

**MHSA Special Needs Housing Program (MHSA SNHP) Application Support Services Plan**

**Item 1 Development Summary**

Name of Development: Jamboree PSH

Site Address: 2691 W. La Palma Avenue

City: Anaheim State: CA Zip: 92801

Development Sponsor: Jamboree Housing Corporation

Development Developer: Jamboree Housing Corporation

Primary Service Provider: Step Up On Second

New Construction  Acquisition/Rehabilitation of an existing structure

Type of Building:  Apartment Building  Single Family Home  
 Condominium  Other

Total Development		MHSA SNHP Funds	
Total Number of Units:	70	Total Number of MHSA SNHP Units:	35
Total Cost of Development:	\$18,213,097	Amount of MHSA SNHP Funds Requested:	\$8,896,000
		Capital:	\$8,896,000
		Capitalized Operating Subsidies:	\$0

Other Rental Subsidy Sources (if applicable): 49 Project Based Section 8 Vouchers; 20 VASH Vouchers.

Target Population (please check all that apply):

Adults  Transition-Age Youth  Older Adults

**County Contact**

Name and Title: Jenny Hudson, Division Manager

Agency or Department Address: 405 W. Fifth Street, 546, Santa Ana, CA 92701

Agency or Department Phone: (714) 834-3890

Agency or Department Email: jHUDSON@ochca.com

## Item 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 Mental Health Services Act Special Needs Housing Program (MHSA SNHP) tenants (location, building type, layout, features, etc.);
6. Name of primary service provider, property manager, and other development partners; and,
7. Summary of the anticipated sources of development financing. (Name sources only, do not include dollar amounts.)

### Response:

#### **1. Name and location of the proposed housing development**

The Jamboree Permanent Supportive Housing development (“Jamboree PSH”), is the conversion of an existing Motel into 69 efficiency (plus 1 Manager’s unit) permanent supportive housing units targeting individuals who are at-risk of homelessness, homeless, or chronically homeless with a mental health diagnosis, and veterans. The property is located on an approximately 1-acre lot in West Anaheim between Magnolia Avenue and Dale Avenue in Council District 1. This site is walkable and located within short walking distance to a wide array of site/service amenities including, a grocery store, bus stop, park, medical clinic, and pharmacy. Although the existing motel has been in business for over 40 years (motel was first built in 1977 with a second addition in 1985), the site serves as an ideal opportunity to provide much needed affordable housing for the most vulnerable and at-risk individuals in the Anaheim community.

The rehabilitation of the existing two-story, 70-room motel will include adjusting room layouts to provide for approximately 69 adequately-sized, 298 square feet efficiency/studio units for individuals earning no more than 30% of the Area Median Income (AMI) in Orange County. Residents will pay no more than 30% of their income (which in many cases, given the target population is a General Relief or Supplemental Security Income (SSI) benefit of approximately \$910 per month). The existing motel rooms include full private bathrooms in each unit, and will be modified to include a small kitchenette with a food preparation area, refrigerator, small sink, two burner stove, and microwave. All units will be fully furnished. The proposed rehabilitation scope of work assumes approximately \$50,000 per unit.

#### **2. Service goals of the development**

Service goals of the development are to provide a safe, supportive, permanent housing approach to establishing a recovery-oriented model of care designed to ensure housing stability and the availability of intensive case-managed services and support. This approach is intended to be choice-based and oriented around self-determination and client-centered approaches to housing and supportive services. Our history of delivery of this model of housing and care demonstrates a strong track record of successfully supporting persons in the supportive housing milieu and demonstrates successfully helping clients achieve outcomes consistent with this evidence-based approach.

#### **3. Characteristics of tenants to be served**

The 35 MHSA SNHP supported efficiency units will be designated for adult tenants who meet MHSA SNHP requirements. Potential residents are homeless or at-risk of homelessness with a serious and persistent mental illness as stipulated in the MHSA SNHP guidelines. The income levels will be restricted to 30% Area Median Income (AMI.)

#### **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 Mental Health Services Act Special Needs Housing Program (MHSA SNHP) tenants (location, building type, layout, features, etc.);**

The rehabilitation and re-use of the blighted motel into permanent supportive housing will bring much needed affordable housing to address the City and County's need for affordable housing for homeless individuals. The site is conveniently located in walking distance to many amenities that include a public bus stop, pharmacy, grocery store, and park. The revitalization of this property will freshen up the commercial/industrial corridor of La Palma Avenue and bring it more in line with the newer residential across the street (in the City of Buena Park).

**The Project:**

This project's operational plan includes a comprehensive supportive services team including trained case managers and clinical supervisors managing the care of the residents. Jamboree is committed to support people experiencing homelessness, serious mental illness, or other disabilities to help them recover, stabilize, and integrate into the community. For those transitioning from the streets or shelters into permanent housing provided by Jamboree, our primary goal is to ensure that we remove any barriers to remaining stably housed and receiving supportive services in order to ensure that people begin the path to recovery through our commitment to a Housing First model of support. The services offered to our residents will be provided out an approximately 1,000 square foot community building that will include private counseling offices, a lounge area, community kitchen, and computer stations.

In addition to our direct supportive services onsite, we also coordinate with local health care providers and other agencies to ensure that residents receive the support they need to remain housed so they can engage with their recovery plan. We work intensively with the on-site property management team to coordinate moving the individual into a housing unit and once residency is established, our on-site intensive supportive services adjust to accommodate the resident's needs for physical and mental health.

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

Jamboree Housing is the developer and The John Stewart Company will be the property manager. Jamboree will be the master services coordinator with Step Up on Second providing services and St. Joseph Hospital providing health and wellness programs for the residents.

Additionally, Jamboree will also partner with the County of Orange Health Care Agency's Adult and Older Adult Behavioral Health (AOABH) Program for Assertive Community Treatment (PACT) program or other AOABH designated provider. All AOABH programs serve adults 18 years of age and older who are living with a chronic and persistent mental illness and are homeless or at risk of homelessness. The providers offer assessment, linkage, individual and group therapy services, extensive case management, life skills classes, advocacy, medication support, and a variety of recovery services for adults.

**7. Summary of the anticipated sources of development financing:**

The development of Jamboree PSH will incorporate a variety of capital sources, including 9% tax credit equity, conventional bank debt, VASH and Project Based Section 8 Vouchers, the deferral of a portion of the developer fee, and County MHSA funds through the Local Government Special Needs Housing Program (SNHP).

**Item 3 Description of Target Population to be Served**

Describe the MHSA SNHP 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 SNHP 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 Jamboree PSH) development will incorporate Mental Health Services Act (MHSA) SNHP funding to target 35 persons with MHSA SNHP eligibility for MHSA services within the larger development. Individuals served are diagnosed with a serious and persistent mental illness, may have a co-occurring substance abuse disorder, be homeless or at risk of becoming homeless, and suffer from functional impairments based on MHSA SNHP criteria. Age group to be targeted are adults 18 and above.

