

**AGREEMENT FOR THE PROVISION OF SUPPORTIVE SERVICES
BETWEEN
COUNTY OF FRESNO
AND
CROSSROADS VILLAGE FRESNO, L.P.**

This Agreement (hereinafter the “Agreement”) is made and entered into as of the effective day of April 11th, 2023, by and between the COUNTY OF FRESNO, a political subdivision of the State of California (hereafter referred to as the “SERVICE PROVIDER”) and CROSSROADS VILLAGE, FRESNO, L.P., a California limited partnership (the “PARTNERSHIP”).

The PARTNERSHIP is an affiliate of UP Holdings, LLC, DBA UP Holdings California, LLC (UPH), and is developing a permanent supportive housing project in the County of Fresno known as Crossroads Village (hereinafter the “DEVELOPMENT”). Pursuant to supportive services commitment letters each dated January 15, 2021 (hereinafter the “Commitment Letters”), the SERVICE PROVIDER committed to make available supportive services to the DEVELOPMENT for a minimum of 20 years. Commitment Letters are attached hereto as Exhibit A-1 and A-2.

The SERVICE PROVIDER and the PARTNERSHIP desire to execute this Agreement to establish the role of the SERVICE PROVIDER as the mental health supportive services provider, or its own behalf or in supervisions of a third party to perform the services, for the DEVELOPMENT consistent with the Commitment Letters. Tenant services shall commence within six (6) months of the DEVELOPMENT’S placed-in-service date and shall continue on a regular and ongoing basis for a minimum period of twenty (20) years.

1. PROGRAMS PROVIDED

(a) All services and programs of the SERVICE PROVIDER will be provided on site at the DEVELOPMENT. Services shall be provided free of charge to the tenants (with the exception of the day care services, if any), and will be of a regular and ongoing nature.

(b) The PARTNERSHIP shall provide the physical space at the DEVELOPMENT for the provision of supportive services and tenant activities to be provided by the SERVICE PROVIDER.

(c) The SERVICE PROVIDER shall provide the supportive services further described in the Commitment Letters, including the Supportive Services Plans for the DEVELOPMENT (attached hereto as Exhibit B-1 and B-2.)

(d) The SERVICE PROVIDER may contract out the Supportive Services to a third party, provided however, such third party must be obligated to provide the supportive services pursuant to the terms of this Agreement, and any attachments hereto, and a default by such third party shall be treated as a default by the Service Provider.

2. BUDGET FOR SERVICES

The SERVICE PROVIDER shall provide funding to pay for the supportive services at the DEVELOPMENT approximately in the amounts shown in the budget attached to the Commitment Letters (Exhibit A-1 and A-2).

3. MISCELLANEOUS

(a) This Agreement shall be subject to and interpreted under the laws of the State of California.

(b) This Agreement is the integrated expression of the parties' intent and has been negotiated by each side, and jointly drafted.

(c) Each party to this Agreement represents to the other party that it has the legal capacity and authority to sign this Agreement and to perform any and all duties hereunder.

(d) Each party to this Agreement shall be responsible for securing all necessary licenses and permits required for such party's full and faithful performance its obligations pursuant hereto.

4. NOTICES

Any notice shall be addressed to:

PARTNERSHIP: Crossroads Village Fresno, LP
7370 N Lincoln Ave
Suite A
Lincolnwood, IL 60712

SERVICE PROVIDER: The County of Fresno
Department of Behavioral Health
Susan Holt — Director
1925 E. Dakota Avenue
Fresno CA 93726

5. PARTIES BOUND.

The terms and provisions of this Agreement shall be binding upon the parties hereto, their legal representatives, and any successors and assigns (having been approved in accordance with the terms hereof).

6. DEFAULT.

In the event of a default of the terms hereunder, the non-defaulting party shall give notice to the defaulting party of such default. One defaulting party shall have thirty days to cure such default, or if such cure cannot be cured in thirty days, the defaulting party shall initiate cure within thirty days and diligently prosecute such cure to completion.

7. INDEPENDENT CONTRACTORS

The parties to this Agreement are acting, as to each other, as independent contractors and independent employers. Nothing contained in this Agreement shall create or be construed as creating a partnership, joint venture or agency relationship between the parties. Neither party to this Agreement shall have the authority to bind the other party in any respect.

(Signatures appear on following page.)

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first hereinabove written.

PARTNERSHIP:

CROSSROADS VILLAGE FRESNO, L.P., a California limited partnership


By: HOM XXXI LLC, a Delaware limited liability company, Its Managing General Partner

By: Housing on Merit, a California nonprofit public benefit corporation, Its Sole Member

By:  _____
Jennifer Litwak, Executive Director

By: Crossroads Village Fresno LLC,
a California limited liability company, Its Administrative General Partner

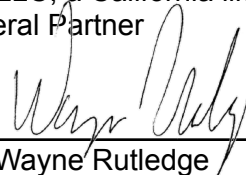
By: UP Holdings, LLC, an Illinois limited liability company, dba
UP Holdings California, LLC, its Managing Member


By: _____
Jessica Hoff Berzac
President

By: RHCB Crossroads LLC, a California limited liability company,
its Member

By: RH Community Builders LP, a California limited partnership,
its Sole Member

By: WRBH LLC, a California limited liability company,
its General Partner

By:  _____
Wayne Rutledge
Manager

SERVICE PROVIDER:

COUNTY OF FRESNO

By: Sal Quintero
Sal Quintero
Chairman, Fresno County Board of Supervisors

ATTEST:
BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California

By: Hananeh
Deputy

Exhibit A-1
Commitment Letters



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
DAWAN UTECHT
DIRECTOR

January 15, 2021

Jessica Hoff Berzac, President
UPholdings
2670 W Beechwood Ave
Fresno CA 93711

RE: Crossroads Village - Supportive Services

Dear Mrs. Hoff Berzac:

On behalf of the County of Fresno Department of Behavioral Health, I am pleased to offer this letter of commitment for Crossroads Village in Fresno. Crossroads Village is a 141-unit integrated development which will be developed and owned by UPholdings, RH Community Builders, and Housing on Merit. Residential units at Crossroads Village will serve individuals and families, including 50 units designated for persons with serious mental illness who are chronically homeless, homeless, or at-risk of being chronically homeless. This project addresses an enormous need in Fresno County where the demand for service-enriched housing far outpaces the available units.

DBH is Fresno County's mental and behavioral health services agency and has been operating using industry best-practices for decades. Fresno DBH commits to providing on-site supportive services for the 50 units targeting people experiencing or at-risk of homelessness named above. Guided by Housing First principles and best-practices, these residents will develop a service plan during an intake session at the initiation of their lease. All individual service plans will be customized to fit their needs and goals. Services will not be a condition of tenancy, but will be highly encouraged. A full scope of the offered services can be found in the project's Supportive Services Plan and will include case management, peer support, mental and behavioral health care, and much more.

DBH also commits to ensuring the funding of services via the funding mechanisms available to them from the State of California. The estimated cost of services in the project's first full year is \$667,430 and the designated sources of funding are Medi-Cal Federal Financial Participation and Realignment. The commitment for services and funding is for 20 years and is renewable.

DBH looks forward to working with UPholdings, RH Community Builders, and Housing on Merit, and other project stakeholders as they bring critical housing to our community. Please feel free to reach me at sholt@fresnocountyca.gov or 559-600-9058 with any questions.

Sincerely,

Susan L. Holt, LMFT
Deputy Director, Department of Behavioral Health
County of Fresno

1925 E. Dakota Ave., Fresno, CA 93726
FAX (559) 600-7673 www.co.fresno.ca.us

Exhibit A-2
Commitment Letter



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH

Susan Holt
INTERIM DIRECTOR

February 24, 2022

Jessica Hoff Berzac, President
UPHoldings
6083 N. Figarden Drive #656
Fresno, CA 93722

RE: Crossroads Village – Supportive Services Commitment – 3737 N Blackstone, Fresno, CA 93726

Dear Ms. Hoff Berzac,

On behalf of the County of Fresno Department of Behavioral Health (DBH), I am pleased to offer this letter of commitment for Crossroads Village in Fresno, a 141-unit integrated site, which will be developed and owned by UPHoldings, RH Community Builders (RHCB), and Housing on Merit, their 501(c)(3) partner. The site will provide permanent supportive housing for individuals and families experiencing literal or chronic homelessness who are high-cost health care users on initial eligibility.

Through the HCD No Place Like Home (NPLH) funding program, DBH has already committed to provide 20 years of onsite supportive services for the 50 units at Crossroads Village designated for persons with serious mental illness who are chronically homeless, homeless, or at-risk of being chronically homeless. These services have a value of approximately \$667,430. On-site supportive services and service coordination for the remaining units will be made available in coordination with the local Managed Care Plans and the upcoming implementation of Enhanced Care Management (ECM) and Community Supports (formerly ILOS) through the California Advancing and Innovating Medi-Cal (CalAIM). RHCB will serve as the CalAIM provider for all eligible residents. The value of the CalAIM services is approximately \$477,360.

The supportive services that are anticipated to be payable through CalAIM include:

- **Comprehensive Case Management**

To augment the DBH services to be offered at Crossroads Village, additional case managers at a ratio of at least one full-time equivalent (FTE) case manager for every 100 units will be implemented. Staffing will include four FTE Tenant Support Case Managers in addition to the DBH funded case managers.

- **Service Coordination or other Services Specialization**

Onsite Community Coordinators will provide tenants with information about available services in the community, assist tenants to access services through referral and advocacy, and organize community-building and/or other enrichment activities for tenants, both onsite and in the community. This will be supplemented with other services including individualized assistance, counseling and/or advocacy to tenants, such as to access education, secure employment and benefits, gain skills, or improve health and wellness. At least one FTE Service Coordinator for every 100 units (minimum, final staffing patterns to be evaluated and adjusted regularly based on programmatic goals and outcomes), which is anticipated to be two FTE community coordinators for Crossroads Village. This is in addition to DBH's commitment of 1 FTE Peer Support Specialist.

1925 E. Dakota Ave Fresno, CA 93726

Fax: (559)455-4740

Email: DBHHumanResources@fresnocountyca.gov

The County of Fresno is an Equal Employment Opportunity Employer

- **Adult Educational, health and wellness, and skill building classes**

Adult educational, health and wellness, and/or skill building classes either directly or through a contracted provider will be made available. This assistance will include a combination of financial literacy, computer training, home-buyer education, GED classes, resume building classes, ESL, nutrition classes, exercise classes, health information/awareness, art classes, parenting classes, on-site food cultivation and preparation classes, and/or smoking cessation classes; a minimum of 84 hours of instruction per year.

- **Health Services**

DBH has committed to providing behavioral health services for all residents with a serious mental illness through the No Place Like Home partnership. In addition, primary and behavioral health care to all residents with payment through CalAIM will be provided by RHC tenant support case managers. These activities include medication management services, mental health services and treatments, and substance abuse services and treatment, provided either onsite or in a nearby Federally Qualified Health Center (FQHC).

Guided by Housing First principles and best practices, all residents will develop a service plan during an intake session at the initiation of their lease. All individual service plans will be customized to fit their needs and goals. Services will not be a condition of tenancy but will be highly encouraged. Further details on the supportive service plan are found within the Crossroads Village Housing for a Healthy California application.

Crossroads Village will be an exemplary model of cross-departmental collaboration producing positive housing, education, workforce development, and health outcomes. We look forward to working with Upholdings California, LLC (Sponsor) and other project stakeholders as they bring critical permanent housing to our community. Please feel free to contact me at 559-600-9058 with any questions.

Sincerely,



Susan L. Holt, LMFT
Interim Director

Exhibit B-1
Supportive Services Plan

Supportive Services Plan (SSP) §203

Rev. 11/23/20

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
Yes	Section 1: Tenant Selection Criteria
Part II.	Lead Service Provider (LSP) Detail
Yes	Section 1: Lead Service Provider (LSP)
Yes	Section 2: Best Practices in Service Delivery
Part III.	Supportive Services Detail
Yes	Section 1: Supportive Services Chart
Yes	Section 2: Supportive Services Coordination
Yes	Section 3: Verification from Appropriate Public or Non-Profit Funding Agency
Part IV.	Tenant Safety and Engagement
Yes	Section 1: Tenant Engagement
Yes	Section 2: Safety and Security
Part V.	Staffing
Yes	Section 1: Staffing Chart
Yes	Section 2: Staffing Ratios
Part VI.	Supportive Services Budget
Yes	Section 1: Supportive Services Budget Table & Cost Per Unit Table
Yes	Section 2: Budget Narrative and Funding Commitments
Yes	Section 3: Service Funding History Table
Part VII.	Part VII. Property Management Plans, Tenant Selection, and Reporting
Yes	Section 1: Property Management Plans and Tenant Selection
Yes	Section 2: Reporting Requirements Certification
Part I. Tenant Selection Narrative	
<p>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.</p>	
Section 1: Tenant Selection Criteria	
1. Target Tenant Population and Eligibility Criteria	
a. Do you use Housing First Practices?	Yes

Eligible persons will be matched to NPLH units after completing screening tools (VI-SPDAT, Recovery Needs Level (RNL) and Needs Assessment and safety plan). Completed VI-SPDAT will be entered into the HMIS and Fresno/Madera Continuum of Care (FMCoC) Coordinated Entry System (CES) to identify a match and rank based on level of need.

Individuals eligible for housing within the No Place Like Home (NPLH) program will be homeless individuals considered to be Homeless, Chronically Homeless, Virtually Homeless, or At Risk of chronic homelessness, living with complex and long-term social and mental health conditions. Each person's history of homelessness and lived experience will require an individualized approach to assessment of strengths, needs and goals. As a long-standing member of the Fresno-Madera Continuum of Care (FMCoC), the Fresno County Department of Behavioral Health (Department) has gained extensive knowledge and understanding of individuals experiencing various types of homelessness in Fresno County as well as neighboring Madera County. Many of these individuals live with a severe mental illness or a severe emotional disturbance and/or co-occurring substance use disorder and are at high risk of severe health complications, including death, if they remain disconnected from housing, health services, and the community. Given the high risk of severe health complications of the Chronically Homeless, Homeless and the At-Risk of Chronic Homeless, the Department intends to focus upon providing NPLH permanent supportive housing to these populations.

To qualify, a household's income will be at or below 15% AMI. The primary applicant must be 18 years of age or older, unless he or she is an emancipated minor. All household members, age 18 years of age or older, must sign the appropriate consent forms and comply with the verification process. Households shall meet unit occupancy standards to prevent underutilization and overcrowding. The households minimum gross income must be recurring actual income and at least three times the monthly rent.

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 populations for this project are defined as: single adults and families who are Homeless, Chronically Homeless, or At-Risk of Chronic Homelessness with incomes at or below 30% AMI; and single adults and families with a serious mental disorder or serious emotional disturbance or with a child with a serious mental disorder or serious emotional disturbance, with incomes at or below 15% AMI experiencing homelessness, chronic homelessness, or at-risk of chronic homelessness. Needs among this population include co-occurring substance use disorder and are at high risk of significant health complications if they remain disconnected from housing, health services, and the community.

