



Mental Health Services Act Housing Program

Development Summary

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provided the first opportunity in many years for the California Department of Mental Health (DMH) to provide increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system.

The California Department of Mental Health (DMH), the California Housing Finance Agency (CalHFA) and the County Mental Health Directors Association announced a new housing program under which \$400 million in Mental Health Services Act (MHSA) funds have been made available to finance the capital costs associated with development, acquisition, construction and/or rehabilitation of permanent supportive housing for individuals with mental illness and their families, especially including homeless individuals with mental illness and their families. The program is called the MHSA Housing Program and funds for capitalized operating subsidies are included in the \$400 million statewide that has been designated for the program.

The MHSA Housing Program embodies both the individual and system transformational goals of the MHSA through a unique collaboration among government agencies at the local and State level. The partners in this system collaboration include CalHFA and the Department of Housing and Community Development, with their housing and financial expertise; DMH, with responsibility for overseeing the mental health system and ensuring that consumers have access to an appropriate array of services and supports; and county mental health departments, which have ultimate responsibility for the design and delivery of mental health services and supports throughout the State.

The housing development is a partnership between Humboldt Bay Housing Development Corporation and the Humboldt County Department of Health and Human Services. The name of the proposed housing development is Crossing Bridges, and we anticipate two to three Shared Housing sites in Humboldt County. Although we have not identified a site for the proposed project, we have narrowed our search for sites within the vicinity of Eureka, California, due to the concentration of need and the accessibility of social and medical services, public transportation, grocery stores and other commercial services. The majority of Humboldt County's population resides in Eureka and the surrounding Humboldt Bay area. Supportive services will be delivered by the Humboldt County Department of Health and Human Services (DHHS).

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;
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 development financing.

Response:

1. Name and location of the proposed housing development

The name of the proposed housing development is Crossing Bridges, and we anticipate two to three Shared Housing sites in Humboldt County. Although we have not identified a site for the proposed project, we have narrowed our search for sites within the vicinity of Eureka, California, due to the concentration of need and the accessibility of social and medical services, public transportation, grocery stores and other commercial services. The majority of Humboldt County's population resides in Eureka and the surrounding Humboldt Bay area. According to the 2011 Point-in-Time Count of the homeless, 67% of the homeless residents surveyed in January 2011 were contacted in the Eureka area. Supportive services will be delivered by the Humboldt County Department of Health and Human Services (DHHS).

2. Service Goals of the Development

The primary service goal of the proposed development is to support the tenants to remain stably housed and to live as independently as possible. Case managers will develop individualized plans for participants that are focused on supporting the individuals to remain housed. Because participation in services is voluntary, service providers will implement engagement strategies in an effort to build relationships with tenants and draw them in to participating in services. The service providers will also collaborate with the property management staff in a team oriented approach to encourage tenant participation in services while maintaining the rights of tenants at all times. All supportive services are designed to meet the Full Service Partnership (FSP) goals and help tenants maintain stable housing. Services will be provided by DHHS staff. Services will be offered both on and off site.

3. Characteristics of Tenants to be Served

The clients served will meet the Full Service Partnership and Comprehensive Community Treatment (CCT) program criteria. These are: a diagnosis of severe mental illness, homeless or at at-risk of being homeless, hospitalized, and/or incarcerated.

4. Type of Housing to be Provided

The Crossing Bridges project will provide a shared supportive housing living environment at sites that have not yet been identified in Eureka. Each tenant will have access to a lockable bedroom and shared common areas

including a living room, kitchen, a full bathroom, an outdoor gardening area, and if possible, a private area where service providers can engage tenants and make coordinated services available. The housing will be located in close proximity to public transportation, off site service providers, grocery and other commercial retail services. Each tenant will have a lease and will be responsible for paying rent.

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.)

Although the buildings have not been selected yet, the buildings will have a minimum of three lockable bedrooms with a comfortable balance of shared common areas where tenants will have an opportunity to engage in individual and group activities. Locating a building that will have the minimum bedrooms and an area where services can be delivered in a private setting is ideal. If we are unable to locate buildings that have a specific area for private service delivery, service providers will identify alternatives to having on-site private space such as setting appointments at an off-site office. Each building will have shared common areas that will allow service providers to engage tenants and make coordinated services available. The common areas will also serve to foster social networks among residents. Resident safety and privacy will be a top priority. Buildings will be located in close proximity to public transportation and shopping to accommodate tenant's basic needs.

6. Name of Primary Service Provider, Property Manager, and Other Development Partners

The primary service provider is Humboldt County Department of Health and Human Services (DHHS).

The property manager and development partner is the private nonprofit, Humboldt Bay Housing Development Corporation.

7. Summary of Development Financing

Financing for acquisition and rehabilitation will be covered by the Mental Health Services Act Housing Program (MHSA) funds. An application requesting \$300,000 from the HUD Rural Innovation Fund Program to cover acquisition financing of additional shared supportive housing units was submitted at the end of February 2011. An award timeframe, however, was not available at the time the application was submitted.

The Crossing Bridges Project received an operating support award from the HUD Permanent Supportive Housing program in the amount of \$53,903 over a two year term. A Section 8 rental subsidy from the City of Eureka/Humboldt County Housing Authority is pending. Operating costs will also be covered by the MHSA Housing Program.

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:

The Crossing Bridges Project is consistent with the Humboldt County Department of Health and Human Service's Three-Year Program and Expenditure Plan. The Three-Year Plan specifies that DHHS' Full Service Partnership will focus on persons with severe mental illness and at-risk of homelessness, including those with co-occurring substance abuse disorders, and those who are at risk of institutionalization or criminal justice involvement. The Full Service Partnership's mission is to support people with severe mental illnesses live successfully in the community. Coupled with this mission, the focus of tenants' supportive housing will be to assist individuals in retaining their permanent supportive housing at Crossing Bridges.

