

The example below is the Supportive Services Plan for a project from 2019. While this example is does include the outline of a supportive service plan with the County as Lead Service Provider that the County has been willing to work with, County reserves the right to work with the Development Organization about the details of specific projects. County does not necessarily commit to using the service description as written below for any future project.

Section 1: Tenant Selection Criteria

1. Target Tenant Population and Eligibility Criteria

a. Do you use Housing First Practices? Yes

b. Describe the criteria that will be used to ensure that tenants are eligible to occupy the NPLH Assisted Units.

Persons to receive voluntary no-cost supportive housing services to accompany permanent affordable rental housing at XXXX will be Contra Costa County XXX clinically diagnosed with a Serious Mental Disorder or Serious Emotional Disturbance as defined per California Welfare and Institutions Code Section 5600.3(a)(b), and who are homeless or at-risk of chronic homelessness (as defined per 24 Code of Federal Regulations Section 578.3), to include persons exiting locked facilities, or experiencing co-occurring mental and physical disabilities, or co-occurring mental and substance use disorders, and who require services and supports to maintain themselves and their home in the community.

c. Description of the Target Population to be served, and identification of any additional subpopulation target or occupancy preference for the NPLH Project that the Applicant wishes to undertake beyond what is permitted under the Target Population requirements. **NOTE: Any additional subpopulation targeting or occupying preference for an NPLH Project must be approved by the Department prior to construction loan closing and must be consistent with federal and state fair housing requirements.**

The target population will be transition age youth defined as per WIC Section 5600.3(a)(b) and in conformance with Section 101 of the NPLH Guidelines.

d. If not stated in question (b) in this section, describe the criteria relating to the applicant's income eligibility, and eligibility as a member of the Target Population as defined under Section 101 of the NPLH Guidelines.

Persons who are seriously mentally ill, homeless or at risk of chronic homeless, and are voluntarily participating in the County's Full Service Partnership (FSP) Programs will be considered for the proposed permanent supportive housing units by being enrolled in the County's Coordinated Entry System and assessed for vulnerability in order to prioritize those with the highest needs for available housing. Contra Costa's Coordinated Entry System utilizes a low-barrier tenant selection process, and individuals with low or no income (less than 15% of Adjusted Median Income for Contra Costa County) factor in to determining the highest need.

e. Describe any additional eligibility criteria other than those indicated above, i.e., information needed to determine if Applicant can comply with lease terms. **NOTE: Selection criteria designed to assess anything other than the ability to comply with lease terms generally run afoul of fair housing laws designed to protect equal access to housing for people with disabilities. See [Between the Lines, A Question and Answer Guide on Legal Issues in Supportive Housing Chapter 4.](#)**

Contra Costa utilizes a low-barrier tenant selection process and does not utilize any additional eligibility criteria other than those listed above and ability to comply with lease terms.

f. Identify all disclosures that will be provided to applicants/tenants. Example: Megan's Law disclosures.

Prior to move-in and after admission the property manager will meet with each individual to orient them to the Development. The orientation shall include an explanation of the expectations of tenancy, the availability of supportive services to assist in meeting those expectations, the opportunities for personal and social engagement, community resources, maintenance request procedures, house rules, rent collection requirements, safety procedures, and any information on registered sex offenders pursuant to California Penal Code § 290.46 so that clients can better protect themselves. The property manager will seek to obtain from any tenant receiving services, written permission that will allow communication about the tenant's housing and health and safety issues that might arise during their tenancy.

g. Describe how the local Coordinated Entry System (CES) is selecting tenants? If the local Coordinated Entry System is not yet operational, describe the plan to use it for tenant selection when it is established. Including the name and contact information for the system.