For those populations who meet the definition for Supportive Housing, the project will work with the FMCoC to identify persons served who have matched for permanent supportive housing units by the CES. For the population who meet the definition of Special Needs due to a serious mental illness, the County of Fresno Department of Behavioral Health (DBH) will be the referral source. As a long-standing member of the Fresno-Madera Continuum of Care (FMCoC), the Fresno County Department of Behavioral Health (Department) has gained extensive knowledge and understanding of individuals experiencing various types of homelessness in Fresno County as well as neighboring Madera County. Many of these individuals live with a severe mental illness, a severe emotional disturbance and/or co-occurring substance use disorder and are at high risk of significant health complications if they remain disconnected from housing, health services, and the community. Given the high risk of severe health complications of the Chronically Homeless, Homeless and the At-Risk of Homelessness, the Department intends to focus upon providing NPLH permanent supportive housing to these populations.

Also included in the target population of Chronically Homeless, Homeless and At-Risk of Chronic Homelessness are adults who are transitioning from institutions. Such institutions include places of custody for justice-involved individuals such as jail, prison, and juvenile detention centers. Institutions also include places of institutional behavioral health care including a state hospital, psychiatric health facility, psychiatric or behavioral health hospital or unit, hospital emergency room, institute for mental disease, mental health rehabilitation center, skilled nursing facility, developmental center, residential treatment program, residential care facility, community crisis center, board and care facility, or foster care setting.

Individuals targeted for housing within the No Place Like Home (NPLH) program will be individuals considered to be Chronically Homeless, Homeless, or At Risk of becoming Chronically Homeless, living with complex and long-term social and mental health conditions. Each individual's history of homelessness and lived experience will require an individualized approach to assessment of strengths, needs and goals.

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.

Target tenants of Crossroads Village Permanent Supportive Housing would be individuals experiencing homelessness, virtual homelessness or at risk of homelessness and who present with serious impairment as a result of a mental illness. Tenants are expected to have extremely limited incomes and, to retain housing, their living arrangements must be affordable. A goal is that tenants pay no more than 30 percent of their income toward rent and basic utilities (excluding phone, cable, and Internet). Income may be in the form of SSI, General Relief or other subsidies. Unlike other residential settings where a majority of tenants' income goes directly to the facility to pay for room and board, tenants of Crossroads Village (or a designated payee other than the landlord) have control over their income.

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.](#)**

N/A

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

This property will comply with all applicable California tenant disclosures.

2. Marketing/Outreach: The following addresses use of the Coordinated Entry System for all NPLH referrals or an alternate comparable system for those At Risk of Chronic Homelessness. Note that use of standard waiting lists is prohibited, in that both of these systems must prioritize referrals based on highest acuity needs, rather than first-come first served.

a. Describe how the local CES will be used to fill NPLH-assisted units based on the use of a standardized assessment tool which prioritizes those with the highest need for PSH and the most barriers to housing retention. Include the CES agency's name, primary staff person's name, and contact information. If the local CES is not yet operational, describe the plan to use it when it is established.

Fresno-Madera Continuum of Care (FMCoC) operates the local Coordinated Entry System (CES) and will be the referral source for all NPLH units. Individuals experiencing homelessness are assessed using the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT) by any one of a large network of providers based in rural and metro areas of Fresno County. The results of the assessment are prioritized in the CES waitlist. Individuals are entered into the Homeless Information Management System (HMIS) and matched to housing by the CES matchers based on the vulnerability results of the VI-SPDAT. The Department of Behavioral Health is an active member of the FMCoC, attending monthly member meetings and ensuring member representation on CoC committees including the CES subcommittee. The property management team and or their designee will be active participants in the FMCoC monthly meetings.

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).

N/A

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	
Describe the criteria that will be used to ensure that applicants are eligible to occupy the NPLH Assisted Units. How will credit, rental, criminal history, and substance use be used to determine eligibility for NPLH Assisted Units?	
Housing First practices will be applied to all eligible units. Tenant screening and selection practices that are designed to "screen-in" persons served as opposed to "screening-out" persons served with barriers to housing will be used. Poor credit, financial history, lack of rental history, criminal convictions unrelated to tenancy or behaviors that indicate a lack of "housing readiness" will not be used to reject applicants access to units. As stated earlier, eligible persons will be matched to NPLH units after completing screening tools (VI-SPDAT, Recovery Needs Level (RNL) and Needs Assessment and safety plan). Completed VI-SPDAT will be entered into the HMIS and Fresno/Madera Continuum of Care (FMCoC) Coordinated Entry System (CES) to identify a match and rank based on level of need.	
Describe any known conflicts and/or the mitigation strategy for when Public Housing Authority (PHA) requirements conflict with Housing First practices, as applicable.	

N/A

If your tenants may include minor children and/or adult dependents of NPLH Tenants, describe any additional criteria that will be used to ensure applicants are eligible to occupy the NPLH Assisted Units.

N/A

Describe the criteria relating to the applicant's NPLH status, income eligibility, Homelessness status (Chronically Homeless, Homeless, or At-Risk of Chronic Homelessness), and disability.

Crossroads Village plans to serve low income adults with presentations of Serious Mental Illness who are homeless, chronically homeless or at risk of chronic homelessness (as defined under NPLH guidelines). This population may include individuals with co-occurring mental and physical disabilities or co-occurring mental and substance use disorders. In addition, the target population may also include individuals who are experiencing impacts of justice related life experiences and/or social/cultural disparities in addition to physical, mental and substance use disorders either alone or as co-occurring disorders.

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.

N/A

List the tenant disclosures you provide to applicants/tenants. Example: Megan's Law disclosures.

Crossroads Village will comply with all applicable California tenant disclosures

How you will use the local Coordinated Entry System for selecting tenants? If the local Coordinated Entry System is not yet operational, describe your plan to use it for tenant selection when it is established. In your response, include the name and contact information for your system contact person.

Fresno County DBH Eligible persons will be matched to NPLH units after completing screening tools (VI-SPDAT, Recovery Needs Level (RNL) and Needs Assessment and safety plan). Completed VI-SPDAT will be entered into the HMIS and Fresno/Madera Continuum of Care (FMCoC) Coordinated Entry System (CES) to identify a match and rank based on level of need. Fresno County Department of Behavioral Health has long established a relationship with the FMCoC in coordination of services and use of the CES for housing placements, including other NPLH developments. Contact information for the FMCoC CES is: Anna Cisneros - Kings View Behavioral Health 2045 Grant, Selma, CA 93612. Email: ACisnero@kingsview.org, Phone: 559-515-1333. Individuals eligible for housing within the No Place Like Home (NPLH) program will be homeless individuals considered to be Chronically Homeless, Virtually Homeless, or At Risk of becoming Homeless, living with complex and long-term social and mental health conditions. Each person's history of homelessness and lived experience will require an individualized approach to assessment of strengths, needs and goals. As a long-standing member of the Fresno-Madera Continuum of Care (FMCoC), the Fresno County Department of Behavioral Health (Department) has gained extensive knowledge and understanding of individuals experiencing various types of homelessness in Fresno County as well as neighboring Madera County. Many of these individuals live with a severe mental illness or a severe emotional disturbance and/or co-occurring substance use disorder and are at high risk of severe health complications, including death, if they remain disconnected from housing, health services, and the community. Given the high risk of severe health complications of the Chronically Homeless, Homeless and the At-Risk of Chronic Homeless, the Department intends to focus upon providing NPLH permanent supportive housing to these populations.

Describe the criteria that will be used to ensure families will remain housed in the event that the qualifying NPLH Tenant should exit the unit. Address any conflicts with federal regulations or policies that could result in the family's removal and detail how this conflict will be mitigated.

In the event the NPLH tenant exits the unit, the tenant would be able to continue to reside in the unit, but rent will be adjusted to correspond to the new household AMI level, and the unit would no longer be designated as a NPLH unit. No further COSR assistance would be attributable to that unit and no further NPLH SSP costs would be attributable to that unit through the project budget unless/until an NPLH eligible person served resides there again.

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:	County of Fresno Department of Behavioral Health			
Relationship to Applicant:	Letter of Commitment			
How long has the County/LSP been providing services to homeless:	40	Years		Months
How many Projects have the Applicant and LSP completed together? (Provide list of completed Projects when submitting)				
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			
Exodus Recovery, Inc	Adults with serious presentation of mental illness and those with co-occurring substance use disorders			

Describe how services will be coordinated.	
The Department has contracted with Exodus Recovery to provide housing supportive services as part of an interdisciplinary supportive services plan incorporating onsite and offsite services	
Agency Name	Populations the Agency will serve
N/A	
Describe how services will be coordinated.	
N/A	
Agency Name	Populations the Agency will serve
N/A	
Describe how services will be coordinated.	
N/A	
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. 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
The contracted service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values. As documented in the contract between the Service Provider and Fresno County DBH, the Service Provider will ensure quality standards and train/evaluate employees to meet the need of identified tenants. Service Provider will provide counseling, advocacy, utilize the SSI/SSDI outreach, access and recovery services (SOAR) process prior to lease up and throughout the term of their contract with Fresno County DBH. California uses the SOAR Online Course (https://soarworks.prainc.com/course/ssisdi-outreach-access-and-recovery-soar-online-training) to train case managers in the SOAR process. The service provider may choose to follow up using online courses with an in-person review available free of charge.	
Critical Time Intervention: Staff trained prior to lease up?	Yes

The contracted service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

Establishing a trusting relationship prior to embarking on any change model is crucial to longitudinal success for individuals with vulnerabilities. Critical Time Intervention is considered a core competency for supportive services. While the Department has not operationalized as of yet any formalized CTI training, the expectation is that the chosen Service Provider will ensure all staff are trained and assessed for competency in this model and will be a condition of the contract. CTI training is available both in-person and as a web-based course through the Center for Advancement of CTI <https://www.criticaltime.org/training-consultation/> . During the ramp up phase of the supportive services contract, the service provider will be expected to arrange for staff to receive initial training and ongoing refresher training in the Critical Time Intervention model and the Service Provider will implement a plan for ongoing training as additional staff are added to the program over time.

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

Yes

The contracted service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

The Department recognizes the impact of trauma on all aspects of an individual's life, including the ability to access and maintain housing. The Department has also designed, adopted and implemented a system of "Guiding Principles of Care Delivery" that provides the framework for the Department's decision-making on all aspects of care delivery including program design and implementation, service delivery, training of the workforce, allocation of resources, and measurement of outcomes. Guiding Principle Seven, Trauma-informed and Trauma-responsive, states: "The widespread impacts of all types of trauma are recognized and the various potential paths for recovery from trauma are understood. Signs and symptoms of trauma in individuals, families, staff, and others are recognized and persons receive trauma-informed responses. Physical, psychological and emotional safety for individuals, families, and providers is emphasized."

In support of and response to our guiding principles the Department has committed significant resources into the training of clinical staff in the recognition and treatment of trauma. Many of our clinicians have trained certification in Eye Movement Desensitization and Reprocessing (EMDR). The Department supports key clinician attendance at the annual EMDR International Association conference (EMDRIA) and has ensured continued competence by supporting clinical staff who express interest in becoming trainers for community wide clinical partners. It is the intention of the department to continue this commitment to training staff (including staff of the selected Service Provider) in new permanent supportive housing programs as they are developed. Prior to lease up the contract awardee will ensure the permanent supportive housing plan includes either training their staff in EMDR or developing linkages to individual, county or group providers certified in EMDR for the treatment of trauma.

Motivational Interviewing: Staff trained prior to lease up?

Yes

The contracted service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

Principle Nine of the Department's Guiding Principles of Care Delivery is titled, "Stages of Change, Motivation, and Harm Reduction". The Department believes that the most effective interventions are motivation-based and adapted to the individual's current stage of change. Progression through stages of change are supported through positive working relationships and alliances that are supportive and motivating. Providers support individuals and families to develop strategies aimed at reducing negative outcomes through a harm reduction approach. Each individual defines their own recovery and recovers at their own pace when provided with sufficient time and support. This principle provides the foundation for training of staff in harm reduction and in the development of skills to support tenants.

In keeping with this guiding principle, Crossroads Village will adopt a low barrier Housing First, Harm reduction model to include the principles of MI. Current Department staff are offered instruction in Motivational Interviewing annually. New hires to the Department undergo MI training within the first year of employment. Contracted staff are included in all trainings so the Department can be certain that all individuals seeking services are met with the same level of competency in MI. The awardee will ensure supportive services plans are individualized to a tenant's needs and preferences. Staff will be trained in motivational interviewing, an evidence-based, directive, and person-centered approaches to helping individuals explore and resolve ambivalence and consider change.

Voluntary Moving-on strategies: Staff trained prior to lease up?

Yes

The contracted service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

With housing resources in high demand, it is essential to support individuals in their progress towards independence and self-determination. If an individual, who no longer requires on site services or supports, expresses motivation to voluntarily move on to a private residence with rental support and aftercare, as documented in the contract between the Service Provider and Fresno County DBH, the awarded Service Provider must be ready to engage and assist that individual to succeed. The Moving on Initiative requires supportive services teams to be skilled in navigating rental supports, appropriate linkages to community services, and have access to case management training on assessment and transition.

The specific moving on conversations, services, and supports are tailored to the individual tenant's needs, desires, and preferences for current and future housing and are voluntary. The service provider will be expected to arrange for all supportive services staff to receive the associated training.

The Department has entered into an agreement with the Corporation for Supportive Housing (CSH) to, in collaboration with the Department, develop a Fresno County Supportive Housing Institute. An essential function of the Housing Institute will be to provide both Department and Community providers training in essential aspects of housing supportive services. Training in moving-on strategies will be part of the SHI curriculum and made available to the awardee as part of their contract. In addition CSH provides a toolkit for those agencies wishing to develop their own moving on strategies while adhering to proven practices.

Safety and security of staff and residents: Staff trained prior to lease up?

Yes

Site-specific standardized safety and security policies and procedures will be developed and all staff trained in them prior to lease up. In addition, all DBH staff and, as documented in the contract between the Service Provider and Fresno County DBH, the awarded Service Provider will be required to receive training in non-violent crisis intervention which emphasizes the importance of person-centered de-escalation techniques, situational awareness, and crisis intervention strategies.

Peer Support (include length of time Peer Support program used, if applicable): Staff trained prior to lease up?

Yes

The contracted service provider that will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

Peer support is an important component of the Service Plan. As documented in the contract between the Service Provider and Fresno County DBH, the awarded Service Provider will be required to have paid peer professionals included in the program's multi-disciplinary services team. Current nonintrusive engagement strategies in the Department's existing permanent supportive housing programs include a variety of peer-facilitated activities that allow tenants the freedom and flexibility to engage in conversations with supportive services staff as well as other tenants.

In 2019 the Department engaged the services of Resilience Inc., a professional peer development and training organization. With their assistance the Department was able to develop a comprehensive peer training curriculum. The department's contracted providers and community partner agencies were invited to send their peer support specialists to a Department sponsored 80 hour training opportunity. In addition, supervisory staff were invited to a leveling training in which they were instructed in leadership strategies and given tools to work with peer professionals. This training will be established as an expectation for all DBH peer personnel (county and contractors). The service provider's leadership will be expected to demonstrate training in meaningful peer inclusion at program implementation.

Case conferencing:

Yes

The contracted service provider that will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

As documented in the contract between the Service Provider and Fresno County DBH, the awarded Service Provider will be required to be actively engaged with the property manager, treatment providers, and other social service providers and routinely engaged in case conferencing to ensure that individuals have the most integrated and effective wraparound services. All such consultations and case conferencing will be tenant-driven, tenant included, and voluntary with appropriately executed authorizations to release information in place. As new tenants are welcomed into their new home, the service provider will explain the benefits or coordinated services and case conferencings as part of the tenant engagement process.

Communicating the Applicant's and LSP's program philosophy, values, and principles: Staff trained prior to lease up?