**2. The anticipated income level of the MHSA SNHP tenants**

Residents qualifying for the program will be of extremely low income with an annual income not to exceed 30% of Area Median Income (AMI). Most of the tenants are expected to have SSI/SSA as the primary source of income. Additionally, residents will be eligible for a Section 8 Voucher based on assumed income levels.

**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 for this program consists of adults age 18 and above and small families that meet the HUD definition of homeless and chronically homeless including households with a member who has been homeless continuously for at least one (1) year or at least four separate occasions in the last 3 years, and who are diagnosed with substance abuse, serious mental illness, developmental disability, PTSD, or chronic physical illness/disability. The SNHP units will target those meeting the HUD homeless or chronically homeless definition with a severe and persistent mental illness.

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**Item 4 Tenant Eligibility Certification**

Orange County Health Care Agency is responsible for certifying the eligibility of individuals applying for tenancy in a MHSA SNHP 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 a MHSA SNHP 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 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 Special Needs Housing Program (SNHP). The HCA MHSA SNHP is the central point of coordination for MHSA SNHP certification.

**1. How an individual applies to the county to become certified as eligible for a MHSA SNHP unit**

HCA MHSA SNHP staff will certify applicants as SNHP eligible; creating a single point of certification for the MHSA SNHP funded units.

The standardized MHSA SNHP Tenant Certification and Referral Application is designed for the referring party to complete in collaboration with the potential tenant. The application is designed to assess the applicant's eligibility for an Orange County MHSA SNHP funded unit and assist in determining housing need and preference (i.e., household size and tenant housing preference).

Each site specific SNHP Project Property Management company will accept applications during lease up of a new development and as vacancies in projects with SNHP units become available, following the outreach and marketing outlined in the Marketing Plan. HCA AOABH staff will work with other supportive services providers to meet the challenge of attracting eligible applicants. HCA's service providers and its contractors will use culturally competent efforts to outreach 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 permanent supportive housing. Outreach will include visiting areas known to be places where homeless adults spend their days and nights. In addition to soliciting applications from individuals reached through direct outreach methods, County HCA MHSA SNHP staff will accept referrals from an extensive county-wide network of varied government and nonprofit organizations and service agencies especially those who are serving veterans. Other sources of referrals will include, but certainly not be limited to law enforcement; local shelters, food programs and other nonprofit and government agencies that provide outreach and services to the homeless; hospitals, mental health facilities and other health care providers; local veteran's agencies; religious organizations; ethnically and linguistically diverse community-based organizations, and self-referrals.

The referring agency is responsible for documenting an applicant's eligibility utilizing the standard MHSA SNHP Certification and Referral Application, by securing all required eligibility documentation; including releases of information authorizing the referring agency to share certification information with the HCA MHSA SNHP, property management, and the onsite services provider. It is expected the referring party will assist the applicant as needed in completing the certification application, as well as any additional requirements related to the project screening process. The referring agency will provide support throughout the entire application and project screening process.

**2. How certification of eligibility will be documented, provided to the individual applicant, and maintained by the county**

**Eligibility Determination**

HCA MHSA SNHP staff will review the application and supporting documentation for completeness and certify the applicant meets Orange County MHSA SNHP eligibility criteria. These criteria must all be met in order to be

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MHSA SNHP eligible. If complete and eligibility is demonstrated, an MHSA SNHP Eligibility Certification Form will be issued within one week of receipt. If the application is incomplete, HCA MHSA SNHP staff will contact the referring agency to request missing information. The certification document will be delivered to the referring agency using the most expedient method available. The referring agency's designated staff and the client will deliver the MHSA SNHP Eligibility Certificate Form to the property manager at the time of the property application submission. For units that are subsidized by Project-Based Section 8 vouchers, the application might be directed first to the Orange County Housing Authority (OCHA) after the SNHP certification, and then to the property manager.

### **Certification Denial**

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

### **Certification Approval**

Prospective tenants apply for tenancy either at the specific MHSA SNHP funded site or through their service provider. The prospective tenant may directly approach the Property Management Company to inquire about applying for tenancy for one of the units, or request assistance from their services provider. The prospective tenant will complete the MHSA SNHP Certification Application and, working with either the Property Manager and/or the service provider(s), will submit this Certification Application to the HCA MHSA SNHP. HCA MHSA SNHP will provide confirmation of MHSA SNHP housing unit eligibility to the property management company and the relevant provider if the applicant meets the MHSA SNHP criteria.

### **3. How certification of eligibility will be provided to the property manager/development**

Applicants meeting all eligibility requirements will be certified by HCA MHSA SNHP program staff and the Certification Forms will be sent to Jamboree (PSH) property management staff along with the complete housing application. For record keeping purposes, HCA MHSA SNHP program staff shall maintain hard copies of all MHSA certification forms and shall track the following information: applicant name, date of MHSA certification, date that the completed housing application was submitted and date stamped by property management, date of approval or denial of housing, date of appeal (if applicable), and date of move-in.

Jamboree PSH tenants will also be assessed for eligibility for OCHA Project-Based vouchers.

It must be noted that MHSA certification does not take into consideration factors that may be considered in assessing someone's eligibility for housing, such as credit history, eviction history, or criminal history. This type of background check information will be collected by the property management company once the MHSA eligible certified applicant is referred to Jamboree PSH and may be used as part of the tenant selection process

**Item 5 Tenant Selection Plan, Interest List Procedures, and Referral Process**

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

**NOTE:** Orange County Health Care Agency approval of the Mental Health Services Act Special Needs Housing Program (MHSA SNHP) 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:**

**A. How prospective tenants will be referred to and selected for MHSA SNHP units in the development**

Initial referrals for the MHSA SNHP units at Jamboree PSH will be made to the property management company from a pool of clients participating in the designated County programs including the Santa Ana PACT (Program for Assertive Community Treatment Team) or other AOABH Program. These referrals will be presumptively eligible for MHSA SNHP housing units and are in urgent need for permanent supportive housing as an essential component for recovery or treatment.

Applicants who are not current clients of the designated Lead MHSA SNHP Provider will be referred to the designated Lead Provider's program for determination of eligibility for the designated MHSA SNHP units. As part of the referral process, HCA MHSA SNHP program staff will verify eligibility for MHSA SNHP for each individual referred. The program will complete a MHSA Housing Tenant Certification and Referral Form, which will document the individual's is MHSA-eligibility. This document will remain on file at HCA's offices for proof of compliance in the event of an audit, and a copy will be provided to property management and OCHA

**B. The tenant application process**

All prospective tenants at Jamboree PSH must fill out and submit the rental application prepared by the property manager to assure equal access and equal opportunity to all. However, successful applicants must meet program eligibility guidelines. The lead service provider will provide assistance to prospective MHSA SNHP tenants, and will offer assistance to complete the required paperwork, accompany them during interviews with the property manager/Housing Authority and provide appropriate advocacy during any appeal proceeding. All interested applicants will be referred to HCA MHSA SNHP program staff for program eligibility.

