

*Dedicated to the Health  
Of the Whole Community*



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## **Section D.1.....Consistency with Three-Year Program and Expenditure Plan**

The Sunnyvale Senior Housing Project is entirely consistent with Santa Clara County’s Mental Health Services Act (MHSA) Community Services and Supports (CSS) Plan in the way it was developed (planning process), philosophy, objectives, targeted population, and implementation design.

Planning Process: Santa Clara County’s MHSA CSS planning process was extraordinarily inclusive and participatory, incorporating the thoughts, beliefs, concerns, needs and preferences of 10,000 Santa Clara County residents through a year-long process of inreach and outreach. Likewise, Santa Clara County’s MHSA Housing Program planning has included thirteen consumer focus groups at self-help and community centers located in geographic areas throughout the county, and a consumer housing program survey that resulted in 562 responses. Input was gathered through meetings with mental health service providers, health care program managers, Call Center staff, adult custody mental health services staff, members of the Mental Health Department’s Ethnic and Cultural Community Advisory Committees, participants in the Santa Clara County Refugee and Immigrant Forum, and the County’s Mental Health Board. A large stakeholders meeting was attended by 136 individuals who devoted a half-day to expressing their opinions and sharing their experiences concerning supportive housing needs and priorities. The contribution of this diverse group of participants was facilitated by translators for Spanish, Vietnamese, Tagalog, and Chinese speakers. Through all of these venues, information was gathered concerning housing options, service types and locations, staffing, tenant selection, and the other key housing plan elements.

Philosophy: The philosophy emanating from the inclusive planning process for MHSA supportive housing includes an emphasis on being consumer and family driven, culturally competent, supporting wellness and recovery, promoting self-sufficiency, utilizing graduated levels and flexible mixes of services, respecting privacy and human rights, and meeting the needs of consumers at all the ages and stages of their lifespan. This is entirely consistent with the MHSA CSS Plan, which includes the key elements: “a lifespan approach, community engagement and support, cultural competence throughout, a social ecology focus, an emphasis on connectedness, guided by recovery and resiliency-based models, consumer and family-driven, and based in strong system partnerships.”

Objectives: A key objective of Santa Clara County’s MHSA CSS Plan is to “reduce homelessness and increase safe and permanent housing.” Along with supporting this critical element of the CSS Plan, the Santa Clara County MHSA Housing Plan and this housing development also further the achievement of other key CSS objectives, which include a “reduction of subjective suffering from mental illness, increase meaningful use of time and capabilities, increase natural network of supportive relationships, reduction in disparities in service access, and increase in self help and consumer/family involvement.”

Targeted Population: Consistent with the MHSA Housing Program regulations, at this housing site the Santa Clara County Mental Health Department (MHD) will be serving seriously mentally ill, low-income older adults who meet the criteria for MHSA services and who are homeless or at risk of homelessness. Prevalence data for Santa Clara County, as reported in the County’s MHSA CSS Plan, showed that 21% of the older adults living at or below 200% of the Federal Poverty Level who also have a serious mental illness were unserved and not receiving any kind of treatment in the public mental health system. There were 285 “underserved” older adults, with only two older adults who were “fully served.” According to the CSS Plan, “Older adults were the least likely to receive full services compared to all of the focal populations.” Therefore, while future MHSA-supported housing developments will focus on other age groups throughout the lifespan, it is entirely fitting that this development address the serious needs of older adults. Targeting older adults for this project is consistent with the criteria used for selection of initial populations for the first three years of MHSA CSS funding, which included:

- Current inequity in service utilization,
- Prevalence of problems with meeting basic human needs,
- Most closely related to loss of liberty and independence,
- Incurring the greatest societal costs (institutionalization, placement, hospitalization and incarceration),
- Most closely related to individual and community safety, and
- Most often selected as important to consumers, families and other stakeholders.

Implementation Design: The proposed project is consistent with Santa Clara County’s MHSA CSS Senior Full Service Partnerships Work Plan in that it provides, per the CSS Plan: “stable housing and needed mental health supports, including building life skills for recovery and successful community tenure.” It fulfills the CSS Work Plan goal of furnishing “a broad scope of integrated services” that will include “psychiatric, medical, social supports, self-help and family involved.”