The County's CORE Outreach Teams serve as an entry point into Contra Costa's Coordinated Entry System, and work to locate, engage, stabilize and house chronically homeless individuals and families. The outreach teams identify individuals living on the streets, assess their housing and service needs, and facilitate connection to shelter and services. A designated licensed mental health clinician will assess and assign a vulnerability score via a Service Status Matrix and enroll the individual in the Coordinated Entry System via the Contra Costa Homeless Management Information System (HMIS) Intake Form. Homeless persons experiencing serious mental illness will be referred to Contra Costa's Full Service Partnership (FSP) Programs to receive the full array of mental health services and supports on a 24/7 basis.

2. Marketing/Outreach

a. Will Applicant commit to use a Coordinated Entry System (CES) to fill all of the NPLH Assisted Units based on use of a standardized assessment tool which prioritizes those with the highest need for Permanent Supportive Housing and the most barriers to housing retention? (provide description of system below).

Yes. Persons meeting the above target population authorized by a designated licensed mental health clinician will be assessed and assigned a vulnerability score via a Service Status Matrix and enrolled in Contra Costa's Coordinated Entry System via the Contra Costa Homeless Management Information System (HMIS) Intake Form. This will ensure that all people experiencing a housing crisis will be assessed for and connected to the continuum of available homeless modalities, services and permanent supportive housing, as appropriate.

b. If a separate alternate system must be used to refer persons At-Risk of Chronic Homelessness, a minimum of 40 percent of the NPLH Assisted Units must be reserved for persons who qualify as Chronically Homeless and a maximum of 30 percent of the NPLH Assisted Units may be reserved for persons who are At-Risk of Chronic Homelessness. All referrals must be based on a prioritization of those with the highest need for Permanent Supportive Housing, and the most barriers to housing retention (provide description of system below).

CCBHS will exclusively utilize Contra Costa's Coordinated Entry System.

3. Housing First Characteristics

a. Please confirm compliance by checking all of the characteristics that apply to the NPLH units in the Project:

Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California's Civil, Health and Safety, and Government codes	Yes
Tenant has his/her own room or apt. and is individually responsible for selecting a roommate in any shared tenancy	Yes
Tenant may stay as long as he/she pays his or her share of rent and complies with the terms of his/her lease	Yes
Unit is subject to applicable state and federal landlord tenant laws	Yes
Participation in services or program compliance is not a condition of permanent housing tenancy	Yes
Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services	Yes
Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness"	Yes
Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals?	Yes
The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction?	Yes
In communities with coordinated assessment and entry systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents	Yes
Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling	Yes
Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses	Yes
The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants	Yes

Section 2: Service Delivery

1. Fully describe in the yellow cells below for each question how the best practices may be utilized in the service delivery model. Include a description of policies and periodic training plans. For the clinical interventions in this section, include a description of how the intervention is used and describe training. NOTE: Do not include definitions of these practices.	
Benefits counseling and advocacy, including assistance in accessing SSI/SSP, enrolling in Medi-Cal, outreach, access, and recovery: Staff trained prior to lease up?	Yes
Benefits counseling and management, to include obtaining and retaining SSI/SSDI benefits are provided by trained County Money Management Specialist staff working in the County's Children and Adult clinics, and these services are coordinated with staff on the contract provider FSP Teams for ongoing assistance with clients' resource management, such as budgeting and paying bills.	
Critical Time Intervention: Staff trained prior to lease up?	Yes
Full Service Partner Programs provide 24/7 response to crises as they occur. All staff receive crisis intervention training on a periodic basis, both on best practices to assist clients prevent crises, as well as proper response during a crisis.	
Trauma-Informed Care: Staff trained prior to lease up?	Yes
Trauma informed care training and treatment strategies are an integral part of CCBHS's approach throughout its Children and Adults Systems of Care, to include its contract agencies providing specialty mental health care. CCBHS actively participates in a consortium of Bay Area county behavioral health systems to stay current on best practices, and contracts with experts to provide in-person training. Through the trauma informed lens staff provides services for young people who have experienced multiple traumas, abuse, and neglect.	
Motivational Interviewing: Staff trained prior to lease up?	Yes
Training on the evidence based practice of Motivational Interviewing is provided through the County's Relias Training System, and is available for both county and contract service providers. It is one of the preferred strategies employed, along with Cognitive Behavioral Therapy, for all service providers as part of the individualized treatment plan that is developed in concert with each client choice to participate. Staff use Motivational Interviewing as another tool that helps engage participants as helpers, and not directors, of their change process. Staff utilize this approach during annual assessments, outreach and engagement, and resource referral and navigation. Also, staff use MI when addressing critical incidents that could jeopardize a resident's housing use.	
Voluntary Moving-on strategies: Staff trained prior to lease up?	Yes
CCBHS, along with its contract service providers, fully embrace and train staff on the recovery model of care, where each individual is encouraged to work toward maximum self-sufficiency, to include reducing reliance upon rent subsidies and behavioral health interventions by service providers. To the degree an individual's capacity allows, continually improving one's living situation is encouraged, where moving out may be a positive indicator of recovery.	
Safety and security of staff and residents: Staff trained prior to lease up?	Yes

