

COUNTY OF MENDOCINO

AMENDED AND RESTATED

MEMORANDUM OF UNDERSTANDING – NO PLACE LIKE HOME HOUSING

Between the Mendocino County Health & Human Services Agency, Behavioral Health and Recovery Services; and Rural Communities Housing Development Corporation

This Amended and Restated Memorandum of Understanding (Amended and Restated MOU) is entered into between Mendocino County Behavioral Health and Recovery Services (BHRS) and Rural Communities Housing Development Corporation (RCHDC), a California non-profit public benefit corporation, for the development and operation of Orr Creek Commons, Phase II (Project), located at 365 Brush Street , Ukiah, California, which shall provide permanent supportive rental housing under the No Place Like Home (NPLH) Program of the California Department of Housing and Community Development (HCD), which has identified the Project by the HCD number 20-NPLH-14602.

Whereas, BRHS and RCHDC entered into a Memorandum of Understanding – No Place Like Home Housing (#PA 20-150), executed on or about June 25, 2020 (Original MOU), prior to the construction and operation of the Project; and

Whereas, the Project converted to permanent financing on or about April 10, 2023, after which time HCD performed a review of the Original MOU and is now requiring certain modifications to more clearly identify the Project, the service providers, and the term of the MOU in connection therewith; and

Whereas, BHRS is responsible for the delivery of mental health treatment and supportive services including, wherever possible, an appropriate and adequate range of housing to very-low income persons with serious mental illness (SMI) who are homeless or at risk of homelessness; and

Whereas, to provide treatment and supportive services Mendocino County may contract with Specialty Mental Health Providers; and

Whereas, BHRS will be the recipient of California’s No Place Like Home Program (NPLH) funding for the development and operation of permanent supportive housing; and

Whereas, BHRS has identified affordable housing as a significant unmet need among persons with SMI in Mendocino County and as a priority for NPLH funding; and

Whereas, BHRS recognizes that it does not have the expertise to independently pursue a strategy for developing housing resources in the County for persons with SMI; and

Whereas, RCHDC has expertise in developing affordable housing, in managing housing funding, and in leveraging resources for the creation of such housing; and

Whereas, one of the goals of the NPLH funding is the creation of rental housing units dedicated to consumers with SMI who are chronically homeless, homeless or at risk of chronic homelessness; and

Whereas, RCHDC has expertise in property management including the management of housing for SMI tenants capable of independent living and will act as the property management agent; and

Whereas, BHRS wishes to engage RCHDC to carry out the roles and responsibilities outlined herein; and

Whereas, RCHDC and BHRS desire that BHRS and its agents provide services in accordance with the plan submitted as a part of the NPLH funding application.

Now therefore BHRS and RCHDC agree that the relationship between BHRS and RCHDC should result in the creation of policies, procedures, housing units, and services dedicated to persons with SMI and to the following:

I. General Agreement

- A. BHRS and RCHDC shall develop the NPLH housing in three phases: Pre-Development, Development, and Property Management.
1. The Development phase will be governed by this document, except that RCHDC will be primarily reimbursed for its efforts from development fees generated by funding leveraged beyond the NPLH funding referred to in this document. Any exceptions to this will be negotiated between RCHDC and BHRS prior to the beginning of the affected work.
 2. The Property Management phase will be governed by documents appropriate to the plans and policies developed and at rates standard for the mental health property management industry and appropriate to Mendocino County area median income. Supportive services provided during this phase will materially conform to the NPLH Supportive Services Plan attached as Exhibit A to this Memorandum of Understanding.

II. Housing Planning and Policy

- A. NPLH Housing Policies
1. RCHDC and BHRS will work together to establish relevant and integrated housing-related plans and policies to implement the use of the No Place Like Home Program and other similar funding.
 2. RCHDC will:
 - a. Outline the policies that must be decided upon, prepare research on different policies and best practices, and facilitate a team discussion (including BHRS/Specialty Mental Health provider staff, if interested) of the implications of the different policy decisions. These policies shall cover housing issues as they relate to the Dedicated Housing Development Resources, Dedicated Housing Development Projects, and Operating or Rental Subsidy funds. General items to be reviewed will include desired numbers and types of housing units, appropriate target populations, level of allowable subsidy, length of funding commitments, applicable housing quality standards and other matters that may be necessary to define in order to operationalize BHRS housing-related programs and/or to make funding commitments and monitor performance by housing contractors.
 - b. Draft the NPLH Housing Policies and present to BHRS with recommendations.
 - c. Provide BHRS with recommendations to amend the adopted policies if it is determined that certain policy decisions are having a negative impact on the feasibility of projects, impacting BHRS' ability to leverage other resources or provide consistency for

housing providers with other common funding sources. In addition, if the State makes broad policy decisions that conflict with those adopted by Mendocino County, RCHDC will make recommendations to BHRS about how to resolve the conflict.

- d. Work with BHRS and other organizations as appropriate to select and obtain all site(s) approvals and to determine facility size(s) and features.
- e. Submit NPLH applications and reporting as necessary to obtain expected funding.

3. BHRS will:

- a. Add their knowledge and expertise to the policy discussion with regards to other state and federal funding sources dedicated to people with SMI, BHRS programs, and knowledge of SMI clients' needs.
- b. Take the RCHDC recommended policies, and make the final decision regarding adopting the policies.

4. BHRS and RCHDC together will periodically review NPLH housing policies to ensure that they are consistent with State and national regulations and guidance, County policy, best practices in the field and other matters that may affect the implementation of the NPLH programs.

B. Other Planning and/or Policy related matters

1. RCHDC will:

- a. Participate in NPLH community, local and State meetings as appropriate that affect the NPLH funding; in order to represent housing needs from the County's perspective.

III. Creation of Dedicated Housing Units

A. Management of NPLH Funding

- 1. Within the legislation that created the NPLH funding, the creation of new housing was a high priority. Development of new housing is sometimes a lengthy process. BHRS plans to apply and utilize NPLH funding with RCHDC to develop housing dedicated to persons with SMI.
- 2. The funding shall come from:
 - a. One time funding: If awarded, BHRS will dedicate one-time NPLH funds for the development of housing for persons with SMI who are chronically homeless, homeless, or at risk of chronic homelessness.

3. BHRS and RCHDC will work together to establish a method and structure for managing the funds that is consistent with NPLH guidelines and utilizes existing financial policies as much as possible while ensuring that the funds are only made available for units dedicated to qualified persons with SMI who are chronically homeless, homeless, or at risk of chronic homelessness.
4. RCHDC will:
 - a. Establish an earmark for the dedicated NPLH funding, and deposit the first funds and all additional funds, into an interest-bearing account named the "NPLH Fund".
 - b. Provide to BHRS a quarterly report during Pre-Development and Development phases and an annual (or more often as required by DHCS) report of the funding, plus a semi-annual report based on the timeframe to be determined for reporting of available funds.
 - c. Use the adopted NPLH policies to recommend Housing Development Projects to receive NPLH funding in exchange for units dedicated to people with SMI.
5. BHRS will:
 - a. Identify funding sources to be deposited to the "NPLH Fund."
 - b. Transfer funds to RCHDC for deposit.