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## **Section D.2..... Description of Target Population to be Served**

Consistent with the MHSA Housing Program regulations, this housing site will serve seriously mentally ill, low-income older adults with severe emotional disorders, who at the time of assessment for housing services meet the criteria for MHSA services in their county of residence—all of whom are homeless or at risk of homelessness, according to the definitions specified in the application.

Consistent with the County’s *Community Services and Support Plan*, the target population to be housed and served in this housing complex will be the following:

1. Primary Care/Public Health/SSA-Involved, Isolated, Homebound, Shut-In, Unserved Mentally Ill, defined as: Individuals who are 62 years of age or older with significant distress or loss of functioning in multiple life domains including, but not limited to: mental health, physical health and well-being; living conditions/family/interpersonal relationships; meaningful activity; and safety from being harmed or harming others in the community. Many have chronic mental illnesses that are exacerbated by aging, long-standing self-neglect, substance abuse, physical decline and other life circumstances. Others may have episodes of severe depression, anxiety or other disabling conditions. Factors that contribute to these conditions include loss of primary relationships, social and cultural isolation, feelings of uselessness and loss of purpose, self-neglect, physical isolation, concerns about physical and emotional safety in the community, and trauma from war or natural disasters. The onset of dementia also has significant impact on mental health, specifically as a contributor to disabling depression and anxiety.

**In addition, all qualified tenants must meet one of the following two criteria:**

1. Be “mid-level users” of services at Fair Oaks Mental Health clinic (or referred to that clinic by another mental health service provider) who are seriously mentally ill clients who do not currently need 24-hour, institutional care but are unable to live independently without supportive services. These are consumers who are homeless or at risk of homelessness (according to MHSA Housing Program Application) and who:
  - a) use outpatient services and are usually dependent on such;
  - b) are able, with support, to manage their Activities of Daily Living and medications in an independent living situation; and
  - c) have severely limited income and are assumed to have a continuing income deficiency for the next 12 months;

(This includes new consumers who have previously been unserved.)

2. Consumers who are homeless or at risk of homelessness and have left a 24-hour care setting and have demonstrated success or completed their stay in a transitional or residential care facility and can move to permanent supportive housing as a next step in their recovery.

Note: The staff at the clinic or contract agency can determine which consumers fulfill these criteria and then refer the candidate to the MHD according to the Tenant Selection Process.

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## Section D.3..... Tenant Selection Plan

**ENCLOSURES:** MHSA Housing Program Application Form  
MHSA Housing Program Tenant Certification Form  
Verification of Homelessness Form  
Consent to Release Confidential Health Information Form

**REFERENCE:** *California Welfare and Institutions Code*  
*MHD Policies and Procedures, #222* (“Client Problem Resolution Process”)

**PROCEDURES:**

Responsible Party	Action
Qualified Tenants	<p><b>MHSA Tenant Eligibility Factors:</b></p> <ol style="list-style-type: none"> <li>1. Qualified MHSA tenants must meet the requirements established by the Mental Health Services Act Housing Program (MHSA). Individuals must be:               <ol style="list-style-type: none"> <li>a) “Seriously mentally ill”:                   <ul style="list-style-type: none"> <li>• Low-income adults or older adults with serious mental illness as defined in <i>California Welfare and Institutions Code</i> 5600.3(b)(1); and</li> <li>• Children with severe emotional disorders as defined in <i>California Welfare and Institutions Code</i> 5600.3(a)(1), and their families</li> <li>• Who, at the time of assessment for housing services, meet the criteria for MHSA services in their county of residence.</li> </ul> </li> <li>b) “Homeless,” which means living on the streets, or lacking a fixed, regular, and adequate nighttime residence. (This includes shelters, motels and living situations in which the individual has no tenant rights.)</li> <li>c) Or “at risk of homelessness,” which includes:                   <ul style="list-style-type: none"> <li>• Transition-age youth [as defined in <i>Welfare and Institutions Code</i> Section 5487(c), and in Title 9, <i>California Code of Regulations</i>, Section 3200.80] exiting the child welfare or juvenile justice systems.</li> <li>• Individuals discharged from institutional settings including:                       <ul style="list-style-type: none"> <li>- Hospitals, including acute psychiatric hospitals, psychiatric health facilities (PHF), skilled nursing facilities (SNF) with a certified special treatment program for the mentally disordered (STP), and mental health rehabilitation centers (MHRC)</li> <li>- Crisis and transitional residential settings</li> </ul> </li> </ul> </li> </ol> </li> </ol>