<p>Being well prepared to handle security threats, emergencies and disasters is important to reduce the risk of harm to tenants and staff. Prior to initial rent up, the property manager will prepare a comprehensive safety and security plan, with input from CCBHS. Such safety and security plan will include an evacuation plan and information that will enable tenants to actively participate in keeping themselves and their property safe. The safety and security plan shall include mechanisms for collecting and incorporating tenant feedback on such plan. Prior to initial rent up, the property manager will provide copies of the safety and security plan and any updates to all tenants. Regular trainings for tenants and staff on basic safety and evacuation procedures will be provided.</p>	
Peer Support (include length of time Peer Support program used, if applicable): Staff trained prior to lease up?	Yes
<p>Each Full Service Partnership (FSP) Program team contains a peer specialist with lived experience, and assists with benefits and resource navigation and Wellness Recovery Action Planning (WRAP). For over twenty years CCBHS annually provides a college accredited SPIRIT course for prospective Peer Specialists. This skills based training provides theoretical and hands on experiences that fully embraces the recovery model, cultural competency, and trauma informed care.</p>	
Case conferencing: Staff trained prior to lease up?	Yes
<p>The Full Service Partnership Teams operate to the successful evidence based practice of Assertive Community Treatment (ACT). A key component to this multi-disciplinary team approach is regular case conferencing not only within team members but also with important staff involved in the client's life, such as the property manager. This team approach collaboratively works through various lead responsibilities with active client participation in decision-making. CCBHS has on contract a consulting firm who is expert on ACT to fidelity and will be an ongoing resource for training staff to fidelity, such as case conferencing.</p>	
Communicating the Applicant's and LSP's program philosophy, values, and principles: Staff trained prior to lease up?	Yes
<p>As both applicant and LSP CCBHS has a five year strategic plan that contains its philosophy, values and principles. CCBHS also has an ongoing communication mechanism to convey these values to service providers and other community partners, and report on initiatives that further goals and objectives contained therein.</p>	
Rent by residents during periods of hospitalization: Staff trained prior to lease up?	Yes
<p>In-patient hospitalization, such as provided by the County's Psychiatric Emergency Services or other time-limited hospitalizations shall not be grounds in of itself for eviction, and rent will continue to be subsidized until resolution. All parties agree that early, consistent intervention with tenants who are out of compliance with their lease or are exhibiting signs of behavioral difficulties are key to avoiding escalating problems that lead to disruptions and potential evictions. Eviction may be necessary for the safety and well-being of the resident, the community of residents, and when a resident cannot abide by the terms of his or her lease. The property manager and service providers will work together and engage in regular communication to mitigate the deleterious effects of hospitalization.</p>	
Resident Privacy and Confidentiality: Staff trained prior to lease up?	Yes
<p>CCBHS, property manager and service providers will conduct ongoing trainings and guidance for staff related to the protection of client confidential information. Each party will include confidentiality as a work performance expectation. After a client admission written permission will be obtained from clients receiving supportive services from CCBHS and/or service providers to disclose confidential information if such disclosure is necessary to protect a client's housing status or if such disclosure relates to a health and safety issue. Authorizations for the release of specific information will be</p>	