B. Housing Project Development

1. BHRS and RCHDC will work together to encourage and ensure the development of new housing for persons with SMI in Mendocino County.
2. RCHDC will:
 - a. Carry out a variety of activities to identify projects to be funded. These activities may include, but are not limited to:
 - i. Publicizing BHRS intent to develop housing and the availability of resources to support the development of such housing
 - ii. Identifying potential projects or project sponsors
 - iii. Meeting with City and County Staff to discuss potential new projects in their jurisdictions and identify possible local resources to leverage the NPLH funding
 - iv. Evaluating the feasibility and desirability of specific projects as they meet criteria

- v. Making recommendations to BHRS regarding projects to support, including amounts and types of funding on in-kind support to provide (capital, operating, services)
 - b. Submit service planning documents to BHRS for its review as part of the approval process.
 - c. Present potential projects to BHRS with funding recommendations for BHRS approval.
- 3. BHRS will:
 - a. Review and approve the services plan attached to the proposed housing development project.
 - b. Assure that the services plans and policies are followed by BHRS and Specialty mental health providers.
 - c. Make commitment of supportive services to the dedicated housing units.
 - d. Review RCHDC recommendations in a timely way, and make approvals of the projects.
 - e. Have the ultimate decision-making authority regarding funding commitments, subject to Board of Supervisors approval.

C. Loan Closing, Project Monitoring and Development

- 1. Once the project is approved by BHRS, RCHDC will:
 - a. Contract for the use of funding, including drafting of loan documents (Pro-Note, Deed of Trust, Regulatory Agreement and Contract/Loan Agreement) specific to each project.
 - b. Record loan documents and regulatory agreements against the property to insure long term affordable housing.
 - c. Provide development and construction of the new project.
 - d. Pay periodic invoices for the housing projects in either predevelopment or construction.
 - e. Review the property management and marketing plans to determine if they meet NPLH Housing Policies and fair housing laws.
 - f. Develop the housing.

IV. Service Providers

- A. RCHDC has established that it will work with the following service providers (Service Providers) in carrying out it's NPLH responsibilities:

1. Behavioral Health & Recovery Services
 2. Behavioral Health & Recovery Services Contracted Providers
- B. Service Providers shall be committed for the Term of this agreement; provided, however, Service Providers may be terminated or replaced in the event that they fail to meet the requirements of RCHDC or NPLH. RCHDC shall provide notice to BHRS of any such substitution and such notice shall be affixed as an addendum to this Amended and Restated MOU.

V. Monitoring

- A. Monitoring of the MOU: BHRS and RCHDC will meet a minimum of four times per year - or more frequently, if required by NPLH or other regulatory agencies, to review the work of the MOU and status of the work products. RCHDC will provide regular reports to BHRS. The format of these reports will be established in the next six months.
- B. Financial Monitoring: BHRS and RCHDC will work together to establish financial policies for NPLH funding administered by RCHDC prior to the transfer of any funding to RCHDC. These policies will be in writing and approved by each party.
- C. Monitoring of Housing Development Projects: RCHDC and BHRS will work together to establish monitoring policies during the first year of this MOU. Once established, RCHDC will follow these monitoring policies in the ongoing monitoring of completed projects.

VI. Compensation

- A. Development
1. It is expected that RCHDC will receive compensation from development fees generated by funding leveraged beyond the NPLH funding.
 2. Additional funds may be made available as needed pursuant to detailed justification by RCHDC and approval by BHRS.
- B. Property Management
1. Property management fees shall be as required and allowed by the various funding organizations including possibly but not limited to NPLH, California Tax Credit Allocation Committee, and USDA Rural Development. Consideration shall be taken where allowed to provide property manager(s) with mental health backgrounds.


VII. Term; Ongoing Coordination and Oversight

- A. In accordance with NPLH requirements, the term (Term) of this Amended and Restated MOU is twenty (20) years.
- B. BHRS and RCHDC will meet on a regular basis to review progress on these efforts.

- C. At least annually, BHRS and RCHDC will review this MOU.
- D. Either party may choose to terminate this MOU at any time for any reason with at least thirty (30) day written notice.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: 
Jenine Miller, Psy.D., BHRS Director

Date: 10/25/23

Budgeted: No
Budget Unit: N/A
Line Item: N/A
Org/Object Code: N/A
Grant: No
Grant No.: 'N/A'

CONTRACTOR/COMPANY NAME

By: 
SIGNATURE

Date: 10/25/23

NAME AND ADDRESS OF CONTRACTOR:

Rural Communities Housing Development Corporation
499 Leslie St.
Ukiah, CA 95482
707-462-9196

COUNTY OF MENDOCINO


By: 
GLENN MCGOURTY, Chair
BOARD OF SUPERVISORS

Date: 12/05/2023

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: 
Deputy 12/05/2023

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: 
Deputy 12/05/2023

COUNTY COUNSEL REVIEW:

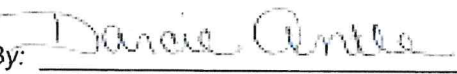
APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
County Counsel

By: 
Deputy

Date: 10/24/2023

INSURANCE REVIEW:

By: 
Risk Management

Date: 10/24/2023

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 10/24/2023

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed 'N/A'
Mendocino County Business License: Valid
Exempt Pursuant to MCC Section: Within city limits in Mendocino County

EXHIBIT A
SUPPORTIVE SERVICES PLAN
FROM
NO PLACE LIKE HOME APPLICATION

Instructions: All Projects that include Supportive Housing units must complete a Supportive Services Plan for the NPLH units. The checklist below shall serve as a guide to ensure that the Supportive Services Plan is complete.

Part I.	Tenant Selection Narrative
	Section 1: Tenant Selection Criteria
Part II.	Lead Service Provider (LSP) Detail
	Section 1: Lead Service Provider (LSP)
	Section 2: Best Practices in Service Delivery
Part III.	Supportive Services Detail
	Section 1: Supportive Services Chart
	Section 2: Supportive Services Coordination
	Section 3: Verification from Appropriate Public or Non-Profit Funding Agency
Part IV.	Tenant Safety and Engagement
	Section 1: Tenant Engagement
	Section 2: Safety and Security
Part V.	Staffing
	Section 1: Staffing Chart
	Section 2: Staffing Ratios
Part VI.	Supportive Services Budget
	Section 1: Supportive Services Budget Table & Cost Per Unit Table
	Section 2: Budget Narrative and Funding Commitments
	Section 3: Service Funding History Table
Part VII.	Collaboration and Reporting
	Section 1: Collaboration
	Section 2: Reporting Requirements Certification

Part I. Tenant Selection Narrative

This section asks for a detailed description of the tenant selection process. Using the titled sections below, the narrative should be as specific as possible, delineating the roles of property management and the Lead Service Provider and how these functions will be coordinated. Your description should clearly and conclusively document processes to ensure NPLH tenant households occupy NPLH Assisted Units following tenant selection and Housing First Practices.