**Policy on Non-discrimination**

With respect to the treatment of applicants, the Management Agent will not discriminate against any individual or family because of race, color, creed, national or ethnic origin or ancestry, religion, sex, sexual preference, gender identity, age, disability, handicap, military status, source of income, marital status or presence of children in a household, acquired immune deficiency syndrome (AIDS) or AIDS-related conditions (ARC), or any other arbitrary basis. No criteria will be applied or information considered pertaining to an attribute of behavior that may be imputed by some to a particular group or category. All criteria shall be applied equitably and all information considered on an applicant shall be

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related solely to the attributes and behavior of individual members of the household as they may affect residency.

### C. The Procedure for maintaining the interest list

- a. Applicants will be added to a waiting list in chronological order of the date and time applications are received.
- b. In the event that the volume of applications received exceeds the number of available apartments and more than one applicant qualifies for the unit, the application with the earliest date will be approved. The other will go to the top of the list until the next unit is available.
- c. When the next 30-day notice is received by management, 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. With the approval of the applicant, the site manager will also notify the referring case manager.
- d. Applicants will be offered only two apartments. Mitigating circumstances may be taken into account, such as an emergency situation or hospitalization. In such a case, if an applicant cannot accept an apartment during the initial lease-up of the building, the applicant would be placed on the waitlist in chronological order.

The wait list will collaboratively be maintained by the OC HCA and the Long Beach VA after initial occupancy

### 4. The process for screening and evaluating the eligibility of the prospective MHSA SNHP tenants

When there is a vacant MHSA SNHP unit, the property manager will contact HCA to refer an eligible client from the interest list and property management will schedule an interview. For the interview, the applicant must be prepared to provide a state-issued identification card, a social security card or number, and income verification (SSI award letter, etc.). An applicant for the MHSA SNHP designated unit must have a diagnosis of a serious and persistent mental illness as defined by the Welfare and Institutions Code Section 5600.3(b). Applicants must also be homeless or at risk of homelessness. Other eligibility and income requirements may be imposed by other public agencies providing rental subsidies or operating/capital funds for these MHSA SNHP designated units. The property management company will run a credit and criminal background check. The property management company will review the following financial information for all applicants applying for permanent supportive housing at Jamboree PSH.

#### A. Financial

1. All income will be verified in writing by the income source indicated on income certification form.
  2. All assets, including bank accounts, will be verified in writing.
  3. Upon initial occupancy, resident's income cannot exceed 30% of the area median income as published annually by the U. S. Department of Housing and Urban Development and The California Tax Credit Allocation Committee.
  4. Applicants with Section 8 certificates and vouchers will be processed under the same criteria.
- D. To protect the property from rent charge loss or delinquency, households where projected rent obligation will be more than 30% of their household's combined monthly income on rent will not be accepted.
- E. Third-party income verification will be required from all sources, including but not limited to:
- a. Employment, Self-Employment
  - b. Savings and checking

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- c. Pension
- d. Disability
- e. Asset verification, property, home, stocks, bonds, annuities, IRA, etc.
- f. Government assistance, A.F.D.C., food stamps, etc.

- F. Social Security
- G. Child Support/Alimony
- H. Non-Tuition Financial Aid

7. Income calculations are based on the applicant's annual gross (anticipated) income for the following 12 months. Annual gross income includes income from any and all assets.

- I. A credit reference will be required for all adult household members over 18 years of age covering the last five years. Credit will not be considered if applicant is applying for a unit that will receive project based voucher assistance.

Applicants will have the option to include supplementary information with their application to explain any issues such as foreclosures, bankruptcy and negative credit.

Criminal record checks will be required for all household members over 18 years of age. This process will also apply for attendant care providers that will be occupying the unit. See Section V for reasons for rejections.

### 5. The appeals process for individuals who are denied tenancy in an MHSA SNHP unit

J. Applications may be rejected for any of the following:

K. Blatant disrespect, disruptive, threatening or harassing behavior toward management, the property, services staff or other residents exhibited by an applicant or family member any time prior to move-in;

L. Anyone whose tenancy poses a demonstrable, current direct threat to the health and safety of other residents, staff or the property;

- 1. A negative landlord or other reference, encompassing failure to comply with the lease, poor payment history, poor housekeeping habits (when house visits apply), or eviction for cause;

- 2. Lack of ability to demonstrate monthly income at or above 2.5 times the rent.

- 3. Falsification of any information on the application;

M. Family size that does not conform to the stated minimum and maximum sizes;

N. Full-time student status as defined by the California Tax Credit Allocation Committee (CTCAC) unless the applicant meets any of the exemptions specified by CTCAC. Full-time status is determined by the applicant's educational institution.

O. A history of violent or abusive behavior (physical or verbal), in which anyone in the applicant's household was determined to be the offender.

P. Prior evictions from a federally-assisted housing project.

Q. Applicants with child molestation and/or sexual misconduct criminal background.

R. Arson conviction

S. All applicants with a criminal conviction relating to the manufacturing or sale of illegal drug or controlled substances will be denied occupancy.

T. All rejected applicants will have the right to appeal the decision. This applicant will be notified of the rejection decision within 24 hours. The appeal must be received by the administrator or managing agent no later than fourteen (14) days after the rejection letter is received. Within three working days of receipt of an appeal, the appeal will then be forward to the Director of Compliance or the Regional Manager of (*the property manager*) and to the assigned Residential Service Coordinator for the property.

**6. The reasonable accommodations policies and protocols**

Reasonable accommodations will be made to meet the needs of any disabled applicants, including applicants with both physical and/or mental disabilities.

Management will apply the same screening criteria to all applicants. However, management is obligated to offer qualified applicants with disabilities additional consideration in the application of rules, practices, or services and structural alterations if said accommodation will enable an otherwise eligible applicant or tenant with a disability an equal opportunity to access and enjoy the housing program. Note that management is not, however, required to make a reasonable accommodation or physical modification if the accommodation or modification will result in an undue financial burden to the property or if it requires management to alter or change a basic component of the housing program.

If applicant has a physical or mental disability, and as a result of this disability there are reasonable accommodations that should be considered in an application, documentation should be attached to the tenant's application describing the reasonable accommodation(s) requested. A Reasonable Accommodation Request form may also be completed upon receipt of the application and further information may be required from to verify need for reasonable accommodations.

The information provided below is a summary of the proposed Rental Application process.