renewed annually. Intake documents for clients will disclose in writing that confidential information will be released only when such disclosure is authorized or required by law, or the client provides written permission for such disclosure.	
How the supportive services staff and property management staff will work together to prevent evictions, to adopt and ensure compliance with harm reduction principles, and to facilitate the implementation of reasonable accommodation policies from rent-up to ongoing operations of the Project: Staff trained prior to lease up?	Yes
Early, consistent intervention with tenants who are out of compliance with their lease or are exhibiting signs of behavioral difficulties are key to avoiding escalating problems that lead to disruptions and potential evictions. All parties will meet regularly and work together to discuss issues and find resolutions that avoid eviction whenever possible. Eviction is sometimes necessary for the safety and well-being of the resident, the community of residents, and when a resident cannot abide by the terms of his or her lease. If an eviction is imminent, the property manager will communicate with CCBHS and applicable service provider(s) regarding the process of notices, responses and court dates, and if eviction is successful, regarding the lockout date.	
General service provider and property manager communication protocols: Staff trained prior to lease up?	Yes
All parties will communicate with each other to ensure mutual accountability in carrying out respective roles and functions. The parties agree that coordination and communication throughout a resident's tenancy is the best way to avoid problems from developing and to address them quickly as they occur. Communications are categorized as 1) Event Specific Communication, to include when a resident's health, housing and safety are at risk, when significant events occur, such as incarceration or hospitalization, and welfare checks. 2) Regularly Scheduled Monthly Meetings, to include such topics as anticipated vacancies, move-ins and service coordination. 3) Semi-Annual Meetings, where all parties will meet to discuss such topics as safety issues, funding and staffing, and updates to policies and procedures.	
Making Applicants aware of the reasonable accommodations procedure: Staff trained prior to lease up?	Yes
The property manager will establish and implement a procedure to respond to requests for reasonable accommodation by all tenants. Such procedure shall require a provision in each tenant lease that such tenant may be entitled to a reasonable accommodation. Such procedures will contain a provision in any written communication to a tenant about a lease, rule or policy violation or potential violation that such tenant may be entitled to a reasonable accommodation. The procedure will provide that if a tenant faces eviction reasonable accommodation options will be considered. In addition, if a requested accommodation is denied because it is not reasonable, efforts will be made to determine if there is an alternative reasonable accommodation that would effectively address the tenant's disability related needs.	
Receiving and resolving tenant grievances: Staff trained prior to lease up?	Yes
The property manager will provide copies of the management procedures and policies for the Project to all tenants of the NPLH Units and CCBHS. Such policies and procedures shall include but not be limited to maintenance and repair procedures, eviction procedures, procedures and forms for filing complaints, grievances, and incident reports. The property manager will also provide an overview of the reporting structure within the property manager's organization.	
Appropriate responses to tenant crisis: Staff trained prior to lease up?	Yes

<p>The property manager will provide copies of the management procedures and policies for the Project to all tenants of the NPLH Units and CCBHS. Such policies and procedures shall include but not be limited to maintenance and repair procedures, eviction procedures, procedures and forms for filing complaints, grievances, and incident reports. The property manager will also provide an overview of the reporting structure within the property manager's organization.</p>	
Retention of tenants regardless of use of substances: Staff trained prior to lease up?	Yes
<p>A substance use disorder specialist is an integral part of the Full Service Partnership team, and is trained in harm reduction strategies that recognize that drug and alcohol use and addiction are part of clients' lives, and engage in non-judgmental counseling and education to assist clients avoid risky situations, engage in safer practices, and, if appropriate, participate in addiction treatment.</p>	
Cultural and linguistic competency for persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions: Staff trained prior to lease up?	Yes
<p>All services are culturally and linguistically appropriate for persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions, including persons whose preferred language is other than English, and persons with disabilities affecting their ability to communicate. Cultural Competency training is mandatory for all staff involved in this project, both prior to lease up and thereafter on an annual basis.</p>	

