



## **Section D.7.....Supportive Services Plan**

A decent, safe and affordable place to live is an essential human need with a direct bearing on health and well-being; and the supportive services necessary to make decent, safe and affordable housing accessible to mental health consumers is a critical resource that is necessary to achieve the goals of a comprehensive and effective mental health system. The Behavioral Health Department (BHD) recognizes the vital importance of housing and the crucial need to increase housing options, particularly for unserved and underserved consumers who are homeless or at risk of homelessness, who have co-occurring disorders, who are victims of abuse or neglect, or who have involvement with the criminal justice system.

The fundamental need for housing received strong support from across the extremely broad spectrum of stakeholders that participated in Santa Clara County's extensive process of inreach and outreach. Through this, 10,000 voices contributed their input into the MHSA Community Services and Support Plan. The importance of supportive housing was always high on the list of recommendations made by consumers of mental health services and their family members, BHD staff and contract mental health service providers, other community service providers, representatives of law and justice, experts in the field of aging and adult services, and the long list of other participants.

This particular Supportive Services Plan addresses the housing needs of mental health consumers who are Transition Age Youth who are able to enter into a legal contract, who access services from either County service teams or agencies providing services in accordance with contracts with the BHD. All entities responsible for the care of the consumers at this site will sign an addendum to the Lease Agreement and/or amendment to their County contract that specifies their housing/service-related responsibilities.

### **Philosophy Underlying the Delivery of Supportive Services**

#### **Housing First**

"Housing First" is the goal that the BHD will be striving to achieve through this approach to supportive housing. The aim is to immediately house people who currently do not have housing with the belief that housing must come first, no matter what is going on in one's life. It is further believed that housing must be varied and flexible in order that people get housed easily and stay housed. "Housing First" can be contrasted with a continuum of housing "readiness," which typically subordinates access to housing to other requirements.

### **Harm Reduction**

“Harm Reduction” is a set of practical strategies that reduce the negative consequences associated with drug or alcohol abuse, including safer use, managed use, and non-punitive abstinence. These strategies meet drug users “where they’re at,” addressing conditions and motivations of drug use along with the use itself. “Harm Reduction” acknowledges an individual’s ability to take responsibility for his/her own behavior. This approach fosters an environment in which individuals can openly discuss substance use without fear of judgment or reprisal, and does not condone or condemn drug use. Staff working in a “Harm Reduction” setting work in partnership with tenants, and are expected to respond directly to unacceptable behaviors, whether or not the behaviors are related to substance abuse. Note: The service provider will adhere to all federal regulations as they apply to any housing project or site where qualified consumers are housed, especially as they involve any zero tolerance drug policy. This may cause a contradiction to this “Harm Reduction” approach, because a particular housing site may require a zero tolerance drug policy because of funding or contracting requirements. The BHD will seek to minimize the involvement in such sites in order to maximize the flexibility for the consumers and service providers involved.

### **Recovery and Habilitation**

“Recovery” is a personal process through which an individual can choose to change his or her goals, with the ultimate objective of living a healthy, satisfying, and hopeful life despite limitations and/or continuing effects caused by his or her mental illness. “Habilitation” is a strength-based approach to skills development that focuses on maximizing an individual’s functioning. In this approach it is recognized that the recovery and habilitative services planned collaboratively with the qualified consumer in this environment need to be individualized and focused on a holistic approach that strives to recognize that self-sufficiency is achievable, improve the tenant’s quality of life, and help him/her regain personally meaningful social roles. Finally, this approach recognizes and respects the different meanings and styles of implementation of recovery of different cultures.

### **Individualized Wellness and Recovery Action Planning**

Case management and other mental health staff will work individually with the consumers residing at this project to enable them to: take responsibility for their mental and physical health, thereby enhancing their self-sufficiency, developing their abilities, improving their health, enhancing their social networks, finding meaningful roles in the community, providing health education opportunities, mitigating health and behavioral risks, and seeking out peer support. Together they will identify strategies to achieve desired results that will enable the consumers to maintain their health and stability while remaining in their housing. The staff will note these results in their individualized Wellness Recovery Action Plans.