**I. OCCUPANCY STANDARDS**

A. Units will be occupied in accordance with the following standards:

<u>UNIT SIZE</u>	<u>MINIMUM</u>	<u>MAXIMUM</u>
Studio/Efficiency	1	1
1 Bedroom	1	3
2 Bedroom	2	5

- B. Every household resident will be counted when determining unit size. This includes household members in the military or at school; anyone that will occupy the unit during the upcoming 12 months.
- C. The head of household must be 18 years of age or older, unless he or she is an emancipated minor. All household members, age 18 years or over, and emancipated minors, must sign the appropriate consent forms and comply with the verification process.
- D. Applicants must be able to maintain the housing unit in accordance with local health standards, with or without assistance.
- E. All applicants must have a valid Social Security Number and legal photo ID. Birth certificates and/or proof of guardianship will be required of dependent minors.
- F. Personal care attendants will be given a separate bedroom.
- G. When a medical hardship is verified to the satisfaction of the managing agent, persons who would generally share sleeping quarters may be assigned separate bedrooms.
- H. Assigned unit must be household's primary place of residence.
- I. Total household income cannot exceed 30% of the area median income.

**AFFORDABLE UNITS**

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# of Units	Unit Size	Gross Rent*	AMI %	1 Person Max. Income	2 Person Max. In come	3 Person Max. Income	4 Person Max. Income	5 Person Max. Income	6 Person Max. Income	7 Person Max. Income
69	0BD	\$273	30%	21,930	25,050	28,170				

**\*Approximate rental rates based upon current income limits published by U. S. Dept. of Housing & Urban Development and current housing authority utility allowances. Rental rates subject to change.**

All applicants must meet certain underwriting guidelines. This project is subject to the requirements of several funding sources that have made it feasible. The above information reflects these requirements to the best of management’s knowledge at this time but is subject to change if required for compliance with law, regulations or policy changes.

**B. History of Responsible Tenancy, Behavior and Conduct**

Current landlord references will be obtained, if available. Previous landlords during the past five years may also be contacted. Landlord references will help determine rental history including but not limited to, non-payment of rent, repeated disruptive behavior, and chronic late rent payments.

If landlord references are not available, applicants will be asked to provide as much information as possible regarding where they have been living for the past three years. On a case by case basis, if sufficient landlord references are not available staff may require written references of social workers or others involved with the applicant in a professional capacity. Based upon these references, staff will decide if the applicant has demonstrated an ability and willingness to live peacefully with neighbors and refrain from behavior that jeopardizes the safety, security and peaceful enjoyment of the community. The level of support an applicant has, transitional living programs completed, and the appropriateness of an applicant’s needs with the services offered will be considered.

**IV. GENERAL**

- A. All applicants will initially be interviewed by the site administrator or a representative of the management agent.
- B. It will be the responsibility of the site administrator or management agent to inform the applicant in writing of rejection or approval.
- C. Management will notify applicants who are rejected, in writing, and the applicants will be informed of their option to appeal this decision. With the approval of the applicant, the referring Personal Service Coordinator will also be notified.

**VI. FAIR HOUSING**

The property will comply with all federal, state, and local fair housing and civil rights laws and with all equal opportunity requirements.

## **VII. MENTAL HEALTH SERVICES ACT SPECIAL NEEDS HOUSING UNITS**

Twenty (20) units are designated for households that include a *minimum* of one adult member who (1) is eligible for services under the Mental Health Services Act (MHSA).

Welfare and Institutions Code Section 5813.5 specifies who is eligible for services under the MHSA, by reference to Welfare and Institutions Code Section 5600.3(b) and (c). As outlined in Welfare and Institutions Code, Eligible applicants must have a serious Mental Illness or Severe Emotional Disorder and be “Homeless” Or “At-Risk of Homelessness” and be eligible to receive services under the MHSA Act.

## **VII. POLICY ON PRIVACY**

The privacy of applicants will be guarded as conferred by the Federal Privacy Act of 1974. This in no way limits the management’s ability to collect such information as they may need to determine eligibility, compute rent, or determine an applicant’s suitability for tenancy.

## **IX. PET POLICY**

Residents may not keep any type of pet on the premises, with the exception of those persons with disabilities requiring service animals, or as otherwise required by law.

## **X. ACCESSIBLE UNITS**

All units are adaptable to meet the needs of residents with disabilities, as defined by the California Building Code. There will be a total of 7 units that are fully accessible and 3 additional units that will have communications features for those with sensory impairment. Accessible and mobility ADA units will be provided in accordance with federal, state and/or local laws and requirements. Preference will be given to applicants who require a unit with the specific design features offered in accessible units in the development. All reasonable efforts will be made to rent accessible units to applicants who require or who could benefit from such units.

In the case of an accessible unit, when no qualified household has applied that requires the design features offered, then the unit will be offered to the next qualified household. This applicant will be required to complete a Lease Addendum form, whereby they agree to transfer to a non-accessible unit within the development should a tenant or applicant require an accessible unit.

The addendum states:

“Resident acknowledges that the unit now occupied by Resident was specifically designed and adapted for occupancy for persons living with mobility, visual and hearing impairments needing accessible units. Resident further acknowledges that Resident does not need an accessible unit and that Management retains the right to allocate accessible units to those who have the greatest needs for units. Resident agrees that should another existing resident, or applicant, need an accessible unit that Resident, will upon (30) days written notice from Management, move to a different dwelling unit of comparable size and rent. Failure to accept or move to the offered unit shall be deemed material non-compliance with this Occupancy Agreement and be cause for termination of the Agreement.”

If after occupying the accessible unit, the physical condition of a member of the household changes and a household member would then benefit from continued occupancy in the accessible unit, the household would not be required to move.

Failure to accept or move to the offered unit shall be deemed material non-compliance with the lease and would be cause for termination of tenancy.

**XI. OUTREACH**

Orange County Health Care Agency conducts continual outreach and engagement activity throughout the County seeking out unserved persons living with Serious and Persistent Mental Illness (SPMI). They are very active in all areas known to be populated by homeless persons. In addition, Jamboree works in close coordination with the Coordinated Entry System and will engage with that system as often as feasible to secure qualified tenants to place in this permanent supportive housing development.

## **Item 6 Supportive Services Plan**

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

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

1. A description of the anticipated needs of the MHSA SNHP tenants;
2. The supportive service provider's initial and ongoing process for assessing the supportive service needs of the MHSA SNHP tenants;
3. A description of each service to be made available to the MHSA SNHP 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 use 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 SNHP 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 SNHP 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 SNHP tenants. This description should also include the identification of staff (the responsible service provider) and specific strategies for working with MHSA SNHP 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 SNHP 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 SNHP tenants who do not speak English and how communication between the property manager and the non-English speaking MHSA SNHP 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 SNHP 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,

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

### Response:

#### LEAD SERVICE PROVIDER AND DEVELOPER OVERVIEW

Jamboree's experience in developing and providing supportive services to persons living in permanent supportive housing has been enhanced through our collaboration with Step Up, a 501c3 nonprofit organization committed and mission-driven to serve individuals with serious mental health issues and those experiencing chronic homelessness.