Section 1: Tenant Selection Criteria

1. Target Tenant Population and Eligibility Criteria

a. Do you use Housing First Practices? Yes

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

Primary applicants for NPLH assisted units will be selected using the Coordinated Entry system that will place the most vulnerable applicants based on the assigned VI-SPDAT score that ranks these individuals base on vulnerability. The screening of applicant status of homelessness will be part of the process for selecting the applicant that can proceed to the income qualification process. Filling NPLH assisted units with applicants that meet the definition of Target Population as defined in Section 101 of NPLH Guidelines.

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

The target population for these units will be adults, ages 18 years and older, with serious mental health disorder or serious emotional disturbance who are either homeless, chronically homeless, or at risk of chronic homelessness that will meet the requirements under section 101 of NPLH guidelines. All NPLH tenants will come from Mendocino County's Continuum of Care's Coordinated Entry System (CES) Permanent Housing Community Queue.

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

The final configuration of the community will have units as required under Low Housing Income Tax Credit (LIHTC) restrictions to meet different income targeting. Applicants will be placed in any units that they do not exceed the income restriction on, with those applicants with the lowest incomes being placed in the units with the lowest income restrictions prior to being place in higher income restricted units as defined by LIHTC rules, regulations or restrictions placed on the community. Total NPLH household income at the time of move-in shall not exceed the 30% AML limit as published by HCD.

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

This housing community is intended to be low barrier housing and the selection criteria is based on a model that follows Housing First criteria. There are standard sets of house rules that define what types of actions are acceptable or not acceptable during the duration of the tenancy of the applicants. Applicants will be screened for a criminal history only to assure that previous actions such as sexual offense, arson, and or significant violent crimes do not harm the other resident's from the community.

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

Tenants that are going to reside at the community will be provided information referencing Megan's Law, house rules that define acceptable behavior at the community, a lease addendum that describes the rights they have under California law concerning their tenancy, their right to file a grievance for actions in the community, information on the importance of having renters insurance, and other forms that clearly define their rights as a tenant.

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

The Mendocino County Continuum of Care for the Homeless uses a Coordinated Entry System. Individuals that are homeless or at risk for homelessness complete the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) and are given a vulnerability score based on responses to questions about risk factors. When housing is available, a list of the highest vulnerability scores are pulled from the Homeless Management Information System and those individuals with the highest vulnerability scores are referred or further screened for additional housing based criteria, in this case specialty mental health diagnoses. The contact for the Homeless Management Information System in Behavioral Health and Recovery Services is Karen Lovato, lovatok@mendocinocounty.org, 707-472-2342.

2. Marketing/Outreach

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

Mendocino County commits to using the Coordinated Entry System in this project, Orr Creek Commons II. Mendocino County uses the Coordinated Entry system and the Homeless Management Information System for all housing through the Continuum of Care for the Homeless. Mendocino County has experience using Coordinated Entry Systems and the Homeless Management Information system in an current permanent supported housing project for those with serious mental health diagnosis and homelessness/risk of homelessness. The use of the VI-SPDAT as a vulnerability index ensures that those with the highest need that also meet the criteria of specialty mental health diagnoses and chronic homelessness/risk of chronic homelessness are housed in this program.

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

An alternate system will not be used. In addition to the Coordinated Entry System, specialty mental health providers will verify that the prospective tennant qualifies for specialty mental health services.

3. Housing First Characteristics

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

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

Part II. Lead Service Provider (LSP) Detail

Section 1: LSP

The County or other LSP is the entity that has overall responsibility for the provision of supportive services & implementation of the Supportive Services Plan. The County or other LSP provides comprehensive case management services (individualized services planning & the provision of connections to mental health, substance use, employment, health, housing retention) and may also coordinate with other agencies that do so.

1. County/LSP Name: Mendocino County Behavioral Health and Recovery Services

Relationship to Applicant: Applicant

How long has the County/LSP been providing services to homeless: 45+ Years N/A Months

How many Projects have the Applicant and LSP completed together? (Provide list of completed Projects when submitting) 9

2. List any additional agencies that will be providing comprehensive case management services to residents. Describe population(s) they will serve and how their services will be coordinated by the LSP.

Agency Name	Populations the Agency will serve	How Services will be Coordinated
Redwood Community Services	Adults and Youth with serious mental illness	Specialty mental health providers meet twice monthly with the administrative
Manzanita Services	Adults with serious mental illness	Specialty mental health providers meet twice monthly with the administrative
Mendocino Community AIDS/Viral	Adults with serious mental illness	Specialty mental health providers meet twice monthly with the administrative

Section 2: Service Delivery

1. Fully describe in the yellow cells below for each question how the best practices may be utilized in the service delivery model. Include a description of policies and periodic training plans. For the clinical interventions in this section, include a description of how the intervention is used and describe training. **NOTE: Do not include definitions of these practices.**

Benefits counseling and advocacy, including assistance in accessing SSI/SSP, enrolling in Medi-Cal, outreach, access, and recovery: Staff trained prior to lease up? Yes

Mendocino County Behavioral Health has staff trained in assisting eligible beneficiaries in enrolling in Medi-Cal and other benefits. Specialty mental health providers are trained to support connecting clients to benefits assistance when they qualify.