Applicants	<ul style="list-style-type: none"> <li>• Individuals released from local city or county jails</li> <li>• Individuals temporarily placed in Residential Care Facilities upon discharge from one of the institutional settings cited above</li> <li>• Individuals who have been assessed and are receiving services at the county mental health department and who have been deemed to be at imminent risk of homelessness, as certified by the county mental health director.</li> </ul> <p>2. Qualified tenants must have a household income at or below 50% of the current Area Median Income for a given household size (See Attachment A). Once the tenant has taken possession of the unit, their income may increase and become subject to tax credit and other regulatory limitations and their rent may also be raised to the maximum allowable rent.</p> <p>3. In addition, to be qualified, tenants must meet all of the following Santa Clara County requirements:</p>
Fair Oaks clinic staff	<p>a) Be “mid-level users” of services at the Fair Oaks Mental Health clinic (or referred to the site by another mental health service provider) who are seriously mentally ill clients who do not currently need 24-hour, institutional care but are unable to live independently without supportive services. These are consumers who are homeless or at risk of homelessness (according to MHSA Housing Program Application) and who:</p> <ul style="list-style-type: none"> <li>• use outpatient services and are usually dependent on such;</li> <li>• are able, with support, to manage their Activities of Daily Living and medications in an independent living situation; and</li> <li>• have severely limited income or are assumed to have a continuing income deficiency for the next 12 months;</li> </ul> <p>(This includes new consumers who have previously been unserved.)</p> <p>b) Have left a 24-hour care setting and have demonstrated success or have completed their stay in a transitional or residential care facility and can move to permanent supportive housing as a next step in their recovery;</p> <p>c) Be an older adult (62 years and above) with a mental illness as defined in the CSS Plan;</p> <p>d) Be certified as eligible for MHSA housing; and</p> <p>e) Be approved by the MHD staff according to criteria established by the MHD.</p> <p>Note: Staff at the Fair Oaks Mental Health clinic will determine which consumers fulfill these criteria and refer the candidate to the MHD according to the Tenant Selection Process.</p>
Housing Development Consultant (HDC)	<p><b>Tenant Selection Assumptions:</b></p> <ol style="list-style-type: none"> <li>1. MHD staff will notify the Service Providers that are a part of the MHD-funded System of Care of the number of units that that are available to be filled and the time constraints associated with them.</li> <li>2. MHD staff maintains waiting lists of consumers who are qualified for this housing.</li> </ol>

HDC	3. Service providers will submit to the MHD the names of individuals who are potentially qualified and ready for housing, and the MHD will decide which individuals are qualified. To do this, the service providers will fill out the <i>MHSA Housing Program Application Form</i> , the <i>MHSA Housing Program Tenant Certification Form</i> , <i>Verification of Homelessness Form</i> and the individual's <i>Consent to Release Confidential Health Information Form</i> .
Service Providers	4. Once these forms are turned in, the MHD will verify that the information presented in the enclosed forms is accurate—thereby certifying that the individuals are indeed qualified for this housing—sign the <i>MHSA Housing Program Tenant Certification Form</i> , and inform (in writing within seven (7) business days of the receipt of the names) the appropriate service provider of the certification of its respective applicants. If any applicants are not certified, the MHD will inform the service provider of the reason(s). Only applicants that have been certified as eligible for MHSA housing may obtain tenancy in MHSA Housing Program-funded units.
HDC	5. MHSA certification does not take into consideration factors such as credit history, eviction history, or criminal history. The housing provider may collect this background information after a certified applicant is referred for a particular unit. MHSA housing providers are expected to work with MHD service providers to provide reasonable accommodations to individuals with poor tenant histories given the intention of the MHSA Housing Program.
HDC	6. A vacancy exists among the MHSA designated units. 7. The MHD will track the tenants to be housed in all MHSA designated units. For reporting purposes, MHD staff will maintain the waitlist and the list of all MHSA tenants housed in the MHSA housing units. MHD staff will maintain copies of all completed <i>Consent to Release Confidential Health Information Forms</i> , <i>MHSA Housing Program Application Forms</i> and a list of all certified applicants in chronological order according to the date applications were received. This list will contain enough applicants to fill MHSA unit vacancies in a timely fashion.
Service Providers	8. The certification waitlist will be reviewed and updated on an ongoing basis. To remain on the list, an applicant must remain eligible for the MHSA Housing Program, i.e., they must continue to meet all of the aforementioned eligibility criteria. If the applicant no longer meets one or more of the eligibility criteria, the referring agency will notify MHD and the individual will be removed from the list. The referring agency will notify the applicant in writing about any pending removal from the list and will give him/her an opportunity to appeal this decision within ten (10) business days. The Referring agency will submit an appeal request to the MHD within one (1) business day of receipt. The MHD will respond to the referring agency within the appeal decision notification period with the final decision. The referring agency may resubmit an applicant that is removed from the list when the list reopens and the applicant meets all eligibility criteria.
HDC	9. The MHD will monitor and promote fair representation from different age and ethnic populations that are housed through this program.
MHD Staff	