Utilizing a supportive housing model, the Crossing Bridges Project accomplishes tenants' successful integration into the community by fulfilling the Full Service Partnership objectives as outlined in the Three-Year Program and Expenditure Plan:

- Decrease mental health symptoms & prevent recurrent episodes.
 - FSP Case Managers will assess and continually review tenants' progress in improving their mental health wellness.
- Meet basic needs and enhance quality of life.
 - Case Managers and Case Managers will ensure that tenants' basic living needs are met and that tenants enjoy an improved quality of life in their supportive housing.
- Improve functioning in social and employment settings.
 - The DHHS Employment Training Division will assist tenants in improving their functionality in employment settings by providing a comprehensive range of workforce preparation activities. Socially, the Hope Center will provide a safe and positive environment by which to participate in various social activities to teach tenants to live the best life possible – personally, socially, mentally, and emotionally.
- Assist family members/care providers.
 - The supportive housing at Crossing Bridges will benefit family members in a substantial way, chiefly by lessening anxiety over the proper care of their loved ones. Family members can be assured that safety and security will be provided for their relatives, that their loved ones are being cared for and their concerns are validated, and that DHHS and the developer will safeguard tenants' confidentiality. Care givers will be able to communicate directly with, and coordinate services and care with Case Managers and other DHHS employees that are responsible for tenants' needs. For both care givers and family members, the supportive housing will also give them a point-of-contact at DHHS to update them on tenants' care and progression toward wellness.
- Provide support for people to stay in their communities.
 - With robust supportive services and regular interaction with Case Managers and other DHHS service providers, tenants will achieve a level of wellness and growth that will aid them in retaining their housing and being active participants in their communities. The more tenants move toward wellness, the better chance that Crossing Bridges will be successful in integrating tenants into the community.

Description of Target Population to be Served

Describe the MHSa Shared 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:

1. Age group, i.e., adults, older adults, children, transition-aged youth;

The MHSa Shared Housing Program will serve all age groups. The MHSa target population includes transition-age youth, adults and older adults with a serious mental illness and children or adolescents with severe emotional disorders and their families who are homeless or at risk of homelessness.

While the MHSa Shared Housing Program allows counties to focus housing funds on subsets of the MHSa target population, Humboldt County Department of Health and Human Services (DHHS) intends to provide housing for all MHSa target populations, while maintaining separate houses for individuals and families. Two to three homes are anticipated.

The Humboldt County MHSa Shared Housing Program will serve adults, older adults, transition-age youth and children and their families eligible for a Full Service Partnership which includes the Comprehensive Community Treatment program. Occupancy will be limited to those who meet the MHSa Shared Housing Program target population criteria.

2. The anticipated income level of the MHSa tenants;

Approximately 38% of Humboldt County's homeless citizens earn less than \$400 per month. We anticipate that the income level of MHSa Shared Housing Program tenants will be extremely low or very low.

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.;

The target population to be served is individuals that are homeless or at risk of homelessness. The primary anticipated special need is a lack of familiarity with proper housing. Other anticipated special needs include, but are not limited to: chronic mental illness, substance abuse, severe emotional disorders, chronic physical illnesses, and co-occurring disorders.

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;
5. The criteria that will be used to determine a prospective MHSA tenant's eligibility for occupancy in the development;
6. The appeals process for individuals who are denied tenancy in an MHSA unit; and,
7. The reasonable accommodations policies and protocols.

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

Response:

1. How prospective tenants will be referred to and selected for MHSA units in the development:

Potential tenants for the Humboldt County MHSA Housing Program must be referred to Humboldt Bay Housing Development Corporation (HBHDC) through the Humboldt County Department of Health and Human Services (DHHS).

The Comprehensive Community Treatment Team is composed of Humboldt County Department of Health and Human Services staff that will assist clients in completing applications, help clients get needed documentations, will review applications, determine MHSA and Permanent Supportive Housing (PSH) eligibility and provide tenant certification of MHSA and HUD Permanent Supportive Housing eligibility, to HBHDC. Individuals who contact HBHDC directly will be referred back to the Comprehensive Community Treatment Team for eligibility screening and MHSA and PSH certification. Comprehensive Community Treatment Team will accept referrals from all Full Service Partnership (FSP) providers. For individuals not enrolled in a FSP, individuals will be screened for eligibility and tenant certification by Comprehensive Community Treatment Team. HBHDC will screen all MHSA and PSH certified applicants for occupancy requirements, including income restrictions. If applicant passes all certification process and meets occupancy requirements, a unit, when available, will be offered to the applicant, based on a time-date order on the waitlist.

Information about the Humboldt County MHSA Housing Program will be shared with our contracted FSP, other contracted services providers and our supportive community based service providers. This will entail providing information and updates about MHSA Housing Program at contractor meetings, community meetings and one-on-one meetings. Additionally, information and updates about MHSA Housing will be shared with our MHSA Prevention and Early Intervention Outreach Programs.

2. The tenant application process:

Humboldt County MHSA Housing Program commits to a standardized tenant application and certification process for all potential tenants of the program. Once a completed application is received, the applicant will be informed within 14 days the decision as to MHSA and HUD Permanent Supportive Housing (PSH) eligibility.

This letter will indicate whether the person is certified as a MHSA eligible applicant and what, if any, HUD PSH qualifications the applicant meets.

- a. All applicants must meet the criteria for the Humboldt County MHSA Housing Program; which are:
 - i. being homeless or at risk for being homeless;
 - ii. meeting Humboldt County's adult target population; and
 - iii. adults, children, and adolescents meeting the criteria for severe mental illness.
 - iv. Adults, children, and adolescents being enrolled in a Full Service Partnership.

THE HOUSING PROGRAM MUST ALSO HOUSE SIX (6) HUD PSH UNITS.