### **Zero Tolerance for Housing Discrimination**

The BHD will take seriously any report of discrimination involving any of its qualified consumers and will investigate thoroughly all such reports until the matter is resolved. The BHD recognizes that discrimination may manifest itself by individuals or groups in a variety of ways, i.e., toward a tenant’s diagnosis, behavior, ethnicity, sexuality, etc. In order to address such discrimination effectively, the BHD will pursue educating affected individuals, monitoring the housing sites, and responding to all reported instances.

### **Right to Confidentiality**

The qualified consumer's right to confidentiality is respected. This right applies to the dissemination, storage, retrieval and acquisition of identifiable information. The service providers will not release information to a landlord about a tenant's receipt of services without a written release from the tenant.

### **Right to Privacy**

The qualified consumer's right to privacy is respected. Information will be requested from the tenant only when the information is specifically necessary for the provision of services. Tenants will be required to supply information relevant to their care only after signing a release of information form as a condition of obtaining services that are a part of this program.

## **How qualified consumers will be assessed**

Any service provider that participates in the Family and Children's System of Care and that serves the TAY population can serve consumers that reside in this housing program. Taking into consideration the qualifying criteria established by the State (as stated in the MHSA application) and the additional criteria specified by the BHD (as stated in D.6, The Tenant Selection Plan), the Manager of the Care Coordination Project will make the initial determination that a candidate is potentially qualified for the housing that is identified in this application. Once assigned to the respective candidates, the Case Manager's approach will be to do a strengths-based assessment of the consumer's needs, especially as this relates to TAY. Also, that Case Manager will fill out the required documentation (as specified in D.6) and submit it to the BHD's designated staff person, who will continue the tenant selection process (as noted in D.6).

## **The Service Providers**

Any service provider that participates in the Family and Children's System of Care and has a Case Manager assigned to consumers that are a part of this project will provide services to him/her while he/she is a tenant in housing site designated in this application. All consumers served in this project will receive the personalized attention that they need and deserve during the time that he/she is housed. This individualized attention provided with the service philosophy described above will enable the individual to remain in his/her housing, even if he/she decompensates and needs to be hospitalized or enter a recovery program. Finally, the staff involved in the consumer's care will meet on a regular basis to integrate their work with the consumer and chart his/her progress according to his/her individualized Wellness Recovery Action Plan.

## **How the services have been designed to meet the specific needs of the target population**

The services will be consumer driven. Believing that there is no "one size fits all" type of housing and supportive services, the service providers will offer their services in a graduated

level of support, according to the needs and ability levels of the consumers themselves. Also, this dynamic is evident during the initial rent-up period in that the eligible consumers will have a choice of apartment units. Thus, the decisions on the approach to responsible living will be made by consumers and staff jointly. The support services will be tailored according to the consumers' needs and will draw upon the Family System of Care and other avenues of assistance outside that system. Finally, the TAY will be assisted with their transitions into life domains (vocational, educational and community life functioning). This process includes enhancing their competencies in order to assist them in achieving greater self-sufficiency and confidence. It also necessitates developing and coordinating age-appropriate social opportunities and fostering opportunities for personal skills development associated with self-determination.

## **How the services offered support wellness, recovery and resiliency**

The service providers will receive training on the philosophy that is the basis for how services will be provided in this program; this includes receiving training in recovery and resiliency concepts, and the openness to employ wellness and recovery strategies to meet the consumers' needs. This approach embraces the concept of person-centered recovery services. Fundamental to this approach is working with the strength and resilience that each individual has acquired within his/her life experiences and capitalizes on the innate strength of the individual. Secondly, this model embraces the concept of community recovery, which emphasizes the need for the individual to connect with the community, and establish social relationships that are not attached to his/her treatment. It also recognizes that the individual—along his or her path to recovery and wellness—will occasionally confront challenges and stresses that will impede recovery and that services must be immediately available to ensure continued achievement of the person's recovery and wellness goals. This approach normalizes the process of recovery and reduces stigma.