Yes

The contracted service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

As documented in the contract between the Service Provider and Fresno County DBH, the awarded Service Provider and Property Management staff will be trained and oriented on the DBH Guiding Principles of Care Delivery which outlines the philosophy and principles driving the care, services, and support delivered by DBH.

Rent by residents during periods of hospitalization: Staff trained prior to lease up?

Yes

The contracted qualified service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

DBH understands that individuals housed in this project have a variety of health and behavioral health needs which could require intermittent periods of hospitalization or brief out of home treatment services. To ensure the stability of housing for the individual, policies and procedures will be developed and staff will be trained in them to ensure that hospitalizations do not result in a disruption in the tenant's ability to maintain their lease. Such policies and procedures will include provisions for the payment of rent during hospital stays and brief out of home treatment episodes.

Resident Privacy and Confidentiality: Staff trained prior to lease up?

Yes

The contracted service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

Resident privacy and confidentiality is a foundational element of all service delivery. As documented in the contract between the Service Provider and Fresno County DBH, the awarded Service Provider and Property Management staff will be trained and monitored on maintaining strict confidentiality, with notable legal exceptions related to the long-term wellbeing of a tenant and mandated reporting requirements. All DBH service providers (county employed and contracted) have an annual requirement to participate in privacy training. In addition, staff will ensure that tenants are educated on the risks and the benefits of information being shared amongst treating and partnering agencies, tenants understand their rights associated with protected health information, and when information is lawfully shared, the tenants are meaningfully included in the sharing of information regarding their care and tenancy.

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

The contracted service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values. Specifically, Fresno County's Guiding Principles of Care and Delivery outlines strategies that provide timely access to integrated services that ensures barriers to access and treatment are identified and addressed. During intake, all tenants will be made aware of the reasonable accommodation procedure and encouraged to make requests to any of the designated housing team members if the need for any reasonable accommodation is needed.

A collaborative relationship between service providers and property management is essential to ensuring individuals are able to maintain housing. A mutual understanding of Housing First, Harm Reduction and Wellness and Recovery principles ensures service providers and management are providing consistent support and messaging to the individual tenant households on topics such as reasonable accommodations at move-in and beyond. As documented in the contract between the Service Provider and Fresno County DBH, the awarded Service Provider and Property Management staff will be trained and meet weekly to discuss tenant issues to work collaboratively to prevent unnecessary interruptions in housing. All interactions between service and management staff will follow confidentiality and consumer rights in regards to release of information.

General service provider and property manager communication protocols: Staff trained prior to lease up?

Yes

The contracted service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

As documented in the contract between the Service Provider and Fresno County DBH, the awarded Service Provider and Property Management staff will utilize a Blended Management philosophy whereby property management and service staff will meet weekly to address all tenant issues in a timely manner. These meetings will ensure consistent and appropriate communication between all project staff. To address any urgent tenant issues at the PSH Development, staff will connect either in person or by phone to discuss the issue and, if needed, create a new or modified individualized supportive services plan with a tenant. Property management staff and supportive services staff will work as a unified team and will meet weekly to support PSH tenants to reach their goals. When behaviors or other challenges place a tenant at risk for eviction, property management staff will immediately communicate with the supportive services staff. Both property management and supportive services staff will jointly develop policies, procedures, and protocols for the PSH development. This documentation will be mutually agreed upon and revised as needed.

Making Applicants aware of the reasonable accommodations procedure: Staff trained prior to lease up?

Yes

The contracted service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

Another measure of the efforts of property management staff and supportive services staff is to assist qualified individuals in securing and maintaining PSH housing is the recognition and acknowledgment that individual tenants living a severe mental illness may have other conditions. For such reason, the PSH applicants must be provided with reasonable accommodation in rules, policies, practices and services to ensure equal opportunity to use an enjoyment of the property, supportive services, and other associated activities. As documented in the contract between the Service Provider and Fresno County DBH, the awarded Service Provider and Property Management staff will be trained and to ensure the PSH development offers the most opportunities to house eligible applicants, a new, site-specific Memorandum of Understanding (MOU) will be formally executed between the property manager and DBH. The MOU will include language which requires the unique circumstances and conditions of each PSH tenant to be considered and that reasonable accommodations be made. Such reasonable accommodation ensures PSH applicants are provided with every opportunity to succeed in securing housing and retaining tenancy.

Receiving and resolving tenant grievances: Staff trained prior to lease up?

Yes

The contracted service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

Service providers follow a standardized procedure for addressing general service-related grievances. All grievances are taken seriously and staff are trained to address them. Due to the blended nature of supportive services and property management services provided on-site within the housing project, as documented in the contract between the Service Provider and Fresno County DBH, the awarded Service Provider and Property Management staff will be trained to ensure site-specific policies are developed with both the property manager and service provider to ensure that all grievances are addressed in a respectful and timely manner, irrespective of whether the grievance is related to the property, the supportive services, or both.

As part of the No Place Like Home (NPLH) Memorandum of Understanding between DBH, the contracted service provider and property management, the following Grievance Policy will be followed:

A written copy of the tenant grievance policy will be provided to each tenant at the time of admission to the NPLH housing program.

Residents who are reporting a housing or service-related grievance or concern may do so by reaching out to any designated housing team member.

Every attempt will be made to informally resolve the tenant's grievance. Initially, the housing team shall discuss the grievance with the tenant in order to determine the scope of the problem, and whether or not a mutually satisfactory solution can be agreed upon.

If the tenant feels that the grievance cannot be resolved, the housing team will submit a formal grievance to the Housing Division Manager along with a written report setting forth relevant facts, conclusions, and recommendations.

The Housing Division Manager will initiate a problem-solving process with all parties and make a formal written recommendation for resolution. All parties will be entitled to receive a written settlement statement that clearly addresses the outcome of the grievance.

Appropriate responses to tenant crisis: Staff trained prior to lease up?

Yes

The contracted service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

Awarded supportive services staff will be trained to address tenant crises in a respectful and timely manner. All Service Provider and Property Management staff will be trained in non-violent crisis intervention which emphasizes person-centered de-escalation techniques, situational awareness, and crisis intervention strategies. Site-specific policies and procedures will be developed to address the response to tenant crisis in the least restrictive manner possible. Responses will afford tenant's with appropriate choices and options during the crisis while ensuring attention to immediate safety.

In the event a situation requires justice involvement, DBH has developed a robust partnership with local law enforcement agencies. The Department has supported local law enforcement agencies to receive crisis intervention training. In both the metropolitan and rural areas of the county, the Department has partnered mental health clinicians with law enforcement agencies for a co-response to behavioral health related calls. In current DBH permanent supportive housing projects, this partnership has proven effective in ensuring any crisis that escalates to involve law enforcement is supported with the deployment of a trained crisis clinician accompanying the officer. The goal is to provide support and intervention in the most proactive way possible to avoid crises, mitigate risks of additional crisis escalation when a crisis does emerge, and to support staff to ensure that the right level of care and intervention is provided based on evaluation of the tenant's needs and situation.

Retention of tenants regardless of use of substances: Staff trained prior to lease up?

Yes

The contracted service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

As part of the No Place Like Home (NPLH) Memorandum of Understanding, DBH, the contracted service provider and property management will agree to the following Policy regarding Substance Use:

Services are reflective of whole-person care; providers understand the influence of bio-psycho-social factors and the interactions between physical health, mental health, and substance use disorders.

Treatment of substance use disorders and mental health disorders must be integrated; a provider or team may deliver treatment for mental health and substance use disorders at the same time.

Interventions are motivation-based and adapted to the person's stage of change

Progression through stages of change are supported through positive working relationships and alliances that are motivating.

Providers support individuals and families to develop strategies aimed at reducing negative outcomes of substance misuse through a harm reduction approach.

Each individual defines their own recovery and recovers at their own pace when provided with sufficient time and support.

No tenant will be evicted solely for substance use/abuse or for non-participation in services.

Cultural and linguistical competency for persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions: Staff trained prior to lease up?

Yes

The contracted service provider will be trained prior to lease up. Fresno County DBH will assign a designated team of analysts, utilization review specialist (URS) and a division manager to monitor and assess awardee's adherence to best practices set forth in the contract, ensuring alignment with the Departments Mission, Vision and Values.

DBH recently published the document titled, "Fresno County Department of Behavioral Health Culturally Responsive Plan with Humility." This document meets the requirements to fulfill the Department's mandate to have a Cultural Competency Plan, but above that, and more importantly, this plan provides a framework and strategy to ensure that all services are delivered in a culturally and linguistically appropriate manner for persons of all races, ethnicities, sexual orientations, gender identifies and gender expressions. One of the cornerstones of the plan requires all staff and providers be afforded with professional development opportunities which enhance their cultural humility and effectiveness in working with our diverse community. For example, all staff attend annual multi-cultural competency training. As documented in the contract between the Service Provider and Fresno County DBH, the awarded Service Provider will be expected to adhere to the Cultural Competency Plan and training opportunities. The Department also recognizes the importance of ensuring that services are provided in the preferred language of the person receiving services; this includes our supportive services in permanent supportive housing. The Department's hiring practices reflect Fresno County's diverse population. In addition, written materials are available in the three threshold languages in Fresno County (Spanish, Hmong, and English) and made available as needed in other languages. Supportive services staff will utilize certified interpreters for tenants who do not speak English or who prefer services in another language to ensure that all tenants have equal access to services.

As part of the No Place Like Home (NPLH) Memorandum of Understanding, DBH, the contracted service provider and property management will agree to the following Principles Regarding Substance Use:

Services are reflective of whole-person care; providers understand the influence of bio-psycho-social factors and the interactions between physical health, mental health, and substance use disorders.

Treatment of substance use disorders and mental health disorders must be integrated; a provider or team may deliver treatment for mental health and substance use disorders at the same time.

Interventions are motivation-based and adapted to the person's stage of change

Progression through stages of change are supported through positive working relationships and alliances that are motivating.

Providers support individuals and families to develop strategies aimed at reducing negative outcomes of substance misuse through a harm reduction approach.

Each individual defines their own recovery and recovers at their own pace when provided with sufficient time and support.

No tenant will be evicted solely for substance use/abuse or for non-participation in services.

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	Hours	Service Provider(s)	Relationship to Applicant	Agreement	Off-site Service Location
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List each service separately	Describe service, including the frequency and degree to which services are provided.	Provide the hours of availability	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.
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<p>Case management with individual service plans</p>	<p>Dedicated case management staff will be assigned to work full time at the site. These case managers will support tenants with all aspects of individual service planning, linkages to resources, and implementation of co-authored service plans. Case managers will be available on-site 40 hours per week. Tenants seeking support may access case management services based on individual need with the expectation that service delivery will vary as individuals learn to navigate independence and build competence in maintaining housing. In addition, for any tenants who choose to participate in behavioral health treatment services, and who choose to integrate those services, the supportive services case manager will act as a bridge between the treatment services and the supportive housing services to create an integrated recovery plan and support team. Individuals with co-occurring substance use and/or physical health issues will have case management staff available to develop integrated service plans with physical health and SUD providers. Tenants may enter into permanent supportive housing already linked to community based services. Tenants may have established treatment relationships with Department clinical staff, with Full Service Partnership teams, community based care providers and/or Substance Use treatment providers.</p>		<p>Fresno county DBH Contracted Provider</p>	<p>Project Partner</p>	<p>Contract</p>	
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Peer support activities	The Supportive services staff will include professional peer support staff employed on a full time basis. These individuals will have life experiences similar to life experiences of the tenants (Substance Use, mental illness, homelessness, physical health challenges). Peer support staff will provide tenants with assistance and support in navigating housing skills, gaining experience in self advocacy and in instilling hope. Peer support staff will provide tenancy supports, living skills, tenant orientation, support groups, recreational and socialization skills and transportation. Service delivery is dependent on tenant need and service plan, is individualized and adaptable based on the needs of the person served.		Fresno county DBH Contracted Provider	Project Partner	Contract	
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Mental health care	<p>The supportive services staff will include Case management and peer support professionals on a full time basis. Onsite staff will be trained in Motivational interviewing, trauma informed care, critical time intervention, de-escalation, housing first and harm reduction principles, prison first language and principles, cultural humility and diversity principles and in accessing services not readily available at the property. For supports not available on site, staff will ensure all tenants have access to and are supported in utilizing the Department's robust array of integrated services provided by both contracted and county employed professionals. Participation in mental health services is voluntary and not a requirement for tenancy. Supportive services staff will educate tenants about all treatment options appropriate to their level of need including full service partnerships, culture-based services, and crisis services. Supportive services staff will support tenants with linkages to mental health services where indicated and, when consent of the tenant is present, will participate as an extension of the treatment team to provide an integrated care experience. All treatment programs have the ability to deliver services in the home or in other locations as preferred by the person served.</p>		Fresno county DBH Contracted Provider	Project Partner	Contract	
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<p>Substance use services</p>	<p>All tenants will have access to and be supported in utilizing the Department's newly expanded Organized Delivery System (ODS) for Substance Use Disorder(SUD) services. The Department is currently contracted with over 30 community based organizations providing SUD services throughout the county. The Department also offers a county operated co-occurring mental health and SUD integrated program (Pathways to Recovery). Supportive Service Staff are available 40 hours per week for onsite supportive services. A new benefit with the ODS is that SUD services can occur in the home or in other locations as preferred by the person served. Participation in SUD services is voluntary and not a requirement for tenancy. Supportive services staff will provide education about all treatment options and will provide onsite services or support tenants with linkages to SUD services. When consent of the tenant is present, supportive services staff will participate as an extension of the treatment team to provide an integrated care experience. Supportive service staff will be trained in ASAM screening and linkage to appropriate level of care. Substance Abuse Specialists employed by the Department and contracted agencies are available via phone for consultation. As part of the Department's universal Access to services, we have engaged in an MOU with BEACON. Individuals seeking information on SUD services for themselves or for a third party call the 24/7 access line where they will be connected with a ASAM certified professional. This professional will engage the individual in a telephonic evaluation and screening to determine eligibility for services. Once the</p>		<p>Fresno county DBH Contracted Provider</p>	<p>Project Partner</p>	<p>Contract</p>	<p>SUD Access line services 800-654-3937..... Pathways to Recovery 515 S Cedar Ave Fresno Ca. (5.6 miles away from site). Transportation services to and from physical health care supports (PCP, Hospital, medical/dental/vision appointments, pharmacy visits etc) may be provided by case management staff or through an agreement with Logisticare. Logisticare is a MediCal member benefit that provides transportation services tailored to a member's needs. Individuals with physical disabilities may request accommodated transport, individuals with children may request family transportation, persons without physical disabilities may request standard transport. The Department, in collaboration with the MHP have provided extensive and ongoing training to service</p>
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	<p>service level is determined, BEACON will link the individual to the appropriate service provider in the community, providing prior-authorization if necessary for residential level services. On-site services including 12-step groups may be facilitated by onsite case management and peer support professionals.</p>					<p>providers to ensure access to all beneficiaries.</p>
<p>Support in Linking to Physical Health Care</p>	<p>All tenants will be supported in accessing physical health care through linkages offered by supportive services staff. The Department has MOU's in place with both Managed Medi-Cal Health Plans in Fresno County (Anthem Blue Cross and CalViva HealthNet). These MOUs outline care coordination and serve as a platform to ensure that the physical health needs of individuals in behavioral health programs are met. The department and the MHP's have developed a shared bidirectional referral form and intensive case management request form to assist staff in linking individuals to physical health care and resources. In addition, the Department has a contract with a Federally Qualified Health Center, Clinica Sierra Vista, to deliver integrated primary care and behavioral health services in one clinic setting. Supportive services staff will support tenants in accessing physical health care, including providing transportation, advocacy, linkages, and social-emotional support. Transportation services to and from physical health care supports (PCP, Hospital, medical/dental/vision appointments, pharmacy visits etc) may be provided by case management staff or through an agreement with Logisticare. Logisticare is a MediCal member benefit that provides transportation services tailored to a members needs. Individuals with physical</p>		<p>Fresno county DBH Contracted Provider</p>	<p>Project Partner</p>	<p>Contract</p>	<p>Clinica Sierra Vista - 6 locations in Fresno, closest is 3.6 miles away from site- transportation may be provided by Logisticare</p>