Critical Time Intervention: Staff trained prior to lease up? No

N/A

Trauma-Informed Care: Staff trained prior to lease up? Yes

Supportive Services Plan (SSP) §203

Rev. 9/25/19

Specialty mental health providers are trained in trauma informed care. Several providers have had Trauma Informed Cognitive Behavioral Therapy, Adverse Childhood Experiences, and other trauma-informed trainings. Additional Adverse Childhood Experience Trainings are scheduled in 2020 to increase the number of direct service providers trained in trauma informed care.	
Motivational Interviewing: Staff trained prior to lease up?	Yes
Specialty mental health service providers are trained in Motivational Interviewing. Additional trainings in Motivational Interviewing are being scheduled in 2020 to increase the number of direct service providers trained in motivational interviewing.	
Voluntary Moving-on strategies: Staff trained prior to lease up?	Yes
In existing supported housing units, Mendocino County specialty mental health service providers work to support clients to avoid eviction. This support includes strategies to reduce issues leading to eviction risk, however when that is not possible, Mendocino County providers work with tenants to chose to voluntarily move to avoid eviction. This keeps the option available for the tenant to return at a later date.	
Safety and security of staff and residents: Staff trained prior to lease up?	Yes
Mendocino County specialty mental health providers that respond in the field are trained in safety awareness practices.	
Peer Support (include length of time Peer Support program used, if applicable): Staff trained prior to lease up?	Yes
Mendocino County specialty mental health providers are regularly trained in peer support models. Several service agencies are based on peer/family member staffing patterns and have multiple opportunities and levels of employment opportunities for individuals with lived experience. Peer led and peer support groups are a key factor in Mendocino County's Wellness Centers. Wellness Recovery Action Planning is a frequent group offered at Wellness Centers, and Trainings in Wellness Recovery Action Planning are offered to staff. In addition, Mendocino County contracts with the Mendocino County chapter of the National Alliance on Mental Illness to provide ongoing trainings to peer and family member such as Peer to Peer and Family to Family.	
Case conferencing: Staff trained prior to lease up?	Yes
Case/Care conferencing is a regular practice within specialty mental health service providers in Mendocino County. Care conferences are called during transitions in care, when individuals are struggling and team brainstorming is needed for additional strategies, and any other time that seems warranted. In addition to client specific care conferencing, regular MultiDisciplinary Team meetings occur to discuss system improvements and strategies to overcome challenges and barriers.	
Communicating the Applicant's and LSP's program philosophy, values, and principles: Staff trained prior to lease up?	Yes
Mendocino County specialty mental health services value least restrictive environments, increasing access in a coordinated system of care that is responsive and respectful to the individual's culture. Mendocino County specialty mental health services believe in recovery and peer driven services and in maximizing quality of life and independent living through community based treatment. Specialty mental health services are individualized based on client need and goals. Services are designed to be adaptive and flexible to client needs.	
Rent by residents during periods of hospitalization: Staff trained prior to lease up?	Yes
Mendocino County specialty mental health services include Full Service Partnerships. Full Service Partnerships are an intensive care management service delivery that includes additional support to help clients overcome barriers. Clients that are hospitalized or are at risk for institutionalization related to their mental health symptoms are eligible for Full Service Partnership care management and support. This support can include rental support during periods of hospitalization. Hospitalization will not contribute to fees or penalties related to rent payment. Relationships between property management and service providers will facilitate communication and support when individuals are hospitalized.	
Resident Privacy and Confidentiality: Staff trained prior to lease up?	Yes
All Mendocino County specialty mental health providers are trained in confidentiality and privacy regulations. Specialty Mental Health staff are required to review and sign a Code of Ethics upon hire and annually during a training. The Code of Ethics includes maintaining confidentiality and professional boundaries with clients. Service providers will attempt to obtain authorization to release confidential information between service providers and property management to ensure coordination and support for tenants maintaining housing. Client information will not be shared without a release of information being in place.	
How the supportive services staff and property management staff will work together to prevent evictions, to adopt and ensure compliance with harm reduction principles, and to facilitate the implementation of reasonable accommodation policies from rent-up to ongoing operations of the Project: Staff trained prior to lease up?	Yes
Mendocino County Behavioral Health and Recovery Services providers have several supportive housing units for specialty mental health clients in addition to supporting specialty mental health clients in non project specific housing. In project specific housing, Mendocino County maintains regular contact and agreements with the housing management or landlord. Service providers work to obtain client permission to communicate between specialty mental health provider and property management upon move in. Once clients permission is obtained, service providers and property management communicate regularly to support tenant needs and prevent eviction risk wherever possible. In an existing permanent supported housing unit, we meet monthly with the property management and specialty mental health providers to discuss concerns and successes. Tenants that are at risk for lease violation or have been noted to be isolating are discussed, if care conferencing is needed, it is scheduled. If increased outreach and support is needed for the tenants it is coordinated from these meetings. When complex wide needs arise, these are also discussed in the monthly meeting. For example, during the power outages strategies for community meals and ensuring tenants had plans for light and heat were discussed. Activities are offered in the housing complex by behavioral health providers including sobriety support groups.	
General service provider and property manager communication protocols: Staff trained prior to lease up?	Yes
Mendocino County has agreements with Rural Communities Housing Development Corporation for other supported housing units. Communication between provider and property manager protocols for this project are in the draft stage. They will be finalized and staff will be trained in them prior to lease in the units.	
Making Applicants aware of the reasonable accommodations procedure: Staff trained prior to lease up?	Yes
Part of the lease signing is reviewing reasonable accommodations. Similar supportive housing projects include questions about need for reasonable accommodations on the application and screening tools to ensure prospective tenants are aware of the process, we anticipate using these in NPLH housing units.	
Receiving and resolving tenant grievances: Staff trained prior to lease up?	Yes

Reviewing the grievance process is a part of the lease signing process. In addition, specialty mental health providers have additional grievance processes in place to support clients in having their concerns heard and resolved.

Supportive Services Plan (SSP) §203

Rev. 9/25/19

Appropriate responses to tenant crisis: Staff trained prior to lease up?	Yes
Mendocino County has a Crisis Services Center for crisis situations that rise to 5150 assessment level. In addition, care managers respond to client homes and can respond to sub acute concerns and urgent needs. In other supported housing units in Mendocino County, crisis response has been very efficient and effective. The housing management is aware of crisis contact information, when existing care management support is insufficient for the need, crisis services are called and clients are supported through the Crisis Services Center. We anticipate modeling NPLH crisis response after existing mental health supportive housing units.	
Retention of tenants regardless of use of substances: Staff trained prior to lease up?	Yes
Mendocino County specialty mental health providers have been trained to recognize and treat for co-occurring disorders in particular with substance abuse disorders. Training included use of motivational interviewing to engage, recognize, support, and do referrals to substance use treatment. Service providers support clients to access targeted treatment and include sobriety support in mental health treatment if it is part of the client's individualized goals. In existing supportive housing projects for specialty mental health clients, service providers have facilitated sobriety supports such as AA/NA meetings at the housing complex community room. Service providers support clients and housing management to navigate rules violations related to substance use in order to avoid eviction where possible.	
Cultural and linguistical competency for persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions: Staff trained prior to lease up?	Yes
Mendocino County specialty mental health providers are expected to complete at least two trainings in cultural responsiveness per year. Mendocino County facilitates trainers in cultural responsiveness to Native American and Latinx communities annually. In addition to the annual trainings, additional cultural responsiveness trainings have been offered in cultural responsiveness in LGBTQ and Gender Spectrum sensitivities, Veteran culture, Gang culture, among others. Online trainings are made available to staff for additional cultural responsiveness training. Bilingual staff are used as available and needed. Interpreter services are available 24/7 through Language Line services. Service providers also have access to American Sign Language interpreters.	

Part III. Supportive Services Detail

Section 1: Supportive Services Chart

Required Services: List and describe all services under Section 203(c) of the NPLH Guidelines required to be offered to tenants of the NPLH Assisted Units. The chart must include each of the services listed. Attach the agreement for each of the services listed.

