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:

Orange County Shared housing

1. Name and location of the proposed housing development;

Unnamed Orange County shared housing will be located within participating cities in Orange County.

Development Description

Through the county's existing NOFA process, MHSA developers will be selected to rehabilitate between 12-16 bedrooms located in 3-5 single family homes in the appropriate geographical location(s) within the County. Sites will be chosen that meet the needs and requirements of the program including reasonable access to services, transportation, business centers and community amenities. Preference will also be given to sites that fall within the boundaries of participating cities.

The project will provide up to sixteen (16) one-bedroom MHSA apartment units for Transition Age Youth (TAY) and Adults that are MHSA eligible or enrolled in a County or County-Contracted program serving MHSA clients.

2. Service goals of the development;

Housing and Service Goals

The goal of the proposed units under the MHSA Housing Program will be to provide safe, livable, affordable housing that is linked to client centered, voluntary, wraparound services to promote residential stability and self-sufficiency. The properties will be professionally managed by a company that has proven experience with special needs populations.

The project developer(s) will also partner with the County of Orange Health Care Agency and an experienced full service provider for MHSA specific resident services.

3. Characteristics of tenants to be served;

The 12-16 proposed units will provide permanent supportive housing for TAY and Adults, two of the identified Mental Health Services Act (MHSA) target populations under the Orange County MHSA Housing plan. Clients served in the MHSA Housing program at these properties will be age 18 through 60 with Serious Emotional Disturbance (SED), Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI). They may be unserved or underserved and may have been in foster care, juvenile institutions or been involved in other criminal justice systems. Individuals served may have a co-occurring substance abuse disorder, be homeless or at risk of becoming homeless, and face employment and/or education challenges. Clients in the program will be of very low income with an annual income not to exceed 30% of Area Median Income (AMI), and many clients may have incomes considerably less than 50% AMI. At the time of entrance into housing, it is anticipated that many of the clients may have no income other than SSI

4. Type of housing to be provided (new construction or acquisition/rehab.);

Acquisition Rehabilitation

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.);

Careful consideration will be given to designing a project that meets the demands of affordability, yet has the architectural amenities to present itself as a quality market rate comparable apartment home. When possible, the building construction will be designed to utilize materials that will increase energy efficiency and durability.

All units will have lockable bedrooms. Each tenant will hold a separate lease.

6. Name of primary service provider, property manager, and other development partners;

Primary Service Provider: MHSA County or County Contracted Provider

Supportive services will be provided on a voluntary basis and residents will be assertively and respectfully encouraged to participate in the supports and services available to them. Supportive services will be provided by MHSA Provider through county providers or existing contracts with the County of Orange Health Care Agency.

Property Management

The properties will be managed by a professional property management firm with experience serving special needs populations as required by the MHSA housing program requirements.

Development Partners

The borrower of MHSA funds will be determined at a later date.

7. Summary of the anticipated sources of development financing. (Name sources only, do not include dollar amounts.)

Development Financing

The project will primarily be financed via the MHSA housing program. The community will be restricted to low and very low income households (based on Area Median Income) for 20 years.

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 2010-11 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 (18 to 25 years) or adults (18-60 years old) 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 Housing program is expected to generate approximately 185 Supportive Housing units across all the age categories served. The proposed MHSA shared housing project directly responds to this identified community need and County priority by directly serving the TAY and adult populations with SED, SMI or SPMI.

<u>Proposed project responds to the identified need for permanent supportive housing for clients:</u>

The development will request MHSA Capital and Operating Subsidy funding for the units within the development. The development is expected to contribute 12-16 MHSA apartment units, making measurable progress toward the County's goal of creating 185 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:

The proposed development will provide 12-16 units of permanent supportive housing for Transition Aged Youth (TAY) and Adults, two of the identified Mental Health Services Act (MHSA) target populations under the Orange County MHSA Housing plan. The TAY and Adults served in the MHSA Housing program at the proposed development will have a diagnosis of SED, SMI or SPMI 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 had an encounter with 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 MHSA tenants residing in the development will be voluntary, and the 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 co-occuring substance abuse 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 and 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 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 and adults 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 the proposed development as applicants for permanent housing. Applicants from other community sources will be referred to Provider and HCA for determination of eligibility for the designated MHSA Housing Program units and supportive services.

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

12-16 1 30% \$20,250

For example, for a 30% unit, MHSA total household income must be at or below 30% of the

Area Median Income (AMI). For shared housing units, the combined income of all individuals in a 30% unit must be at or below \$20,250.