Resident Service	Service Description	Service Provider(s)	Relationship to Applicant	Agreement	Off-site Service Location
List each service separately	Describe service, including the frequency and degree to which services are provided.	Provider's Name	Applicant, separate division of Applicant's organization, or a Project Partner	If service will be provided by a non-Applicant entity, indicate type of agreement under which service will be provided.	If service is on-site, leave blank. Enter distance, in miles, to off-site service and list resident commuting options. Reasonable access is access that does not require walking more than one-half mile.

Case management with individual service plans	Contra Costa Behavioral Health Services (CCBHS) via its contracted Full Service Partnership (FSP) Programs will assign a personal services coordinator to each client and develop an individualized service plan that provides or coordinates the full spectrum of behavioral health and primary care services and supports.	CCBHS has contract providers and children and adult mental health clinics that partners to provide FSP services.	CCBHS operated services and service providers contracting with CCBHS.	Service contract.	Both clinic and contract provider are within 5 miles of project site, with the FSP teams providing services on site
Peer support activities	Each Full Service Partnership (FSP) Program team contains both a peer specialist and family partner with lived experience, and assists with benefits and resource navigation and Wellness Recovery Action Planning (WRAP).	CCBHS has contract providers and children and adult mental health clinics that partners to provide FSP services.	CCBHS operated services and service providers contracting with CCBHS.	Service contract.	Both clinic and contract provider are within 5 miles of project site, with the FSP teams providing services on site
Mental health care	Trauma informed specialty mental health services provided to Assertive Community Treatment (ACT level of fidelity) by licensed clinicians trained in cognitive behavioral therapy in both individual and group modalities.	CCBHS has contract providers and children and adult mental health clinics that partners to provide FSP services.	CCBHS operated services and service providers contracting with CCBHS.	Service contract.	Both clinic and contract provider are within 5 miles of project site, with the FSP teams providing services on site

Substance use services	Certified Substance Abuse Counselor is available on the FSP Team, with psychiatrist available to prescribe appropriate medications as needed.	CCBHS has contract providers and children and adult mental health clinics that partners to provide FSP services.	CCBHS operated services and service providers contracting with CCBHS.	Service contract.	Both clinic and contract provider are within 5 miles of project site, with the FSP teams providing services on site
Support in Linking to Physical Health Care	Nursing staff with psychiatrist available to prescribe appropriate medications as needed. Health care monitoring is provided, with wellness education, consultation and referral to specialty care within the county's primary care system.	CCBHS has contract providers and children and adult mental health clinics that partners to provide FSP services.	CCBHS operated services and service providers contracting with CCBHS.	Service contract.	Both clinic and contract provider are within 5 miles of project site, with the FSP teams providing services on site
Benefits counseling and advocacy	Benefits planning, counseling and management, to include obtaining and retaining SSI/SSDI benefits, provided by trained staff within the FSP Teams, complemented by the County's Money Management Program.	CCBHS has contract providers and children and adult mental health clinics that partners to provide FSP services.	CCBHS operated services and service providers contracting with CCBHS.	Service contract.	Both clinic and contract provider are within 5 miles of project site, with the FSP teams providing services on site
Basic housing retention skills	The FSP Team works with the xxxx Coordinator to assist clients move in and retain housing with education and training in activities of daily living, to include budgeting, cooking, cleaning and maintenance, and	CCBHS xxxx children and adult mental health clinics provide the full spectrum of care.	CCBHS operated services and service providers contracting with CCBHS.	Service contract.	Both clinic and contract provider are within 5 miles of project site, with the FSP teams providing services on site

	acquisition of social skills to facilitate positive relationships with fellow tenants and the property manager.				
--	---	--	--	--	--