Referring Agency	<p>10. For a household member (spouse, significant other, friend or acquaintance) of the consumer being considered for housing, an agreement could be established between the consumer and the service provider indicating what will be asked of the other person. The consumer can ask for something like this in order to protect his tenancy when there are other household members involved. The consumer’s Case Manager would help him/her with this and would periodically ask the consumer if the agreed upon terms of the agreement were being followed. This could take the form of a simple letter and could include some of the following topics:</p> <ul style="list-style-type: none"> <li>a) proof of being a family member or significant other;</li> <li>b) an income equal to SSI or a letter from MD stating why that is not possible: accommodation or have willingness to participate in services that will help him/her obtain income;</li> <li>c) the lease will be in both names and the family member will be responsible for an agreed-upon portion of the rent;</li> <li>d) involvement in the consumer’s recovery or is helping to facilitate it and/or is willing to participate in instruction or guidance about the consumer’s mental illness;</li> <li>e) volunteering in the community or is employed;</li> <li>f) assuming responsibilities within the housing community: e.g, monitor other children, lead community meetings, etc.; and</li> <li>g) having the willingness to learn basic housekeeping skills.</li> </ul> <p><u>Note:</u> If a family member or significant other is housed with a consumer, he/she must be aware of the fact that if the consumer loses the unit or leaves the program for whatever reason, the family member or significant other will have to vacate the unit within 60 to 90 days.</p>
All Parties	<p>11. According to the provisions of Title VI of the Civil Rights Act of 1964 (42 USC 2000d et seq.), Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.), and the provisions of the Rumford Act and Unruh Act in California Law, <u>there will be no discrimination</u> based on race, color, religion, ancestry, sex, gender identity, national origin, age, sexual orientation, marital status, families with children, medical condition, source of income, and physical or mental disability.</p> <p>12. All involved parties will comply with all applicable state and federal laws governing confidentiality of medical and health information including, but not limited to, <i>California Welfare &amp; Institutions Code</i> section 5328, et seq., and the HIPAA, 45 C.F.R. parts 160 and 164.</p>
HDC	<p><b>MHSA Tenant Selection Process:</b></p> <p>1. The MHD communicates the availability of this housing among the Mental Health System of Care and the service partners of the County Collaborative on Housing and Homelessness Issues.</p>