3. MHSA Set-Aside

The MHSA set-aside will be 12-16 units, which is expected to constitute 100% of the development's units.

4. Rent

For units with an MHSA Housing Program capitalized operating subsidy, the maximum MHSA 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 MHSA Eligibility Criteria

The applicant must be an adult, ages 18 to 60 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: MHSA Housing Program Target Population within the Mental Health Services Act Housing Program Application

An experienced team is critical to the success of an MHSA development. The developer/owner, property manager and service provider will work in a team approach, providing support to applicants as they negotiate the tenant selection process.

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 MHSA eligible including meeting the criteria of SMI, SED or SPMI and homelessness or at-risk of homelessness. If the applicant is not referred through Provider, then Provider will coordinate with the applicant and the Health Care Agency to determine MHSA Housing Program eligibility. HCA MHSA Housing Program staff will certify applicants as MHSA Housing Program eligible using a standardized process for the MHSA funded units—that process is attached as an appendix to this document.

2. Preliminary Application:

If the applicant is certified as MHSA Housing Program eligible during initial lease-up, the applicant will be given a tenancy package for the selected property, at the site, by the property manager. The package will contain 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.

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, property management will keep a time and date stamped wait list of applicants who are interested in future openings. Property management may also work with Orange County Housing Authority for eligible MHSA clients on its waiting list If more than one applicant on the wait-list qualifies for the unit, the pre-application with the earliest date will receive first priority. The remaining qualified applicants will be maintained in chronological order and the same process will be followed when any additional MHSA unit/bedroom becomes available.

When management receives a 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.

In addition to the application verification process outlined by the property management company, 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.
- --Verification MHSA Housing Program Eligibility: HCA staff will provide verification of MHSA Housing Program eligibility.

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

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 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 and accommodation will be given to applicants with disabilities to 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.

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 FSP eligible/enrolled MHSA clients during lease up of a new development and as vacancies in projects with MHSA Housing Program units become available, following approved outreach plans. 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 that 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, HCA MHSA Housing Program staff will contact the referring Provider to request missing information.

MHSA Housing Program Threshold Eligibility:

- 1. Applicant is an adult 18 years or older with a verifiable serious and persistent mental illness (SPMI) as defined in Welfare and Institutions Code Section 5600.3 (b) (1) or adolescent Transitional Age Youth (TAY) (18-25 years old) with a severe emotional disorder (SED) or a severe mental illness (SMI) 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 provided or approved by the MHSA Housing Program, the individual will not be able to obtain or maintain housing.

4. Eligible for MHSA services

Applicant is enrolled in or eligible for a County or County-Contracted FSP program which serves MHSA clients as defined above. 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 psychiatric hospitalizations, or incarceration 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 Provider and the prospective tenant is notified and informed of the reason for the denial in writing, as well as a phone call from HCA MHSA 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.

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 selection of a tenant for a specific unit. The next section discusses the process how MHSA-certified applicants are selected as tenants for MHSA Housing Units

Notification of Unit Availability

As MHSA 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 MHSA Housing Application (as described in section D.13 of the MHSA Housing Application).

- 2. 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 prospective tenant will complete the MHSA Housing Program Certification Application and, working with the Property Manager and MHSA 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 MHSA 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 MHSA Provider for FSP eligible/enrolled clients 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 section D.13 of 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 MHSA applicant that is FSP eligible/enrolled 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 previous housing rules and regulations,
- Kept his or her room/residence in a clean and sanitary manner,
- Kept his or her room/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 MHSA 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 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 MHSA units.

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

- 1. A description of the anticipated needs of the MHSA tenants;
- 2. The supportive service provider's initial and ongoing process for assessing the supportive service needs of the MHSA tenants:
- 3. A description of each service to be made available to the MHSA 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
 - h) 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 MHSA 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 <u>not</u> part of your service delivery approach, please provide an explanation;
- 6. A description of how the MHSA 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 MHSA tenants. This description should also include the identification of staff (the responsible service provider) and specific strategies for working with MHSA 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 MHSA 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 MHSA tenants who do not speak English and how communication between the property manager and the non-English speaking MHSA tenants will be facilitated;

- 9. Describe the process to ensure effective communication between the service provider and the property manager regarding the status of MHSA 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. In conjunction with the proposed project, OCMHS hopes to assist in 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 FSP eligible/enrolled TAY and adults with mental health disabilities living in Orange County.