Encouraged Services: List and describe all services under Section 203(d) of the NPLH Guidelines encouraged to be offered to tenants of the NPLH Assisted Units. If multiple services will be provided in the service categories provided below, attach any additional description. Empty spaces are available at the bottom of the table for the applicant to describe services not listed.					
Resident Service	Service Description	Service Provider(s)	Relationship to Applicant	Agreement	Off-site Service Location
List each service separately	Describe service, including the frequency and degree to which services are provided.	Provider's Name	Applicant, separate division of Applicant's organization, or a Project Partner	If service will be provided by a non-Applicant entity, indicate type of agreement under which service will be provided.	If service is on-site, leave blank. Enter distance, in miles, to off-site service and list resident commuting options. Reasonable access is access that does not require walking more than one-half mile.
Services for persons with co-occurring mental and physical disabilities or co-occurring mental and substance use disorders not	Both physician and nursing care are staffed and provided on the FSP Team as well as the adult behavioral health clinics. Specialty primary care is accessed through Contra Costa's	CCBHS has contract providers and children and adult mental health clinics that partners to provide FSP services.	CCBHS operated services and service providers contracting with CCBHS.	Service contract.	Both clinic and contract provider are within 5 miles of project site, with the FSP teams providing

listed in the above table	Regional Medical Center and health clinics.				services on site
Recreational and social activities	The Services Coordinator is responsible for organizing social and recreational activities on site, as well as social activities in the community.	Property Management	Contract agency with CCBHS	Service contract.	
Educational services	CCBHS's Vocational Services Program and staff are available to provide career counseling and financial educational support that lead to an employment objective.	CCBHS Vocational Services Program	CCBHS operated services		CCBHS operated services are within 5 miles of project site.
Employment services	CCBHS's Vocational Services Program and staff are available to provide job search and job coaching services to persons placed in competitive employment..	CCBHS Vocational Services Program	CCBHS operated services		CCBHS operated services are within 5 miles of project site.
Obtaining access to other needed services	Each FSP Program contains flexible funds to enable purchase and acquisition of basic living necessities, such as move in expenses, food and clothing, as well as emergent needs to	CCBHS has contract providers and children and adult mental health clinics that partners to provide FSP services.	Service providers providing FSP services contract with CCBHS.	Service contract.	FSP teams provide services on site.

	maintain their living situation.				
--	----------------------------------	--	--	--	--

Section 2: Supportive Services Coordination	
<p>1. Describe the accessibility of community services to which you propose linkages, whether they are on-site or in close proximity to the Project, including the hours they are available, and the frequency, travel time and cost to the tenant for transportation required to access the services to include both public transportation and private transportation services (e.g. van owned by the provider). Additionally, describe how the supportive services will be provided in a manner that is culturally and linguistically competent for persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions. This includes explaining how services will be provided to NPLH tenants who do not speak English, or have other communication barriers, including sensory disabilities, and how communication among the services providers, the property manager and these tenants will be facilitated. Additionally, describe how services will accommodate trauma-based, barriers to services. Provide documentation, in the form of Memorandum of Understanding, Memorandum of Agreement, letters of support or contracts demonstrating who will be responsible for ensuring access to services and how accessibility will be accomplished if not already included in agreement provided for service provision.</p>	
<p>An on-site Full Service Partnership Team supplemented by county operated clinics will provide the full spectrum of behavioral health services and supports on a 24/7 basis. Included is a van for tenants in need of transportation to clinic services and various ancillary community services. Staffing demographics reflect the diversity of clients served. Language accommodations are accessible for persons whose preferred language is other than English, or who have communication challenges. Annual cultural competency training is provided, particularly in ethnicity sensitivity and working with people with disabilities, Fair Housing Law, and the Americans with Disabilities Act. The attached MOU spells out how communication among services providers, the property manager and tenants will be facilitated.</p>	
<p>2. Describe which community/county/state funded programs will be utilized to meet the needs of the residents, particularly if those residents are dependents of tenants.</p>	
<p>The Full Service Partnership Teams are funded 100% by the Mental Health Services Act, and supplemental services and supports are provided by county operated clinics that are funded by a combination of state Realignment funds for both Medi-Cal eligible and non-Medi-Cal eligible tenants, and federal Medi-Cal reimbursement for Medi-Cal eligible tenants..</p>	
<p>3. Is the Applicant currently working with the with the CoC in the area?</p>	<p>Yes</p>
<p>If No, please explain:</p>	
<p></p>	

