

**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 MHSAs 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:

1. Henderson House – 676 and 680 Camino de los Mares, San Clemente, CA
2. Provide permanent housing with supportive services for transitional aged youth.
3. Transitional aged youth with mental health disabilities, including disabling conditions of addiction.
4. Acquisition/rehab of apartments. Mostly shared housing (two 1-bedroom apartments available) in 2- and 3-bedroom units.
5. There are two 1-bedroom apartments, three 2-bedroom apartments, and two 3-bedroom apartments. Tenants will live in shared housing in lockable bedrooms while sharing common areas (kitchen, living room). In all except the 3-bedroom units, each client will have his/her own bathroom. The apartments are located within walking distance of a hospital, major commercial real estate including two grocery stores, movie theatre and many restaurants. The units are adjacent to an OCTA bus line. A computer lab and common area for the project are on-site. A project office provides space for one-on-one and group meetings. Awake staff will be on-site 24/7 to respond to client needs. The property is uniquely suited for transitional age youth as it mirrors the living situation of peers – most young adults live in shared housing and in settings adjacent to other people of a similar age. We believe the setting, then, lends itself to helping transitional age clients to achieve maximum self-sufficiency while benefitting from ongoing case management and service provision through STAY and 24/7 on-site coaching and direction through Friendship Shelter.
6. The primary service provider for this project is the STAY Process program. STAY is a County of Orange contracted Full Service Partner which serves Transitional Age Youth. STAY is a program of Providence Behavioral Services. STAY (Supporting Transitional Age Youth) Process is a recovery program that focuses on transitional age youth (TAY), ages 16 through 25 years, who are seriously emotionally disturbed (SED) or severely mentally ill (SMI) frequently complicated by substance abuse, who might benefit from increased integration into the community. For the purposes of this project STAY members will be limited to those aged between 18 and 25. Through the STAY Process, participants are given support and guidance to help them increase abilities and skills essential to being self-sufficient adults. The vision at STAY Process is that all participants have hope, are empowered, are responsible for themselves and are engaged in meaningful adult roles. The STAY Process mission is to support participants as they discover what it is they want and how it can be achieved. By working to get what they want, participants develop strengths and abilities applicable to their adult lives.

STAY Process uses a team approach that includes family and treatment providers to support program participants. Participants work with staff on personal goals with the intended result of increasing their chances for success and their ability to interact with diverse people. Staff includes personal service coordinators, community integration specialists, recovery specialists, and a psychiatrist, nurse, housing coordinator, employment/vocation coordinator, education coordinator and occupational therapist.

Although the scope of work for each STAY Process staff member is unique, all welcome and engage participants and support them in making important changes in their lives. The staff coordinates community-based opportunities for learning and provides training around skills and abilities that empower the participant. Services are typically provided in English and Spanish, with Korean, Vietnamese and Farsi services provided as needed. STAY Process offices are located in Santa Ana, CA.

Friendship Shelter (FSI) is the non-clinical service provider and property manager. FSI was incorporated in 1987 to help homeless adults achieve self-sufficiency and become more productive members of the community. Today, FSI operates the only free residential shelter for homeless adults in southern Orange County and one of the only comprehensive programs for the homeless throughout the County. FSI bases its programmatic approach on facilitating a holistic and comprehensive program to rebuild lives. FSI programs work to address the many interrelated problems of homelessness, including mental and physical health, drug and alcohol addiction, personal responsibility, life skills, and education and employment opportunity.

For nearly 25 years, FSI has served more than 7,000 people in three programs. The *Self-Sufficiency* program, free to residents, provides housing, meals, case management services, health support services, recovery services and many forms of counseling to help overcome the causes of homelessness. Residents are expected to earn an income, save money and participate in their own personal development in order to leave the program with housing and a plan to sustain healthier lives. Transitional age youth (those 18 and older) have always been a part of this program.

From 1987 to 2013, FSI's *Transitional Living* program – at Henderson House in San Clemente – was a second step for Self Sufficiency graduates. There, they lived for up to one year at a modest rent, continuing to receive support services, so they might successfully progress along the path to independent mainstream living. This program has ended in favor of providing transitional living services to residents in their own homes, thus eliminating a secondary step before independent living. That decision made the apartment buildings available for the new MHSAs project.

Since 2009, FSI has been the primary operator for the city of Laguna Beach's emergency shelter program, serving chronically homeless people with shelter, food, showers, laundry, and storage services. It is the only year-round emergency shelter in Orange County.

A private organization with both professional and volunteer staff, and with Board oversight, FSI will have a fiscal 2014 budget of approximately \$2 million.

No additional development partners at this property, although the property is part of a larger HUD-funded supportive housing project that may include a development partner.

Anticipated sources include FSI's current equity in two apartment buildings (held separate from FSI in a single use entity), MHSAs housing and operating subsidies, and HUD SHP funds.