Jamboree has many years of experience serving a wide range of formerly homeless individuals and families with a broad spectrum of disabilities with tremendous success. Jamboree developed the first new construction permanent supportive housing community in Orange County and continues a deep collaboration with the highest-capacity, most experienced and respected agencies in Orange County to serve the needs of our homeless Orange County residents.

#### 1. A description of the anticipated needs of the MHSA SNHP tenants

##### RESIDENT NEEDS & SERVICES

Participants in Orange County's MHSA programs are diagnosed with a serious and persistent mental illness (SPMI) such as Major Depression, Schizophrenia, Bi-Polar Disorder, Post-Traumatic Stress Disorder (PTSD) or other illnesses as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5). The target population for this program consists of adults age 18 and above, who have a serious and persistent mental illness and who are homeless or at risk of homelessness. Some of the participants may have legal issues as a result of their mental disorder.

This proposal addresses a services plan to provide support for the needs of veterans and others who are MHSA participants in Orange County Health Care Agency's behavioral health programs. A significant percentage of these participants will also be diagnosed with a co-occurring disorder. Primary service needs include case management, assessment, psychiatric care, mental health services, educational and vocational services, co-occurring disorder services, crisis intervention, medical support, peer support, and housing services to facilitate participants' journeys toward wellness and recovery.

A significant goal for all participants in the program is establishing permanent housing and the ability to live independently. The independence level varies based on individual needs with the primary focus upon establishing a safe and stable environment which provides a foundation of security and consistency. The Housing First model, as implemented by Step Up encompasses the philosophy of meeting clients where they are, doing "whatever it takes" to collaboratively offer client-centered services focused on recovery and housing stability.

#### 2. The supportive service provider's initial and ongoing process for assessing the supportive service needs of the MHSA SNHP tenants

##### ASSESSMENTS AND TREATMENT PLANS

The County of Orange HCA Adult and Older Adult Behavioral Health Division (AOABH) represents all of the County of Orange Health Care Agency program which was created to provide voluntary, client-centered, culturally sensitive mental health services that support wellness, recovery and resiliency to adults diagnosed with a serious and persistent mental illness who are homeless or at risk of homelessness. This division is dedicated to the provision of accessible, effective, high quality community-based counseling and social services as an alternative to traditional institutional care. These programs provide services throughout Orange County in locations that are comfortable and safe for clients. Program sites consist of a multiple disciplinary team of professionals working together to improve the overall quality of life for participants in the program, helping them regain independence and achieve their goals. HCA AOABH is dedicated to providing comprehensive services that are coordinated, proactive, and effective in promoting wellness and recovery for homeless adults with mental illness living in Orange County.

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

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situation, housing, social supports, and more. Once admitted to the program, every participant is assigned a dedicated Plan Coordinator (PC) or Personal Services Coordinator (PSC) who works closely with them to reach their goals. The PC or PSC functions as a case manager, providing primary oversight to participants on an individual basis and coordinating linkage to all services, both internal and external. The PC or PSC provides ongoing assessment and support to participants through regular visits at whatever location is convenient for the participant. Though each client has a dedicated case manager, some programs (PACT, FSPs) follow a team approach to treatment, while others are more coordinated by the case manager in collaboration with the treating physician and Service Chief. The case manager works in coordination with the Clinical Team i.e. other PCs or PSCs, the psychiatrist and nurse, to ensure that the above listed needs of the participant are met. The PC or PSC is responsible for developing the master treatment plans annually for each participant on their caseload and to provide individualized goals with plans to help participants establish progressively higher levels of independence and recovery. The PCs and PSCs work collaboratively with the multi-disciplinary treatment team under the direction and guidance of the Service Chief, who is a licensed, master's level clinician.

Each Jamboree PSH resident, including MHSA SNHP participants/residents will have a comprehensive assessment conducted upon move-in and a treatment plan will be developed based on the information generated during the assessment and will be modified periodically as the needs and conditions of the person changes. The treatment plan focuses on the participant's strengths and identified areas of need. While all services are voluntary, all participants will be encouraged, supported and engaged so that their personal goals are in focus as well as the primary goal of maintaining their housing and successfully remaining in community. The unique needs of this population will be addressed through a coordinated supportive team led by Step Up and Jamboree integrating the activity of property management, external service providers, MHSA service providers and a wide range of other resources including the partners who will be located on site as possible to address the unique and individuals needs and goals of each person who comes to live at Jamboree PSH.

### **3. A description of each service to be made available to the MHSA SNHP tenants**

#### IDENTIFICATION OF LEAD SERVICE PROVIDER/OTHER SIGNIFICANT SERVICE PARTNERS

The supportive services provision will be based on Housing First principals coupled with ongoing education and supportive services that focus on homeless or formerly homeless individuals' assessed needs. Trauma informed care and motivational interviewing strategies allow staff to address the individual's identified needs, allowing trust and rapport to develop. Regular availability and visibility on-site will reduce the barrier of connecting to a service provider as needed and reduce lengthy time lapses to connecting to services.

Supportive services will be designed to focus on intensive case management, with emphasis on behavioral health and primary health issues, independent living skills, and employment/educational goals. Intensive case management includes individualized service planning and goal setting, coordination of services, counseling and support, crisis intervention, intensive assistance with accessing mainstream services and other community-based resources.

All services emphasize enhancing the resident's quality of life and include community building activities and events to help residents develop a local support network and increase their sense of self-worth. Housing First strategies such as an Eviction Prevention program will be implemented wherein the warning signs of lease violations are identified early, through regular case management meetings, casual observation and interaction, and close coordination with property management staff.