The consumers will learn to articulate specific measurable results they desire in each life domain (health/well-being, living situation/home, education/work, and safety). They will identify those strategies to achieve their desired results that will enable them to maintain their health and stability while remaining in their housing. Their Case Manager will note these results in their individualized Wellness Recovery Action Plans. All MHSA tenants will agree to do their part of their service plan, which may include specific treatment strategies (i.e., trauma-based CBT, medication, Anger Reduction Therapy, family therapy, substance abuse treatment, etc.), a living plan (where to live, who to live with, how to be successful, friends, support network, etc.), and a safety plan (what to do to keep safe and keep others safe, who to call in a crisis, etc.). This is to say that involvement in all these services by the consumer is voluntary.

In view of this dynamic work between the consumers and their Case Managers, self-help and self-advocacy are important elements in recovery and how services will be delivered in this project. Two models that have been adopted by the BHD are the Wellness Recovery Action Plan and Procovery.

1. The Wellness Recovery Action Plan, developed by Mary Ellen Copeland, is a simple, safe method for monitoring recovery and helping people take charge of their lives.
  - a) The plan is based on five recovery principles: hope, personal responsibility, education, self-advocacy, and support.

- b) The plan is voluntary and is developed by the individual who wants to use it.
  - c) Supporters (not only peers) provide feedback and encouragement throughout the process.
  - d) Developing a Wellness Recovery Action Plan can be a lengthy process and must be done at the individual's own pace.
  - e) Prior to the expression of the plan is the development of the Wellness Toolbox, i.e., an assessment of their personal strengths.
  - f) There are six parts to a Wellness Recovery Plan: Daily Maintenance, Triggers, Early Warning Signs, When Things Are Breaking Down, Crisis Plan, and Post-Crisis Plan.
2. Procovery, developed by Kathleen Crowley, is an approach to healing based on hope and grounded in practical everyday steps that individuals can take to move forward in their lives.
- a) There are eight principles fundamental to Procovery, such as “focus forward not backward” and “focus on life not illness.”
  - b) The keynote of Procovery is the trademark “Just start anywhere.”
  - c) There are twelve strategies to implementing Procovery, whether by staff, individuals, family, or systems. These are:
    - i. Detoxify the diagnosis—changing the manner in which a diagnosis is given and received.
    - ii. Take practical partnering steps.
    - iii. Manage medications collaboratively.
    - iv. Build—and most critically do not extinguish—hope.
    - v. Create and support change.
    - vi. Dissolve stigma, particularly internal stigma.
    - vii. Use feelings as fuel for Procovery.
    - viii. Gather, utilize and maximize support.
    - ix. Stick with Procovery during crises and use those times to initiate Procovery.
    - x. Adopt effective self-care strategies.
    - xi. Live intentionally through work and activities.
    - xii. Actively retain Procovery.

The consumers' Case Managers will assess their recovery needs and work with them to get them connected to the services appropriate to his/her needs. He/she will determine with the consumer which approach to his/her recovery will be most helpful to him/her. If the consumer would benefit from developing a Wellness Recovery Action Plan or any other approach, the Case Manager will be present for him/her at every step along the way. He/she will empower the tenant to get into rehab, get involved in relevant support groups, get involved in other healthy activities and develop peer and family (where appropriate) support. All tenants will learn to recognize the importance of social relationships and connections in achieving healthy living. These relationships and service connections will offer specific services to the individual, as they are needed (e.g., cooking, household maintenance, life coaching, legal assistance, employment assistance, transportation, shopping, recreation, etc.). A key ingredient to the success of dually diagnosed consumers will be their participation in support groups. Where possible, these groups will be offered on site. If that is not possible, then the consumers' Case Managers and/or the Site Services Coordinator will work with them to enable them to participate in such groups wherever it is feasible for them to do so.