- b. Of these units the following additional criteria requirements, as defined by HUD PSH program, must be met;
 - i. being Chronically Homeless (5 units reserved)
 - ii. being Homeless (1 unit)
 - iii. AND/OR in combination of the above
 - iv. being a veteran (1 unit)
 - v. being a chronic substance abuser (1 unit)

Note: an applicant can be any combination of the above as long as five (5) units house chronically homeless of which one must be a veteran, and one must be a chronic substance abuser (or combination thereof). The remaining PSH unit is reserved for homeless as defined by HUD and MHSA. The all other remaining units must only meet MHSA eligibility.

NOT all applicants will be required to meet HUD PSH standards.

It should be noted that for this particular project, priority will be given to individuals enrolled in an FSP and that meet the HUD PSH criteria. However, if there are additional openings, individuals not enrolled in an FSP but otherwise meeting target population criteria can be served.

The Comprehensive Community Treatment Team will be responsible for assessing applicants for homelessness or risk of homelessness as well as mental health disability. Those clients who are Humboldt County MHSA Housing Program eligible will be certified and verification of homelessness or being at risk of homelessness and mental health disability will be documented.

Any potential applicants who contact HBHDC or a FSP directly will be directed to contact the Comprehensive Community Treatment Team. County staff or its designee shall offer assistance to all applicants, if desired by the applicant, with completing the application. This shall include assistance with all required documentation as well as transportation and accompanying the individual to any required interviews.

- c. Some units will serve Transition Age Youth. Transitional Age Youth are young people
 - i. who are between the ages of 16 and 24 AND
 - ii. are transitioning from public systems including foster care, juvenile justice & adult probation &/or are young parents, immigrants, have dropped out of high school,
 - iii. are homeless or at risk of homelessness
 - iv. have disabilities defined in Section IV, 3 or 4 below.

3. The procedure for maintaining the wait list:

The Comprehensive Community Treatment Team will forward a list of eligible applicants to HBHDC at least once a month following initial lease up. HBHDC will be responsible for maintaining the waitlist for all certified Humboldt County MHSA Housing Program applicants. Applicants will be put on the waitlist based on the date and time stamp on the Tenant Certification Application received from DHSS by HBHDC.

This list shall be maintained according to the following procedures:

Notification Letter

When a unit is available in the Humboldt County MHSa Housing Program, HBHDC will notify the first person on the waitlist that meets the eligibility requirements for the open slot (i.e. HUD PSH chronically homeless and a veteran).

The letter shall:

- a. Provide the location of the unit available;
- b. Indicate that the applicant shall have five working days in which to respond to the letter;
- c. Inform the applicant that if they accept the offer, they will need to complete a HBHDC application;
- d. Inform the applicant that if he/she declines the unit he/she will not lose his/her place on the waitlist;
- e. Inform the applicant that if he/she declines a second time to a further notice, he/she will be informed that he/she will be removed from the waitlist;
- f. Inform the applicant that if he/she accepts the referral, the mental health service provider for the housing project will assist him/her with the application process, including documentation, transportation, and support during any required property management interviews. The applicant has the right to accept or decline this and other assistance offered by services staff; and
- g. Provide information on reasonable accommodation and appeal procedures.

4. The process for screening and evaluating the eligibility of the prospective MHSa tenants:

- a. Humboldt County MHSa Housing Program Eligibility
 - i. Homelessness
 1. The adult or child/adolescent and their family must be moving from an emergency shelter or transitional housing, or must be currently homeless, meaning that he/she or the family:
 - a. Lacks fixed, regular and adequate nighttime residence,
 - b. Has a nighttime residence that is a publicly or privately operated shelter designed to provide temporary living accommodations (including welfare temporary homeless assistance in hotels, congregate shelters, and transitional housing for the mentally ill)
 - c. Has a nighttime residence that is an institution that provides a temporary residence for individuals intended to be hospitalized.
 - d. Has a nighttime residence that is a public or private place not designed for, or ordinarily used as a regular sleeping accommodations for human beings.
 - ii. At Risk for Homelessness
 1. The adult or child/adolescent and their family must be:
 - a. A transition age youth exiting the child welfare or juvenile justice systems,
 - b. An individual discharged from an institutional setting, which includes hospitals and acute psychiatric hospitals/health facilities,
 - c. An individual currently residing at a skilled nursing facility with a certified special treatment program for the mentally ill (STP),
 - d. An individual currently residing at a crisis and transitional residential setting,
 - e. An individual released from County jail,
 - f. An individual temporarily living in a Board and Care facility upon discharge from one of the institutional settings cited above.
 - g. An individual who is currently receiving Humboldt County Mental Health Services and is at imminent risk for homelessness. Imminent risk is defined as individuals or families becoming homeless within 14 days.
 - iii. Adult Target Population Criteria for Mental Illness
 1. To qualify Adults must have at least one of the following diagnoses:
 - a. Schizophrenia
 - b. Schizoaffective Disorder