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:

Orange County Health Care Agency (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 TAY with Serious Emotional Disturbance (SED), Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI) 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 clients, who are homeless or in danger of homelessness, was ranked among the top seven issues identified by community stakeholders for this age group. The *Orange County MHSA Plan Update for 2013- 14* notes that while there has been significant improvement in the number of homeless TAY there remain over 50 currently enrolled TAY who are in need of permanent housing. The need is greatest among those newly identified. The Orange County MHSA Housing program is expected to generate approximately 185 Supportive Housing units across all the age categories served by Behavioral Health Services. The MHSA Shared Housing project at Henderson House responds to this identified community need and County priority by directly serving the TAY population with SED, SMI or SPMI. Henderson House responds to the identified need for permanent supportive housing for clients: Friendship House, partnering with the designated service provider for MHSA specific resident services, is requesting MHSA Capital and Operating Subsidy funding for Henderson House. Henderson House will contribute 14 MHSA apartment units, making substantial progress toward the County's goal of creating 185 housing units.

Item D.4 Description of Target Population to be Served

Describe the MHPA 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 MHPA 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:

Henderson House will provide 14 units of permanent supportive housing for Transition Aged Youth (TAY), one of the identified Mental Health Services Act (MHPA) target populations under the Orange County MHPA Housing plan. The TAY served in the MHPA Housing program at Henderson House will have 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 system. Individuals served may have a co-occurring substance abuse disorder, and may suffer from functional impairments.

Supportive services that are offered to MHPA tenants at Henderson House will be individualized to meet the needs of participants as determined collaboratively by participant and the Primary Service Provider. County of Orange Health Care Agency providers have programs designed with comprehensive and intensive services to respond to the varied, identified client needs. County of Orange Health Care Agency services include, but are not limited to: emergency assistance with housing, food, transportation and/or clothing; individual goal/service planning; assistance in accessing and maintaining mainstream benefits; case management; independent living skills development; budgeting, money management and financial education; assessment, treatment and/or referral for addiction disorder, mental and physical health services; employment services and opportunities; crisis intervention; community building; linkage to community-based services; assistance in maintaining residential stability; and any other services as needed that respond to the special needs of this tenant population.

TAY in the program will be of very low income with an annual income not to exceed 30% of Area Median Income (AMI), and many adults may have incomes considerably less than 30% AMI. At the time of entrance into the housing, it is anticipated that many of the TAY may have no income other than SSI.

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 Provider will refer clients from their program to Henderson House as applicants for permanent housing. Applicants from other community sources, such as the County of Orange's TAY PACT Program will be referred to Provider and HCA for determination of eligibility for the designated MHSA Housing Program units and supportive services. In addition, applicants may also apply for non-MHSA Housing Program units in other non-MHSA Friendship Shelter units. Property management staff and Provider will work together to ensure that eligible clients have the information and support they need to complete the application process. Provider will provide assistance with completing the rental application, gathering supporting documentation, providing a point of contact, preparing for the tenant interview, and general assistance throughout the application process. The tenant selection process described below includes sufficient flexibility to house MHSA households who have historically been unable to obtain or maintain stable housing. 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 Provider's supportive social services that can assist clients in meeting the conditions of tenancy may also be considered in evaluating such information.

Threshold Eligibility Criteria

1. Occupancy Standard

Units will be occupied in accordance with the following standards:

- The head of household must be 18 years of age or older, unless he or she is an emancipated minor
- The minimum occupancy will be 1 individual per unit
- The maximum occupancy for a shared living unit is one adult per bedroom

2. Income Eligibility

MHSA household's income must be at or below the Area Median Income for the units they are to occupy.

# MHSA Units	# of Bedrooms	% AMI	Income Limits
14	1	30	\$20,250

3. MHSAs Set-Aside

All 14 units will be occupied by MHSAs residents.

4. Rent

For units with an MHSAs Housing Program capitalized operating subsidy, the maximum MHSAs rent is based on the maximum allowable tax credit rent. Note that the tenant portion of the rent will be 30% of the current Supplemental Security Income/State Supplemental Program (SSI/SSP), or 30% of tenant income, whichever is higher.

5. Other MHSAs Eligibility Criteria

The applicant must be a Transition Aged Youth (TAY) , ages 18 to 25 with a diagnosis of SED, SMI or SPMI as defined in California Welfare and Institutions Code § 5600.3 (a) and (b) must be homeless or at risk of homelessness, as defined in Section 2.2: MHSAs Housing Program Target Population within the Mental Health Services Act Housing Program Application

An experienced team is critical to the success of an MHSAs development. The Team partners at Henderson House – Friendship Shelter and STAY, both have experience working with the target population. Provider and Friendship Shelter staff are committed to working as a team providing support services to applicants as they negotiate the tenant selection process carrying out the tenant selection process together, each assuming different but critical roles.

1. Program Eligibility:

If an applicant is referred through Provider, the provider will provide the property manager with confirmation that the applicant has been certified as MHSAs eligible by the County of Orange Residential Care and Housing Office including verification that the required criteria of SMI, SED or SPMI and homelessness or at-risk of homelessness has been met. If the applicant is not referred through Provider, then Provider will coordinate with the applicant and the Health Care Agency to determine MHSAs Housing Program eligibility. HCA MHSAs Housing Program staff will certify applicants as MHSAs Housing Program eligible using a standardized process for the MHSAs funded units.