	<p>disabilities may request accomodated transport, individuals with children may request family transportation, persons without physical disabilities may request standard transport. The Department, in collaboration with the MHP have provided extensive and ongoing training to service providers to ensure access to all beneficiaries.</p>					
<p>Benefits counseling and advocacy</p>	<p>Case management staff working in the permanent supportive housing program will be trained in how to support tenants in accessing/securing any eligible benefits including Medi-Cal enrollment and Social Security benefits and will be SOAR trained. Individuals seeking additional supports may access services through the Social Security Adminstration, Department of Social Services, National Alliance for Mental Illness, patients rights advocacy, Central California Legal Services</p>		<p>Fresno county DBH Contracted Provider</p>	<p>Project Partner</p>	<p>Contract</p>	<p>NAMI 559-224-2469 7545 N Del Mar Ave Ste 105, Fresno (5.8 miles away from site), Central CA Legal Services 800-675-8001 2115 Kern St. Fresno (7.8 miles away from site). Social Security Administration 866-366-4918 5140 East Olive Ave, Fresno (3.9 miles away from site). Department of Social Services 559-600-1377 3151 N Millbrook, Fresno (3.1 miles away from site). Transportation services to and from physical health care supports (PCP, Hospital, medical/dental/vision appointments, pharmacy visits etc) may be provided by case management staff or through an agreement with Logisticare.</p>

						<p>Logisticare is a MediCal member benefit that provides transportation services tailored to a members needs. Individuals with physical disabilities may request accomodated transport, individuals with children may request family transportation, persons without physical disabilities may request standard transport. The Department, in collaboration with the MHP have provided extensive and ongoing training to service providers to ensure access to all beneficiaries.</p>
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Basic housing retention skills	Case management staff working in the permanent supportive housing program will work with tenants to determine their level of understanding in regards to skills required to maintain housing. If needs are identified, the case manager will develop a plan with the tenant to assist in building skills. Skills delivered may include life skills/daily life skills education, harm reduction services, recreation and socialization, legal assistance, tenant rights education, transportation navigation, new tenant orientation, move in assistance and moving on interventions.		Fresno county DBH Contracted Provider	Project Partner	Contract	
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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. Attach the agreement for each of the services listed.

Resident Service	Service Description	Hours	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.	Provide the hours of availability	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.

<p>Services for persons with co-occurring mental and physical disabilities or co-occurring mental and substance use disorders not listed in the above table</p>	<p>Pathways to Recovery Fresno Co-Occurring mental health and substance use disorders</p>		<p>County of Fresno DBH</p>	<p>Applicant</p>		<p>Transportation services to and from physical health care supports (PCP, Hospital, medical/dental/vision appointments, pharmacy visits etc) may be provided by case management staff or through an agreement with Logisticare. Logisticare is a MediCal member benefit that provides transportation services tailored to a members needs. Individuals with physical disabilities may request accomodated transport, individuals with children may request family transportation, persons without physical disabilities may request standard transport. The Department, in collaboration with the MHP have provided extensive and ongoing training to service providers to ensure access to all beneficiaries.</p>
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<p>Recreational and social activities</p>	<p>Blue Skies Wellness Center Holistic Cultural and Education Wellness Center</p>		<p>Kings View Behavioral Health Systems The Fresno Center</p>			<p>Blue Skies Wellness Center 1617 E. Saginaw Way, Suite 108 (0.3 miles away from site). Fresno Holistic Center 4867 East Kings Canyon Fresno CA (6.3 miles away from site). Transportation services to and from physical health care supports (PCP, Hospital, medical/dental/vision appointments, pharmacy visits etc) may be provided by case management staff or through an agreement with Logisticare. Logisticare is a MediCal member benefit that provides transportation services tailored to a members needs. Individuals with physical disabilities may request accomodated transport, individuals with children may request family transportation, persons without physical disabilities may request standard transport. The Department, in collaboration with the MHP have provided</p>
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						extensive and ongoing training to service providers to ensure access to all beneficiaries.
Educational services	<p>Fresno County currently operates a Supportive Employment and Education Services (SEES) program in partnership with the State Department of Rehabilitation (DOR) that will lead the vocational and employment supportive service component to be made available to MHP tenants. This program also provides assistance to individuals with respect to their individual educational goals, including, but not limited to completion of high school or GED, college, or education in trades. The Department is currently in contract negotiations with a community-based agency to vastly expand the scope of services for supported employment and supported education. The supportive services staff will support tenants in accessing the current SEES program as well as the future expanded program and will serve as an extension of the tenant's educational support team, in partnership with the SEES staff and staff of the future expanded program. Supportive services staff activities will include supporting tenants in setting goals, scheduling and attending classes, accessing tutoring or other supportive resources, and accessing services for students with disabilities at local education institutions.</p>		Fresno County DBH Contracted Provider	Project Partner	Contract	<p>SEES 4447 E. Kings Canyon Road Mod E Fresno (5.8 miles away from site). Transportation services to and from physical health care supports (PCP, Hospital, medical/dental/vision appointments, pharmacy visits etc) may be provided by case management staff or through an agreement with Logisticare. Logisticare is a MediCal member benefit that provides transportation services tailored to a member's needs. Individuals with physical disabilities may request accommodated transport, individuals with children may request family transportation, persons without physical disabilities may request standard transport. The Department, in collaboration with the MHP have provided</p>

						extensive and ongoing training to service providers to ensure access to all beneficiaries.
Employment services	Fresno County has contracted with Dreamcatchers Educational and Vocational Services (VES) for supported employment and supported education. The new enhanced program will implement the evidence-based Individual Placement and Support (IPS) model. The supportive services staff will support tenants in accessing the Dreamcatchers program as well as serve as an extension of the tenant's vocational support team.		Fresno County DBH Contracted Provider	Project Partner	Contract	Dreamcatchers Educational and Vocational Services (VES) , 855 N. Abby St Fresno, CA 93701 (2.3 miles away from site). Provides transportation services to and from physical health care supports (PCP, Hospital, medical/dental/vision appointments, pharmacy visits etc) may be provided by case management staff or through an agreement with Logisticare. Logisticare is a MediCal member benefit that provides transportation services tailored to a members needs. Individuals with physical disabilities may request accomodated transport, individuals with children may request family transportation, persons without physical disabilities may request standard transport. The Department, in

						collaboration with the MHP have provided extensive and ongoing training to service providers to ensure access to all beneficiaries.
Obtaining access to other needed services	Multi Agency Access Point County of Fresno Department of Behavioral Health Multi-Agency Access Program (MAP): Operated by several contracted community-based organizations and located in both urban and rural areas of Fresno County, the MAP is a one-stop location where individuals participating in a comprehensive screening of needs across numerous life domains (housing, health employment, benefits, social services) and with support of MAP Navigators, develop an action plan for linkage to various community services, including housing, SUD services, mental health services, employment services, physical health services, assistance with documents etc. If an individual comes to a MAP in need of housing, an additional screening is conducted using VI-SPDAT to determine risk and prioritization. The MAP Navigator then facilitates a referral to the CES. Linkages to other identified service needs are also provided by MAP Navigators.		Fresno County DBH Contracted Provider	Project Partner	Contract	MAP at the Pov. 412 F St. Fresno, CA 93706 (5.8 miles away from site). MAP at Community Regional Medical Center 290 N Wayte Ln, Fresno (6.9 miles away from site).

File Name:	LSP Agreement	Lead Service Provider Contract, Agreement, or Letter of Intent	On USB?	Yes
File Name:	Written Agreements	Copy of written agreements or memoranda of understanding (MOUs) which identify the roles and responsibilities of the County, the project owner, other service providers, and the property manager covering all of the Required and Encouraged Services that are part of the Supportive Services Plan. Please submit one master services MOU or other written agreement for the project. However, if separate agreements will also be entered into with each service provider, the Master document must reference and include these separate agreements.	On USB?	Yes

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, 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.

Case management and supportive services will be available on site. For off-site supportive services not provided at Crossroads Village, the Department will support tenants by making transportation available to treatment appointments, recovery supports including the Wellness Center, the Holistic Center and other self-directed recovery focused services. Supportive services staff will provide transportation for tenants directly. Department funded vehicles will be accessible to staff at the site. Where appropriate and in keeping with a tenant chosen treatment strategy, the Department may fund access to public bus transportation. For tenants who choose to use public transportation, but require support to do so, the supportive services staff will accompany the tenant for support and /or coaching until such time as that support is no longer needed or desired. For tenants able to navigate appointment independently but who do not choose to use public transportation, access to transportation benefits provided as a service of the MediCal health plans (CalViva and Anthem) may make arrangement for LogistiCare services to transport to and from service related appointments.

DBH recently published the document titled, "Fresno County Department of Behavioral Health Culturally Responsive Plan with Humility." This document meets the requirements to fulfill the Department's mandate to have a Cultural Competency Plan, but above that and more importantly, this plan provides a framework and strategy to ensure that all services are delivered in a culturally and linguistically appropriate manner for persons of all races, ethnicities, sexual orientations, gender identifies and gender expressions. One of the cornerstones of the plan requires all staff and providers be afforded with professional development opportunities which enhance their cultural humility and effectiveness in working with our diverse community. For example, all staff attend annual multi-cultural competency training. The Department also recognizes the importance of ensuring that services are provided in the preferred language of the person receiving services; this includes our supportive services in permanent supportive housing. The Department's hiring practices reflect Fresno County's diverse population. In addition, written materials are available in the three threshold languages for Fresno County (Spanish, Hmong, and English) and made available as needed in other languages. Supportive services staff will utilize certified interpreters for tenants who do not speak English or who prefer services in another language to ensure that all tenants have equal access to services.

Apartment units and all common spaces including those intended for service delivery at Crossroads Village will be designed to be compliant with the Americans with Disabilities Act and accommodate a range of disabilities including sensory disabilities.

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.

Tenants will have access to the full array of DBH services for Mental Health and Substance Use Disorder services. These various programs are funded by MediCal, Mental Health Services Act, and Realignment funds.

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:

Site-based activities intended to provide opportunities for tenants to become involved (tenant council, themed events, yoga, meditation, art enrichment, cooking class and supports, monthly celebrations, etc)

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

All service plans are developed based on direct input from residents based on their goals and needs. Consistent and non-intrusive presence of supportive services staff allows for ample opportunities for supportive services staff to support and assist tenants in their transition from homelessness to housing stability. Recognizing the challenges of this transition, the types and frequency of engagement strategies shall be determined based upon the individual tenant's strengths and needs with respect to their own recovery. Consistent, frequent, and non-threatening contacts with tenants will be made to establish a supportive and trusting relationship with all tenants of the PSH Development, including tenants in pre-contemplative stages of change. On Site Supportive services staff will be trained in Motivational Interviewing, Trauma Informed Care, Recovery principles, Reaching Recovery and Hope.

Property management and social service staff will schedule monthly all-tenant meetings to keep residents informed of on-site opportunities and get resident feedback. Meeting attendance is not required, but highly encouraged. The property management staff will also employ two Community Builders, which are live-in staff persons available to tenants outside of regular office hours. The Community Builders will help develop and foster a sense of community among residents through ongoing social and educational activities. Community Builders will also work with residents to facilitate their own programming, such as movie nights, book clubs, or community service opportunities. Community Builders will help residents access resources for these events, as appropriate.

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

DBH recently published the document titled, “Fresno County Department of Behavioral Health Culturally Responsive Plan With Humility.” This document meets the requirements to fulfill the Department’s mandate to have a Cultural Competency Plan, but above that and more importantly, this plan provides a framework and strategy to ensure that all services are delivered in a culturally and linguistically appropriate manner for persons of all races, ethnicities, sexual orientations, gender identifies and gender expressions. One of the cornerstones of the plan requires all staff and providers be afforded with professional development opportunities which enhance their cultural humility and effectiveness in working with our diverse community. For example, all staff attend annual multi-cultural competency training. The Department also recognizes the importance of ensuring that services are provided in the preferred language of the person receiving services; this includes our supportive services in permanent supportive housing. The Department’s hiring practices reflect Fresno County’s diverse population. In addition, written materials are standarly available in the three threshold languages in Fresno County (Spanish, Hmong, and English) and made availalbe as needed in other languages. Supportive services staff will utilize certified interpreters for tenants who do not speak English or who prefer services in another language to ensure that all tenants have equal access to services.

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

The physical design of Crossroads Village recognizes individuals living with a severe mental illness that are Chronically Homeless, Homeless or At-Risk of becoming Chronically Homeless may have experienced trauma. The physical design of the PSH development responds to this by creating an environment intended to foster community growth and welcoming engagement through trauma-informed design that allows for more comfortable space, interaction, communication and support amongst tenants and service providers. Trauma-informed designed living spaces promote physical, mental and social health. This approach realizes how the physical environment effects individuals, recognizing that it can have physiological and emotional impact upon persons served.

The site design includes units oriented around a central courtyard, to encourage resident interaction and a sense of community. The main community room space will foster tenant interaction, engagement with services as a large group, and overall community involvement within the living space. The focus of the design is on the center of the living space, where there is naturally lighted open space and community meeting space. Four service delivery offices will also be available for one-on-one supportive services between resident and case manager, and will have a comfortable roomy feel rather than formal office design. A resident computer lab will be available for residents to connect to their larger community online.

Calming and soothing colors reminiscent of nature will be incorporated into the physical design and used throughout the living space, helping tenants remain connected to their natural environment. Evidence demonstrates soothing colors help to calm individuals. Where possible, curvilinear rather than hard, sharp lines and edges will be used, including furniture and hallways. Universal designed user-friendly, durable fixtures, equipment and furnishings will also be utilized in the project’s physical design. To emphasize the feel of a living space and minimize an apartment feel, maintenance and storage space will be re-located away from the living space. With a client-centered approach to wellness that focuses on a calming open space with much natural light, the design will foster a comfortable, welcoming community space that enhances interaction of PSH tenants and service providers.

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.

Tenants will be surveyed at least annually with a satisfaction survey, based on a likert scale, to determine levels of satisfaction with the supportive services, property maintenance and management, and other related topics. Additionally, through routine tenant council meetings and other forums, tenants will have ongoing opportunities to provide input into the services and supports available to them. Results of tenant input, including surveys, drive decision-making on program design.

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

The Department is committed to providing all supportive services staff with training related to evidence based practices proven to result in improved housing stability and tenant retention. The Department's commitment to evidence based practices includes all supportive services staff being trained in the Housing First model, in which tenant engagement in services is voluntary and not tied to tenancy. All supportive service staff have been trained in the assertive engagement strategy of Motivational Interviewing, designed to engage those tenants who may initially decline supportive services. Training in the Harm Reduction model, Cognitive Behavioral Therapy (CBT) and Trauma Informed Care have been implemented by the Department for supportive services staff in an effort to increase housing stability for tenants and improved health outcomes for individuals living in Fresno County's permanent supportive housing. It is the Department's intention to continue its commitment to training staff in new permanent supportive housing programs as they are developed.