- c. Bipolar Disorders
 - d. Major Depression
 - e. Delusional Disorder
 - f. Psychotic Disorders
 - g. Co-occurring Disorders (mental illness and substance abuse or mental illness and a developmental disability AND
 2. Adults must also meet at least one of the following criteria:
 - a. Functional impairments due to an untreated or under-treated mental illness that prevents engagement in meaningful activities and inability to remain in housing
 - b. Frequent incarceration or psychiatric hospitalizations due to untreated or under-treated illness.
 3. Child/Adolescent Target Population Criteria for Severe Emotional Disorder
 4. To qualify Child/Adolescent must have an Axis I primary diagnosis included under California Code of Regulations, Title 9, and Chapter 1 1.
 - a. Passive Developmental Disorders, except Autistic Disorder
 - b. Attention Deficit and Disruptive Behavior Disorders
 - c. Feeding and Eating Disorders of Infancy or Early Childhood
 - d. Elimination Disorders
 - e. Other Disorders of Infancy, Childhood or Adolescence
 - f. Schizophrenia and other Psychotic Disorders
 - g. Mood Disorders
 - h. Anxiety Disorders
 - i. Somatoform Disorders
 - j. Factitious Disorders
 - k. Dissociative Disorders
 - l. Paraphilia
 - m. Gender Identity Disorders in Children
 - n. Eating Disorders
 - o. Impulse Control Disorder Not Elsewhere Classified
 - p. Adjustment Disorder (chronic)
 - q. Medication-induced Movement Disorders AND
 5. As a result of the included diagnosis, the child/adolescent must have, at least, one of the following criteria:
 - a. A significant impairment in an important area of life functioning.
 - b. A probability of significant deterioration in an important area of life functioning.
 - c. A probability that the child will not progress developmentally as individually appropriate.
- b. HUD Permanent Supportive Housing (PSH) Qualification
 - i. Chronically Homelessness
 1. A person who is "chronically homeless" is an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition and:
 2. who has either been continuously homeless for a year or more OR
 3. has had at least four (4) episodes of homelessness in the past three (3) years." An episode of homelessness is a separate, distinct, and sustained stay in a place not meant for human habitation, on the streets in an emergency homeless shelter and/or in a HUD-defined Safe Haven AND
 4. A chronically homeless person must be disabled during each episode.
 5. A disabling condition is defined as:
 - a. "a diagnosable substance use disorder",
 - b. serious mental illness, developmental disability OR
 - c. chronic physical illness or disability, including the co-occurrence of two or more of these conditions."

1. A transitional housing facility, emergency shelter, other shelter designed to provide temporary living accommodations for homeless individuals
 2. An acute psychiatric facility which admitted the individual from homelessness.
 3. A hospital which admitted the individual from homelessness
 4. Humboldt County jail which admitted the individual from homelessness
 5. If a homeless applicant is coming directly from the streets or other place not meant for human habitation, the verification could come from staff of an outreach service or other organization that has assisted the applicant in the recent past.
 6. If unable to obtain third-party verification, the applicant or supportive services program staff may prepare a short statement about the person's previous living situation for the applicant to sign
- ii. For at-risk-of-homelessness, Comprehensive Community Treatment Team will obtain written verification from the staff of the following systems and/or institutions:
 1. For transitional age youth, from the agency in which the youth shall be exiting (child welfare or juvenile justice systems)
 2. Hospitals, including acute psychiatric hospitals, psychiatric health facilities, skilled nursing facilities with a certified special treatment program for the mentally ill, and mental health rehabilitation centers
 3. Crisis and transitional residential settings
 4. Humboldt County jail
 5. Residential facilities
 6. Certification from a DHHS service provider when the individual and/or family is at imminent risk of homelessness.
- d. Certification of Homeless for HUD PSH Housing
 - i. For chronically homeless, Comprehensive Community Treatment Team will obtain written verification, either third party or self-declaration if third party is not feasible, of the following:
 1. The individual has either been continuously homeless for a year or more OR
 2. has had at least four (4) episodes of homelessness in the past three (3) years." An episode of homelessness is a separate, distinct, and sustained stay in a place not meant for human habitation, on the streets in an emergency homeless shelter and/or in a HUD-defined Safe Haven.
 - ii. For homelessness, Comprehensive Community Treatment Team will obtain written verification, either third party or self-declaration, if third party is not feasible, of the following:
 1. The applicant has resided in one of the four (4) places described below. Persons assisted in new and renewal permanent housing projects must be homeless and come from:
 - a. Places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
 - b. An emergency shelter;
 - c. Transitional housing for homeless persons and who originally came from the streets or emergency shelter; or,
 - d. A HUD-defined Safe Haven
 - i. If a person is in one of the four (4) categories listed above, but most recently spent 90 days or less in a jail or institution, (s)he continues to qualify as coming from one of these categories.
- e. Certification for at-risk-of-homelessness, HUD PSH
 - i. Persons at risk of homelessness are not considered homeless and do not qualify for HUD PSH housing.

6. The criteria that will be used to determine a prospective MHSA Applicant's eligibility for occupancy in the development:

- a. The applicant has/is:
 - i. Demonstrated ability to meet financial obligations and to pay rent on time;
 - ii. Landlord History / Personal References: Applicants must provide at least two verifiable landlord references OR personal references from professionals;
 - iii. Not disturbed neighbors or destroyed property;
 - iv. Able to maintain, with or without assistance, the housing in a decent and safe condition based on living or housekeeping habits and whether such habits adversely affect the health, safety or welfare of the household and other residents in the community;
 - v. The ability to meet all obligations of tenancy, with or without assistance;
 - vi. Does not have a history of using illegal drugs or history of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others;
 - vii. Meet Income Limit qualification;
 - viii. Must be legal citizen or resident alien, per HUD guidelines;
 - ix. Must not be currently engaged in or engaged in the following activities during the last 3 years:
 1. Drug-related criminal activity
 2. Violent criminal activity
 3. Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or
 4. Other criminal activity that would threaten the health or safety of owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations; and
 5. Not a convicted or registered Sex Offender with lifetime registration requirement.
- b. Evaluation of Tenant Eligibility for Occupancy
 - i. All background information obtained from previous landlord or other personal references will be considered in light of the project's commitment to provide housing for people in transition and with 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.
 - ii. Management will require consent of all adult household members for verification of references and permission to seek credit history.
 1. Demonstrated ability to meet financial obligations and pay rent on time
 - a. Participants will be screened to determine whether (s)he is potentially eligible for benefit(s) that would increase his/her income and self-sufficiency. Comprehensive Community Treatment Team will work with participants who are eligible for benefits, but not currently receiving them, to obtain mainstream benefits, especially Social Security Disability benefits, Food Stamps, Med-Caid, Medicare, etc. If applicant has no identifiable sources of income, his/her application would be denied.
 2. Landlord/Personal References:
 - a. Landlord/Professional References:
 - i. Landlord references will be required for up to five (5) years, including the present landlord. Applicants, who have had no previous rental or homeownership history, must provide references from professionals such as present or former employers, teachers, or counselors. Unfavorable landlord or professional references will result in removal from the waiting list unless an exemption herein applies.
 - b. Did not disturb neighbors or destroy property
 - i. If applicant has rental history, such history should show that they did not disturb neighbors or destroy property.
 1. Professional References will be asked their opinion of