2. Preliminary Application:

If the applicant is certified as MHSAs Housing Program eligible during initial lease-up, the applicant will be given the Henderson House tenancy package at the site by the property manager. The package contains a description of the property, an application, and a list of required documentation that the applicant will need to bring for their housing interview. The property manager will inform the Provider case manager that they have provided an application to a particular client and Provider will provide support to the applicant through the application process. Program eligible applicants will turn in their application to the property manager. If the application is incomplete, the property manager will contact the applicant to request missing information and, with the applicant's consent, and the service provider.

The site Property Management Administrator or a representative of the managing agent will initially interview all applicants. Note that applicants can elect to have a Provider staff person attend the interview to assist them through the tenant selection process if they so choose. It will be the responsibility of the site administrator or management agent to inform the applicant in writing of their approval or rejection. Management will notify applicants who are rejected, in writing and provide a reason for their ineligibility. The applicants will be informed of their option to appeal this decision.

3. Wait List

Following initial lease-up, Provider members who are interested in future openings can submit a pre-application to initiate placement on the wait list. Pre-applications will be date and time stamped and applicants will be added to the wait-list in chronological order. If more than one applicant on the wait-list qualifies for the unit, the pre-application with the earliest date will be the first invited for an interview. The remaining qualified applicants will be maintained in chronological order and the same process will be followed when an MHSAs unit/bedroom becomes available.

When management receives the next 30-day notice, it will be the responsibility of the site administrator to notify the applicant at the top of the waiting list. If that applicant turns down the unit, management will then proceed to the next person on the waiting list.

If an applicant who is contacted for an interview turns down the unit, management will proceed to contact the next eligible applicant on the wait list. If an applicant on the wait list turns down two units offered to him/her, he/she may be removed from the wait list.

Applicants on the waiting list will be notified that it is their responsibility to advise the property manager of any address changes, and that if they cannot be contacted by mail or through an alternate contact, either for vacant units or in the course of a waiting list update, they will be dropped from the waiting list.

Interview and Full Application for Tenancy:

When a unit becomes available, the property manager will contact the next eligible applicant on the wait list to set up an interview and will confirm the documents that the applicant needs to bring to the interview. The applicant may bring a third party of their choice to the interview which may include, but is not limited to the Provider case manager. The Provider case manager will also be informed any time that their client is contacted about an available unit to help ensure applicants have access to the supports and services that will assist them throughout the application process. In addition, applicants will be expected to provide required information or documentation within seventy-two (72) hours once requested.

In addition to the application verification process outlined below, the following minimum criteria will be required:

- **Safety:**

Any individual whose tenancy is a direct threat to the health or safety of others or the property of others will be denied tenancy.

- **Pets:** Pets are not permitted subject to the property's pet policy.

Application Verification Process:

At the interview, applicants will be requested to sign releases and forms that allow the property manager to verify the information on their application. All income will be verified in writing by the income source indicated on the income certification form.

Incomplete, inaccurate or falsified information will be grounds for denial of the application or subsequent termination of tenancy upon later determination of information being falsified.

- **Income Verification:** Income will be verified by a third party, including but not limited to: employment, savings, disability income, government assistance, child support/alimony.

Applicants must not exceed the maximum income limits as established by the Tax Credit Allocation Committee of The State of California and must have a minimum income of two times their net scheduled rent payment.

- **Employment:** Income calculations are based on the applicant's annual gross (anticipated) income for the following 12 months. Annual gross income includes income from any and all assets.
- **Other income:** Income from Pensions, Disability, Social Security, Government Assistance, A.F.D.C., etc. will be verified.
- **Assets:** All assets, including bank accounts will be verified in writing.
- **Section 8:** Section 8 vouchers or certificates will be verified in writing.
- **Credit Check:** Credit reference will be required for all adult household members over 18 years of age. To ensure flexibility for applicants at Henderson House, this credit check component of the tenant selection process shall not deny an MHSa Housing Program applicant with a poor credit history or a history of nonpayment of rent as the MHSa units will be supported through a Capitalized Operating Subsidy. For applicants without a verified operating or rental subsidy, credit will be approved or denied by a third party company based on their credit scoring system as follows:

Credit scoring is a system that creditors use to help determine whether to grant an individual credit. Information about how an applicant manages their credit, including bill paying history, late payments, collection actions and outstanding debt is collected from credit application and the credit report.

Using a statistical program, creditors compare this information to the credit performance of consumers with similar characteristics, a credit scoring system awards points for each factor that helps predict who is most likely to repay a debt (or, in this case, fulfill the lease). A total number of points – a credit score – helps predict how creditworthy an applicant is, that is, how likely it is that they will make the payments when due.

Bankruptcies: The applicant will be considered under these conditions: discharged bankruptcies must be no less than two years old. There can be no new negative credit.

- **Rental History:** Rental history will be verified by contacting previous landlords when available. Applicants with negative rental history or those who have been evicted, or have outstanding balances owed to current or previous landlords will be denied.

Current landlord references will be obtained when available. Landlord references will help determine rental history including but not limited to non-payment of rent, repeated disruptive behavior, and late rent payments. Eviction and Unlawful Detainer within the last five years will be grounds for ineligibility.

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.