The Department has also designed, adopted and implemented a system of "Guiding Principles of Care Delivery" (attached) that dedicate the Department to supporting the wellness of individuals, families and communities in Fresno County who are affected by mental illness and/or substance use disorders. The Guiding Principles provide the framework that influences the Department's decision-making on all aspects of care delivery including program design and implementation, service delivery, training of the workforce, allocation of resources, and measurement of outcomes. Principle Three states self-determination and self-direction are the foundations for recovery; that individuals must lead the process of identifying their own strengths, needs and preferences; that the service provider assists the individual in identifying pathways to recovery, and that the individual, with the assistance of the service provider, determines the services and supports they receive. As supportive service staff endeavor to ensure services are available to tenants within a framework of a voluntary service model, the Guiding Principles will provide the foundational culture of service-delivery to help supportive service staff assist tenants in maintaining their housing tenancy.

Section 2: Safety and Security

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

Resident privacy and confidentiality is a foundational element of all service delivery. All supportive services staff and property management staff are highly committed to ensuring the protection of tenant confidentiality to the greatest extent possible, making exceptions only for the tenant's long-term wellbeing in extreme situations.

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

As a Housing First development, tenants are not required to sign in/out. All tenants are given a safety overview during their leasing process, which includes emergency responses. On-site property management staff further assist with addressing emergencies in the moment.

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

The building has been designed with tenant safety as paramount. Sufficient lighting will be provided in all corridors, parking areas, and common spaces. Doors will have individual key access and common spaces will require key access. Cameras will be installed in all common areas, and connected to monitors in the property management office. Up to four (4) full-time property managers and two (2) maintenance personnel will be on-site during normal business hours as well as on weekends. Staffing presence will be maintained outside of business hours by the two live-in Community Builders, who will act as first responders in case of any emergencies and facilitate communications between property management and residents. A Fire Safety plan will be implemented and reviewed with all residents on a regular basis.

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

OSHA rules will be posted in staff areas. Staff are also trained on how to work with high-needs tenants on an ongoing basis. All County employed and Contract employed staff are required to take non-violent intervention training prior to engaging in client activities.

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

For both staff and residents, first violations are addressed by an in-person meeting. Further violations are addressed based on the employee handbook/lease, as appropriate. Tenant council will be convened to develop a community understanding of safety principles. Expectations impacting individual and community safety will be reviewed with tenant during new tenant orientation and periodically in tenant council. Any changes to policies impacting tenants will be posted in a common area, accessible to all and in threshold languages.

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.

Daytime guests are always allowed. Tenants will be educated as to the lease requirements for overnight guests who will stay multiple nights. Any deviation from lease requirements require property manager approval.

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

The Property Management company and the two Community Builders are responsible for programming of social activities, enrichment opportunities and other services that are project-wide and open to all residents of the Project. These activities are created partly to promote the integration of the PSH tenants with the other residents of the Project, and to foster a sense of community at the Project. Property Management and the Community Builders will further work with the service team to support PSH tenants as they engage their community at large (i.e. the neighborhood, Clovis residents and entities, etc.). This work will take place primarily through the Blended Management meetings mentioned above, where Property Management and the service team can jointly address any challenges PSH tenants may be facing with regards to their integration within the broader community.

Part V. Staffing

Section 1a: Staffing Description

Describe the overall staffing pattern, including the roles and responsibilities for each position listed in the Staffing Chart below. List the target populations served through each position.

The proposed staffing mix was determined by the recommended ratio of tenants to staff using the Evidenced-Based Critical Time Intervention Case Management Model. This model has been shown to reduce the likelihood of recurrent homelessness by more than 60% through providing intensive case management during phase one of their intervention. The proposed staffing pattern includes a .5 FTE Program Director, 1 Clinical Supervisor, 5 Case Managers, 1 Peer Support Specialist and 1 Administrative Assistant.

The staffing ratios provided by DBH are only for the 50 NPLH units and do not account for additional staffing that will be required for non-NPLH units in the remainder of the project. DBH has extensive experience providing services to this population. The staffing ratios are reflective of the anticipated needs of residents based on this experience. DBH utilizes this robust level of service to provide the highest possible level of care and improve outcomes for clients.

Following are the roles and responsibilities for each position:

Program Director: Develops, plans, implements and manages the clinical and/or administrative activities within the program. Interviews, selects, evaluates, develops, promotes, and supervises staff; disciplines staff when necessary. Oversees the development, implementation, and assessment of staff training modules, a Staff Development, Training & Education Plan, and new employee orientation for all staff. Oversees and supports cultural competence efforts of the Department of Behavioral Health; reviews and provides recommendations related to the Department's compliance with state and federal requirements related to cultural competence. Oversees Request for Proposals (RFP) for System-wide projects, coordinates vendor selection with System committees, and negotiates contracts with vendors. Organizes, develops, and fosters effective working relationships with behavioral health professionals, agencies, private businesses, clients and their families, and public and private coalitions.

Develops and coordinates program operations in collaboration with stakeholders, public and private agencies and organizations, behavioral health and substance use disorder staff, and clients and families. Prepares or reviews correspondence and records; prepares complex and sensitive analytical and statistical reports. Ensures that all behavioral health education and training services comply with federal, state and local regulations. Assists in the preparation and development of the department budget. Directs or participates in departmental studies to determine initial feasibility of adopting new or modified systems and procedures.

Clinical Supervisor: Supervises staff in one or more behavioral health programs. Supervisory responsibilities include interviewing, selecting, training, assigning, directing, monitoring, evaluating and disciplining staff when necessary. Consults with management staff regarding program goals, activities, policies, and procedures as required. Communicates and interprets program goals, policies, and procedures to staff, community agencies, clients, and the public. Assures program policies, protocols, and staff expectations are properly implemented. Develops and implements work schedules to assure proper program coverage. Ensures staff proficiency in behavioral health information and other information systems utilized by the particular program. Reviews records and information related to the delivery of care to individuals and families to assure compliance with departmental and state policies, procedures, standards of care, and billing requirements. Assists management staff in the development and monitoring of program budgets. Assures proper maintenance of the physical facility, meeting site certification requirements, and the availability of necessary equipment and supplies for program operations. Prepares or supervises the preparation of memoranda, letters, reports, and correspondence. In accordance with state licensing and/or certification requirements, provides clinical supervision, mentoring, and consultation to professional staff seeking to obtain licensure or certification; may provide clinical supervision and/or mentoring to student interns. In accordance with state licensing and/or certification requirements, may provide direct client services including evaluating and developing treatment plans, conducting therapy sessions, and consulting with other agencies regarding client treatment. May conduct special studies, prepare reports, or oversee projects under the direction of management staff.

Case Managers: Under clinical supervision and close review/mentoring by a Licensed Mental Health Clinician, incumbents perform the following tasks: Evaluates behavioral health needs and formulates a behavioral health wellness and recovery service plan. Conducts or assists in conducting triage, screening, crisis management, assessments, treatment planning, therapeutic case management, traditional case management and care coordination, supportive services, individual and group psychosocial rehabilitation, collateral services, and individual, family and group therapy as part of a behavioral health wellness and recovery service plan. Provides or assists in the provision of behavioral health consultative services to professional personnel within the organization and with other agencies to help them better serve individuals, families, and communities. Speaks to community lay and professional groups to promote behavioral health, wellness and recovery and anti-stigma practices. Participates in staff development programs, staff conferences, committees and work groups regarding behavioral health, wellness, and recovery. Assists individuals, families, other professional staff, and community agencies with wellness and recovery service planning and delivery, discharge and follow-up planning, related aspects of access to services, and transitions in care. Prepares reports, correspondence, special studies and research. May facilitate or coordinate projects, participate in systems-level initiatives, represent a team or the Department in various meetings or events, or provide in-services, trainings, or presentations on behalf of the organization.

Peer Support Specialist: Provides peer support and self-help services to behavioral health clients and their family members/caregivers in individual or group settings on site in county programs as well as in the community. Under direction of clinical/supervisory staff, assists in coordinating clinical services, provides linkage to other services and resources, monitors, supports, assists and empowers clients and family members/caregivers who directly or indirectly receive behavioral health services. Assists the organization in gathering client and family member/caregiver perspectives and ensuring it is considered in policy and program development. Assists in the development and coordination of activities, programs, and resources which support clients and family members/caregivers in achieving wellness and recovery goals such as self-help and peer-led groups. Provides skill training to clients and family members/caregivers on tasks related to recovery-focused independent living such as self-empowerment, self-responsibility, public transportation, housing applications, interviews, shopping, etc. Serves as a role model for recovery. Assists and advocates for clients and family members/caregivers as they navigate through the system of care including: assisting with referral follow through; transition to different levels of care; providing information on support resources; facilitating and encouraging family member/caregiver involvement as appropriate. Prepares and supports clients and family members/caregivers in a variety of client and family centered activities such as case consultation/staff meetings, hearings, interviews, completion of satisfaction surveys, focus groups, and stakeholder input opportunities. Documents activities in accordance with Department and program requirements. Supports client's vocational choices and assists them in stress management and other symptoms related to all facets of employment. Works as part of the treatment team including: participating in meetings; encouraging and supporting clients and family members/caregivers in understanding, adhering to, and progressing in the treatment plan; evaluating their responses; outreaching; and empowering them to communicate openly and directly with treatment providers. Greets and welcomes clients and family members/caregivers upon arrival to programs/offices.

Administrative Assistant: Performs secretarial services for a manager including scheduling appointments, conferences and meetings; arranging travel and lodging accommodations; proofreading, editing and assuring correspondence and reports are grammatically correct; independently composing letters and correspondence; maintaining confidential files; screening documents, messages and inquiries directed to the manager requiring prioritizing and routing to appropriate staff; transcribing; and handling timekeeper responsibilities. Handles routine and difficult public relations issues in person, over the phone, and in writing. This includes dealing with clientele, the media and public officials. Handles confidential and sensitive assignments requiring knowledge and application of manager's policies, goals and objectives. Gathers information as directed by the manager for evaluation and decision making. Maintains contact with staff and informs manager regarding status of assignments and deadlines. Maintains records; compiles statistical information; checks documents for completeness and conformity to regulations. Attends meetings on behalf of manager and prepares summary minutes. Operates modern office equipment including personal computers, printers, multiline telephones, multifunction copy machines, scanners, fax machines, calculators, and other equipment. Explains clerical procedures and forms to administrative, professional and technical staff. May translate to serve public needs. Translating may be oral or in written form. May assist in training other staff. All positions will serve the tenants residing in the NPLH sites who were formerly Chronically Homeless, Homeless and the At-Risk of Chronic Homeless with a Serious Mental Illness or a severe emotional disturbance and/or co-occurring substance use disorder.

Section 1b: 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:	8.5	Employing Organization	Location
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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"
Program Director	<p>Education: Possession of a bachelor's degree that is acceptable within the United States' accredited college or university system.</p> <p>Experience: Three (3) years of full-time, paid professional work experience developing staff development and training programs in a health setting.</p> <p>OR</p> <p>Three (3) years of full-time, paid professional supervisory or managerial work experience in a behavioral health setting.</p> <p>Substitution: Possession of a master's degree that is acceptable within the United States' accredited college or university system may substitute for one (1) year of the required experience.</p> <p>License: Possession of a valid Class "C" driver's license, or equivalent.</p>	0.5	Project Partner	On-Site
Clinical Supervisor	<p>Education: Possession of a bachelor's degree in biology, nursing, public health, social work, or a closely related field that is acceptable within the United States' accredited college or university system.</p> <p>Experience: Three (3) years of full-time, paid professional mental health or substance use disorder work in a clinical setting; two (2) of those years must be post-licensure.</p> <p>License: Valid State of California license as a Clinical Psychologist, Clinical Social Worker, Marriage and Family Therapist, Professional Clinical Counselor, or Registered Nurse.</p> <p>Possession of a valid Class "C" driver's license, or equivalent, may be required.</p> <p>Note: Recruitment and/or certification may be limited to candidates with education, experience, license, and/or certificate background related to the specific position vacancy as authorized by the Director of Human Resources.</p>	1	Project Partner	On-Site

<p>Case Manager</p>	<p>Education: Current and active registration as an Associate Clinical Social Worker or Marriage and Family Therapist Intern with the State of California, Department of Consumer Affairs, Board of Behavioral Sciences.</p> <p>Experience/Knowledge of: Principles, theories, techniques and practices used in clinical social work and/or marriage and family therapy including techniques used for diagnosis and behavioral health services for chronically mentally ill and emotionally disturbed clients in a wellness and recovery evidence-based practices framework; Principles and practices of behavioral health education, community organizations and allied behavioral health services and resources; Laws, regulations and ethical standards governing behavioral health treatment and medical records; Behavioral health interviewing techniques and treatment methods; Intensive and long term case management services in a wellness and recovery evidence-based framework; Cultural competency theory, practice and its application in behavioral health settings with diverse consumers, their families and communities.</p>	<p>5</p>	<p>Project Partner</p>	<p>On-Site</p>
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Peer Support Specialist	<p>Peer Support Specialist I applicants must qualify under one (1) of the options listed below:</p> <p>OPTION 1:</p> <p>Experience: One (1) year of experience providing peer support to behavioral health clients in a public or private agency.</p> <p>License: A valid Class "C" driver's license, or equivalent, may be required.</p> <p>OPTION 2:</p> <p>Certificate: Completion of a Peer Support Specialist, Parent Partner training program or a Consumer Volunteer Advocacy training program prior to February 2007.</p> <p>License: A valid Class "C" driver's license, or equivalent, may be required.</p> <p>Note: Though not required, current or previous experience as a consumer (or family member/caregiver) of behavioral health services is preferred.</p>	1	Project Partner	On-Site
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Administrative Assistant	<p>Education: Possession of a bachelor's degree that is acceptable within the United States' accredited college or university system.</p> <p>License: Possession of a valid Class "C" driver's license, or equivalent, may be required.</p> <p>Note: Recruitment and/or certification may be limited to candidates possessing a specific education background related to Peer Support Specialist I applicants must qualify under one (1) of the options listed below:</p> <p>Experience: One (1) year of experience providing peer support to behavioral health clients in a public or private agency.</p> <p>License: A valid Class "C" driver's license, or equivalent, may be required.</p> <p>Or</p> <p>Certificate: Completion of a Peer Support Specialist, Parent Partner training program or a Consumer Volunteer Advocacy training program prior to February 2007. skills and Abilities Provides peer support and self-help services to behavioral health clients and their family members/caregivers in individual or group settings on site in county programs as well as in the community.</p>	1	Project Partner	On-Site
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File Name:	Duty Stmt1, Duty Stmt2, Duty Stmt3, Duty Stmt4	Staff Duty Statements (all providers, if available)	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	50
b.	Total FTE Service Staff from the Staffing Chart for the NPLH Assisted Units - Provide only the number of ongoing direct service staff positions that will provide services to the tenants of the NPLH Assisted Units, (for example, case manager, psychiatric nurse, services coordinator, etc). Do not include supervisors, peer support positions, or HMIS Administration positions.	6

c.	Number of NPLH units per FTE Staff Person (a÷b)	8.33333333 3
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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	1:12	1:12	1:12

Part VI. Supportive Services Budget

Section 1: Supportive Services Budget Table.
 Provide a line item Supportive Services Budget for Project using format below. Complete both income and expense portions of the budget. Include all costs associated with implementing the Supportive Services Plan, including any in-kind services. Include income and expenses for County, other LSP, or and Development Sponsor staff positions, and also any staff positions of partnering organizations who have committed time to the Project. Total expenses should equal total income. Add expense item categories & lines as necessary. Don't include costs associated with providing services in non-NPLH Assisted Units. If costs are associated with both NPLH & non-NPLH Assisted Units, include only that portion of costs associated with NPLH Assisted Units.