- whether the applicant would get along with neighbors and not destroy property.
- c. Able to maintain, with or without assistance, the housing in a decent and safe condition based on living or housekeeping habits and whether such habits adversely affect the health, safety or welfare of the household and other residents in the community.
 - i. If applicant has rental history, then such history should show that they were able to maintain the housing in decent and safe conditions.
 1. Professional References will be asked their opinion of whether the applicant has the ability, with or without assistance, to maintain the housing in decent and safe conditions
 - d. The ability to meet all obligations of tenancy, with or without assistance.
 - i. If applicant has a rental history, such history should show that they were able to meet all obligations of tenancy, with or without assistance.
 1. Professional References will be asked their opinion of whether the applicant has the ability, with or without assistance, to meet all obligations of tenancy, including compliance with rules and regulations of the housing.
3. Does not have a history of using illegal drugs or history of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others.
- a. Waiver of this requirement is subject to:
 - i. Applicant demonstrating they are no longer engaging in such activity and producing evidence of participation with a minimum enrollment of 30 days in or completion of a supervised rehabilitation program, or
 - ii. Letter of recommendation and support from Narcotics Anonymous sponsor or other equivalent organization/counselor that demonstrate that the Applicant is no longer engaging in such activity OR
 - iii. Applicant provides a recommendation from a professional reference that the applicant is working towards clean and sober living and is no longer a health or safety risk. Income restrictions, if any, are based upon funding sources.
4. Meet Income Limit qualification.
- a. Applicant must provide required information in timeframe required and participate in the eligibility process to meet income restrictions.
5. For the HUD units, applicants must be legal citizens or resident aliens, per HUD guidelines
- a. Citizens must sign declaration certifying U.S. Citizenship.
 - b. Owners must require noncitizens requesting assistance to provide verification of eligible immigration status.
 - i. Verification of eligible immigration status must be received from California DHS through the DHS SAVE system or through secondary verification using DHS Form G-845.
 - c. Applicant/resident must provide appropriate immigration documents to initiate verification.
 - i. Noncitizens must sign declaration certifying the following:
 1. Eligible immigration status; and submit the following documentation, if under the age of 62
 2. Verification Consent AND
 3. One of the following documents:
 - a. Form I-551, Alien Registration Receipt Card (for

- permanent resident aliens).
 - b. Form I-94, Arrival-Departure Record, with one of the following annotations:
 - i. "Admitted as Refugee Pursuant to section 207";
 - ii. "Section 208" or "Asylum";
 - iii. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - iv. "Paroled Pursuant to Sec. 212(d)(5) of the INA."
 - c. If Form I-94, Arrival-Departure Record, is not annotated, it must be accompanied by one of the following documents:
 - i. A final court decision granting asylum (but only if no appeal is taken);
 - ii. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - iii. A court decision granting withholding or deportation; or
 - iv. A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
 - d. Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210."
 - e. Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
 - f. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
 - g. Form I-151 Alien Registration Receipt Card.
6. Must not be currently engaged in or engaged in the following activities during the last 3 years:
- a. Drug-related criminal activity
 - b. Violent criminal activity
 - c. Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or
 - d. Other criminal activity that would threaten the health or safety of owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.
 - i. If an applicant has previously been denied admission because of a determination concerning a member of the household under paragraph 7 of this section, the applicant may be reconsidered if management has sufficient evidence that the members of the household are not currently engaged in, and have not engaged in, such criminal activity during one year before the admission decision.

- a. Sufficient evidence is if the household member submitted a certification that she or he is not currently engaged in and has not engaged in such criminal activity during the specified period and provided supporting information from such sources as a probation officer, a landlord, neighbors, social service agency workers and criminal records, which is verified.
3. For purposes of this section, a household member is currently engaged in the criminal activity if the person has engaged in the behavior recently enough to justify a reasonable belief that the behavior is current.
- xviii. Application is found to contain false information or omission of relevant information in regards to any tenant screening criteria including income and assets.

If an Applicant is declined, the eligibility specialist shall promptly notify the Applicant in writing and explain in the notice the reasons for the rejection. The Applicant will be notified that they have fourteen (14) days to respond in writing or to request a meeting to discuss the rejection. Within five (5) business days of the owner's response or meeting, the owner must advise the applicant in writing of the final decision on eligibility. All declined applications and supportive documentation shall be maintained at the on-site office in a manner that assures confidentiality.

1. Violence Against Women Act (VAWA)

The VAWA protections apply to families applying for or receiving rental assistance payments under the project-based Section 8 program or Section 8 Voucher Program. The law protects victims of domestic violence, dating violence or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence or stalking does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy, or occupancy rights of the victim. Furthermore, criminal activity directly relating to domestic violence, dating violence or stalking is not grounds for terminating the victim's tenancy. Owner/Agent may bifurcate a lease in order to evict, remove, or terminate the assistance of the offender while allowing the victim, who is a tenant or lawful occupant, to remain in the unit.