Finally, services provided will vary according to tenants' level of need. An emphasis will be placed on the availability of support groups, workshops, and family or group activities, such

as those mentioned in D.8. Staff will work to help the MHSA tenants develop an active and collaborative safety net support team. The service provider will utilize a Transition to Independence Process (TIP) model to establish core and virtual support teams. These teams will be exemplified by a utilization of the available family, non-related family members, age appropriate peers and current service providers actively involved in creating this agreed-upon structure of support.

### **How the services will assist the tenant in obtaining or maintaining benefits to which they are, or may be, entitled, such as cash assistance and medical benefits**

The Case Manager who is working with each consumer/tenant has the primary responsibility of enabling the individual to both access and maintain all the benefits to which he/she qualifies. This entails frequent and ongoing contact with the appropriate governmental offices and facilitating the paper work and transportation necessary to ensure the tenant is consistently prepared and able to arrive at the appropriate facilities on a timely basis.

In addition, the Santa Clara County Department of Social Services has committed to dedicating Benefits Specialists to work with the homeless to help them obtain their benefits in a timely manner. The Case Managers and/or Site Services Coordinator will work closely with these specialists so that their consumers will be successful in obtaining and maintaining their cash assistance and medical benefits.

If the consumer's benefits are ever interrupted or cancelled, the Case Manager will work diligently with the Benefits Specialists in order to see to it that the benefits are restored. Also, he/she will communicate with the housing site staff to make sure they are aware of the status of the consumer's income and ability to pay his/her rent.

### **Whether services will be delivered on-site or at other locations in the community**

The County of Santa Clara will be the primary service provider involved in the care of the MHSA tenants housed at this site. The Manager of the Care Coordination Project will coordinate the work of the Case Managers working with the MHSA tenants. To do so that Manager will meet regularly with the Case Managers. She will also participate in meetings with the Site Services Coordinator, the Property Manager and others as needed in order to ensure appropriate service delivery and review all potential issues related to ensuring that the consumer is ready to make an application for an available housing unit. Finally, the Manager of the Care Coordination Project will serve as the single point of contact for communicating between the service provider and property management staff.

Case management services will be delivered at the housing site. In this way, the Case Managers will visit the tenants on a regular basis and attend to their needs appropriately. The Services Coordinator will be available to meet with tenants as often as necessary. In this environment, the Case Managers will work with the Site Services Coordinator to schedule helpful workshops (see D.8), support groups, and social/recreational activities. In addition,

mental health counseling and medication assistance will be made available to the tenants at their usual appointments with their psychiatrists and medical professionals at the mental health and medical clinics located nearby. The tenants will be able to access those and other off-site services through the help of their Case Manager, family/friends, through public transportation or Outreach, a non-profit paratransit provider. In this light, TAY will be taught bus routes and all modes of transportation available based on their needs. Finally, staff will help TAY develop relationships with the community colleges within local distance of the housing. Most colleges have forms of outreach, which could potentially come to the site once a week or a specific day to link the youth to their programs. In addition, Case Managers will work closely with TAY to develop or enhance their activities of daily living (ADL) skills. Vocational and educational services will be offered to TAY on site and at the appropriate facilities located in the southern part of Santa Clara County.

### **Frequency of contact between supportive services staff and MHSA tenants**

Services will be made available to all the MHSA tenants on a regular basis, depending on the tenant's level of care and his/her needs. Regular, in-home supportive services may be needed for some tenants on an ongoing basis, including assistance with food preparation, house cleaning and education on medication self-management. The frequency of basic services will vary from daily (personal hygiene assistance, food, supervision) to the other end of the spectrum for very independent clients, which could involve monthly contact with their Case Manager and utilization of other services on an as-needed and as-desired basis. The Case Manager will provide linkages to community day services that either interest or are necessary for the MHSA tenants. Finally, sensitivity to the youth's culture and language will be maintained.