Section 1: Tenant Engagement

Other strategies? Please describe:
CCBHS provides a robust and continuous engagement outreach strategy by its administrative support of a network of stakeholder bodies advising and advocating for quality public mental health in Contra Costa County, and contracts with many community organizations who provide outreach and engagement to a wide range of diverse cultures and communities, such as ethnic and age specific organizations, and the LGBTQ community.
2. Describe the strategies to engage residents in social interaction, building operations, and community involvement within the Project.
The Services Coordinator is on site and has the lead and responsibility for organizing social and recreational activities on site, as well as social activities in the community. Activities, such as on and off site social events and meetings to discuss building operations, will be resident driven and planned, with administrative support provided by Property Management staff. Fully compliant with HIPAA and privacy laws these activities will be coordinated with applicable behavioral service providers and consistent with individual treatment goals. Ongoing communication and coordination between residents, property manager and service providers will be facilitated by the co-location of all parties.
3. Describe the strategies to engage residents in planning and delivery of resident's services.
By statute the CCBHS Full Service Partnership Team adheres to the Mental Health Services Act (MHSA) general standards of consumer and family driven services, cultural competence, integration of the full spectrum of care into the community, and coordination of applicable community resources to be accessible to the persons being served. Strategies include mutually agreed upon and signed client driven treatment plans, regularly planned meetings and events that solicit resident's voluntary participation in activities that materially affect resident life, and ongoing structured communication by all staff on site to hear, share and incorporate resident input into policies and practices affecting the Project.
4. Describe how the physical building space supports social interaction and the provision of services.
This Project site incorporates key urban design elements that promote community building and mental health care in several ways. A separate administrative building will house the Full Service Partnership Team for easy, on site access for residents. A separate community room will be adjacent to a fully landscaped courtyard, with the community room possessing separate meeting space so that small activities, programming or meetings can occur. The courtyard can be used for both planned and unplanned individual or group physical activities, exercising and gardening. The physical design promotes building security and safety by way of an enclosed, locked courtyard. The Project is in a desirable location with nearby public transportation stops with multiple routes.
5. If planning on conducting tenant satisfaction surveys, describe types of questions asked, how they are reviewed, outcomes measured, and how often survey will be conducted.
Mental health satisfaction surveys will be independently provided, analyzed and reported upon twice yearly that will ask respondents to measure quality and quantity mental health services provided. Triennially a detailed program and fiscal review will be conducted of the program, of which client surveys will be distributed, collected and reported upon for the program's adherence to the values of the Mental Health Service Act (question #3 above), positive features, areas that need improvement, and impact upon one's life.
6. Describe the strategies to engage residents in services, services planning/operations, and in building community and facility operations.

Residents will be encouraged to actively participate in services and activities, both on and off site, that respond to their unique, individualized plans to minimize the deleterious effects of their mental illness and maximize their recovery and self-sufficiency. Strategies include developing in partnership with residents a comprehensive individualized treatment plan, as well as a series of ongoing, well publicized meetings and activities designed to engage residents in the practices and policies governing the project. This could take the form of forums, resident councils and town hall meetings to discuss facility operations.