2. The reasonable accommodations and rights to appeal policies and protocols

a. Reasonable Accommodation and Right to Appeal

The Fair Housing Act requires owners of housing facilities to provide reasonable accommodations to persons with disabilities. Under the Fair Housing Act, reasonable accommodations are changes, exceptions, or adjustments to a program, service, or procedure that will allow a person with a disability to have equal enjoyment of the housing program. There must be an identifiable relationship between the requested accommodation and the person's disability. Reasonable accommodations need not be provided if they would constitute an undue financial and administrative burden, or if they would be a fundamental alteration of the provider's program.

Like the Fair Housing Act, Section 504 requires that recipients provide reasonable accommodations to persons with disabilities by making changes to policies, practices, procedures and structures, if needed to allow applicants or tenants with disabilities to have access to or participate in the program. A particular reasonable accommodation need not be provided if doing so would constitute an undue financial and administrative burden or a fundamental alteration of the program. See 24 CFR §§ 8.20, 8.24, 8.33. The requirements for reasonable accommodations related to policies, practices and procedures are the same under Section 504 and the Fair Housing Act. However, the Section 504 reasonable accommodation obligation is broader than the obligation under the Fair Housing Act with respect to requests for structural changes to facilities because Section 504 requires that recipients of Federal financial assistance make and pay for physical changes to dwelling units and public and common use spaces if needed as a reasonable accommodation unless it is an undue financial and administrative burden or a fundamental alteration of the program.



Attachment C

All applicants will be given notice in the application package of their right to reasonable accommodation as well as their right to appeal screening decisions. All background information obtained from previous landlord or other personal references will be considered in light of the project's commitment to provide housing for people in transition and with 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.

Applicants will be given written notification of assigned waiting list number or notice of denial after consideration of their application. All notices of denial will include information on the right to appeal and reminder notice of the right to reasonable accommodation for disability. Applicants will be entitled to receive a copy of the standard Grievance and Appeal procedure as used by Humboldt County DHHS and HBHDC. A copy of any denial notice from HBHDC will also be sent to the Comprehensive Community Treatment Team. In such cases, the Humboldt County Patient Rights Advocate may assist applicants in appealing denials.

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
 - 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 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 not 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. Describe the plan for developing "house rules" and **provide a copy of any rules** that may be in place at initial rent-up; (**Please label and attach as "House Rules"**).

Response:

1. A description of the anticipated needs of the MHSa tenants;

Anticipated needs of clients include, but are not limited to:

- Intake / Assessment
- Service coordination
- Mental health services
- Physical health services
- Personal service coordination
- Housing retention services
- Community building services
- Financial and budget management services
- Assistance in obtaining and maintaining benefits/entitlements
- Employment / vocational services
- Education
- Transportation
- Independent living skills training
- Substance abuse education and treatment
- Medication management
- Wellness and recovery programs
- Peer support
- Culturally-appropriate services

2. The supportive service provider's initial and ongoing process for assessing the supportive service needs of the MHSa tenants;

Humboldt County Department of Health and Human Services (DHHS), in partnership with community agencies, will assist and support tenants in maintaining their housing. Services are client-centered and begin with a needs assessment. The needs assessment for supportive services will be separate from the property management screening process, and all documentation will be kept separately. The initial needs assessment includes, but is not limited to areas such as financial needs, mental and physical health, transportation, employment/vocation, and independent living skills. As needs occur, supportive services staff including Peer Support Specialists, Case Managers, as well as clinical and nursing staff, identify and ensure those needs are met. Periodic re-assessments for supportive services are also completed.

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**
- 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**

The core mental health services will be offered by a multi-disciplinary DHHS team that includes psychiatrists, nurses, case workers, and counselors. Additional support services will be provided by DHHS and community partners, including, but not limited to:

- **Adult Mental Health Services.** The Same Day Service team and Psychiatric Emergency Services team offer mental health crisis and stabilization services for persons exhibiting acute psychological distress. Outpatient group and individual therapy is provided by clinicians to assist individuals, and support people in addressing a person's goals, symptom reduction, and improvement in functional impairments. Outpatient medication support services are offered to evaluate a person's need for medication, prescribe, administer, and dispense psychiatric medications, evaluate clinical effectiveness and side effects of medication, obtain informed consent, and provide education. Case management services are available for persons with severe mental illness to access and maintain access to medical, education, social, pre-vocational, vocational, rehabilitative, or other needed community services.
- **Alcohol and Other Drugs Program (AOD).** This service consists of group treatment for substance abuse, and/or co-occurring treatment groups which focus on mental health issues in conjunction with substance abuse.
- **Comprehensive Community Treatment Program (CCT).** The mission of this program is to assist people with severe mental illnesses live successfully in the community. The goals of the program include reduction of inpatient psychiatric hospitalizations, reduction of rates of incarceration, and assisting clients to utilize services in the community to be able to maintain their housing and health. Individualized services are provided to meet specific client needs. A team of providers collaborates to deliver integrated services of the recipients' choice, monitor progress towards goals, and adjust services over time to meet the recipient's changing needs. Comprehensive Community Treatment is based on the evidence-based practice of the Assertive Community Treatment model with modifications for smaller rural communities.
- **Healthy Moms Program.** Healthy Moms is an alcohol and drug addiction treatment program. Its goals are to assist women in treating their addictions and to support them to become healthy, productive women and mothers.
- **In-Home Supportive Services (IHSS).** IHSS is a program directed by the California Department of Social Services (CDSS) that provides aid to blind, aged, and disabled individuals who are unable to remain safely in their own home without the aid of a care provider.
- **Alternative Response Team (ART).** ART is a voluntary, in-home program provided by DHHS that provides intensive nursing case management utilizing a team of Public Health Nurses, a Mental Health Clinician and Community Health Outreach Workers to respond to the needs of families with children ages 0-8 years. This is a preventative, strength-based program that works with the family to choose goals that will prevent the risk of neglect or abuse. The Alternative Response Team is designed to provide interventions that reduce or eliminate repeat referrals to Child Welfare Services by empowering families so they are better able to overcome obstacles caused by limited resources or overwhelming, multiple life-stressors.
- **Adult Protective Services (APS).** Adult Protective Services (APS) provides protective services to elders (65 and older) and dependent adults (18-64) who are unable to protect their own interests or to care for themselves. The State of California provides direction and law on how counties are to meet this goal. The APS staff comprised of Social Workers, Public Health Nurses, Mental Health Clinicians and

Vocational Assistants work together to keep elders and dependent adults safe.