### **Staffing levels**

The staffing level will correspond to the level of consumers' need. All MHSA tenants will have a designated Case Manager and have access to the service team at the clinic to which they are attached. The staff members of the service team include a psychiatrist, a vocational rehabilitation specialist, rehabilitation counselor, therapist (LCSW/MFT), and Peer Mentors. The Peer Mentors have special training for their job. They would be accessed through their assignment to the Self-Help Center located in Gilroy. The Case Manager assigned to the project will coordinate the appropriate involvement of Peer Mentors with their supervisor on an as-needed basis. When appropriate, the Case Manager will connect tenants to other staff available through the county or contract agency with which he/she works. All MHSA tenants will also have access to the Site Services Coordinator who will work closely with the Case Manager to ensure the tenant is able to access all the necessary services. Finally, all services will be delivered in a linguistically appropriate and culturally sensitive manner.

### **Process for assessing the supportive service needs of tenants**

The Case Manager will assess MHSA tenants' service needs, including mental health services, income assistance, housing, personal hygiene, personal health or medical

issues/concerns, educational goals, transportation needs, employment or volunteering opportunities, etc. This assessment will address their medical, psychosocial and functional status needs. The assessment approach will be to do a strengths-based assessment of the consumer's needs. This will include appropriate planning in the event of crisis or involuntary psychiatric hospitalization. If a MHSA tenant is institutionalized as a result of a documented disability or otherwise absent for a documented disability from his/her unit for 90 days or longer, the tenant or Case Manager may request a reasonable accommodation in order for the unit to be kept available for up to 90 days, as long as the rent is paid. At the end of the 90-day period, the tenant or Case Manager may request an extension. Any reasonable accommodation is subject to the approval of the decision of the property management company.

In order to be knowledgeable concerning the range of a tenant's service needs, the Case Manager will consult with other staff members and service partners who may be involved in the care of his/her tenants. These findings will guide the tenant and his/her Case Manager in determining the level of services needed, the type of living environment that is preferred, and the way that his/her individualized treatment plan will take shape. Finally, the Case Manager will educate the tenant on community programs that are available to consumers and their families.

### **Procedures for ongoing communication between the property management and supportive services staff to assist tenants in maintaining housing stability**

The collaborative relationship between the Behavioral Health Department, the property management company, and the housing site staff is integral to this Plan and is detailed in the Memorandum of Understanding developed for this site. In addition, Release of Information forms will be presented to all qualified consumers in order to allow for sharing of appropriate information among all parties involved in the housing program. In view of that, all those participating in this program will keep the following items in mind:

1. This Plan is about enabling qualified consumers to obtain housing that is appropriate to their needs and unavailable to them through other resources. However, this approach to housing qualified consumers is more than just housing; it is a program that gives tenants the opportunity to set and prioritize goals, save money, learn new skills and develop their skills. This approach can be a bridge to their future, empowering them to accomplish their goals toward greater health and a higher quality of life.
2. The qualified consumers' initiative and cooperation as tenants is of utmost importance in order to promote harmonious and pleasant living conditions at the housing site. The observance of requirements and guidelines set forth in the rental agreement related to the housing site will help the tenants, their neighbors, and the landlord maintain the housing development as an outstanding place to live.
3. The tenants participating in this housing will be responsible for respecting and abiding by the maintenance procedures that are in place at this site in order to do their part to properly maintain their apartment and any common areas on the property.
4. The Manager of the Care Coordination Project will serve as the single point of contact for communicating between the tenant and/or the tenants Case Manager and property management staff in coordinating supportive services for the MHSA tenants. In this

role, the Manager of the Care Coordination Project will facilitate regular meetings to discuss issues related to service delivery at the site.