- **Criminal background:** Criminal background checks will be conducted on all adults, in the qualified household, who have satisfied all income, and credit report requirements. A negative criminal background may be basis for denial if it indicates an applicant's inability to meet the terms of the tenancy or poses a jeopardy to the health and safety of the premises for other tenants and staff in the Development.

- **Verification MHSa Housing Program Eligibility:** HCA staff will provide verification of MHSa Housing Program eligibility.

4. Approved Applicants (contact/lease-up procedure):

Following the interview, the property manager will contact approved applicants to set up a time for property orientation, signing of the lease, and scheduling the move-in date. The property manager will notify the Provider case-manager when the when the applicant is approved.

5. Rejected Applicants:

Rejected applicants/households will be notified in writing of the reason for rejection. The referring Provider and/or prospective resident may resubmit the application for reconsideration if the conditions that resulted in the original denial change.

Special consideration will be given on the MHSa units and the extent the prospective resident or their case manager can provide evidence of case management and a service plan that is able to address the reason for denial in a manner that is acceptable to the property manager, they will be approved for occupancy. This will be done proactively before an applicant is rejected, to avoid prospective residents from having to go through the rejection and reapplication process.

The collaborative efforts of Payne Development, LLC, and Provider will ensure that all qualifying MHSa applicants will have the opportunity to be considered under the application process for upcoming vacant units.

6. Fair Housing:

Applicants will not be discriminated against as set forth in the State and Federal Fair Housing Guidelines. The property will comply with all federal, state, and local fair housing laws and with all equal opportunity requirements and will not discriminate against any individual wishing to apply for residency due to race, color, creed, national or ethnic origin or ancestry, religion, gender, sexual orientation, age, disability, handicap, military status, source of income, marital status or on any other arbitrary basis.

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:

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 providers to complete in collaboration with the potential tenant. Upon enrollment or eligibility in an FSP, the MHSA client 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 MHSA Provider enrolled or MHSA eligible 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. The HCA and its MHSA 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 providers. MHSA outreach includes visiting areas known to be places where homeless adults spend their days and nights.

The referring MHSA Provider 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 Provider to share certification information with the HCA MHSA Housing Program. It is expected that the Provider will assist the applicant as needed in completing the certification application, as well as any additional requirements related to the project screening process. Support Service Workers/Personal Services Coordinators of the identified MHSA Provider 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 staff will contact the referring Provider to request missing information.

MHSa Housing Program Threshold Eligibility:

1. Applicant has an SMI, SED or SPMI

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

3. 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.)

4. 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.

5. Eligible for MHSa services

Applicant is enrolled or, meets the criteria to be enrolled, in an MHSa Provider program funded

and approved by the State as part of the County's Community Services and Support Plan. In Orange County, other factors besides mental illness and homelessness that contribute to MHSAs 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 MHSAs Housing Program rental units.

Certification Denial

If the certification is denied because the prospective tenant did not meet the MHSAs Housing Program criteria, the referring MHSAs Provider 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 MHSAs Housing Program staff. The referring Provider and/or prospective tenant may resubmit the application for reconsideration if the conditions that resulted in the original denial change.

MHSAs Housing Unit Marketing and Tenant Selection

HCA MHSAs housing staff certifies applicants as to their eligibility for the MHSAs 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 next section discusses the process by which units are marketed to potential applicants and then how MHSAs-certified applicants are selected as tenants for MHSAs Housing Units.

Notification of Unit Availability

As MHSAs Housing Program units become available, the 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 MHSAs Housing Application.
2. Prospective tenants apply for tenancy at the specific MHSAs 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 prospective tenant will complete the MHSAs Housing Program Certification Application and, working with the Property Manager and MHSAs provider(s), will submit this Certification Application to the HCA MHSAs Housing Program. HCA MHSAs will provide confirmation of MHSAs housing unit eligibility to the applicant, the property management company, and the MHSAs Provider if the applicant meets the MHSAs Housing Program criteria.
3. Each individual MHSAs property will maintain a site specific wait list, keeping it current by contacting the prospective tenant/referring FSP on a regular basis (as defined in their site specific property management plan) to query their continued interest in an MHSAs funded unit.

Project Waiting List

Each MHTA Housing Program funded development will have a discrete screening protocol that is site-specific as outlined in section D.13 of the MHTA 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 MHTA 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 Provider (s) 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

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 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 MHTA enrolled applicants will also be sent to the Provider (s) identified as the service provider(s) for the property. In the event of successful application for the

housing, the Provider (s) 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 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:

The Orange County Mental Health Services Housing program has been developed to assist individuals with psychiatric disabilities to maintain their well being and successfully attain and retain their tenancy in supportive housing. Friendship Shelter is committed to developing permanent supportive housing as a long-term solution to ending homelessness and helping individuals achieve self-sufficiency and is excited to help broaden the range of permanent supportive housing options available for TAY and adults with mental health disabilities living in Orange County.