Resident Service	Service Description	Service Provider(s)	Relationship to Applicant	Agreement	Off-site Service Location
List each service separately	Describe service, including the frequency and degree to which services are provided.	Provider's Name	Applicant, separate division of Applicant's organization, or a Project Partner	If service will be provided by a non-Applicant entity, indicate type of agreement under which service will be provided.	If service is on-site, leave blank. Enter distance, in miles, to off-site service and list resident commuting options. Reasonable access is access that does not require walking more that one-half mile.
Case management with individual service plans	Individuals that meet medical necessity for specialty mental health care management are assessed, and a client plan is written that is individualized to the clients diagnosis, functional impairment, and personal goals. Service frequency varies on client need and severity from several times a week to monthly. Services are provided in provider agencies, in the clients home, and in the community depending on need. Services include connecting clients to other needed services and treatment as needed and desired by the client.	Mendocino County Behavioral Health and Recovery Services and specialty mental health contracted providers: Redwood Quality Management Company, Redwood Community Services, Manzanita Services, MCAVHN, Mendocino Coast Hospitality Center.	Applicant	Contract	Approximately one mile of each other. Mendocino County Transit Authority Bus Routes as commuting option.
Peer support activities	Wellness Centers are staffed with peers and family members and encourage peer support activities and included peer employment. Activities, groups, and classes encourage socialization, skills development, and networking. Wellness Centers are open during the business week with occasional weekend accessibility.	Manzanita Services, The Arbor Youth Resource Center, MCAVHN, National Alliance on Mental Illness (NAMI)	Project Partner	Contract	Approximately one mile of each other. Mendocino County Transit Authority Bus Routes as commuting option.
Mental health care	Individuals that meet medical necessity for specialty mental health care management are assessed, and a client plan is written that is individualized to the clients diagnosis, functional impairment, and personal goals. Service frequency varies on client need and severity from several times a week to monthly. Services include medication management, care management, crisis services, and when needed hospitalization and residential care. Services are provided during the business week with Crisis, hospitalization, and residential care provided 24-7.	Mendocino County Behavioral Health and Recovery Services, Specialty Mental Health Providers: Redwood Quality Management Company, Redwood Community Services, Manzanita Services, MCAVHN, Mendocino Coast Hospitality Center.	Applicant	Contract	Approximately one mile of each other. Mendocino County Transit Authority Bus Routes as commuting option.
Substance use services	Substance Use Disorder Treatment services provide individual and group counseling for individuals with a substance use disorder. Referral to Medication Assisted Treatment, residential care, and other community based sobriety support is provided when needed and desired by clients. Treatment services are typically provided several times a week. Services include groups for individuals with co-occurring mental health and substance use disorders.	Mendocino County Behavioral Health and Recovery Services	Applicant	Memorandum of Understanding	Approximately one mile of each other. Mendocino County Transit Authority Bus Routes as commuting option.

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Support in Linking to Physical Health Care	Specialty mental health care providers support clients in connecting to physical health care as needed and desired by the client. Whole Person Care is a targeted program for individuals with co-occurring mental health and physical health challenges. The Whole Person Care program ensures care collaboration between treatment systems and supports the individual with follow through in care. Linkage to health support provided during business week hours and crisis response to Emergency Departments 24/7.	Mendocino County Specialty Mental Health Providers, Whole Person Care	Applicant	Contract	Approximately one mile of each other. Mendocino County Transit Authority Bus Routes as commuting option.
Benefits counseling and advocacy	Health and Human Services Employment and Family Assistance Services connects individuals that qualify with benefits, including Medi-Cal. Behavioral Health and Recovery Services has a staff person to support individuals in obtaining benefits.	Mendocino County Behavioral Health and Recovery Services and Mendocino County Employment and Family Assistance Services	Division of Applicant's Org	Memorandum of Understanding	Approximately one mile of each other. Mendocino County Transit Authority Bus Routes as commuting option.
Basic housing retention skills	Specialty mental health care providers support clients in developing skills to maintain independent living. Independent living skills are taught on an individualized basis and skills groups are offered at wellness centers. In addition, care managers respond to challenges and barriers individual clients experience with housing, and attempt to avoid eviction and maintain housing to the extent possible.	Mendocino County Behavioral Health and Recovery Services and specialty mental health contracted providers: Redwood Quality Management Company, Redwood Community Services, Manzanita Services, MCAVHN, Mendocino Coast Hospitality Center.	Applicant	Contract	Approximately one mile of each other. Mendocino County Transit Authority Bus Routes as commuting option.

Encouraged Services: List and describe all services under Section 203(d) of the NPLH Guidelines encouraged to be offered to tenants of the NPLH Assisted Units. If multiple services will be provided in the service categories provided below, attach any additional description. Empty spaces are available at the bottom of the table for the applicant to describe services not listed.

Resident Service	Service Description	Service Provider(s)	Relationship to Applicant	Agreement	Off-site Service Location
List each service separately	Describe service, including the frequency and degree to which services are provided.	Provider's Name	Applicant, separate division of Applicant's organization, or a Project Partner	If service will be provided by a non-Applicant entity, indicate type of agreement under which service will be provided.	If service is on-site, leave blank. Enter distance, in miles, to off-site service and list resident commuting options. Reasonable access is access that does not require walking more than one-half mile.
Services for persons with co-occurring mental and physical disabilities or co-occurring mental and substance use disorders not listed in the above table	Substance Use Disorder Treatment includes co-occurring groups for those with mental health and substance use concerns. Substance Use Disorder Treatment also includes prevention services in schools for youth with behavioral health concerns and symptoms.	Mendocino County Behavioral Health and Recovery Services	Applicant	N/A	Approximately one mile of each other. Mendocino County Transit Authority Bus Routes as commuting option.
Recreational and social activities	Wellness Centers include recreational activities and social activities. Groups, activities, and classes may include arts, crafts, socialization, or other skills building activities. Individualized care management support may include social and recreational support based on client needs and goals.	Manzanita Services, The Arbor Youth Resource Center, MCAVHN	Applicant	Contract	Approximately one mile of each other. Mendocino County Transit Authority Bus Routes as commuting option.
Educational services	Specialty mental health providers assist individuals that are interested in pursuing their educational goals in connecting with either the Ukiah Adult School for completion of GED, or with Mendocino Community College for college classes.	Mendocino County Behavioral Health and Recovery Services, Specialty mental health providers: Redwood Quality Management Company, Redwood Community Services	Applicant	Contract	Approximately one mile of each other. Mendocino County Transit Authority Bus Routes as commuting option.
Employment services	Mendocino County Job Services- CalWORKS program provides employment services, workshops, and support services to individuals looking for work. Wellness centers support individuals in pursuing employment including employment as peer specialists.	Mendocino County Employment and Family Services and Mendocino County Behavioral Health and Recovery Services specialty mental health services	Division of Applicant's Org	Memorandum of Understanding	Approximately one mile of each other. Mendocino County Transit Authority Bus Routes as commuting option.
Obtaining access to other needed services	N/A				

File Name:	LSP Agreement	Lead Service Provider Contract, Agreement, or Letter of Intent	Hard Copy and on USB?	Yes
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Section 2: Supportive Services Coordination

1. Describe the accessibility of community services to which you propose linkages, whether they are on-site or in close proximity to the Project, including the hours they are available, and the frequency, travel time and cost to the tenant for transportation required to access the services to include both public transportation and private transportation services (e.g. van owned by the provider). Additionally, describe how the supportive services will be provided in a manner that is culturally and linguistically competent for persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions. This includes explaining how services will be provided to NPLH tenants who do not speak English, or have other communication barriers, including sensory disabilities, and how communication among the services providers, the property manager and these tenants will be facilitated. Additionally, describe how services will accommodate trauma-based, barriers to services. Provide documentation, in the form of Memorandum of Understanding, Memorandum of Agreement, letters of support or contracts demonstrating who will be responsible for ensuring access to services and how accessibility will be accomplished if not already included in agreement provided for service provision.