Section 2: Safety and Security

1. Summarize the written policies and procedures on privacy and confidentiality of residents.

The effectiveness of services in supportive housing requires respect of client confidentiality in all communications, and provisions are spelled out in the attached MOU. Confidential information will not at any time be disclosed or permitted without the prior written consent of the resident unless such disclosure is authorized or required by law. Intake documents for residents will disclose in writing that personal and protected health and tenant information will be disclosed only when such disclosure is authorized or required by law, or the resident provides written permission for such disclosure. Authorizations for the release of specific information will be renewed each year during a resident's annual recertification. Training and guidance for all staff will be conducted on an ongoing basis and will be a performance expectation.

2. Summarize the written policies and procedures on sign in/out procedures, fire/safety drills, and posted local contacts in case of emergency.

The Property Management Plan specifies policies and procedures for the ongoing operations of the Project. The Project physical layout provides for a secure perimeter with the administration building located at the front entrance with sign-in/out procedures in place for guests and visitors and individualized access for residents. Management staff will provide the residents with a list of emergency numbers for hospitals, ambulance, fire department and police department, as well as the phone number of the on-site office and back-up information in the event of emergencies when the office is closed.

3. Describe the building design safety features for ensuring resident and staff safety (include lighting, entrance/exits, locked doors, common area locations).

Resident security is an essential part of maintaining a safe and stable community. Security needs will be met through the use of standard bolt locks, adequate site lighting, secure entry system, and security cameras. In addition, the property manager will determine if there is a need for additional special security provisions that may arise. Emergency needs shall be defined as those situations posing immediate threat to the health and safety of residents and/or the integrity of the grounds, buildings, and equipment; to include the interruption of services, hot or cold running water, electricity, gas, glass breakage which deprives residents of security or heat, or repairs that if not performed would expose residents to injury. In case of an emergency after business hours, residents are given a phone number to call and it is posted in the lobby.

4. Summarize the written policies and procedures on ensuring staff safety.

The Full Service Partner Program service provider's Service Work Plan articulates procedures for ensuring staff safety, and protocols for addressing potentially dangerous situations involving residents, their families and significant others. These include (with written prior client approval) communication of known history of violent behaviors, safety protocols to ensure staff are not isolated or placed in potentially dangerous situations, and training and practice in safety procedures, such as CPR, crisis intervention protocols, and contacting police, fire, and emergency medical services should threatening or violent situations arise.

5. Summarize the written policies for addressing violations of resident/staff safety by residents or staff.

Prior to initial rent up of the Project residents will be provided copies of the house rules and management policies and procedures for the Project. Such policies and procedures shall include but not be limited to procedures for addressing and resolving complaints, maintenance and repair procedures, eviction procedures and definitions, procedures and forms for filing complaints, grievances, and incident reports.

6. The service plan and property management plan submitted with the application must impose no restrictions on guests that are not otherwise required by other project funding sources or would not be common in other unsubsidized rental housing in the community. Describe the guest/visitor policy for residents.

No restrictions on guests will be imposed that would not be common in other unsubsidized rental housing in the community.

7. Summarize the written policies for coordination with property management for resolution of tenant issues and implementation of policies and practices to prevent evictions and to facilitate the implementation of reasonable accommodation policies.

The attached MOU specifies procedures to inform and respond to requests for reasonable accommodation by all tenants should a lease, rule or policy violation or potential violation occur. The procedures provide that if the intention is to evict a resident that a consideration be made as to whether or not a reasonable accommodation is appropriate, and, if so, to identify reasonable accommodation options. In addition, if a requested accommodation is denied because it is not reasonable, efforts will be made to determine if there is an alternative reasonable accommodation that would effectively address the tenant's disability related needs.

8. Summarize the written policies for coordination with property management for integration of the Target Population with the general public.

The MHSA funded Full Service Partnership Team on site includes in its Service Work Plan the articulation of the five statutorily required general standards, to include the value of fully integrating clients in all aspects of the community. This value permeates all practices employed by service providers, and is a deliverable that is measured and surveyed in the triennial MHSA Program Review.