Housing Authority Staff	2. The MHD staff consults with the Housing Authority (HA) staff person that handles the project-based Section 8 waitlist and informs him/her of the unit availability (either at the time of initial rent-up or on an ongoing basis). The HA will send outreach letters to an appropriate number of individuals from their project-based Section 8 waitlist who may potentially qualify for this housing. Those individuals who think they qualify will contact the HDC who will screen the potential candidates for MHSA housing eligibility. If after 30 days there are insufficient qualified candidates available from those contacted, the MHD will begin screening qualified candidates from those that are submitted by Service Providers. If the HDC determines that some of the HA-referred individuals qualify for these MHSA units, they are referred back to the HA who will complete the Section 8 voucher application process.
Service Providers	3. Service Providers submit potential candidates to MHD.
HDC	4. The MHD staff receives candidates, confirms qualified status, and places the candidates on the waitlist.
HDC	5. Once a consumer is certified, the MHD staff notifies his/her case manager, provides him/her with a copy of the certification and sends a letter to the property manager of the MHSA Housing Program site, indicating that the consumer is an approved, qualified applicant for one of the designated MHSA units at the site.
Housing Support Liaison	6. When a vacancy exists among the MHSA designated units, the MHD staff contacts the Case Manager of the next available applicant on the waitlist. He also informs the Housing Support Liaison, who will meet with the applicant and his/her Case Manager to review all potential issues related to making an application for the unit. This will help to clarify if any reasonable accommodation request will have to be made during the application and if any appeal of a potential denial will have to be prepared. Also, this will help to ensure that the applicant is indeed “ready” to apply. If there are issues with the applicant’s background, rental history, or income, the Property Manager meets with applicant, his/her Case Manager and the Housing Support Liaison to address the issues in a way that facilitates the applicant’s smooth transition into tenancy. Once approved by property management, either the applicant or his/her representative—which could be his/her Case Manager—pays the initial deposit and first month’s rent directly to the Property Manager.
Property Manager	7. The MHD staff person establishes the waitlist and maintains it as follows:
HDC	<ul style="list-style-type: none"> <li>a) The waitlist will be comprised of all certified qualified MHSA tenants in the chronological order in which they were certified;</li> <li>b) On an as-needed basis, the MHD staff person reviews the waitlist in order to select the next applicant when a unit becomes available;</li> <li>c) When the MHD staff person sees that an appropriate unit will become available, he/she contacts in writing the Case Manager of the next prospective tenant on the wait list in order to take the necessary steps to get that person ready to move into his/her unit. If that person does not want to be considered for that unit, he/she may maintain his/her place on the waitlist and be notified of the next available unit.</li> </ul>

Service Provider HDC	d) The Case Manager guides the qualified tenant in filling out the lease documentation required at the respective housing site.
Housing Provider	e) After the qualified tenant moves into his/her unit, the MHD updates the waitlist appropriately.
All staff	<p>f) If a qualified tenant is not selected for tenancy in a specific unit, the housing provider notifies the individual in writing and explains the basis for non-selection. The housing provider will also notify the individual of his/her right to appeal the decision.</p> <p><b>Compliance with Fair Housing Law:</b></p> <ol style="list-style-type: none"> <li>1. All SCC MHD staff and contractors shall adhere to this policy, whose governing laws shall include the provisions of Title VI of the Civil Rights Act of 1964 (42 USC 2000d et seq.), Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.), and the provisions of the Rumford Act and Unruh Act in California Law.</li> <li>2. All advertising shall conform to Section 804 (c) of Title VIII of the Civil Rights Act of 1968 (42 USC 3604 (c)), as amended, which makes it unlawful to make, print or publish, or cause to be made, printed, or published any notice, statement or advertisement, with respect to the sale or rental of a dwelling, that indicates any preference limitation, or discrimination based on race, color, religion, ancestry, sex, national origin, age, sexual orientation, marital status, families with children, medical condition, source of income, and physical or mental disability, or an intention to make such preference, limitation or discrimination.</li> <li>3. All radio, TV, or newspaper advertising, pamphlets, or brochures used will identify the project's handicap accessibility and contain the appropriate fair housing logotype or the equal housing opportunity slogan. In all space advertising, the equal housing opportunity logotype statement or slogan shall be of a size, which conforms to the standards of Fair Housing Advertising. Any human models used in photographs, drawings or other graphic techniques shall portray persons in an equal social setting and shall indicate that the housing is open to all without regard to race, color, religion, ancestry, sex, national origin, age, sexual orientation, marital status, families with children, medical condition, source of income, and physical or mental disability (must possess capacity to enter into legal contract) and is not for exclusive use of one such group.</li> <li>4. Each and every staff person must take the time to ensure that this policy is carried out when dealing with persons who inquire or apply for housing.</li> <li>5. It should be noted that persons applying as a result of special outreach may be ill at ease and may appear unwilling to cooperate with staff in the application process. All personnel must be willing to take the time to explain the housing program and how the different requirements work and benefit the potential tenant and the success of the program. It is the responsibility of the staff person to refer the client to the appropriate in-house person if they do not have the information. Staff shall make a positive effort to provide all</li> </ol>