A County of Orange selected Provider, The STAY Program, will be the primary (Lead) service provider working with the target population. Guided by the philosophy of recovery, mental health services will be focused on individuals who have recently reached adulthood, Provider will promote the philosophy that recovery provides a new vision for young adults who had been struggling with themselves, their mental illnesses, and others. Provider will provide wraparound services to clients to help stabilize their lives and reduce a range of barriers to a healthy future. Combining wraparound services with the philosophy of recovery, Provider will support clients who need assistance to establish themselves as in housing and meaningful adult roles, who are not hopeful about their future as adults and who yet want to be well and resilient. Provider program participants will be successful in reaching some of their goals, including a drop in psychiatric hospitalizations, incarcerations and in homelessness between pre- and post-enrollment among currently enrolled program participants who have histories of hospitalization, incarceration and homelessness, respectively.

Program Overview:

The target population, TAY clients, includes individuals ages 18 through 25. Residence at Henderson House will be limited to individuals over the age of 18 who are homeless or at risk of homelessness and have a serious and persistent mental illness, which is reflected through biopsychosocial assessment and a history of SED, SMI or SPMI, psychiatric hospitalization, incarceration, out-of-home placement and family instability. These experiences bring a number of challenges to and opportunities for what clients have largely lost, hope. Clients are likely to have been unsuccessful in maintaining housing, a job and/or a course of study. They are likely to have difficulty reading and responding to social cues, interacting with others in a level manner and simply getting along with others in general community settings. This range of challenges indicates why housing stability is difficult for clients without supportive services. It also reveals opportunities for Provider to provide wraparound, recovery services that instill hope among clients and help them learn how to be empowered adults who are able to maintain their own home.

Provider will provide wraparound, recovery services to clients who are actively enrolled in the STAY Process and living at Henderson House Apartments. In the case of MHSAs eligible tenants who are not enrolled in STAY or another MHSAs program, Provider will provide information and referral services to link tenant to any necessary services within the community. For clients who are enrolled in another MHSAs program (i.e. YOW or TAY Pact), Provider will coordinate services

with the other service program staff.

Provider will develop a relationship with all tenants in the Henderson House and will be available to support all tenants, regardless of enrollment in STAY. While STAY staff will not be directly responsible for managing the clinical aspects of care among tenants who are not enrolled in the STAY program (e.g., STAY staff will not provide on-going clinical interventions to tenants who are receiving these services elsewhere.), If a non-TAY tenant presents with an emergent or other issue STAY will assess briefly for the most appropriate intervention and make appropriate community referrals and contact emergency/crisis resources, when indicated, such as calling 911, CAT team, and assigned program staff, etc. to assist in the management of these tenants.

Program will make every attempt to fill the 14 beds with STAY clients, with the expectation that 1.0 FTE will be designated for the clients placed at Henderson House. Program FTE's will be prorated to adjust for the actual number of STAY clients placed at Henderson House, with a ratio of 1.0 FTE for each 14 clients residing at Henderson House. (For example, if seven clients are placed, Program would provide .50 FTE of staffing to the clients placed at Henderson House).

Care will be coordinated by an assigned Personal Service Coordinator (PSC) or Care Coordinator (CC), who will partner with each client to access and utilize services and resources that meet the client's goals and needs. Providers, in collaboration with the client, design an individualized Service Plan, which outlines goals, strengths and barriers to reaching goals. The Plan also outlines staff assigned to work with the client on different goals. Some goals will be reached with the assistance of one staff, whereas other goals will involve multiple staff. All clients who live at Henderson House will have a Service Plan that includes housing stability as one of her/his goals. The client and PSC or CC will oversee progress toward all goals, and will follow-up with the client and coordinate staff when challenges either hinder or stall a client's progress. The Service Plan is a living document that the clients continually update and modifies as she/he achieves goals.

Clients have a range of goals, which call for flexibility in how and when Provider provides services and a "whatever-it-takes" attitude. For example, clients who have difficulty leaving their home and interacting in the community can agree with their PSC, Care Coordinator, or Community Integration Specialist (CIS) to be transported to and from the Provider site to reduce this barrier to change and to allow them to focus on improving socialization skills. This is an important goal for many clients, and Provider will design the physical layout and appearance of the office toward this goal. The Provider office will offer a variety of spaces including an open setting where clients can naturally interact with others, a separate space with computers and a printer, a quiet area with comfortable seating and books and a kitchen with refrigerators, a stove, cooking equipment, microwave, toaster oven and vending machine. Provider staff will have been trained to welcome everyone and outreach and engage all clients, especially if the client is uncomfortable talking with diverse people. Additionally, through client-run, weekly Community Meetings, cooking classes and parenting classes and client-run events, such as the client art show and rummage sale to raise funds for charity, Provider participants are strongly encouraged and supported by staff and the availability of flexible program funds, to continue to build their social integration, communication and community-building skills. In addition to the open community clients have access to four private rooms for confidential conversation or meetings. Among the TAY and the adult populations there are clients who have been hospitalized for suicidal ideation, and their goal is to reduce their suicidality. The client and her/his PSC or Care Coordinator may develop either a Wellness Plan or a Master Treatment Plan, which includes preventive and responsive steps that the clients will take to reduce suicidal thoughts and

feelings. The clients in the TAY-focused program for example, may seek out a therapist, rebuild relationships with family members and friends, journal and learn how to play the guitar. These clients have access to the on-call system, which is a crisis line for evenings, weekends and holidays that PSCs share. If hospitalized, Provider will coordinate a seven-day follow-up starting with discharge, involving daily wellness checks, scheduled appointments with psychiatrists and therapists and support in transitioning back into the home and community.