Mendocino County is a small rural county. The site of the project is located in Ukiah a city of just under five square miles. The majority of services are located within a one mile area. Mendocino County Transit Authority provides bus routes on approximately 30 minute basis during the business week for approximately one dollar. Tenants will all be eligible for specialty mental health services. Specialty mental health care providers support clients in accessing resources according to the individualized treatment plan and goals, such as medical appointments, substance use treatment, and other community resources and services. Specialty mental health service providers are required to take at least two cultural responsiveness trainings per year, and several trainings in culture, ethnicity, and other cultures such as LGBTQ and Veterans. Specialty mental health providers are required to provide services in the clients preferred language. When the service provider does not have a bilingual or spanish speaking provider, language line or contracted translation for American Sign Language will be used. Specialty mental health providers meet regularly in the form of multidisciplinary meetings, multi agency meetings, and system level care coordination meetings to ensure services are being provided according to expectation and regulation and are responsive to client needs.

2. Describe which community/county/state funded programs will be utilized to meet the needs of the residents, particularly if those residents are dependents of tenants.
 NPLH Housing project residents and dependents of tenants will be eligible for a wide variety of community, county and state funded programs, in particular those that are targeted to those with serious mental health diagnosis and those that are homeless. Programs include specialty mental health services funded by Medi-Cal, Federal Financial Participation, and Realignment. Programs also include Mental Health Services Act programs for those with specialty mental health diagnoses or programs to prevent the risk factors of developing specialty mental health diagnoses. Homeless programs include homeless shelters and day resource centers. Community programs include family resource centers and other targeted activities to support community resilience.

3. Is the Applicant currently working with the with the CoC in the area? Yes

If No, please explain:

N/A

Section 3: Verification from Appropriate Public or Non-profit Funding Agency

All applications where the County is **not** the LSP shall include a verification from an appropriate funding entity (either public or non-profit) knowledgeable about the supportive service needs of the Target Population, indicating that the proposed services are appropriate to meet the needs of the Target Population. The verification shall endorse the primary service provider as a known provider of support services to the Target Population. The Development Sponsor and/or Service Provider are not eligible to provide the Funding Agency Verification.

Please use the attached Supportive Service Verification form from the appropriate public or non-profit agency. Please submit one verification if serving different subpopulations of NPLH tenants who qualify as Chronically Homeless, Homeless, or At-Risk of Chronic Homelessness. If appropriate, a single funder may provide a verification for multiple populations (i.e. a County Department of Health Services could provide a verification for a Project serving individuals who are Chronically Homeless, Homeless, or At-Risk of Chronic Homelessness). Please be sure to indicate on the verification form the subpopulations to which each verification applies.

Part IV. Tenant Safety And Engagement

Section 1: Tenant Engagement

Applicant should describe strategies to engage residents in services, services planning/operations, and in building community and facility operations. **NOTE: The tenant engagement plan is distinct from the marketing and outreach efforts for attracting applicants to the Project.**

1. Will the services engagement outreach strategy include:

Outreach to applicants and residents?	Yes	Door-knocking?	Yes	Leafleting?	Yes
Assessment prior to leasing?	Yes	Peer contacts?	Yes	Outreach to organizations that work directly with target population?	Yes

Other strategies? Please describe:

All eligible tenants will be assessed prior to leasing for specialty mental health criteria. As services are not a requirement to maintain housing, individuals that fall out of services will have regular outreach and offers to re-engage in services including knocking on tenant doors and offering resources, networking with known providers, engaging peers within confidentiality rights, and attempting to engage the applicants and residents through outreach services. Regular meetings with housing management will be utilized in order to learn of challenges as early as possible to keep residents engaged. Crisis services will be utilized if needed when risk factors are indicated. When extreme safety risks exist crisis and coordination with law enforcement or other emergency services will be utilized. Service provider brochures, leaflets, and informational materials will be made available in the project community room, and are handed out at health fairs and community events.

2. Describe the strategies to engage residents in social interaction, building operations, and community involvement within the Project.

Strategies to engage residents in social interaction will include development of a community within the project. Successful strategies from similar housing projects have included, prospective tenant meetings prior to move in to meet neighbors, and strategize move in needs. Ongoing community development meetings allow for tenants to build a sense of community, share resources, and plan community wide events like pot lucks. The LSP shall facilitate communication with housing management and direct service providers around offering support services at the community building wherever possible, and encouraging community based events that build a sense of community and neighborhood.

3. Describe the strategies to engage residents in planning and delivery of resident's services.

Design of onsite activities will incorporate the input by the tenants. Incentives and celebrations are also effective ways to empower tenants to recognize their progress, skills, and strengths. As a tenant's growth towards self-sufficiency progresses, he/she may seek greater engagement by volunteering, mentoring, and/or actively working on their own educational/vocational development. Property design allows for a community room, outside area for socialization, and a community garden.

4. Describe how the physical building space supports social interaction and the provision of services.

In addition to the traditional laundry, community room and manager's office, there will be substantial space allocated for providing the supportive services to the qualified tenants. The development will include three offices for confidential service provision and a room for group sessions or related services meetings. Non-confidential interactions can also occur in the community room or in the ample exterior courtyard. The courtyard, loosely bounded on all four sides by the residential and administrative buildings was designed specifically to help the tenants build community while gently suggesting privacy from street view. The location is in close proximity to many amenities including grocery stores, transportation, and access to mental health services.

5. If planning on conducting tenant satisfaction surveys, describe types of questions asked, how they are reviewed, outcomes measured, and how often survey will be conducted.

The Resident Services Coordinator in conjunction with the Community Building and Engagement program, will conduct random surveys during the operations of the community. These surveys will review classes that have been offered at the community to see the level of reception and the feedback that is provided to better provide for new courses in the future. The questions will relate to the events offered and focus on what types of items will suit the needs of the community as a whole system.

6. Describe the strategies to engage residents in services, services planning/operations, and in building community and facility operations.

Regularly scheduled community meetings will give residents an opportunity and space to engage in planning and community operations. Communication and support by service providers will ensure collaboration and augmentation with service provider activities.

Section 2: Safety and Security

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

All staff that have access to tenant information are required to sign a confidentiality agreement as part of employment. All physical files are stored in locked file cabinets as well as in a locked office that only applicable staff have access too. The conversations about residents are limited to the people authorized by the resident to speak to and on their behalf through authorized releases. Any personal information that may be on reports will be redacted when providing the information to any agency that is not authorized to know the applicable information.

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

The community is intended to be conventional housing, providing the residents with the common tenant rights that any individual that either rents or owns their own home has. Service providers will sign in to a log specifying that they are at the community, but not providing information on why they are at the community for reasons of resident privacy. The community will be equipped with security cameras that will look at points of egress and entrance. Any person that is not supposed to be at the community will be asked to leave the area for the protection of all individuals.

3. Describe the building design safety features for ensuring resident and staff safety (include lighting, entrance/exits, locked doors, common area locations).
 Exterior lighting will be provided to keep the common areas and entrances to apartments well lit. Landscaping and grounds will be maintained in a manner that does not allow for unauthorized guests to make places of residence a concealed location. All doors to units will be provided with a single action lock that has a deadbolt in place. Residents will be issued keys to their residence and staff will not allow unauthorized access to any unit without proper notice of the resident.