Applicant	<p>applicants with all the assistance and information they need.</p> <p><b>Appeals Process:</b>          If a consumer has any problem with the selection process, he/she can follow the established appeal process, delineated in the <i>MHD Policies and Procedures</i>, #222 (“Client Problem Resolution Process”).</p>
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MHSA tenant eligibility and selection criteria are entirely consistent with both the Santa Clara County MHSA CSS Plan and the MHSA Housing Program target population. Tenants will meet the primary MHSA service requirements that include being seriously mentally ill, low-income and homeless or at risk of homelessness. Consistent with the MHSA Housing Program, clients’ eligibility will be determined based on an evaluation of their level of functioning and the likelihood that their needs can best be met in a supportive housing environment.

**Mid-Peninsula Housing Coalition, the developer of this housing project, will implement the property management Tenant Screening and Tenant Selection Process for the applicants for the non-MHSA units.**



## **Section D.4.....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 MHD 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, MHD 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 ages 62 and older and who access services from the County Fair Oaks Mental Health service team.

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

#### **Housing First**

"Housing first" is the goal that the MHD 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 are able to 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 indi-

vidual’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 providers 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 MHD 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 within 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 MHD 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 MHD 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 MHD 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 the Qualified Consumers will be Assessed**

Any service provider that participates in the MHD's System of Care and that serves the older adult population can refer a consumer to 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 MHD (as stated in D.3 The Tenant Selection Plan), the consumer's Case Manager will make an initial determination that he/she is potentially qualified for the housing that is identified in this application. Also, that Case Manager will fill out the required documentation (as specified in D.3) and submit it to the MHD's designated staff person, the Housing Development Consultant, who will continue the tenant selection process (as noted in D.3). Once the consumer is certified as a qualified candidate for this housing and is transferred to the Fair Oaks Mental Health (FOMH) service team (if he/she was referred by another service provider), the FOMH staff will assess the consumer to ascertain his/her treatment needs.

## **The Service Provider**

Any service provider that participates in the MHD's System of Care and that serves the older adult population can refer a consumer to this housing program and provide services to him/her while he/she is a tenant in any of the housing sites designated in this application. However, the FOMH staff will be the primary provider of services to all 18 of the MHSA qualified tenants housed at this project. Whether the consumer is referred by a Case Manager from a county mental health clinic or another mental health service provider, he/she 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 mentioned previously 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 reflected in this application in that housing options—with their appropriate

array of services—will be made available to the qualified consumers and they will have a say in their choice housing setting. Thus, the decisions on which type of housing and responsible living will be made by consumers and staff jointly. For example, if a qualified consumer needs a 2-bedroom apartment because he/she needs an in-home support assistant, there will be a small number of such units available to the MHSA tenants. The support services will be tailored according to the consumers' needs and will draw upon the Older Adult System of Care and other avenues of assistance outside that system.

## **How the Services Offered Support Wellness, Recovery and Resiliency**

The FOMH service team 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 on the importance of openness to employ wellness and recovery strategies in meeting 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 it 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 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.).

In addition, *Inspire at Work* will provide workforce education and training to the FOMH staff in order to prepare the existing workforce for consumer and family member employees. As part of that training they will provide an extensive introduction to wellness and recovery values as well as recovery oriented practice. This training involves dialogue and problem solving, experiential exercises as well as didactic components.

In view of the dynamic work between the consumers and their Case Manager, 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 MHD 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 their needs. He/she will determine with the consumer which approach to recovery will be most helpful. If the consumer would benefit from developing a Wellness Recovery Action Plan or any other approach, the Case Manager will be available to him/her at every step along the way. The Case Manager will support the tenant throughout his/her rehab, by providing case management, individual and group therapy, links to support groups, links to self-help center participation and other healthy activities. The Case Manager will also be able to educate the consumer's significant others about his/her mental illness issues and, thereby, facilitate 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, including the work of Peer Mentors, will offer specific services to the consumers, as they are needed (e.g., cooking, household maintenance, life coaching, legal assistance, job training, employment assistance, transportation, shopping, recreation, etc.). A key ingredient to the success of dually diagnosed consumers will be their participation in support groups, either the twelve step or Health Realization models. Where possible, these groups will be offered

on site. If that is not possible, then the consumers' Case Managers will link them to the groups run at the clinic next door to the housing site and work with them to facilitate their participation 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.5.