HCA AOABH Programs utilize the recovery model philosophy in providing services that focus on helping participants to attain maximum independence by promoting participant strengths and self-identified goals and objectives. The program's multi-disciplinary staff partners with participants to offer a full array of mental health and case management services which are provided in the field or whatever location is convenient for the participant. Participants have a range of abilities, needs, and goals, which call for flexibility in how and when services are provided. An important aspect of the program is that it provides intensive case management to this unserved/underserved

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Typical Services Provided by Adult and Older Adult Behavioral Health Programs based on client need include:

- Intensive case management and service coordination, with personalized, focused treatment plans.
- Symptom management, using counseling and psychotherapy services.
- Medication education and/or medication support services; assistance with medication administration as needed, both on and off-site.
- Nursing staff work closely with medical providers, maintaining a relationship with a local clinic and coordinating care with participants who have their own medical provider. Those who don't have a medical home will be assisted to establish one.
- Education support to develop further independence for those who are interested in, and have the ability to pursue educational endeavors.
- Mental health symptom management skills such as keeping appointments with doctors and labs and developing new ways to cope with stressful and general life situations without symptom exacerbation.
- Developing independent skills including, but not limited to budgeting, grooming, cleaning, cooking, and navigating public transportation.
- Developing coping skills to manage the following: crisis, relationships, conflict resolution, unhealthy thoughts, and help with family and social relationships.
- Discussion groups focused on topics such as: making positive choices, assessing harm potential and limiting possible adverse effects on daily living such as safety, medication compliance, healthy eating habits, etc.
- Drug and alcohol counseling, education, and linkage as indicated. Or recovery program linkage as needed.
- Medication education: a great deal of education is provided to participants to help them understand the ramifications of medications. The dually diagnosed population is often prescribed multiple medications and is often unaware of interactive effects and the importance of following prescribed protocols.
- Education and graduated practice accessing resources and referrals to build self-sufficiency and resiliency.
- Staff-led groups on a variety of topics including socialization, understanding emotions and feelings, crafts, and exercise groups tailored to the needs of this population.
- Vocational rehabilitation and educational skill development and assistance.
- Assistance with legal issues through referral and partnership with legal resources in the community.
- Assistance in obtaining benefits. The PC or PSC works to provide a link with participants to Social Security or will work with Medicare or Medi-Cal to coordinate benefits for participants as quickly as possible. Every participant who comes into any AOABH program is reviewed for benefit eligibility and access. The Plan Coordinator helps participants in filling out all necessary paperwork, and links them with SSI Outreach to facilitate the process of benefits acquisition.
- Community-building to establish connections and stability for participants in their individual community including linkage as appropriate to senior centers, places of worship, medical care, and shopping.

Additionally Residential Services will be delivered on-site by a Residential Clinical Services Coordinator (RCSC). The Residential Clinical Services Coordinator will hold regular hours at the property and will ensure that: all residents have a sense of community and quality of life, coordinate with partner agencies to be on site as well as assist those seeking access to off-site services, coordinate life skills workshops, host or arrange community events to decrease tenant isolation, provide tenant landlord mediation, and conflict resolution between tenants.

Property Management, along with Residential Clinical Services Coordinator will coordinate resident meetings at least quarterly (or more frequently if needed or requested) to encourage discussions related to the needs of the residents, including but not limited to such topics as apartment living; meeting neighbors; becoming familiar with the surrounding area and any opportunities in general; operations and services concerns or suggestions; and resident activities. In addition property management RCSCs, and Step Up staff will meet bi-weekly to identify potential issues which might cause residents to lose their housing, and to coordinate responses appropriately.

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Residential services like supportive services that are offered to MHSA tenants at Jamboree (PSH) are voluntary, and designed to respond to the varied, identified special needs of the tenant population.

As needed, one-on-one discussions will occur, as all parties realize and understand not all people are comfortable in a group sitting. The goal is to insure each resident will have ample opportunity to have his or her opinions heard.

After initial lease up, on-site management will work with Resident Services Coordinator to schedule discussions or distribute a survey regarding services planning and operations. Doing so will allow residents to provide input on the services provided. Results of surveys, individual feedback and discussions will be used to adjust services plans and better meet needs specific of our residents.

Residents will be encouraged to participate in the Resident Advisory Council to contribute to larger discussions regarding services, planning, and operations. Facilitated by staff, the Resident Advisory Council will meet on a quarterly or as needed basis to voice their concerns or improvements to the property and/or services. Residents will also be notified of free events and volunteer opportunities in neighborhood.

Lead Service Provider Step Up will be responsible to ensure that frequent and appropriate care management plans are maintained and addressed with continuous communications between onsite staff including VA HUD/VASH case managers. HUD/VASH protocols and Step Up experience working with the VA will focus on interventions and supports necessary to maintain housing stability as a priority outcome as well as established lines of authority and responsibility for working with onsite agencies and property management to address crisis interventions as necessary.

Residents will be monitored and engaged on a weekly basis to ensure that service delivery by all appropriate parties is meeting the desired requirements for engagement and outcomes. On-call staff and emergency protocols will be developed and managed by the Lead Service Provider Step Up in conjunction and these protocols will be managed by the Lead Service Provider with the cooperation of the VA and Property Management.

#### **4. Indicate whether or not there will be an onsite service coordinator, and include the ratio of onsite staff to MHSA SNHP tenants**

The HCA AOABH system offers varying staffing ratios, depending on the level of functioning of the participants. HCA AOABH staff will provide up to 1.5 FTE of services both in clinic settings and in the community, with a significant amount of interaction provided at the participants' residences especially among participants of lower ratio programs such as the PACT Program or Full Service Partnership (FSP's) programs. HCA Residential Care and Housing Office provides Residential Clinical Service Coordinator (RCSC) Services which are also provided onsite; additional clinical services are provided by other HCA clinical staff at locations with which clients are familiar and feel safe, such as their clinic program office or public places of their choosing. The services are provided directly by the Orange County Health Care Agency and/or its contractors, including Full Service Partnerships (FSPs).

#### **STAFFING**

Jamboree will ensure that 2 FTE onsite direct care managers for care coordination and direct service delivery will be provided and 1 half time clinical supervisor who will also provide care coordination and case management support. Services related to mental health, health, substance abuse treatment and other intensive treatment interventions for this MHSA population will be coordinated with MHSA/HCA clinical supports as appropriate offsite rather than onsite. The goals for the residents/participants is to successfully retain their housing while simultaneously making progress in their recovery and developing increasing independence.

#### **LEAD SERVICE PROVIDER**

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Jamboree and their services partner Step Up will be the lead services provider assuming responsibility for service delivery as well as coordination of services on-site for all MHSA SNHP clients as well as all other residents residing on the property. The coordination function will ensure that all services providers operating in support of residents within the development have appropriate communication as necessary on an ongoing basis. HCA will verify that appropriate and timely services delivery is provided to MHSA SNHP residents.