A County of Orange selected Provider will be the primary service provider working with the target population of each shared housing property. Guided by the philosophy of recovery, Provider will promote the philosophy that recovery will provide a new vision for adults who had been unable to maintain housing or productively live in the community due to their significant mental illness. Wraparound services will be provided 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 are not yet ready for independence, who may not be hopeful about their future as adults and who yet on some level want to be well and resilient as adults. 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.

Program Overview:

The target population, TAY and adults, includes individuals ages 18 through 60. Residence at the proposed development will be limited to individuals 18 years of age or older who are homeless or at risk of homelessness and have a serious and persistent mental illness, which is reflected through bio psychosocial assessment, and a history of SED, SMI or SPMI, psychiatric hospitalization, incarceration, out-of-home placement and/or family instability. These experiences bring a number of challenges to and opportunities for what many clients have largely lost - hope. Clients are likely to have been unsuccessful in maintaining housing, a job and/or a course of study. MHSA clients may struggle with various issues, including difficulty reading and responding to social cues, interacting with others in a level manner and/or 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 based services that instill hope among clients and help them learn how to be empowered adults who are able to maintain their own housing.

Provider will provide wraparound, recovery services to clients living at the shared housing development. Care will be coordinated by an assigned Personal Service Coordinator (PSC) or Care Coordinator, 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, will 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 the development will have an individualized Service Plan that includes housing stability as one of her/his goals. The client and PSC or Care Coordinator will oversee progress toward all goals, and the PSC/Care Coordinator will follow-up with the client and coordinated staff when challenges either hinder or stall a client's progress. The Service Plan is a living document that the clients continually update and modify 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 housing and interacting in the community can agree with their PSC or Care Coordinator to arrange transportation to and from the Provider site as needed to reduce this barrier to change, and to support a focus on improving recovery and socialization skills. Provider staff are trained to be welcoming and outreach and engage all clients, especially if the client is uncomfortable interacting with diverse people. Through client-run, regularly scheduled Community Meetings, learning opportunities such as cooking classes, parenting classes, and client-run events such as a client art show, 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 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 or eliminate their suicidal thoughts. 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. For example, they may seek out a therapist, rebuild relationships with family members and friends, journal and learn new skills (e.g. how to play the guitar). Clients will have access to after hours response, including a crisis line, as well as the CAT team. If hospitalized, Provider will coordinate a seven-day follow-up starting with discharge, involving wellness checks, scheduled appointments with psychiatrists and therapists and support in transitioning back into the shared housing and community.

Education, employment and life skills goals are regularly discussed with all clients. Assigned care coordinators meet with clients to assess their needs and help map out a course of action, including identifying community resources and scheduling appointments as needed, which may include arranging for transportation to and from a city college orientation, shadowing the client when completing a financial aid application, etc. Clients

who want to work and are not yet job ready may have staff work with them by offering supported employment opportunities in community-based organizations and small businesses.

Other client goals for both populations may involve services such as regular appointments with Provider's psychiatrist for assessment, treatment and medication, and may include therapists for individual, family and group therapy. TAY clients may 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, discount and used clothing stores and other services may be arranged or provided as needed. Provider may also have access to flexible funds that clients can utilize for emergent needs and to purchase items essential to reaching their goals.

For housing services, specifically, PSCs/Care Coordinators, clients and/or the Housing Coordinator meet when a client first enrolls to assess the housing needs of the client. Thereafter, meetings with the client will occur on an as-needed basis and in a place requested by the tenant. The client is assessed at enrollment, which includes their strengths, skills and needs. The Housing Coordinator, PSC/Care Coordinator and client come to a mutual agreement on how much of the rent the client will pay. The client is encouraged to advocate for her/himself, communicating—the pace at which the client believes she/he can reach self-sufficiency. The PSC/Care Coordinator and client work together to maintain housing, as well as independent living skills, keep a clean and safe room and be neighborly. Clients are encouraged to develop their housing skills and capacities, and support steps toward this goal of self-sufficiency.

Supportive services for clients living at the proposed shared housing development, will promote housing stability and wellness, recovery and resiliency. Through Services provided on and offsite, clients will gain a sense of belonging to a community, experience what it's like to make a room in a shared housing environment a home and enjoy the feeling of being capable and able to live in a community setting. Motivated by the satisfaction of having one's own room, 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 shared housing property manager needed repairs, to ask to borrow a vacuum cleaner from fellow tenants and to respond easily and respectfully interacting with the client, e.g. neighbors asking client to turn down the music. PSCs and Care Coordinators 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 or arrange for a range of off-site services, as well as including linkages to community resources, e.g. for food, entertainment, recreation, exercise, faith-based, mental health, medical and dental needs. 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 the proposed shared housing development may also include the transition from the Provider program when the client and Provider mutually agree that the client's goals have been met.

