenue for the costs associated with the delivery of supportive services to the development. Additionally provide a budget narrative that includes the staffing ratio for the Supportive Services Plan.

NOTE: Both of these items must be submitted for approval not less than 120 days prior to initial rent-up.