Education and employment goals are regularly discussed with all clients. They meet with the PSC and the Education and Employment Coordinators, who assess the client and help map out a course of action, including identifying community resources and scheduling a series of appointments during which, for example, the STAY Education Coordinator supports the client by providing transportation to and from a city college orientation or by shadowing the client completing a financial aid application. The STAY Employment Coordinator works with clients who want to work and are not yet job ready by offering them supported employment opportunities in community-based organizations and small businesses. Supported employment opportunities that are near Henderson House will be earmarked for client residents.

Other client goals will involve services such as regular appointments with Provider's psychiatrist for assessment, treatment and medication and therapists for individual, family and group therapy. TAY clients can be linked to art, music, and a variety of tailored therapies. Money management, linkages to health care, dental care, and substance abuse treatment and groups, linkages to faith-based organizations and linkages to food banks, and discount and used clothing stores are frequently utilized services. Provider may also have access to flexible funds that clients can utilize for emergent needs and to purchase items essential to reaching their goals.

The Henderson House shared living project will provide a needed affordable housing option to Provider participants who are ready for independent housing with supportive services readily available to enable success in achieving housing stability. Supportive services for clients living at Henderson House, will promote housing stability and wellness, recovery, and resiliency. Through on-site and off-site services provided by PSCs/Care Coordinators, CISs, and/or the OT, clients will gain a sense of belonging to an apartment community, experience what it's like to make an apartment a home and enjoy the feeling of being capable and able to live in a community setting. Living in shared housing is age appropriate and provides opportunities to build relationships and practice social skills in their home environments. Motivated by the satisfaction of having one's own home, clients will be empowered by supportive services that help them acquire social and independent living skills. Social skills include the ability to discuss with the apartment manager needed repairs, to ask to borrow a vacuum cleaner from the neighbor, and to negotiate routine upkeep and share common areas with their roommate(s.)

PSCs/Care Coordinators, and CISs may role model social and independent living skills, provide different options for addressing various situations and support clients as they try out new things. These staff will provide a range of off-site services, as well as including linkages to community resources for food, entertainment, recreation, exercise, faith-based, mental health, medical and dental needs. An Occupational Therapist (OT) will be hands-on and on-site to focus on independent living skills for TAY residents. Independent living skills include learning to use the stove and oven, to read a recipe and shop and budget for ingredients and to clean the living room, kitchen and bathroom. Acquiring social and independent living skills is empowering, and the sense that a client gets from being able to manage her/his own life means wellness, brings hope for the future and builds resiliency against setbacks.

Supportive services for clients living at Henderson House also include the transition from the Provider program when goals have been met.

Staffing:

Supportive services for TAY clients living at Henderson House will be staffed at a ratio of 14 clients to 1 Personal Service Coordinator (PSC). The assigned PSC(s) will coordinate and provide services, based on client need, on-site and off-site to clients living in the units on a weekly basis, Monday through Friday during regular business hours.

Community Integration Specialists (CISs) will support clients to develop, plan and lead group activities in the Henderson House and Orange County communities to increase client abilities to access services and resources that enhance their wellness and ensure that their basic needs are met. The assigned CIS(s) will coordinate and provide services, based on client need, on-site and off-site to clients living in the units on a weekly basis, Monday through Friday during regular business hours, to organize community activities, explore community resources, provide linkages, and conduct groups.

One Occupational Therapist will make weekly visits as needed to each apartment unit to recommend modifications to the physical environment or independent living skills, such as cooking and cleaning, to optimize the client's success.

In addition to providing services in the unit the PSCs, CISs, OT, other Provider staff, and clients will create a community space in the community room and office space provided by the Henderson House staff from Friendship House for group activities and meetings. Clients living at Henderson House will be strongly encouraged to access off-site, community resources that include Provider, its psychiatrist, public health nurse, therapists, several more PSCs, Housing, Employment and Education Coordinators, peers, client computer lab, and community kitchen. Clients also have access to Provider on-call, which directly connects clients in crisis to a PSC after regular business hours. Clients who demonstrate increased ability to manage independent living along with increasing school or work commitments will gradually be encouraged to obtain services progressively off-site in the community as another step toward recovery and independence.

Treatment Models:

Provider services are based on the vision that clients have hope for themselves and their future, are empowered and self-sufficient and are increasingly able to take on and fulfill meaningful adult roles, including having and sustaining a home for themselves. A central principle of recovery is intentional care, which suits clients well. Clients want to have options yet frequently need support and encouragement to choose among options and then follow through to reach their goals. Housing stability at Henderson House will be a goal that clients will want to attain. Provider staff respects the client's right to choose among housing options and will support the client's decision to live at Henderson House.

Provider staff has adequate staffing and training to ensure individual services planning and delivery both on and offsite according to each resident's assessed needs.