### **How the Services Will Assist the Tenant in Obtaining and 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.

Also, the Santa Clara County Department of Social Services has committed to dedicating at least three (3) Benefits Specialists to work with the homeless to help them obtain their benefits in a timely manner. The Case Managers 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 ensure that the benefits are restored. 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.

In addition, the MHD is implementing a new software (called *Report Assistant*) approach to help therapists complete an SSI application for consumers. It is currently loaded on several PCs at the MHD Call center; and after a 4-month pilot at one clinic, it will be made available to the therapists at other clinics.

### **Whether Services Will Be Delivered On-Site or at Other Locations in the Community**

The Fair Oaks Mental Health service team will be the primary service provider to the MHSA tenants at this site. The Housing Support Liaison will facilitate any coordination of services if there are other service providers involved in the tenants' care. In order to do this, he/she will meet with representatives from the service providers involved and will coordinate the services that will be delivered on site. He/she will facilitate all meetings with the Case Managers and others as needed in order to ensure appropriate service delivery. Thus, the Housing Support Liaison will serve as the single point of contact for communications between services providers and property management staff and coordination of supportive services for the MHSA tenants.

Case management services will be delivered at both the housing site and the MH clinic next door. In this way, the Case Managers and Peer Mentors (support workers) will visit the tenants on a regular basis and attend to their needs appropriately. In this environment, the Peer Mentors (working with the Housing Support Liaison and the FOMH service team lead person) will also organize and coordinate—while communicating with the housing staff on site—helpful workshops (see D.5), support groups, and social/recreational activities. In addition, mental health counseling and education on medication self-management will be made available to the tenants at their usual appointments with their psychiatrists and medical professionals at the mental health and medical clinic located next door. 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 (with or without discounted VTA passes via the nearby Senior Center) or Outreach, a non-profit paratransit provider.

### **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 tenants' level of care and needs. Regular, in-home supportive services may be required 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/or Peer Mentor and Housing Support Liaison 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. In the instance of in-home care, the Case Manager will link the tenant to in-home support in the tenant's personal residence by contacting an in-home service provider. Finally, sensitivity to the older adult's culture and language will be maintained.

Peer Mentors will work with the Case Managers to provide on-site services to the tenants as specified in D.5. This will make possible even more frequent contact with the tenants.

### **Staffing Levels**

The staffing levels will correspond to the level of consumers' need. All MHSA tenants will have a designated Case Manager and have access to the FOMH service team at the clinic next door. The staff members of the service team include a Psychiatrist, a Vocational Rehabilitation Specialist, Rehabilitation Counselor, and Therapist (LCSW/MFT). Peer Mentors are facilitated through a central point of contact, the Program Manager I for Consumer Affairs. When appropriate, the Case Manager will connect tenants to other staff available through the County or a contract agency. 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 and Peer Mentor 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 the medical, psychosocial and functional status needs of the older adults housed at this site. This will include appropriate planning in the event of crisis or involuntary psychiatric hospitalization. If an 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 that time period, 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 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 County Fair Oaks Mental Health service team, the landlord/ property management company, and the housing site staff is integral to this Plan and is detailed in the Memorandum of Understanding developed for this project. In addition, Release of Information forms will be presented to all qualified consumers in order to allow for appropriate sharing of 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 themselves. This approach can be a bridge to their future, empowering them to accomplish their goals toward greater health and an improved 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 House Rules 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 Housing Support Liaison will serve as the single point of contact for communicating between the service provider and property management staff and coordinating supportive services for the MHSA tenants. In this role, the Housing Support Liaison will facilitate regular meetings to discuss issues related to service delivery at the site.
5. The FOMH service team and Peer Mentors working with the tenants will provide any coaching and support that will help them maintain their apartment. This will ensure responsible behavior by their 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 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.
7. The housing site staff 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 Housing Support Liaison and/or a County Case Manager in a timely manner.
8. In case of any significant behavioral problem exhibited by the MHSA tenant that may affect his/her tenancy, either the housing staff, the Housing Support Liaison or the Case 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. MHD staff will offer training to the housing site and property management staff concerning the special circumstances of the MHSA tenants.
10. Finally, MHD 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 and Peer Mentors 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; and
7. Offering services and activities on-site or at the clinic next door.