4. Summarize the written policies and procedures on ensuring staff safety.
 Staff safety is of the utmost importance to the success of any community or organization. Staff will attend trainings on how to handle many different situations that have been observed over the years. Staff will also be trained on how vital the process of building a professional relationship with each resident is in order to use that relationship when situations require staff to deescalate a problem. Staff will be instructed as to when they have to bring other professionals to assist in the actions of the residents.

5. Summarize the written policies for addressing violations of resident/staff safety by residents or staff.
 Lease violations will be issued to residents when a violation of house rules occur, along with release of this information to any case management that may be in place. A case conference will be scheduled to ensure that an action plan is put in place to help the resident maintain their housing and correct the actions that are not acceptable for the safety of the community. The staff has a clearly defined employee handbook that has to be strictly followed. Any violations of employee behavior will be dealt with in accordance with the employee handbook through internal memos to the employee which could lead to termination of employment.

6. The service plan and property management plan submitted with the application must impose no restrictions on guests that are not otherwise required by other project funding sources or would not be common in other unsubsidized rental housing in the community. Describe the guest/visitor policy for residents.
 Guests are allowed to visit the residents of the community, however those guests need to register with staff upon visiting a resident if they are going to stay for over 24 hours. Guests are limited to the amount of time that they can stay during a given period. Having an unauthorized guest is a violation of the lease terms and will result in a case conferencing to deal with the issue. Staff will be trained to observe when a resident may be taken advantage of, and appropriate steps will be implemented to make sure support is provided to the resident so that the guest leaves the community. Staff will work with case managers to make sure the resident is not taken advantage of by individuals that would not usually be eligible to reside in the community.

7. Summarize the written policies for coordination with property management for resolution of tenant issues and implementation of policies and practices to prevent evictions and to facilitate the implementation of reasonable accommodation policies.
 Property Management will be required to have a reasonable accommodation policy that is compliant with all applicable laws. The property management company will also be required to have an eviction prevention policy that focuses on finding a solution to the behaviors that are not acceptable under the community rules. The eviction of a resident will only be used as a last resort if the safety of the community as a whole is in jeopardy. There will be other options to find housing for individuals that are not able to comply with the requirements of this community without placing an eviction on the resident's housing history.

8. Summarize the written policies for coordination with property management for integration of the Target Population with the general public.
 The NPLH units will be randomly integrated throughout the complex buildings, mixed in with non-NPLH units. Integration with the general public and the target population of the NPLH units will be a priority for all individuals of the community. Educational classes and information will be made available to help reduce the stigma around mental illness, homelessness and the individuals that have experienced homelessness. Meetings will be held between the community owner, the property management company and services providers consistently to discuss issues and address the concerns of the community as a whole. The focus will be on assuring that the integration of all residents is a priority for the community and all parties involved.

Part V. Staffing

Section 1: Staffing Chart

List all staff positions that will provide services to the tenants of the NPLH Assisted Units. Include County, other LSP, or Development Sponsor staff positions, and any staff positions of partnering organizations who have committed time to the Project. Include the services coordination staff. For each position, list the position title, minimum requirements, the full-time equivalent (FTE), the organization under which the position resides, and the location of the position (on-site or off-site). Do not include staff which serve non-NPLH Units. If a staff position serves both tenants in NPLH and non-NPLH units, include only that portion (i.e., % FTE) of the staff position dedicated to NPLH Assisted Units. Attach a copy of each positions duty statement, if these documents are available.

NOTE: All staff positions listed here must be reflected in the Supportive Services Budget Table. Be sure to indicate which staff position will be responsible for Homeless Management Information System data entry. If the cost of supportive service position is included as part of the Project's operating budget and the position will serve NPLH units, that position must be included in this chart.

Title	Minimum requirements	Total FTE:	4.1	Employing Organization	Location
List each staff position	List min. required staff preparation include (education & experience) NOTE: Doesn't take place of the job description or duty statement.	Indicate FTE staff positions for NPLH units (half-time is 0.5 FTE)		This could be the County, another LSP, Sponsor or a Project Partner	Select "On-Site" or "Off-Site"
Case Manager	A combination of education and experience in human services fields. Level of complexity of duties varies depending on education and experience. Education and experience varies from Associate degree and six years of experience to Master's Degree and two years experience. Position provides rehabilitation services to assist clients in improving, maintaining, and restoring functional skills, independent living skills, and recovery from mental illness. Position includes linkage and collateral services to connect individuals with additional services and supports toward meeting individualized service plan goals.	2		Lead Service Provider	On-Site
Peer Support	Peer support positions vary depending on education and experience of the peer. Associate's Degree or equivalent experience are a minimum requirement. Duties include assisting with care management and service coordination, client advocacy, serving as a liaison and link between clients and community services, providing outreach and engagement services.	1.5		Lead Service Provider	On-Site
Substance Abuse Counselor	A combination of education and experience determines level of complexity of duties. Education ranges from High School Diploma and enrollment in State approved AOD Certification program and at least one year of experience in a substance abuse treatment internship or treatment program. Duties include individual and group counseling sessions, supporting to connect the client with community resources.	0.5		Lead Service Provider	Off-Site

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HMIS Admin.	Develop, implement, and maintain a program identifying program needs, draft and monitor program goals and ensure proper allocation of resources and training. At least one year experience in support, monitoring, or oversight of a program. For the purposes of the NPLH project the HMIS administrator will have access to HMIS and will pull the most vulnerable homeless from the Coordinated Entry System and cross reference them for specialty mental health diagnosis criteria for eligibility to the NPLH project housing vacancies.	0.1	Lead Service Provider	Off-Site
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File Name:	Duty Stmt1, Duty Stmt2, Duty Stmt3, Duty Stmt4	Staff Duty Statements (all providers, if available)	Hard Copy and on USB?	Yes
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Section 2: Staffing Ratios

1. Indicate the overall services staffing level for the Project by completing the calculation below.

a.	Total NPLH Assisted Units	19
b.	Total FTE Service Staff from the Staffing Chart for the NPLH Assisted Units	4.1
c.	Number of NPLH units per FTE Staff Person (a+b)	4.63414634

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2. Complete case manager staffing ratio chart. Include all case mgmt. staff in staffing & budget forms, requires FTE case mgr. to resident ratios be appropriate to specific NPLH populations, as determined by the County or other LSP.

Population Type	Chronic Homeless	Homeless	At-Risk of Chronic Homeless
Case Mgr. Ratio	1:10	1:15	1:20

Part VI. Supportive Services Budget

Section 1: Supportive Services Budget Table.

NOTE: If the cost of supportive services is included as part of the Project's Operating Budget (as documented in the UA) and the funds will serve NPLH units, this position/expense item and the dollars associated with it (or that portion connected to the NPLH units) must be included in this Supportive Services Budget Table.