Provider would then help clients sustain housing at Henderson House using wraparound and housing supportive services in combination with motivational interviewing and harm reduction techniques, which have been valuable in supporting clients who desire a change in their life and are considering how to make change happen. Motivational interviewing techniques are effective

with clients struggling with mental illness or dual diagnosis, and are ambivalent about themselves, their futures and how to make a change in their lives. By tapping into their ambivalence, participants have become motivated to hear about different options, including the options of remaining homeless or sustaining housing in an apartment. Motivational interviewing techniques include avoiding arguments, validating the clients experience, accepting 'no' and resistance to change and sharing with client observed discrepancies between what a client says and what a client does. Harm reduction techniques, developed primarily to reduce substance abuse, further empower client who have decided to make a change and seek to gradually ease into it, diminishing their harmful behaviors to a benign level rather than expecting themselves to drastically give up a habit all at once. Intentional care and motivational interviewing and harm reduction techniques are effective in supporting clients toward a range of recovery goals, including goals pertaining to housing stability.

Description and Frequency of General and Housing Supportive Services:

Provider will provide the following services to clients who are enrolled in the STAY Process program: voluntary intensive case management, outpatient services, psychiatric services, medication support, crisis intervention including 24/7 on-call services for crisis management, individual, group and family therapy, other forms of therapy that benefit clients and that clients enjoy, such as art, music, and other appropriate therapies, supported employment and education, transportation, housing assistance, benefit acquisition, respite care, integrated services for co-occurring disorder treatment and community integration and social support services. These voluntary services are wrapped around clients to address their diverse and unique needs and reduce barriers to wellness, recovery and resiliency.

Services that support housing stability for clients will serve as a critical resource in this population. PSCs will rotate on-site services Monday through Friday during regular business hours, as needed, and coordinate services with other program staff such as CIS, OT, Housing Coordinator, Employment Coordinator, and Education Coordinator.

Personal Service Coordinators (PSCs) will provide on-site and off-site services to support clients to maintain their housing, build skills to pay rent on time, keep a clean and safe home, and be neighborly. PSCs will be assigned at a 14:1 ratio and an equivalent share of the total caseload of clients living at Henderson House for the purposes of managing paperwork but will be expected to build solid working relationships with all clients on-site. PSCs will coordinate care with assigned client and develop a Pro-recovery Plan outlining goals, strengths that will be utilized to reach goals, barriers to success and diverse Provider staff assigned to work with the client on specific goals. PSCs will make visits to apartment units as needed, at a minimum of once a week, to assist clients with an array of housing challenges, including how to ask a neighbor to turn down the music (or how to respond when asked turn down their music by a roommate or neighbor), where to find affordable items to furnish and decorate the apartment and how to resolve conflicts with roommates. PSCs are trained to respond to psychiatric crisis and emergencies and have easy access to therapists, supervisors, other PSCs or program director for additional support. PSCs are also able to assist with non-violent conflict resolution. Clients who have not yet developed the skills to resolve conflicts and disagreements in a level manner will benefit from the added support of PSCs who will encourage open, respectful communication, anger management techniques and discussion that ends in compromise. We foresee conflicts and issues that are typical of congregated living and that may arise between clients and other Henderson House residents. PSCs will work with clients to resolve conflicts and issues amicably.

Community Integration Specialists (CIS) will also rotate on-site duty Monday through Friday during regular business hours to support clients to create and lead group activities that increase client integration in the community, such as potluck meals, town hall resident meetings, movie screenings, book clubs, visits to the food bank and used clothing stores, the public library, and poetry slams. CIS's will be on site on a weekly basis, as needed, during regular business hours, depending on individual needs and types of activities planned. Regularly planned hours will be posted at the provider's office so residents are aware of when PSCs will be onsite. Residents will also have access to their assigned case manager's program after hours services number or procedures as well as instructions in how to contact during regular work hours.

The Occupational Therapist (OT) will be available to visit each apartment unit as appropriate and as needed to meet with clients and assist them in improving their functioning within the home. The abilities to cook your own meals and to keep your home clean are two independent living skill sets that are among the most important in life for successful independent living. The OT will assess the nature of the clients' impairments and their impact on functioning within the home. The OT will then recommend modifications to the physical environment or the task itself to optimize the clients' success and satisfaction. OTs will meet with PSCs and clients as needed in the apartment to exchange information, review progress made toward goals, set higher level goals as clients progress and adjust level of support to ensure housing stability. PSCs, CISs and/or the OT will meet with clients, the Housing Coordinator, other Provider staff, and property management on an as-needed basis to exchange information, review progress made toward goals and adjusts the level of support to ensure housing stability and address problems before they become a crisis. Meetings will be held at mutually agreed upon locations including but not limited to a coffee shop, restaurant, etc. Meetings may be scheduled within the apartment if appropriate and if requested by the resident.

Process for Assessing Supportive Service Needs:

All Provider participants are assessed for supportive service needs, including supported housing, when entering the program. This assessment consists of a multifaceted biopsychosocial assessment tool which assists staff, including PSCs, CISs, therapists, psychiatrist, occupational therapist, public health nurse and Employment, Education and Housing Coordinators, in developing a master treatment plan and Pro-recovery Plan, which guide service provision. Assessment is an ongoing process, however, the Provider consists of a great deal of active listening and participant involvement, where participants are encouraged to self-select those supportive services they feel would most likely assist them in their road to recovery and to have a successful housing placement. Ideally, clients would need less supportive service over time, but setbacks can occur and commensurate adjustments to the level of service will be made as needed. Updates and modifications to the Pro-recovery Plan are made on a continual basis, as clients meet with Provider staff frequently for service and monthly for team consultations. Additionally staff meets daily for check-ins and weekly for more extensive meetings, which allows for continual assessment of clients progress toward goals and the need for adjustments to the level of supportive services provided.