### SERVICE PROVIDER

Tierney Center for Veteran Services - Goodwill of Orange County

Goodwill's Tierney Center for Veteran Services is a highly respected Orange County services agency targeting critical services for veterans and their families. The Tierney Center has offers employment and career counseling support to help veterans and their families find jobs and move toward economic independence and self-sufficiency. The Tierney Center will have satellite offices and service centers for their exclusive use based on an MOU with the property to provide employment and skills development programs and services including;

- Job search, advocacy and placement assistance
- Vocational counseling and skills assessments
- Mid-career counseling for under-employed veterans wanting to advance
- Free Goodwill training classes with skill certificates
- Leadership and supervisor training
- Support for entrepreneurial veterans who want to start a business
- Résumé preparation and job readiness training
- Occupational skills training / courses offered through affiliated and referral organizations
- Employment networking activities using the local Veterans Business Network
- Mentorship with successful local veterans
- Promotion of military acquired skills for civilian career advancement

- 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.**

### ASSESSMENT & SERVICES

Jamboree will identify among the referred MHSA SNHP applicants, length of homelessness, relationships with any service organizations, where the individual spends time and how to get in touch with them, other places they have lived, where they go for health care, frequency of emergency room visits and hospitalizations, emergent or chronic medical conditions, substance abuse, mental health treatments, exposure to violence, disabilities, brain injury or trauma, military service, income sources, non-cash benefits, gender, ethnicity, age, citizenship, and education. The team member will also note any signs of disease, substance abuse, or mental health issues.

The team will coordinate with local providers to identify eligible candidates for these housing opportunities. Additionally, Step Up will actively engage in the Coordinated Entry System, with the VA or any other referral entity required to ensure those individuals who are most in need and who meet eligibility requirements are being prioritized for these resources. Once individuals are identified, Step Up's Case Management Team will work with Agency Staff and the Jamboree Housing's third party on-site property manager to coordinate moving the individual into a housing unit. Once residency is established, Step Up's on-site intensive supportive services adjust to accommodate the resident's needs for physical and mental health with an objective to retain housing.

### Trauma-Informed Care (TIC)

"Trauma-Informed Care" (TIC) has become a central component of treatment services for all vulnerable populations, including veterans and other individuals experiencing homelessness. As reactions to trauma involve a host of behavioral, psychological, and physical reactions, acknowledging it can have important impacts on treatment planning and delivery. When Case Managers are aware of trauma and familiar with the intentional and subconscious ways people may cope—the more promptly and comprehensively they can respond. Step Up works constantly to engage veterans and all persons who have suffered the effects of trauma

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whether through combat or other means using best practices of Trauma-Informed Care. Trauma-informed services are grounded in basic principles of awareness. All staff will be knowledgeable about trauma symptoms and the impact of trauma on clients' lives. Case managers will be able to implement basic skills and to know how and when to refer clients out for specialized help.

### Outreach

Street outreach and engagement will have already commenced through another local nonprofit service provider. Typically, teams identify individuals on the streets, in shelters or access centers and assess their vulnerability, then enter into the local CES. Once units are ready for lease up, the availability would be listed in the local system and referrals for those eligible would be directed to the property manager. It is anticipated that the property manager and Step Up would work together to screen and interview potential tenants for the new development.

### Medical Care

Often in need of medical care but unable to manage in a clinic environment, the provision of medical services is an important way to gain trust and build a relationship with members of the target population. All team members will have experience in the use of Motivational Interviewing and will receive ongoing in-service training in the use of this evidence-based practice. Managing and relationships with health care providers to support participants as needed are a critical part of every care plan.

### Behavioral Health Care

Jamboree's collaboration with Step Up whose experience includes serving as a community mental health agency, and has maintained several intensive service programs over the years such as Assertive Community Treatment (ACT) and Full Service Partnership (FSP) programs. All intensive services programs provide a 24/7 service response system designed to minimize disruption to the stability of individuals experiencing mental health issues when relapse or decompensation occurs. Step Up will coordinate with local mental health service providers and link residents to needed services. This capacity will be included in this project program design to serve the needs of the participants, including those with posttraumatic stress disorder (PTSD), traumatic brain injury, anxiety disorder, and depression as well as co-occurring substance use/abuse. As an additional support mechanism, Step Up encourages and works closely with identified supports and family members of its program participants when appropriate to involve them in care and services.

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

In line with the recovery approach at AOABH many program sites employ Peer Mentors. These are consumer level staff who have received training in providing services and hold paid positions in the program. Each one has an "included diagnosis" similar to the program participants and have made significant progress in their recovery journeys. This provides them with additional insight and highlights the fact that there is no reason for participants to be limited in their abilities to achieve success and they can achieve successes by effectively managing their own diagnoses. The role of Peer Mentors is to provide ongoing support and encouragement as a peer to participants in the program. Rather than being assigned to specific participants similar to a PC or PSC, the Peer Mentors maintain a drop-in activity center open to all clients in the program. It is through this Clubhouse that these peer employees build relationships with the participants and provide the above services.

MHSA residents of the Jamboree PSH project have access to the County of Orange's AOABH Wellness Center in Tustin. This site offers a variety of classes and activities daily for people with serious and persistent mental illness and is very popular.

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### Substance Abuse

Once housed, case management coordinates participants' engagement with substance abuse counseling and treatment providing choices to decrease substance usage and cease altogether. On-site groups will be offered for those residents wishing to participate in AA and/or NA.

### Case Management

Residents will receive intensive case management, life skills enhancement (such as cooking skills, healthy eating, and money management), substance abuse counseling and treatment, and connections to community resources including health care providers free of charge. All of these services are aimed at recovery and wellness. Since the goal for onsite services is to assist in stabilizing the residents, the case management team will link residents to expanded community services and opportunity for engagement and re-integration including vocational, educational, and volunteer opportunities. For families housed, services will be coordinated to include services needed by families including childcare, school, transportation, and afterschool activities. Increasing income is a key factor in increasing stability. Life Skills Coordinators assist households with applying for eligible benefits such as SSI, general relief, and food programs. The underlying objective in addition recovery and wellness is housing retention.

### Life Skills Training

Once the client has moved into the unit, supportive services continue to ensure the necessary supports are in place to preserve housing status, prevent relapses into homelessness, and continue advancements in well-being. To increase self-sufficiency, individualized life skills training may include: money management, shopping best practices, budgeting, support in finding constructive use of time, choices for decreasing substance usage, engaging in mental health and peer support services. Of notable importance are the practices of preventing conflict with neighbors and property management staff, and keeping an acceptable level of housekeeping. On-site staff will offer Life Skills training onsite, including groups and classes on healthy lifestyles. To determine the needs of the onsite residents, Life Skills Coordinator(s) would survey the tenants in hopes of increased participation. Home visits are conducted periodically so that staff can address issues such as uncleanliness. Part of a tenant's plan for increasing well-being is seeking employment and/or increasing income.

## **6. A description of how the MHSA SNHP tenants will be engaged in supportive services and community life**

### COMMUNITY SERVICES

The location of the Jamboree PSH is easily accessible by public transportation. There is a bus stop next to the property, (OCTA Routes 38 & 460) with regularly operating buses every 12 minutes. Within 0.6 mile of the site there is a grocery store south of the property and 0.6 miles to the east of the property there is a commercial shopping center with multiples of shopping, restaurant, and service opportunities with easy access by bus or within 10 minutes walking distance. In addition, the Jamboree PSH is located within 2.2 miles of North Orange County Community College Anaheim Campus and the surrounding neighborhood which is home to a broad range of community and social services. The site is 3 miles away from Access California Services which offers education, case management, financial, education, healthcare, counseling, and community groups. The site is also located within a 2 miles of the Dale McIntosh Center where there are a wide range of services available such as support services, skills training, transition assistance, services for the deaf, and community services. Within 4.5 miles there is a Department of Rehabilitation and a short bus ride away of 20-30 minutes there are non-profit service centers such as Goodwill and Salvation Army.