In addition to including the direct costs associated with providing supportive services, include the pro-rata costs associated with supervision of the NPLH supportive services staff, and other necessary pro-rata administrative costs, including HMIS data entry costs.

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		
Medi-Cal Federal Financial Participation/Crossroads Village	\$353,724.00	In-kind	Committed	53.00%		
Realignment/Crossroads Village	\$313,706.00	In-kind	Committed	47.00%		
				0.00%		
				0.00%		
				0.00%		
				0.00%		
				0.00%		
				0.00%		
Total Revenue:	\$667,430.00			100.00%		
Expense Item	Amount	Type	Status	% of Total Budget		
Staff Salaries: List by title of position. (This list must match the Staffing Chart above.)						
Program Director		FTE 0.5	\$34,000.00	In-kind	Committed	5.09%

<i>Administrative Assistant</i>	FT E	1	\$31,590.00	In-kind	Committed	4.73%
<i>Clinical Supervisor</i>	FT E	1	\$85,332.00	In-kind	Committed	12.79%
<i>Case Managers</i>	FT E	5	\$208,650.00	In-kind	Committed	31.26%
<i>Peer Support Specialist</i>	FT E	1	\$27,456.00	In-kind	Committed	4.11%
<i>Staff Development</i>	FT E	N/A	\$5,000.00	In-kind	Committed	0.75%
	FT E					0.00%
	FT E					0.00%
<i>Fringe Benefits</i>			\$109,374.00	In-kind		16.39%
Total Staff Expenses			\$501,402.00			75.12%
<i>Tenant Transportation</i>			\$5,000.00	In-kind	Committed	0.75%
<i>Equipment</i>			\$20,000.00	In-kind	Committed	3.00%
<i>Supplies</i>			\$5,000.00	In-kind	Committed	0.75%
<i>Travel</i>			\$5,127.00	In-kind		0.77%
<i>Office Rent/Occupancy Costs (don't include rent/leasing costs for SH units)</i>			\$0.00			0.00%
<i>Training</i>						0.00%
<i>Furniture Equipment Repairs</i>			\$3,023.00	In-kind	Committed	0.45%
<i>Liability Insurance</i>			\$23,222.00	In-kind	Committed	3.48%
<i>Tenant Expenses (Household Supplies/Equipment)</i>			\$8,000.00	In-kind	Committed	1.20%
<i>Communications (Phone, Data)</i>			\$9,600.00	In-kind	Committed	1.44%
<i>Administration (Indirect Costs)</i>			\$87,056.00	In-kind	Committed	13.04%
Total Expenses			\$667,430.00			100.00%
<p>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.</p>						
Supportive Services Expense Per Unit Calculation Table						
a.	Total NPLH Assisted Units					50
b.	Total Supportive Services Expenses					\$667,430.00
c.	Total Supportive Services Expenses per Unit: (b ÷ a)					13348.6
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. Include a calculation showing the budgeted transportation assistance amount per NPLH household, if any, and justify its adequacy to meet all transportation needs.

Based on historical data from providing supportive services at other PSH projects, the budget here represents our expected costs for this project

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.	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.

N/A

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.

DBH will work among its various funding sources to ensure adequate funding for robust on-site services.

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)	County of Fresno Department of Behavioral Health
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Source of Funds/Funding Program	Purpose of Award (Use of Funds)	Amount	Award Date & Funding Term	Population(s) Served
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MHSA	Renaissance Alta Monte			Chronically Homeless
MHSA	Renaissance Santa Clara			At risk of Homelessness
MHSA	Renaissance Trinity			Chronically Homeless

Part VII. Property Management Plans, Tenant Selection, and Reporting

Section 1: Property Management Plans and Tenant Selection

The Property Management Plan and tenant selection policies submitted with the NPLH application will be evaluated for the following consistent with state Housing First requirements. These documents must identify, describe, and utilize Housing First and low-barrier tenant selection processes that prioritize those with the highest needs for available housing. The descriptions of the use of Housing First and tenant selection in this Supportive Services Plan must be consistent with the Property Management Plan and the tenant selection policies. The Property Management Plan and tenant selection policies should address the following and be consistent with state Housing First requirements, as well as and other NPLH requirements:

- 1.Applicant eligibility and screening standards
- 2.Confidentiality
- 3.Substance abuse policy
- 4.Communication between property manager and supportive services staff
- 5.Eviction policies and eviction prevention procedures
- 6.Process for assisting tenants to apply for different forms of cash and non-cash benefits to aid the household in retaining their housing, if needed
- 7.How applicants and residents will be assisted in making reasonable accommodation requests, in coordination with the services provider and persuasive to outside entities, such as Housing Authorities, to ensure that persons with disabilities have access to and can maintain housing
8. Policies and practices to facilitate Voluntary Moving On strategies

Section 2: Reporting Requirements Certification (REQUIRED)

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:

1/15/21

Statement Completed by (please print):

Susan Holt

Signature:

Title:	Deputy Director
Agency or Department:	Fresno County Department of Behavioral Health
Agency or Department Address:	1925 E. Dakota Ave, Fresno, CA 93726
Agency or Department Phone:	(559) 600-6899

Exhibit B-2
Supportive Services Plan

Supportive Services §112(d)

9/14/21

Supportive Services §112(c)

Using evidence-based models, the following Supportive Services shall be made available to HHC tenants based on tenant need. Except as noted below, the following required services shall be provided onsite or offsite at another location easily accessible to tenants, with the majority of case management services offered on-site:

(1) Assistance accessing and linking tenants to Medi-Cal enrollment and enrollment in other benefits the tenant may be eligible for;	Yes
(2) Case management;	Yes
(3) Peer support activities;	Yes
(4) Support in linking to behavioral health care, such as assessment, crisis counseling, individual and group therapy, and peer support groups;	Yes
(5) Support in linking to primary care services, including access to routine/preventive health and dental care, medication management, and wellness services;	Yes
(6) Benefits counseling and advocacy, including assistance in accessing Supplementary Security Income/State Supplemental Payment (SSI/SSP);	Yes
(7) Basic housing retention skills (such as unit maintenance and upkeep, cooking, laundry, working with a landlord, getting along with neighbors, and money management);	Yes
(8) Services for persons with co-occurring mental and physical disabilities or co-occurring mental and substance use disorders not listed above.	Yes

The following Supportive Services are not required to be made available but are encouraged to be part of a Project’s Supportive Services plan.

(1) Recreational and social activities;	Yes
(2) Educational services, including assessment, GED, school enrollment, assistance accessing higher education benefits and grants, and assistance in obtaining reasonable accommodations in the education process;	Yes
(3) Employment services, such as supported employment, job readiness, job skills training, job placement, and retention services, or programs promoting volunteer opportunities for those unable to work; and	Yes
(4) Obtaining access to other needed services, such as civil legal services, or access to food and clothing.	Yes

Provider-to-Client Staff Ratio §110(a)(11)

List all staff positions that will provide services to the tenants of the HHC assisted units. Include Sponsor or LSP staff positions, and any staff positions of partnering organizations who have committed time to the Project. Include your 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-HHC assisted units. If a staff position serves both tenants in HHC and non-HHC assisted units, include only that portion (i.e., % FTE) of the staff position dedicated to HHC assisted units. Upload a copy of each positions duty statement.

Note: All staff positions listed here must be reflected in the Estimated Itemized Budget §112(d)(6) . Be sure to indicate which staff position will be responsible for HMIS data entry. If the cost of on-site Resident Services Coordination is included as part of the Project’s operating budget and the position will serve supportive housing units, that position must be included in this chart.

Title	Minimum requirements	Total FTE:	13.0	Employing Organization	Location
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List each staff position	List minimum required staff preparation (education & experience) <i>Note: Doesn't take place of the job description or duty statement.</i>	Indicate FTE staff positions for SH or TH units (half-time is 0.5 FTE)	This could be the LSP, Sponsor or a Project Partner	Select "On-Site" or "Off-Site"
Tenancy Support Case Manager	Associate's degree in social services or closely related field, preferred. Two years' experience in housing-related social services.	4	Sponsor: RHCB	On-Site
Community Coordinator (Will be responsible for HMIS data entry)	BA in a relevant field with an understanding of the affordable housing community and community resources. Second language fluency preferred. Demonstrated (formal or informal) experience leading and teaching others, building consensus within groups, and moving groups toward action.	2	Sponsor: RHCB	On-Site
Program Director	Education: Possession of a bachelor's degree that is acceptable within the United States' accredited college or university system. Experience: Three (3) years of full-time, paid professional work experience developing staff development and training programs in a	0.5	Lead Service Provider	On-Site

	<p>health setting. OR Three (3) years of full-time, paid professional supervisory or managerial work experience in a behavioral health setting. Substitution: Possession of a master's degree that is acceptable within the United States' accredited college or university system may substitute for one (1) year of the required experience.</p>			
<p>Clinical Supervisor</p>	<p>Education: Possession of a bachelor's degree in biology, nursing, public health, social work, or a closely related field that is acceptable within the United States' accredited college or university system. Experience: Three (3) years of full-time, paid professional mental health or substance use disorder work in a clinical setting; two (2) of those years must be post-licensure. License: Valid State of California license as a Clinical Psychologist, Clinical Social Worker, Marriage and Family Therapist, Professional</p>	<p>1</p>	<p>Lead Service Provider</p>	<p>On-Site</p>

	Clinical Counselor, or Registered Nurse.			
Case Manager	<p>Education: Current and active registration as an Associate Clinical Social Worker or Marriage and Family Therapist Intern with the State of California, Department of Consumer Affairs, Board of Behavioral Sciences.</p> <p>Experience/Knowledge of: Principles, theories, techniques and practices used in clinical social work and/or marriage and family therapy including techniques used for diagnosis and behavioral health services for chronically mentally ill and emotionally disturbed clients in a wellness and recovery evidence-based practices framework; Principles and practices of behavioral health education, community organizations and allied behavioral health services and resources; Laws, regulations and ethical standards governing behavioral health</p>	5	Lead Service Provider	On-Site

	<p>treatment and medical records; Behavioral health interviewing techniques and treatment methods; Intensive and long term case management services in a wellness and recovery evidence-based framework; Cultural competency theory, practice and its application in behavioral health settings with diverse consumers, their families and communities.</p>			
Peer Support Specialist	<p>Peer Support Specialist I applicants must qualify under one (1) of the options listed below: OPTION 1: Experience: One (1) year of experience providing peer support to behavioral health clients in a public or private agency. OPTION 2: Certificate: Completion of a Peer Support Specialist, Parent Partner training program or a Consumer Volunteer Advocacy training program prior to February 2007. Note: Though not</p>	0.5	Lead Service Provider	On-Site

	required, current or previous experience as a consumer (or family member/caregiver) of behavioral health services is preferred.			
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Staffing Ratio - Must maintain at least a 1:20 provider-to-client staff Ratio.

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

a.	Total HHC assisted units.	30
b.	Total FTE Service Staff from the Staffing Chart for the HHC assisted units.	13.00
c.	Number of HHC assisted SH units Per FTE Staff Person (b÷a)	0.43

All Projects must include an SSP meeting §112. Be specific. The checklist below serves as a guide to ensure all the components of the SSP are complete.

Target Population Narrative §112(d)(1)

Provide a detailed narrative of the Target Population to be served, and identification of any additional sub-population target or occupancy preference for the Project (all sub-population targeting must be approved by HCD prior to construction loan closing and must be consistent with federal and state fair housing requirements).

The target populations for this project are defined as: single adults and families who are experiencing homelessness or chronic homelessness, and who are high-cost health users upon initial eligibility (i.e., people who have had either at least three emergency department visits or one hospital inpatient stay over the last year), and who are Medi-Cal beneficiaries or eligible for Medi-Cal. Prospective tenants will have incomes at or below 30% AMI. Needs among this population are likely to include behavioral health or physical health disorders or conditions, and/or co-occurring substance use disorders, and they are at high risk of significant health complications if they remain disconnected from housing, health services, and the community. Also included in the target population are those experiencing homelessness or chronic homelessness who are transitioning from institutions. Such institutions include places of custody for justice-involved individuals such as jail, prison, and juvenile detention centers. Institutions also include places of institutional behavioral health care including a state hospital, psychiatric health facility, psychiatric or behavioral health hospital or unit, hospital emergency room, institute for mental disease, mental health rehabilitation center, skilled nursing facility, developmental center, residential treatment program, residential care facility, community crisis center, board and care facility, or foster care setting.

Tenant Outreach, Engagement, and Retention Strategies §112(d)(2)

Describe the plan for conducting tenant outreach, engagement and retention strategies to be used in support of these Program objectives.

DBH and RHCB understand that when tenants are empowered to govern their living community, they are more likely to respect property and treat their neighbors with respect. The supportive services staff and property management staff will work together to build a property site that has an inclusive culture and numerous avenues for tenant involvement. Tenants will be supported to develop a Tenant Council or Advisory Committee as a forum to advocate for their needs and preferences related to building and site operations. Activities planning will be inclusive of tenants' needs and preferences, as determined through tenant meetings and individual surveys. All Crossroads Village tenants will be invited and encouraged to engage in services planning and operations, as well as to participate in all services available to them, if they so choose. All service plans and site activities will be developed based on direct input from residents and targeted to their goals and needs. Consistent and non-intrusive presence of supportive services staff will allow for ample opportunities for supportive services staff to support and assist tenants in their transition from homelessness to housing stability. Recognizing the challenges of this transition, the types and frequency of engagement strategies will be determined based upon the individual tenant's strengths and needs with respect to their own recovery. Consistent, frequent, and non-threatening contacts with tenants will be made to establish a supportive and trusting relationship with all tenants of Crossroads Village, including tenants in pre-contemplative stages of change. Onsite Supportive services staff will be trained in having Strength-based conversations, and utilizing Motivational Interviewing, Trauma Informed Care, Recovery principles, and helping people see their potential and describing program or activity benefits and incentives.

Property management and social service staff will schedule monthly all-tenant meetings to keep residents informed of on-site opportunities and get resident feedback. Meeting attendance is not required, but highly encouraged. The property management staff will also employ two Community Coordinators, which are live-in staff persons available to tenants outside of regular office hours. The

Community Coordinators will help develop and foster a sense of community among residents through ongoing social and educational activities. Community Coordinators will also work with residents to facilitate their own programming, such as movie nights, book clubs, or community service opportunities. Community Coordinators will help residents access resources for these events, as appropriate. Outreach activities will include: Posting fliers in highly visible locations; Hosting community meetings on topics of interest to the residents; Conducting one-on-one outreach to tenants; Employing peers to talk about their experiences and engage tenants. Tenants will be surveyed at least annually with a satisfaction survey, based on a likert scale, to determine levels of satisfaction with the supportive services, property maintenance and management, and other related topics. Additionally, through routine tenant council meetings and other forums, tenants will have ongoing opportunities to provide input into the services and supports available to them. Results of tenant input, including surveys, drive decision-making on program design. RHCB will lead the effort in administering the surveys, and collecting and analyzing data. RHCB will aggregate the data, removing identifiers, and provide yearly reports to the project's owners and to the tenants on the above indicators and on other parameters relevant to the well-being of the residents, the success of the project, and suggestions for improving quality of life for the residents at Crossroads Village.