Resident Engagement and Strategies for Engaging Tenants in Supportive Services and in Community Life:

Outreach and engagement are two functions of Provider staff, regardless of title, position and scope of work. Outreach begins before intake, when a client is on the waitlist, and continues as needed, which encompasses any time when Provider staff and a client feel like the two are out of

touch. We approach engagement in the same way. Engagement begins before intake and continues throughout the relationship. Provider staff has been trained to engage clients using principles of motivational interviewing, including expressing empathy and conveying to the client that staff can see the world from the client's point of view. Staff is trained to share with client observations of a gap between what the client say and what the client does. This discrepancy creates pressure to change. Staff avoids arguing with clients about the clients' perspective, is open to client reluctance or refusal to change and recognizes every effort that clients make to build skills and abilities. Trained to outreach and engage, Provider staff has been effective in engaging clients in supportive services that assist clients with reaching their goals.

Clients benefit from increased engagement in community life. One of the criteria that we support clients in meeting is engagement within their community, however the client defines it and wherever it is located. Some examples of communities include cultural, music, gaming, anime, arts, sports, school, work, family, and faith-based. Through Provider clients find their communities, engage in them, build relationships, and build social networks for support and improving their wellness.

Provider prioritizes engagement in community life. The TAY provider will operate an open setting that invites people to move about, meet spontaneously with one another and interact around mental health and wellness without a medical or clinical feel. Participants will move freely about, increasing their opportunities to randomly cross paths with diverse community members, including staff that is dispersed throughout the open floor to reduce physical barriers which impede access to care. A welcoming lobby area, a large space for computers and a printer for participant use and a kitchen and dining area will be available for more, spontaneous community interaction. This layout creates an environment that is natural to clients, making it easier for them to engage in community life.

This open, natural setting will facilitate clients to routinely attend and lead the Community Meeting, a weekly gathering providing an opportunity to make introductions and socialize, promote activities and events, share accomplishments and create consensus-based solutions in response to community issues. Clients are also organizing and leading weekly gatherings that facilitate their community integration, such as potlucks, sports games and dance, exercise, parenting and health classes.

As clients become comfortable with community engagement with Provider, the staff strongly encourages clients to become comfortable in other community settings, engage in activities such as work and school and learn how to utilize community linkages to meet basic needs and find social outlets. At Henderson House clients will be assisted with identifying resources and services in the community and learning how to use public transportation to get to offices and appointments at the Social Security Administration, for example. Clients will also be assisted with developing and leading weekly and monthly recreational activities for clients and for Henderson House residents to enhance socialization and wellbeing.

Communication between Friendship Shelter staff, County staff and Provider(s):

Provider's Housing Coordinator will be the main point of contact between Provider and Henderson House management. The Housing Coordinator communicates regularly with other staff to ensure that care for clients is coordinated in a timely manner, and that services are uniquely designed for each client and that clients receive adequate services. Problems that arise for clients at Henderson House will be communicated by the PSC, CIS and/or OT who are on-site to the team and Housing Coordinator at daily check-ins held at Provider's office. The Housing Coordinator would then follow-up with Friendship Shelter management staff on an as needed basis.

The Housing Coordinator will work closely with the PSC and client to develop a transition plan

into more permanent housing. This plan will be developed at the beginning of the client's placement at Henderson House and will be reviewed and revised every six months.
County of Orange Behavioral Health Services (BHS) Residential Care and Housing Office (Res Care) Services

The BHS Res Care Office will also be providing direct services at Henderson House. Res Care currently has one full-time pre-licensed Resident Clinical Services Coordinator (RCSC) and one MSW Intern who also functions as an RCSC. In addition another pre-licensed RCSC is in the process of being hired and is anticipated to be on the RCSC team by the time Henderson House is ready for leasing. Both RCSCs and the RCSC Intern work under the supervision of an LCSW. RCSCs provide overall coordination at BHS MHSa Housing Program sites between property management, the Lead Service Provider (STAY at Henderson House), other service providers whose MHSa Housing Program-eligible clients live in this MHSa Housing, the non-clinical service provider, and residents. They provide an additional point of contact for all residents having clinical or other service needs, and will assess each person's needs to ensure a successful experience in their housing and to assist with community integration. They will arrange their time to overlap regularly with the lead provider in order to maintain communication and continuity and to extend the service time on site available to tenants. The two full-time RCSCs will be certified to complete 5150 evaluations for all residents in the event of a psychiatric crisis. Their specific roles at each MHSa Housing site will vary according to the needs of the residents. At other projects they have assisted in tenant negotiations with property management, linkage with clinical staff, leading groups which meet voiced client needs, and providing opportunities for socialization.

Roles and responsibilities for all provider and onsite staff are determined through a series of "Crosswalk" meetings held in advance of project completion. The meetings produce the final MOU which is the formalization of these discussions and which will guide all activities by all parties at the Henderson House site.

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:

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.