## **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.**

Jamboree PSH is not expected to serve youth.

## **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 SNHP tenants who do not speak English and how communication between the property manager and the non-English speaking MHSA SNHP tenants will be facilitated.**

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The HCA AOABH team has language capabilities among staff that include bilingual Vietnamese, Spanish, Farsi, Arabic, and Korean. Additionally, AOABH clinical staff have bilingual Spanish and Vietnamese staff members. As needed, staff working onsite as the liaisons between the tenant and landlord will help to secure a needed translation service resource that can broker the line of communication between the tenant and landlord.

- 9. Describe the process to ensure effective communication between the service provider and the property manager regarding the status of MHSA SNHP 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**

### COMMUNICATION

Communication plans will be developed and administrated for services agencies, including the HCA and property management to ensure that care coordination between agencies, referrals, etc. are conducted to ensure the highest level of appropriate services and ensure the outcomes required for MHSA SNHP standards and compliance requirements are met.

The .5 FTE Supervisor will be responsible for coordinating communications between all parties who provide services on site including all currently identified agencies and property management. Weekly scheduled meeting with all hands (agencies) represented will be scheduled with minutes taken and distributed to all parties to ensure an effective tracking to ensure accountability and fulfillment of commitments as required. Property Managements staff will be selected based on an assessment of their capability to function in a highly dynamic team environment. Jamboree and Step Up have worked diligently to develop clear protocols and procedures to ensure an effective integration and role differentiation between onsite staff and property management team members.

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

Jamboree PSH will not be a shared housing development, therefore house rules are not applicable.

**MHSA Special Needs Housing Program (MHSA SNHP) Application Support Services Plan**

**Item 7 Supportive Services Chart**

Complete the Supportive Services Chart. The Chart must list all services that will be provided to MHSA SNHP tenants, including any in-kind services essential to the success of the Supportive Services Plan.

<b>Service Type</b>	<b>On-site</b>	<b>Off-site</b>	<b>Frequency</b>	<b>Provider</b>
Service coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1X/month	Jamboree/HCA
Case management/crisis intervention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1X/week	Jamboree/HCA
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1X/Month	Jamboree/HCA
Substance abuse services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1X/week	Jamboree/HCA
Peer facilitated groups/activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1X/week	Jamboree
Medication education/support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1X/month	Jamboree/HCA
Life skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1X/week	Jamboree/HCA
Employment/vocational services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1X/month	Jamboree/HCA
Tenant Advisory Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2X/month	Jamboree
Benefits counseling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	As Needed	Jamboree/HCA
Education Opportunities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	As Needed	Jamboree referral
Money Management training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As Needed	Jamboree
Social/recreational activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1X/month	Jamboree
AA/NA groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1X/Week	Jamboree Referral
Physical Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	As Needed	Jamboree
Linkage to community-based services and resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As Needed	Jamboree/HCA

\*Transportation, assistance with, or access to transportation, will be provided for all off-site services.

**Item 8 Design Considerations for Meeting the Needs of the MHSA SNHP 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 SNHP units will be designed to provide appropriate accommodations for physically disabled MHSA SNHP tenants, if appropriate.

**Response:**

**1. Physical space, including common areas, outdoor areas, landscaping, physical access to the property, security**

Jamboree PSH is a 70-unit acquisition/rehabilitation apartment development designed for persons struggling with homelessness and disabling mental health conditions. Our approach will utilize the principles of Housing First which requires that our goals are to ensure that with very limited exceptions the persons are accepted for residency with few limitations on their presenting conditions. The goal of the development is to create permanent housing experiences for the residents as well as deliver the supportive services designed to lead to mental health recovery and integration into the community. The design of the housing units and the supportive services facilities space is intended to create a safe housing and services campus for this population.

There will be a Policy and Procedure manual detailing the operational plan for the project, including securing of exterior doors. The developer including the supportive services team have significant operational experience in addressing the challenges associated with physical space design and security issues. Having a fulltime onsite presence will be essential, and there will be staff from the property management company living onsite.

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

The design of the supportive services facilities space is intended to create a safe services campus for the MHSA population. In addition to the specific services outlined in Section 7 the range of services that will be housed on site community-based service providers will be coordinated and integrated with services service providers who will agree to deliver services on and off the premises.

**2. How the MHSA SNHP units will be designed to provide appropriate accommodations for physically disabled MHSA SNHP tenants, if appropriate**

Jamboree PSH is being redesigned to accommodate all levels of ability and mobility for residents including those who are hearing-impaired. The facilities throughout the development are designed to accommodate all levels of resident ability to access the site and the apartments within the project. All community spaces, doorways and hallways have been designed to permit passage by persons with disabilities, including persons who use wheelchairs. All doors designed to allow passage into and within all premises of covered dwellings must be sufficiently wide to allow access regardless of ability or wheelchair-bound residents. All light switches, electrical outlets, thermostats, and other environmental controls will be provided in conveniently accessible locations based on best practices in individual apartments and all common areas. For visually-impaired persons all public area signage will be dually marked using the AIA standards for Accessible Design to ensure compliance with the highest standards of accessible features. All housing units, even those not required to be delivered as fully accessible units will incorporate design features that will allow ease of transformation for every unit should a resident with mobility or accessibility issues become a resident in any unit in the future such as reinforcements in bathroom walls to allow the later installation of grab bars.

All exterior spaces within the project will incorporate gradual slopes that exceed standard guidelines to avoid any steep ramps which make it difficult for persons with mobility impairments to navigate the community. All building entrances and exits are designed with convenience for all residents, especially those with mobility limitations in mind to be convenient to access key features within the project. From a design standpoint, the site plan provides

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“eyes on” the public spaces per CEPTED standards as possible imbedded into the existing facility and enhanced by the redesign. A central courtyard design that places the active outdoor space in the center of the community provides an inherent level of security due to proximity to residents in their units. We will have a photometric plan detailed for both the courtyard to ensure there is adequate lighting to deter any incidents from occurring in these spaces. Landscaping will be of a scale and type that will facilitate good sight lines throughout the property. Public spaces will be designed to be fully accessible for those with physical impairments. Furthermore, in the project there will be a total of 7 units that are fully ADA accessible, as well as 3 units equipped with communications features for those with sensory impairments.