As the Lead Service Provider, DBH is committed to providing all supportive services staff with training related to evidence-based practices proven to result in improved housing stability and tenant retention, including the Assertive Community Treatment (ACT) model, Cognitive Behavioral Therapy, Trauma Informed Care, Motivational Interviewing and other tools to encourage engagement and involvement in services and activities. The Department's commitment to evidence-based practices includes all supportive services staff being trained in the Housing First model, in which tenant engagement in services is voluntary and not tied to tenancy. All supportive service staff have been trained in the assertive engagement strategy of Motivational Interviewing, designed to engage those tenants who may initially decline supportive services. DBH Supportive service staff implement the Harm Reduction model, Cognitive Behavioral Therapy (CBT) and Trauma Informed Care in an effort to increase housing stability for tenants and improved health outcomes for individuals living in Fresno County's permanent supportive housing.

List of Services §112(d)(3)

Required Services 112(c):	Provider	Page Number in Supportive Services Plan	Miles from Project Site	Frequency of Offered Service	Hrs. Available (for example) 8 am - 5 pm
(1) Assisting tenants to Medi-Cal and other benefits enrollment	As the Cal-AIM Enhanced Care Management and Community Supports Provider, RH Community Builders (RHCB) staff will advocate for and assist residents in accessing all mainstream benefits to which they may be entitled, including SSI/SSP, Medi-Cal or VA benefits. Active assistance with completing the applications process will be provided along with advocacy if additional information is needed or if benefits are denied. Additionally, tenants will receive active assistance and advocacy to assist them in retaining their benefits and entitlements. The SOAR (SSI/SSDI Outreach, Access and Recovery) method will be utilized to assist in applying for and accessing SSI/SSP, which includes access to Medi-Cal for all eligible applicants.	N/A	Onsite	Service delivery is dependent on tenant need and service plan, is individualized and adaptable based on the needs of the person served.	Monday-Friday, 8:00 am - 5:00 pm
(2) Case management	Dedicated case management staff will be assigned to work full time at the site. These case managers will support tenants with all aspects of individual service planning, linkages to resources, and implementation of co-authored service plans.	N/A	Onsite	At least weekly, more if requested by the tenant.	Monday-Friday, 8:00 am - 5:00 pm

	<p>Case managers will be available on-site 40 hours per week. Tenants seeking support may access case management services based on individual need with the expectation that service delivery will vary as individuals learn to navigate independence and build competence in maintaining housing. In addition, for any tenants who choose to participate in behavioral health treatment services, and who choose to integrate those services, the supportive services case manager will act as a bridge between the treatment services and the supportive housing services to create an integrated recovery plan and support team. Individuals with co-occurring substance use and/or physical health issues will have case management staff available to develop integrated service plans with physical health and SUD providers. Tenants may enter into permanent supportive housing already linked to community based services. Tenants may have established treatment relationships with Department clinical staff, with Full Service Partnership teams, community based care providers and/or Substance Use treatment providers.</p>				
(3) Peer support activities	<p>The Supportive services staff will include one professional peer support specialist employed on a full time basis. This individual will have life experiences similar to life experiences of the tenants (e.g., Substance Use, mental illness, homelessness, physical health challenges). Peer support staff will provide tenants with assistance and support in navigating housing skills, gaining experience in self advocacy and in instilling hope. Peer support staff will provide tenancy supports, living skills, tenant orientation, access to support groups, recreational and socialization skills and transportation.</p>	N/A	Onsite	Service delivery is dependent on tenant need and service plan, is individualized and adaptable based on the needs of the person served.	Monday-Friday, 8:00 am - 5:00 pm

<p>(4) Support linking to behavior health care</p>	<p>The DBH supportive services staff will include Case management and peer support professionals on a full time basis. Onsite staff will be trained in Motivational interviewing, trauma informed care, critical time intervention, de-escalation, housing first and harm reduction principles, person-first language and principles, cultural humility and diversity principles and in accessing services not readily available at the property. For supports not available on site, staff will ensure all tenants have access to and are supported in utilizing the Department's robust array of integrated services provided by both contracted and county employed professionals. Participation in mental health services is voluntary and not a requirement for tenancy. Supportive services staff will educate tenants about all treatment options appropriate to their level of need including full service partnerships, culture-based services, and crisis services. Supportive services staff will support tenants with linkages to mental health services where indicated and, when consent of the tenant is present, will participate as an extension of the treatment team to provided an integrated care experience. All treatment programs have the ability to deliver services in the home or in other locations as preferred by the person served.</p>	<p>N/A</p>	<p>Mostly onsite, or at DBH offices which are 5.8 miles away from the site.</p>	<p>At least weekly, more if requested by the tenant.</p>	<p>Monday-Friday, 8:00 am - 5:00 pm</p>
<p>(5) Support linking to primary care services</p>	<p>RHCB will be the Cal-AIM Enhanced Care Management Lead Provider through Managed Care Health Plans, Anthem Blue-Cross and Cal-Viva HealthNet. The enhanced care management program will provide high-touch, community based, in-person care management and case coordination. Services will include coordination of acute, behavioral, oral, and long-term services for clients. RH Community Builders will coordinate the provision of individualized care to each individual, build rapport and trust, and ensure that needed services are delivered in a timely, individualized, and professional manner. Tenants will be referred to local providers of healthcare,</p>	<p>N/A</p>	<p>Clinica Sierra Vista - 6 locations in Fresno, closest is 3.6 miles away from site- transportation may be provided by Logisticare</p>	<p>Service delivery is dependent on tenant need and service plan, is individualized and adaptable based on the needs of the person served.</p>	<p>Monday-Friday 8:00 am - 5:00 pm</p>

	<p>urgent care, dental care, mental health care, etc. as needed. In addition, all eligible tenants will be supported in accessing physical health care through linkages offered by DBH. The Department has MOUs in place with both Managed Medi-Cal Health Plans in Fresno County (Anthem Blue Cross and CalViva HealthNet). These MOUs outline care coordination and serve as a platform to ensure that the physical health needs of individuals in behavioral health programs are met. The department and the MHP's have developed a shared bidirectional referral form and intensive case management request form to assist staff in linking individuals to physical health care and resources. In addition, the Department has a contract with a Federally Qualified Health Center, Clinica Sierra Vista, to deliver integrated primary care and behavioral health services in one clinic setting. Supportive services staff will support tenants in accessing physical health care, including providing transportation, advocacy, linkages, and social-emotional support. Transportation services to and from physical health care supports (PCP, Hospital, medical/dental/vision appointments, pharmacy visits etc.) may be provided by case management staff or through an agreement with Logisticare. Logisticare is a MediCal member benefit that provides transportation services tailored to a members needs. Individuals with physical disabilities may request accommodated transport, individuals with children may request family transportation, persons without physical disabilities may request standard transport. The Department, in collaboration with the MHP have provided extensive and ongoing training to service providers to ensure access to all beneficiaries.</p>				
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<p>(6) Benefits counseling and advocacy</p>	<p>As the Cal-AIM Enhanced Care Management and Community Supports Provider, RH Community Builders (RHCB) staff will advocate for and assist residents in accessing all mainstream benefits to which they may be entitled, including SSI/SSP, Medi-Cal or VA benefits. Active assistance with completing the applications process will be provided along with advocacy if additional information is needed or if benefits are denied. Additionally, tenants will receive active assistance and advocacy to assist them in retaining their benefits and entitlements. The SOAR (SSI/SSDI Outreach, Access and Recovery) method will be utilized to assist in applying for and accessing SSI/SSP, which includes access to Medi-Cal for all eligible applicants.</p>	<p>N/A</p>	<p>Onsite</p>	<p>Service delivery is dependent on tenant need and service plan, is individualized and adaptable based on the needs of the person served.</p>	<p>Monday-Friday 8:00 am - 5:00 pm</p>
<p>(7) Basic housing retention skills</p>	<p>As the Cal-AIM Community Supports Provider, RHCB is committed to providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations; Education and training on the roles, rights, and responsibilities of the tenant and landlord; Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy; Coordination with the landlord and case management provider to address identified issues that could impact housing stability; and other housing retention services. Life skills training and assistance will be provided including: housekeeping, budgeting/money management, laundry, cooking and meal preparation, shopping, financial literacy, basic nutrition, communication skills, conflict resolution/mediation, training in personal hygiene and self-care, assistance in meeting lease obligations. The services provided will be based on individualized assessment of needs and documented in the individualized housing support plan and will utilize best practices for all including: Housing First, Harm Reduction, Progressive</p>	<p>N/A</p>	<p>Onsite</p>	<p>Service delivery is dependent on tenant need and service plan, is individualized and adaptable based on the needs of the person served.</p>	<p>Monday-Friday 8:00 am - 5:00 pm</p>

	Engagement, Motivational Interviewing, and Trauma-Informed Care. In addition, RHCBC will connect tenants to Central California Legal Services for legal assistance, as well as to local food pantries which offer food distribution, access to clothing donations, or needed household items.				
(8) Services for persons with co-occurring disabilities/disorders	DBH and RHCBC will refer and ensure access to Pathways to Recovery Fresno, which provides comprehensive outpatient alcohol and drug addiction screening, wellness, and recovery services. Also offers integrated mental health and substance abuse disorder treatment for co-occurring mental health and substance use disorders.	N/A	Pathways to Recovery is 5.6 miles away from the site.	Service delivery is dependent on tenant need and service plan, is individualized and adaptable based on the needs of the person served.	Monday-Friday 8:00 am - 5:00 pm
Optional (encouraged) Services 112(c):	Provider	Page Number in Supportive Services Plan	Miles from Project Site	Frequency of Offered Service	Hrs. Available (for example) 8 am - 5 pm
(1) Recreational and social activities	DBH and RHCBC will refer tenants to Blue Skies Wellness Center and Holistic Cultural and Education Wellness Center for recreational and social activities. In addition, onsite recreational and social activities will be organized by the Tenant Council with assistance from the Community Coordinators. Some possible activities will include: Monthly birthday socials; Weekly bingo games and weekly coffee gatherings; Bookmobile services and a Community Room Library; Trips and outings to parks, movies, malls; Guest speakers from various organizations; Community service projects; Current affairs classes, intercultural and intergenerational education, including; English as a Second Language classes and on-site computer and internet tutorials; Community gardening; Ultimate Frisbee, kickball or other outdoor recreational activities.	N/A	Blue Skies Wellness Center 1617 E. Saginaw Way, Suite 108 (0.3 miles away from site). Fresno Holistic Center 4867 East Kings Canyon Fresno CA (6.3 miles away from site). with the MHP have provided extensive and ongoing training to service providers to ensure access to all beneficiaries.	Service delivery is dependent on tenant need and service plan, is individualized and adaptable based on the needs of the person served.	Monday-Friday 8:00 am - 5:00 pm

<p>(2) Educational services</p>	<p>Fresno County currently operates a Supportive Employment and Education Services (SEES) program in partnership with the State Department of Rehabilitation (DOR) that will lead the educational, vocational and employment supportive service component to be made available to Crossroads tenants. This program also provides assistance to individuals with respect to their individual educational goals, including, but not limited to completion of high school or GED, college, or education in trades. The supportive services staff will support tenants in accessing the current SEES program as well as a future expanded program and will serve as an extension of the tenant's educational support team, in partnership with the SEES staff and staff of the future expanded program. Supportive services staff activities will include supporting tenants in setting goals, scheduling and attending classes, accessing tutoring or other supportive resources, and accessing services for students with disabilities at local education institutions. In addition, as the CalAIM Community Supports provider, RHCBC will partner with the Adult School and local community college to assist tenants in accessing educational and training opportunities. Tenants will be assisted with college placements, educational assessments, GED education and assessment, assistance with school enrollment, assistance with accessing higher education benefits and grants, and assistance in obtaining reasonable accommodations in the education process if needed.</p>	<p>N/A</p>	<p>SEES 4447 E. Kings Canyon Road Mod E Fresno (5.8 miles away from site).</p>	<p>Service delivery is dependent on tenant need and service plan, is individualized and adaptable based on the needs of the person served.</p>	<p>Monday-Friday 8:00 am - 5:00 pm</p>
<p>(3) Employment services</p>	<p>Fresno County has contracted with Dreamcatchers Educational and Vocational Services (VES) for supported employment and supported education. The new enhanced program will implement the evidence-based Individual Placement and Support (IPS) model. The supportive services staff will support tenants in accessing the Dreamcatchers program as well</p>	<p>N/A</p>	<p>Dreamcatchers Educational and Vocational Services (VES) , 855 N. Abby St Fresno, CA 93701 (2.3 miles away from site)</p>	<p>Service delivery is dependent on tenant need and service plan, is individualized and adaptable based on the</p>	<p>Monday-Friday 8:00 am - 5:00 pm</p>

	<p>as serve as an extension of the tenant's vocational support team. In addition, as the CalAIM Community Supports provider, RHC B will provide access to employment services that include the following: access to computers, fax machines, telephones and copiers, internet access to explore job opportunities and apply for jobs online, assistance with creating a professional resume or completing job applications, comprehensive assessments (including literacy testing, employment barrier identification, aptitude and interest testing), career planning, job readiness training, on-the-job-training, skills upgrading and retraining. RHC B will partner with the Adult School and local community college to assist consumers in accessing educational and training opportunities. Consumers will be assisted with college placements, educational assessments, GED education and assessment, assistance with school enrollment, assistance including literacy testing, employment barrier identification, aptitude and interest testing), career planning, job readiness training, on-the-job-training, skills upgrading and retraining.</p>			needs of the person served.	
(4) Obtaining access to other needed services	<p>As the Cal-AIM Community Supports Provider, RHC B is committed to providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations; Education and training on the roles, rights, and responsibilities of the tenant and landlord; Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy; Coordination with the landlord and case management provider to address identified issues that could impact housing stability; and other housing retention services. Life skills training and assistance will be provided including: housekeeping, budgeting/money management, laundry, cooking</p>	N/A	Onsite	Service delivery is dependent on tenant need and service plan, is individualized and adaptable based on the needs of the person served.	Monday-Friday 8:00 am - 5:00 pm

and meal preparation, shopping, financial literacy, basic nutrition, communication skills, conflict resolution/mediation, training in personal hygiene and self-care, assistance in meeting lease obligations. The services provided will be based on individualized assessment of needs and documented in the individualized housing support plan and will utilize best practices for all including: Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma-Informed Care. In addition, RHCBS will connect tenants to Central California Legal Services for legal assistance, as well as to local food pantries which offer food distribution, access to clothing donations, or needed household items. Transportation assistance will be provided to social and recreational activities and any other services as needed.

Transportation Plan §112(d)(4)

For services provided off-site, (not at the Project site), provide a detailed narrative on what transportation options will be available to HHC tenants in order to provide them with reasonable access to these services. Reasonable access is access that does not require walking more than ½ mile.