5. The Case Managers working with the tenants will provide any coaching and support that will help them maintain their apartment. This will ensure responsible behavior by the tenants; help build the tenants' self-esteem; and foster a clean and healthy living environment.
6. If there are any safety issues arising from any home visit, the Case Managers working with the tenants will use discretion in communicating with the Property Manager and Site Services Coordinator about the issues and will work with the tenants until the issues are resolved.
7. The Property Manager will have ready access to the MHSA tenants' Case Managers and supervisory staff. In case of any emergency or emerging need, they will have the appropriate phone numbers in order to contact the tenant's Case Manager on a timely basis.
8. In case of any significant behavioral problem exhibited by the MHSA tenant that may affect his/her tenancy, either the Case Manager or the Property Manager can call a "case conference" through which the problem will be addressed and resolved in an appropriate and timely basis. To address repetitive problems, the appropriate follow-up service activities will occur according to the level of severity exhibited by the tenant.
9. The Case Managers will work with the property management staff to help them be responsive to the needs and behaviors of young adults. Helping them tolerate (within limits) and embrace behaviors or tendencies of the TAY will enable them to recognize the strengths and personal choices of the youth and respond appropriately and in a helpful manner.
10. BHD staff will offer training to the housing site and property management staff concerning the special circumstances of the MHSA tenants.
11. Finally, BHD staff will be available for consultation or mediation assistance if the service providers need such guidance to help resolve housing-related issues.

## **Strategies for engaging tenants in supportive services and in community life**

The strategies that will be used by the service providers to engage their tenants in supportive services include:

1. Having their Case Managers engaging them on a one-to-one basis, thereby strengthening their trusting relationship;
2. Providing transportation assistance;
3. Organizing fun activities;
4. Coordinating language and culturally specific activities;
5. Offering incentives for participation;
6. Combining food with educational and social activities;
7. Offering services and activities on-site or in close proximity to tenants' housing;
8. Creating social outlets at the housing site that foster connections to self as well as the community where they live. This could be community barbeques, sharing groups and supporting local volunteer efforts, etc. Coordinating these outlets well will attract them to other similar opportunities.
9. Linking TAY to religious organizations can also provide them with social outlets, faith-based support, transportation, food resources and meals within an environment that often lacks stigmatization of their functioning.

## **Plan for helping tenants maintain their housing and achieve self-sufficiency, including employment services, budgeting and financial training, educational opportunities, and other community services that will be made available to tenants**

As mentioned previously and delineated in D.8, the service providers will offer a broad range of topics for workshops and classes. These include budgeting and money management, personal grooming assistance, emotion and medication management, employment and job placement assistance, and other self-directed independent living skills trainings.

In addition to this, the Case Managers involved in providing services to their tenants will:

- Accompany tenants to site and work with them throughout the application, rent-up and move-in process.
- Help tenants obtain the security deposit/rent assistance from the appropriate agency.
- Support tenants' efforts to get to know the housing staff.
- Guide tenants through the rent paying process.
- Encourage tenants to participate fully in activities on site.
- Collaborate with property management staff on rent-payment issues.
- Prepare tenants for late payment issues.
- Reinforce tenants' awareness of the rental agreement and the process whereby infractions are addressed.
- Instruct/coach tenants on how to take care of, clean, upkeep his/her unit.
- Provide any coaching and support that will help their tenants maintain their unit. This will ensure responsible behavior by the tenants; help build the tenants' self-esteem; and foster a clean and healthy living environment.
- Link the tenants to peer counselors and the County's self-help centers and all the programming activities provided at those sites.
- Advise tenants on how to handle emergencies and after-hours work requests.
- Advise tenants on any and all requests for reasonable accommodation of services or reasonable modification of their unit.
- Conduct periodic, informal home visits of tenants' units. If there are any safety issues arising from any home visit, the service providers working with the tenants will use discretion in communicating with the landlord or housing site staff about the issues and will work with the tenants until the issues are resolved.
- Conduct with management and other appropriate personnel those health and safety checks that are appropriately warranted.
- Show tenants how they can take initiative to solve problems: e.g., noisy neighbor.
- Help the residents negotiate solutions to intergenerational problems that might arise.
- Help tenants deal with consequences to their inappropriate conduct in public.
- Provide the appropriate guidance to help tenants maintain their unit and thereby prevent any eviction.
- Are available for consultation or mediation assistance if the tenants need such guidance to help resolve housing-related issues.
- Explain alternatives to eviction.
- Work with property management to handle tenants' property if they abandon the unit or die.
- Help tenants move to another place, if necessary.