Income Source/Program Name	Amount	Type	Status	% of Total Budget
MHSA	\$116,886.94	In-kind	Committed	30.44%
Realignment	\$103,294.00	In-kind	Committed	26.90%
Federal Financial Participation- Medi-Cal	\$140,755.00	In-kind	Committed	36.66%
Project Operations	\$23,000.00	Cash	Committed	5.99%
Total Revenue:	\$383,935.94			100.00%
Expense Item	Amount	Type	Status	% of Total
Staff Salaries: List by title of position. (This list must match the Staffing Chart above.)				
Care Manager/Mental Health Rehabilitation Specialist	FTE 2 \$193,092.00	In-kind	Committed	50.29%
Peer Support/Client Services Specialist	FTE 1.5 \$105,386.94	In-kind	Committed	27.45%
Substance Abuse Counselor	FTE 0.5 \$41,500.00	In-kind	Committed	10.81%
HMIS Admin./Program Specialist	FTE 0.1 \$9,457.00	In-kind	Committed	2.46%
Fringe Benefits				0.00%
Total Staff Expenses	\$349,435.94			91.01%
Tenant Transportation	\$5,500.00	In-kind	Committed	1.43%
Equipment	\$0.00			0.00%
Supplies	\$1,500.00	In-kind	Committed	0.39%
Travel	\$3,500.00	In-kind	Committed	0.91%
Office Rent/Occupancy Costs (don't include rent/leasing costs for SH units)	\$0.00			0.00%
Training	\$1,000.00	In-kind	Committed	0.26%
Consultants: List by Function				0.00%
Subcontractors/Partners (list by Entity & Service Type)				0.00%
Other Expenses Service Coordinator	\$23,000.00	Cash	Committed	5.99%
Other Expenses (type in expense description)				0.00%
Other Expenses (type in expense description)				0.00%
Total Expenses	\$383,935.94			100.00%

Supportive Services Cost Per Unit: Permanent supportive housing best practice suggests a range between \$5,000 - \$10,000 annually in services per household, depending upon the intensity of the needs of the target population. Complete the following calculation about supportive services cost per unit for the Project. If the supportive services cost per unit, as calculated below, differ from industry practice, provide a narrative explanation. The Project must meet/address the industry standard.

Supportive Services Expense Per Unit Calculation Table

a. Total NPLH Assisted Units	19
b. Total Supportive Services Expenses	383935
c. Total Supportive Services Expenses per Unit: (b ÷ a)	20207.1053

Section 2: Budget Narrative and Funding Commitments

1. Describe how budgeted amounts are adequate to provide services described in Supportive Services Plan and in Services Staffing Table:

Specialty mental health services are a mandated County services. Budgeted amounts are adequate for services described for residents willing to participate in services. Permanent Supportive Service Cost per Unit is higher than housing best practice as the housing project will serve those with specialty mental health diagnoses. Individuals with specialty mental health diagnoses have a high intensity of service need to help overcome challenges and impairments related to diagnosis. In addition, individuals with specialty mental health diagnoses that have been homeless or chronically homeless frequently have additional co-occurring diagnoses such as substance use disorders and medical conditions.

2. Document committed funds with letter from committing agency that includes the items below. Documented services/funding must appear in Supportive Services Budget Table.

a) Project name; b) Description of services to be funded or provided; c) Dollar value of funds or in-kind services. If cash is provided, state funding source; d) Funding term or service provision; e) A description and history of agency/organization providing funding or services.

File Name: SS Fund Ltr1, SS Fund Ltr2, SS Fund Ltr3, etc...	Attach letter(s). Include: Project name; description of services; dollar value of funds or in-kind services; if cash is provided, state funding source; funding term; description & history of agency/org. providing funding or services.	Attached and on USB?	Yes
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3. For funding that is not yet committed, specifically describe the experience filling major services funding gaps in similar housing.

Funding for specialty mental health services are committed to the Mendocino County population meeting medical necessity for services. Mental Health Services Act funds fund programs that fill gaps in service provision for outreach and wellness centers.

4. Describe in specific terms the plan to fill any service gaps that occur during Project life due to expiration of grants, partner withdrawals, cancellation of a commitment or any other reason. Describe experience filling service gaps caused by loss of major funding sources.

Mental Health Services Act funds are for addressing service gaps in the specialty mental health system of care.

Section 3: Service Funding History Table: The purpose of this section is to document the funding history of the LSP. The LSP shall document a history of securing supportive service funding sufficient for the Department to make a determination that the provider will be able to access funds from the programs that fund the services identified in the Supportive Services Chart. List only funding obtained in the last five years. Complete the table containing the information required below:

Funding History for: (LSP)	Mendocino County Behavioral Health and Recovery Services
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Source of Funds/Funding Program	Purpose of Award (Use of Funds)	Amount	Award Date & Funding Term	Population(s) Served
Whole Person Care	Grant funding for individuals with specialty	#####	2016-2021	Intensive wraparound services for
Mental Health Services Act Full Service Partnership Housing	Mental Health Services Act Funding for	#####	Ongoing	Specialty mental health services for
Federal Financial Participation- Medi-Cal	Funding for public specialty mental health	Varies based	Ongoing	Specialty mental health and
Realignment	Funding for public specialty mental health	Varies based	Ongoing	Specialty mental health and

Part VII. Collaboration and Reporting

Section 1: Collaboration

Industry practice indicates that services are often best delivered by entities with specialized expertise. Consequently, effective projects are based on collaboration among organizations with different types of service expertise, or by specialized divisions within an organization. Counties should document collaboration between two or more service providers. Applications will be deemed to meet the collaboration criteria if the application documents a commitment from a service organization other than the Applicants or affiliates of the Applicants to provide a portion of the services to project residents. Cooperation among specialized intra-organizational service programs, groups, or departments may also qualify as collaboration.

Based on the contracts attached between the Applicant and non-affiliated service providers, explain the collaboration between the Applicant and the service providers. Include a short narrative describing the collaborative relationship with the outside service provider or an intra-organizational service program, group, or department that is listed in the Supportive Service Chart. Describe the specific services with which the collaborative entity will be involved.

Mendocino County specialty mental health service providers collaborate regularly with community entities such as medical health providers, educational providers, medical benefits providers, resources for recreation, and specialty services like veterans services.

Section 2: Reporting Requirements Certification

Applicant certifies that not later than 90 days after the end of each Project's fiscal year, the Applicant shall submit an independent audit for the Project prepared by a certified public accountant and in accordance with the requirements noted in the Project's regulatory agreement and the Department's current audit requirements, which are posted to the Department's website and which may be amended from time to time. §214(c) On an annual basis, the County shall submit the data listed in §214(e) for each of its NPLH Assisted Units. The County shall work with each Project's property manager and Lead Service Provider to gather the data. The data may be, but is not required to be, gathered from the local Homeless Management Information System (HMIS). §214(d) The data shall be submitted in electronic format on a form provided by the Department. The County, the property manager and the Lead Service Provider shall work together to resolve any data quality concerns to the best of their ability prior to submission of the data to the Department.

Yes

Dated:	1/6/2020
Statement Completed by (please print):	Jenine Miller
Signature:	
Title:	Behavioral Health and Recovery Services Director
Agency or Department:	Mendocino County Behavioral Health and Recovery Services
Agency or Department Address:	1120 S. Dora Street, Ukiah, CA 95482
Agency or Department Phone:	707-472-2342