- **CalWORKs.** The CalWORKs Welfare-to-Work program contains a full range of employment-related training for job searches, and supportive services that are designed to provide Temporary Assistance to Needy Families Program (TANF) applicants and recipients with the types of skills that will enable them to acquire unsubsidized employment. All able-bodied parents or caretaker relatives are required to participate for a specific number of hours each month to remain aided in the cash grant. Typical services include appraisal, barrier removal (such as mental health, substance abuse and domestic violence), job preparation, job search, job club, pre-employment preparation (PREP) site placement, on-the-job training, vocational training, college training (limited), and work experience. Supportive service payments can include payments for child care, transportation, and limited ancillary expenses to enter employment.
- **County Medical Services Program (CMSP).** CMSP was established in 1982 to provide medical and dental coverage to individuals aged 21-64 that are not eligible for Medi-Cal. The medical benefits CMSP clients receive include many of those covered by Medi-Cal, with the exception of pregnancy-related services, long-term care, and services provided by chiropractors, acupuncturists, and psychologists.
- **General Relief.** The General Relief program is a county-funded general assistance program for indigent county residents, and it offers repayable benefits. General Relief is not an entitlement program. To be eligible to receive General Relief, an individual must meet restrictive income and property limits. The program provides services to disabled recipients to assist with the processing of their applications for SSI/SSP. It will also aid with the reconsiderations for those whose SSI/SSP applications have been denied. This includes help in gathering medical, social, psychological, and other information necessary for the application/reconsideration.
- **Employment Training Division (ETD).** The ETD of DHHS provides a comprehensive range of workforce preparation activities benefiting job seekers, laid-off workers, youth, incumbent workers, new entrants to the workforce, and employers. The purpose of these activities is to provide job seekers the services they need to successfully obtain employment, stay employed, and increase their earnings. This, in turn, improves the quality of the workforce, reduces welfare dependency, and improves the productivity and competitiveness of Humboldt County.
- **Hope Center:** A safe, positive environment to learn to live the best life possible—personally, socially, mentally, and emotionally. It is a place to relax, create, socialize, play games, learn new skills, and maximize potential. The Hope Center offers a variety of groups and classes, many of which are facilitated by peer volunteers. Our regular activities include WRAP (the Wellness Recovery Action Plan), a peer advocacy group, a grief group, bingo, and art. As a community, HOPE also participates in advocacy and community-building events.
- **National Alliance on Mental Illness (NAMI), Humboldt Chapter:** Family-to-Family support groups. NAMI Humboldt is a nonprofit organization dedicated to helping families of people with mental illnesses and to improving the lives of those who have them.
- **Street Outreach Services (SOS):** The SOS team is often the first contact with homeless clients in the community. SOS is a mobile outreach service that travels throughout Humboldt County to provide services to homeless clients. SOS plays an integral role in meeting the needs of homeless and mentally ill clients because they are usually in contact with clients who are not currently receiving services and may benefit from being brought into Adult Mental Health Services.
- **Psychiatric Emergency Services (PES):** Psychiatric Emergency Services offer mental health crisis and stabilization services for persons exhibiting acute psychological distress. The PES team provides services for patients who are suicidal, homicidal, or are seriously disabled due to their mental illness.

- Food for People: Food for People is a nonprofit organization who is instrumental in providing food to our community's neediest citizens. DHHS utilizes Food for People for its CCT clients to stock up on fresh food and other nutritional necessities.
- Sempervirens: Sempervirens Psychiatric Health Facility provides inpatient hospitalization for evaluation and treatment of severely acute psychiatric episodes, including those who are a danger to self, a danger to others or are gravely disabled. During their stay patients are encouraged to be an active participant in their treatment team, along with a psychiatrist, nursing staff, social worker, activity therapist, and discharge planner. A daily schedule of activities and groups is posted by the nurses' desk. These are designed to improve coping skills, promote socialization, physical fitness, creativity and overall mental well-being.
- North Coast AIDS Project (NorCAP): NorCAP is a program administered by the DHHS Public Health Branch. NorCAP's education and prevention program informs and supports people in preventing HIV and Hepatitis C transmission. Specific high risk populations are targeted for intensive education in group, individual and street outreach settings.
- Healthy Kids Humboldt: Healthy Kids Humboldt is the local Children's Health Initiative. Its goal is to ensure that all eligible children ages 0 through 18 in Humboldt County have access to health insurance coverage. They do this by reaching out to uninsured families and helping them enroll in low and no-cost health insurance options.

Services will be coordinated as needed, with input from the client, the Mental Health Branch, DHHS staff, and other appropriate parties. With the assistance of the DHHS staff, clients will design individual, strength-based plans. The focus of services that are provided will be to assist the individual in retaining housing. Assisting individuals in identifying the actions or behaviors that may have caused them to lose their prior housing and developing strategies to prevent such actions or behaviors will be a crucial role of the CCT Team. While services are voluntary, a range of services shall be offered and provided to all MHSa-eligible tenants who express a desire for such services. Tenants will be notified of events/groups that are available. The CCT staff will also check-in with property management regularly to see if there are any concerns that may need to be addressed.