## **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.5, the staff involved in the tenants' care will offer a broad range of topics for workshops and classes. These include budgeting and money management, personal grooming assistance, emotion and medication management, and other self-directed independent living skills trainings.

In addition to this, the Peer Mentors 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.
- Collaborate with housing staff on rent-payment issues and redirect tenants to housing site staff if questions arise.
- Prepare tenants for late payment issues.
- Support tenants' efforts to get to know the housing staff.
- Guide tenants through the rent paying process.
- 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 promote responsible behavior by the tenants, help build the tenants' self-esteem, and foster a clean and healthy living environment.
- Show tenants how they can take initiative to solve problems, e.g., a noisy neighbor.
- Encourage tenants to participate fully in activities on site.

The Case Managers will:

- Link the tenants to the County's self-help centers and all the programming activities provided at those sites.
- Help tenants deal with consequences to their inappropriate conduct in public.
- Advise tenants on how to handle emergencies and after-hours work requests.
- Help tenants find other housing, if necessary.

The Housing Support Liaison will:

- Advise tenants on any and all requests for reasonable accommodation of services or reasonable modification of their unit.
- Reinforce tenants' awareness of House Rules and the process whereby infractions are addressed.
- Conduct periodic, informal home visits of tenants' units. If there are safety issues arising from any home visit, the liaison 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 those health and safety checks that are appropriately warranted.
- Provide the appropriate guidance to help tenants maintain their unit and thereby prevent any eviction.

- Be 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.

## Section D.5.....Attachment F

**Housing Site:** Sunnyvale Senior Housing Project

### SUPPORTIVE SERVICES CHART

List all services to be provided to tenants of the MHSA Housing Program units, including any in-kind services essential to the success of your Supportive Services Plan. Feel free to add additional lines to the Supportive Services Chart table as needed.

Supportive Service	Target Population	Service Provider(s)	Service Location
Case management services, intake and assessment and assistance with benefits assistance, culturally relevant language services, development of individual wellness/recovery action plans, employment assistance linkage, in-home support linkage, legal assistance linkage, medical/dental/podiatry care linkage, rehab/recovery program linkage, transportation help linkage, life-alert system linkage, and volunteering linkage.	Older Adults	Case Manager as member of a Service Team	On site or where appropriate for the tenant; accessed by Case Manager, public transportation, family/friends, or Outreach paratransit service
Additional case management services: budgeting/money management, obtaining deposit assistance, food and clothing, move-in assistance (obtaining furnishings and supplies, moving in, learning procedures, getting phone and utilities connected)	Older Adults	Peer Mentor	On site
Counseling	Older Adults	Psychiatrist/Rehab Counselor or Case Manager of the Service Team	Mental Health clinic next door or another clinic accessed by Case Manager, public transportation or Outreach paratransit service
Educate significant others about MHSA residents' mental health issues	Older Adults	Case Manager	Mental Health clinic next door
Support groups	Older Adults	Peer Mentor/Case Manager	Mental Health clinic next door
Community meetings, housing inspections assistance	Older Adults	Housing Staff	On site
Medication/symptom management guidance	Older Adults	Psychiatrist/Rehab Counselor of the Service Team	Mental Health clinic next door
Self-directed independent living skills training (workshops/ classes), including exercise activities, personal grooming guidance, meal planning/food/nutrition assistance, cooking, apartment maintenance, personal growth opportunities, HICAPP insurance counseling and information, etc.	Older Adults	Peer Mentor	On site and/or at Mental Health clinic next door
Crisis response	Older Adults	Housing Support Liaison	On site
Recreation/social/educational opportunities	Older Adults	Services Coordinator	On site or coordinated with nearby Senior Center and local church
Tenancy issues training (emergency preparedness, fire drills, lease reviews)	Older Adults	Housing Staff	On site

**Primary Service Provider:** County of Santa Clara Fair Oaks Mental Health Clinic staff