Staffing:

Supportive services for TAY and adult clients living at the development will be staffed by at least one Personal Service Coordinator (PSCs) or Care Coordinator (CCs), who will provide services on and off site to the clients living in the units as needed. The PSC(s)/CCs will coordinate their schedule to ensure that on-site visits occur every week oras needed. Staff will support clients to develop, plan and lead group activities at the shared housing property and Orange County communities with the goal to increase client abilities to access services and resources that enhance their wellness and ensure that their basic needs are met. Clients will be strongly encouraged to access off-site, community resources that includes Housing, Employment and Education, computer lab, community kitchen, etc. As Clients demonstrate increased ability to manage independent living along with increasing school or work commitments, they may gradually be encouraged to obtain services progressively off-site 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 motivated to increasingly be 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 generally want to have options yet frequently need support and encouragement to choose among options and then follow through to reach their goals. Housing stability will be a goal that clients will be encouraged to attain. Provider will assist clients in sustaining housing 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, who often 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 . 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 clients 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, 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:

Providers will provide services as needed, which may include voluntary intensive case management, outpatient services, psychiatric services, medication support, crisis intervention, 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, social support services, etc. 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 shared housing program. Personal Service Coordinators (PSCs) or Care Coordinators (CCs) will provide on and off site services as needed to support clients to maintain their housing, build skills to pay rent on time, keep a clean and safe room, and be neighborly. Staff will be expected to build solid working relationships with all clients on and off site, and will coordinate care with assigned client and develop a Recovery Plan outlining goals, strengths that will be utilized to reach goals, barriers to success. Staff will assist clients with an array of housing challenges, including how to ask a fellow tenant to turn down the music, where to find affordable items to furnish and decorate the room and how to resolve conflicts with housemates. Staff are trained to respond to psychiatric and medical crises and emergencies,, and 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 staff who will encourage open, respectful communication, anger management techniques and discussion that ends in compromise. Conflicts and issues are typical of shared housing living and may arise between clients residing at the development. Staff will work with clients to resolve all conflicts and issues amicably.

Staff will 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. Staff will be on site during the week at a frequency dependent upon individual needs and types of activities planned.

Staff may be available to visit each client as needed to assist them in improving their functioning within the shared housing property. The ability to cook their own meals and to keep their room and house clean are two independent living skill sets that are among the most important in life for successful independent living. Staff will assess the nature of the clients impairments and their impact on functioning within the house, and recommend modifications to daily tasks to optimize the clients success and satisfaction, and exchange information, review progress made toward goals, set higher level goals as clients progress and adjust level of support to ensure housing stability.

Provider staff will meet with clients, the Housing Coordinator, and property management

on an as-needed basis to exchange information, review progress made toward goals and adjust the level of support to ensure housing stability and address problems before they become crises. 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 multifaceted bio psychosocial assessment that includes Provider staff will be used in developing a master treatment plan and Recovery Plan that will 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 Recovery Plan are made as needed, as clients meet with Provider staff for services and for team consultations. Additionally staff meets daily individually with clients as needed, which allows for continual assessment of their 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. 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. Similarly, Engagement begins before intake and continues throughout the relationship. Provider staff are 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 says 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 are effective in engaging clients in supportive services that assist clients with reaching their goals.

Clients benefit from increased engagement in community life. Provider staff supports clients in 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.

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 the proposed development, 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 regular recreational activities for clients and for other residents to enhance socialization and well-being.

Communication between Property Manger, Developer, and Provider:

Provider's Housing Coordinator will be the main point of contact between Provider and the proposed development. The Housing Coordinator meets regularly with other staff to ensure that care for clients is coordinated in a timely manner, which services are uniquely designed for each client, and that clients receive adequate services. Problems that arise for clients in the shared housing development will be communicated by the Provider staff who are available to the team and Housing Coordinator regularly. The Housing Coordinator would then follow-up with property management on an as needed basis.

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:

The layout and features of the units at the proposed development will be determined based on the location that is selected. At a minimum, the selected properties will provide comfort and convenience to its tenants. The shared rental units are expected to be single family homes consisting of four to five, one-bedroom units and will include common spaces for the benefit of all the residents.

The developments will be encouraged to provide security features to enhance resident safety. Where possible, the properties will be gated and include appropriate lighting.

The project will be accessible to individuals with mobility impairments and sensory impairment if accommodations are requested.

Additional features will be determined when a property is identified.