In addition, tenants will be encouraged to develop and build their own supportive community life. Support will be provided by DHHS staff to assist tenants in creating such a community. Examples of such support might be to develop support groups, weekend outings, movie nights, etc. Such activities can take place in both the home as well as within the larger community. Tenants will be encouraged to have regular house meetings where they plan menus, shopping and chores, and assign responsibilities for each. Support services staff will be available to help them in this process.

In order to retain tenants and address challenges, staff will be available to respond to crisis or other tenant issues that require this level of support. For those tenants enrolled in CCT, intensive support is also available during business hours, and weekend and after-hours crisis calls go through the Psychiatric Emergency Services (PES) team. CCT staff and the supportive services staff will work together to identify behaviors that place the tenant at risk for eviction. The support staff will be proactive in supporting both the tenant and the property management to support tenant success.

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;

We do not anticipate utilizing an on-site service coordinator. Our service coordination will go through the Comprehensive Community Treatment team. The developer, Humboldt Bay Housing Development Corporation, will have a property manager who will handle communication with the CCT team.

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;

Comprehensive Community Treatment uses a client-centered approach that promotes recovery and wellness. Services are defined in terms of quality of life goals rather than illness reduction goals. The focus is on personal growth and self-responsibility.

Comprehensive Community Treatment utilizes Case Managers, including peer clients and peer family members whenever possible. Tenants, with support from the Comprehensive Community Treatment's Peer Support Specialists, will benefit from peer-to-peer activities such as peer counseling, peer support groups, peer mentoring, peer educators, the importance of self-defined family and community in supporting mental health wellness and recovery, and the ways to access services within local communities. The Peer Support Specialists will receive ongoing support and training as necessary, to ensure they have the skills and resources necessary to be successful in supporting wellness and recovery in their clients.

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;

MHSA tenants will be engaged in services through strength-based strategies that are respectful and empowering to the individuals being served. Tenants will partner with the responsible service provider in identifying recovery-oriented choices that promote quality of life and reflect an inclusive process that promotes resiliency. The support team will organize assistance for tenants to prevent crisis, when needed. Oversight will include a team supervisor who will work with staff and tenants to ensure housing stability. An additional supervisor will be available after-hours to support providers and tenants in maintaining an environment that promotes recovery. The support staff supervisors will work with the property manager and the CCT team to ensure the highest standard of support services is being provided.

Staff will outreach to tenants by meeting with them one-on-one in their homes, community, work, or school; in group settings at their home, at a service provider facility, or in the community. DHHS also operates two mobile engagement and outreach programs respectively known as Street Outreach Services (SOS) and the Rural Outreach Services Enterprise (ROSE). These programs utilize a unique approach in client outreach; two 37-foot Recreational Vehicles were converted for outreach and engagement, and these RVs are sent out into hard-to-reach areas of our rural community. SOS and ROSE maintain a concrete schedule of visits into the community's rural outskirts to engage with clients, enroll them in necessary services, provide mental health counseling sessions, and resolve some of the clients' most pressing needs.

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;

The Development will not be housing transition-aged youth and is geared to serve adults only.

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;

Spanish is the County's only threshold language. The most common linguistic need for services are in Spanish.

DHHS utilizes a service of AT&T, Inc. called "Language Line" to facilitate any services in a non-English language. Language Line is what the Comprehensive Community Treatment team will use to assist communication between non-English speaking clients and the property manager. DHHS also utilizes interpreters on an as-needed basis. .

All services provided strive to be culturally competent and every effort is made to have a diverse workforce that reflects the community served. Service providers participate in cultural competency training and utilize specific community-based services when appropriate.

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;

To maintain proper communication regarding the MHSa tenants' needs, the relationship between the Mental Health Case Manager and the Property Manager is important. With appropriate releases of information in place, the Case Managers and Property Manager will maintain ongoing communication, including routine meetings to share information and coordinate activities. The Property Manager will be familiar with tenants' Crisis Plans. However, there will not be a single point of contact to coordinate supportive services, since the MHSa tenants' Case Managers may differ. But each Case Manager, in the event of a psychiatric crisis, will ensure that crises are reported to the Supervising Clinician, who will decide whether Psychiatric Emergency Services would be appropriate for the client. In the event of a psychiatric crisis with a tenant, the flow of communication to handle the crisis will typically be:

Case Manager → Supervising Clinician → Case Manager → Psychiatric Emergency Services

10. Describe the plan for developing "house rules" and provide a copy of any rules that may be in place at initial rent-up; (Please label and attach as "House Rules")

In conjunction with the property manager, tenants will develop a set of house rules. The property manager will keep these rules relevant and up-to-date, and will ask that tenants sign a copy to indicate their agreement with the house rules before their tenancy begins.



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.



Attachment C

Supportive Services Chart

List all the services to be provided to MHSa tenants in the MHSa Shared Housing Development, including any in-kind services essential to the success of your Supportive Services Plan. Add additional lines to the Supportive Services Chart as needed.

Supportive Service		Target Population	Service Provider(s)	Service Location
List each service separately (e.g., case management, mental health services, substance abuse services, etc.)		Name the target population(s) that will be receiving the supportive service listed.	List the name of the proposed service provider.	Indicate where the service is to be provided - onsite or offsite. For offsite services, indicate the means by which residents will access the service.
1	Intake/Assessment	All residents	DHHS	On-site
2	Service Coordination	All residents	DHHS	On-site
3	Mental Health Services	All residents	DHHS	On-site
4	Personal Services Coordination	All residents	DHHS	On-site
5	Housing Retention	All residents	DHHS	On-site
6	Community Building	All residents	DHHS	On-site, off-site at the HOPE Center
7	Substance Abuse Counseling	All residents	DHHS	On-site
8	Employment	Adult residents	DHHS	On-site, or off-site at Employment Training Division, various other locations
9	Transportation	All residents	Public transit and DHHS staff	On-site
Primary Service Provider:		Humboldt County Department of Health and Human Services (DHHS)		