Case management and supportive services will be available on site. For off-site supportive services not provided at Crossroads Village, DBH and RHCBS will support tenants by making transportation available to treatment appointments, recovery supports including the Wellness Center, the Holistic Center and other self-directed recovery focused services. Supportive services staff may provide transportation for tenants directly. Department funded vehicles will be accessible to staff at the site. Where appropriate and in keeping with a tenant chosen treatment strategy, DBH and RHCBS may fund access to public bus transportation. For tenants who choose to use public transportation, but require support to do so, the supportive services staff will accompany the tenant for support and /or coaching until such time as that support is no longer needed or desired. For tenants able to navigate appointment independently but who do not choose to use public transportation, access to transportation benefits provided as a service of the Medi-Cal health plans (CalViva and Anthem) may make arrangement for LogistiCare services to transport to and from service related appointments. Transportation services to and from physical health care supports (PCP, Hospital, medical/dental/vision appointments, pharmacy visits etc.) may be provided by case management staff or through an agreement with Logisticare. Logisticare is a MediCal member benefit that provides transportation services tailored to a members needs. Individuals with physical disabilities may request accommodated transport, individuals with children may request family transportation, persons without physical disabilities may request standard transport. The Department, in collaboration with the MHP have provided extensive and ongoing training to service providers to ensure access to all beneficiaries.

Services Competency §112(d)(5)

(A) Describe how the services are culturally and linguistically competent for persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions. (B) Explain how services will be provided to HHC tenants who do not speak English, or have other communication barriers, including sensory disabilities. (C) Explain how communication among the services providers, the property manager, and these tenants will be facilitated.

DBH and RHC B are committed to a framework and strategy to ensure that all services are delivered in a culturally and linguistically appropriate manner for persons of all races, ethnicities, sexual orientations, gender identification and gender expressions. DBH recently published the document titled, "Fresno County Department of Behavioral Health Culturally Responsive Plan with Humility." This document meets the requirements to fulfill the Department's mandate to have a Cultural Competency Plan, but above that and more importantly, this plan provides a framework and strategy to ensure that all services are delivered in a culturally and linguistically appropriate manner for persons of all races, ethnicities, sexual orientations, gender identifies and gender expressions. One of the cornerstones of the plan requires all staff and providers be afforded with professional development opportunities which enhance their cultural humility and effectiveness in working with our diverse community. For example, all staff attend annual multi-cultural competency training. The Department also recognizes the importance of ensuring that services are provided in the preferred language of the person receiving services; this includes our supportive services in permanent supportive housing. The Department's hiring practices reflect Fresno County's diverse population. In addition, written materials are available in the three threshold languages for Fresno County (Spanish, Hmong, and English) and made available as needed in other languages. Supportive services staff will utilize certified interpreters for tenants who do not speak English or who prefer services in another language to ensure that all tenants have equal access to services.

Apartment units and all common spaces including those intended for service delivery at Crossroads Village will be designed to be compliant with the Americans with Disabilities Act and accommodate a range of disabilities including sensory disabilities. All appropriate steps will be taken to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in the services, activities, programs, and other benefits provided to Crossroads residents. RHC B Property Management and BHRS staff will receive training on procedures to ensure effective communication with these residents, involving their medical conditions, treatment, services, and benefits. The procedures will also apply to communication of information contained in important documents, including waivers of rights, consent to treatment forms, financial and insurance benefits forms. For individuals who are deaf or hard of hearing: Providing sign language interpreters, deafblind communicators, lip speakers and note takers for persons; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available and accessible. For people who are blind or with low vision: Qualified readers; reformatting into large print; taping or recording of print materials not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision, such as, Braille and electronically formatted materials. In addition, staff will be available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

DBH, RHC B and the Property Management staff will utilize a Blended Management philosophy whereby property management and service staff will meet weekly to address all tenant issues in a timely manner. These meetings will ensure consistent and appropriate communication between all project staff. To address any urgent tenant issues at Crossroads, staff will connect either in person or by phone to discuss the issue and, if needed, create a new or modified individualized supportive services plan with a tenant. Property management staff and supportive services staff will work as a unified team and will meet weekly to support all Crossroads tenants to reach their goals.

Estimated Itemized Budget §112(d)(6)

Provide a line item Supportive Services Budget for Project using format below. Complete both income and expense portions of the budget. Include all costs associated with implementing your Supportive Services Plan, including any in-kind services. Include income and expenses for Sponsor or LSP staff positions, and also any staff positions of partnering organizations who have committed time to the Project. Don't include costs associated with providing services in non-HHC assisted units. If costs are associated with both HHC & non-HHC assisted units, include only that portion of costs associated with HHC assisted units.

Income Source/Program Name	Amount	Type	Status	% of Total Budget
Cal-AIM Enhanced Care Management	\$216,000	In-kind	Committed	18.87%
Cal-AIM Community Supports	\$261,360	In-kind	Committed	22.83%
Medi-Cal Federal Financial Participation/Crossroads Village	\$353,724	In-kind	Committed	30.90%
Realignment/Crossroads Village	\$313,679	In-kind	Committed	27.40%
Total Revenue:	\$1,144,763			100.00%

Expense Item			Amount	Type	Status	% of Total Budget
Staff Salaries: List by title of position. (This list must match the Staffing Chart above.)						
<i>Tenancy Support Case Manager</i>	FTE:	4	\$240,000	In-kind	Committed	24.61%
<i>Community Coordinator</i>	FTE:	2	\$100,000	In-kind	Committed	10.25%
<i>Case Manager</i>	FTE:	5	\$305,000	In-kind	Committed	31.28%
<i>Clinical Supervisor</i>	FTE:	1	\$91,452	In-kind	Committed	9.38%
<i>Fringe Benefits</i>			\$238,736	In-kind	Committed	24.48%
Total Staff Expenses			\$975,188			100.00%
<i>Tenant Transportation</i>			\$26,119	In-kind	Committed	2.28%
<i>Equipment</i>			\$15,000	In-kind	Committed	1.31%
<i>Supplies</i>			\$10,000	In-kind	Committed	0.87%
<i>Travel</i>			\$8,000	In-kind	Committed	0.70%
<i>Office Rent/Occupancy (don't include rent/leasing costs for SH units)</i>			\$0			0.00%
<i>Training</i>			\$20,000	In-kind	Committed	1.75%
<i>Staffing, Continued from above: Program Director(.5)</i>			\$38,000	In-kind	Committed	3.32%
<i>Staffing, Continued from above: Peer Support Specialist (.5)</i>			\$27,456	In-kind	Committed	2.40%
<i>Tenant Expenses (Household supplies/equipment)</i>			\$10,000	In-kind	Committed	0.87%
<i>Communications (Phone/data)</i>			\$15,000	In-kind	Committed	1.31%
						0.00%
Total Expenses			\$1,144,763			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 Project calculation about supportive services cost per unit. If your supportive services cost per unit, as calculated below, differ from industry practice, please provide a narrative explanation. The Project must meet/address the industry standard.

Supportive Services Expense Per Unit Calculation Table

a.	Total HHC assisted units.	30
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b.	Total Supportive Services Expenses	\$1,144,763
c.	Total Supportive Services Expenses per Unit: (b ÷ a)	\$38,159

Budget Narrative and Funding Commitments

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

Based on historical data from providing supportive services at other PSH projects, the budget here represents our expected costs for this project.

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

a) Project name; b) Description of the 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 the agency/organization providing funding or services.

3. For funding that is not yet committed, specifically describe your experience filling major services funding gaps in similar housing.

N/A

4. Describe in specific terms the plan to fill any service gaps that occur during the 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.

DBH will work among its various funding sources to ensure adequate funding for robust on-site services.

Collaboration of Supportive Services and Property Management Staff §112(d)(7)

Describe how the supportive services and property management staff will collaborate to prevent evictions, adopt and ensure compliance with harm reduction principles, and facilitate the implementation of reasonable accommodation policies from rent-up to on-going Project operations.

The project will utilize a Blended Management philosophy whereby property management and service staff meet weekly to address all tenant issues in a timely manner. These meetings will ensure consistent and appropriate communication between all project staff. To address any urgent tenant issues at Crossroads, staff will connect either in person or by phone to discuss the issue and, if needed, create a new or modified individualized supportive services plan with a tenant. Property management staff and supportive services staff will work as a unified team and will meet weekly to support Crossroads tenants to reach their goals. When behaviors or other challenges place a tenant at risk for eviction, property management staff will immediately communicate with the supportive services staff. Both property management and supportive services will jointly develop policies, procedures, and protocols for the Crossroads development. This documentation will be mutually agreed upon and revised as needed. Further, communication and understanding roles of property management and supportive services will be improved through cross-training of property management staff and supportive services staff. With a clear understanding of roles and responsibilities between supportive services and property management, the end goal of such communications will be to support and ensure Crossroads tenants remain housed. Fresno County's Guiding Principles of Care and Delivery outlines strategies that provide timely access to integrated services that ensures barriers to access and treatment are identified and addressed. During intake, all tenants will be made aware of the reasonable accommodation procedure and encouraged to make requests to any of the designated housing team members if the need for any reasonable accommodation is needed. A collaborative relationship between service providers and property management is essential to ensuring individuals are able to maintain housing. A mutual understanding of Housing First, Harm Reduction and Wellness and Recovery principles ensures service providers and management are providing consistent support and messaging to the individual tenant households on topics such as reasonable accommodations at move-in and beyond. The following Reasonable Accommodations procedures and policies will be utilized:

Reasonable Accommodations Procedures

- 1) People with disabilities can request reasonable accommodations at any time so they can access and enjoy their housing to the same extent as others.
- 2) A Person with a disability is an individual who:
 - a) Has a physical or mental impairment that limits one or more major life activities, like seeing, breathing, working, self-care, or performing manual tasks, OR
 - b) Has a record of such an impairment, OR
 - c) Is regarded as having a physical or mental impairment.
- 3) A "Notice to All Applicants/Residents with a Handicap/Disability" will be given to every applicant when they receive an application and to every resident no less than annually at recertification. The notice informs them of their right to request reasonable accommodations/modifications if they choose to do so at any time during their application process or tenancy.
- 4) Property management staff and supportive services staff will work as a unified team and will meet weekly to support tenants, including review of requests for Reasonable Accommodations.
- 5) Tenants will be encouraged to make requests to any of the designated housing team members or service providers if reasonable accommodations are needed.
- 6) Property Managers and service providers will be trained in effective ways to communicate with individuals with a disability, including sight or hearing impairments and individuals with mental or developmental disabilities and will be available to assist applicants or residents in making Reasonable Accommodation requests when appropriate.
- 7) A reasonable accommodation in housing may be requested either orally or in writing, and the words "reasonable accommodation" do not need to be used by the individual submitting the request. The individual submitting the request is not required to use specific forms or be required to follow formal procedures in submitting the request, but a form for this purpose will be provided if requested.
- 8) Each reasonable accommodation request will be considered on a case-by-case basis to determine whether the granting of the request is necessary to afford the person with a disability who submitted the request equal opportunity to use and enjoy their dwelling.

9) If the individual who requested a reasonable accommodation has a disability that is obvious and if the need for the requested accommodation is obvious, no additional information will be required.

10) If the disability of the individual requesting a reasonable accommodation is not obvious, the owner/property manager may request information that verifies that the individual is disabled as defined by the FHA. Verification of an individual's disability will be limited to information necessary to determine that the individual making the request is in fact a person with a disability and therefore entitled to accommodation under ADA law, and that the requested accommodation is necessary and related to a disability. The owner/property manager may not inquire into the nature or severity of the individual's disability.

11) This information can be provided by the individual who has requested the accommodation, such as by submitting proof that the individual receives disability benefits or by submitting a credible statement by the individual. This information can also be verified by a doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability.

12) Each reasonable accommodation request must receive a prompt response. An undue, indeterminate or unjustified delay may be deemed to be a failure to provide the reasonable accommodation.

13) When determining what methods of accommodation are necessary, primary consideration will be given to the request and the needs of the individual making the request.

14) Reasonable Accommodation may include but is not limited to:

i) Use of a professional reader, large print versions of notices, application and lease documents, sign language interpreter, priority for a wheelchair accessible unit or sight/vision impairment accessible unit, unit on the first floor, physical modification to an existing unit, modification to policies, or other accommodations as indicated by the individual making the request.

ii) Service Animals and Companion Animals are considered reasonable accommodation upon verification of need. Residents are required to enter into and abide by a Service/Companion Animal Agreement. No pet deposit or additional security deposit is required.

15) Reasonable Accommodation requests will only be denied if one of the following conditions exist:

a) The request is an undue burden, requires a fundamental alteration in business, and/or is a direct threat.

i) Undue burden – too expensive, dangerous, too difficult

ii) Fundamental alteration – changes the way things work, e.g. landlord cannot be required to feed and walk a service dog.

iii) Direct threat – compromise to health, safety of tenants, causes substantial damage to property

b) The owner/property manager is unable to verify that the applicant/resident is a disabled person

c) The owner/property manager is unable to verify that the requested item is necessary and related to a disability

d) The requested action is technically or structurally not feasible.

16) If the accommodation is denied, owner/property manager must engage in an interactive process with the tenant to try to find a compromise solution. If no compromise is found and the tenant believes the request is reasonable, they may file a complaint with Department of Fair Employment and Housing.

17) The Property Manager will maintain a waiting list for individuals requesting accessible units. In order to make the best use of the limited supply of accessible units, priority will be given to applicants with a verified need for the specific design features of the available unit. Priority is given first to residents living in the project, then to applicants on the waiting list.

18) Individuals with a disability will not be limited in their choice of apartments. A person with disability is not required to accept a unit with special design features. An applicant will indicate their choice for an accessible unit by marking the appropriate box on the Application for Admission, or by making a request for reasonable accommodation, requesting an accessible unit.

Communication Protocols §112(d)(8)

Provide a detailed narrative on the communication protocols to be utilized by the general service providers and the property manager.

As mentioned previously, the service providers and property management staff will utilize a will utilize a Blended Management philosophy. Property management and service staff will meet weekly to address all tenant issues in a timely manner. These meetings will ensure consistent and appropriate communication between all project staff. To address any urgent tenant issues at Crossroads Village, staff will connect either in person or by phone to discuss the issue and, if needed, create a new or modified individualized supportive services plan with a tenant. Property management staff and supportive services staff will work as a unified team and will meet weekly to support Crossroads Village tenants to reach their goals. When behaviors or other challenges place a tenant at risk for eviction, property management staff will immediately communicate with the supportive services staff. Both property management and supportive services staff will jointly develop policies, procedures, and protocols for the PSH development. This documentation will be mutually agreed upon and revised as needed.

Project Physical Design §112(d)(9)

Provide a detailed narrative on how the physical design of the Project fosters tenant engagement, on-site supportive services provision, security and safety, and sustainability of equipment, furnishings, and fixtures.

The physical design of Crossroads Village recognizes individuals experiencing Homelessness, or Chronic Homelessness and who are high-cost health users may have experienced varying degrees of trauma. The physical design of the Crossroads development responds to this reality by creating an environment intended to foster community growth and welcoming engagement through trauma-informed design that allows for more comfortable space, interaction, communication and support amongst tenants and service providers. Trauma-informed designed living spaces promote physical, mental and social health. This approach realizes how the physical environment affects individuals, recognizing that it can have physiological and emotional impact upon persons served.

The site design includes units oriented around a central courtyard, to encourage resident interaction and a sense of community. The main community room space will foster tenant interaction, engagement with services as a large group, and overall community involvement within the living space. The focus of the design is on the center of the living space, where there is naturally lighted open space and community meeting space. Four service delivery offices will also be available for one-on-one supportive services between resident and case manager and will have a comfortable roomy feel rather than formal office design. A resident computer lab will be available for residents to connect to their larger community online.

Calming and soothing colors reminiscent of nature will be incorporated into the physical design and used throughout the living space, helping tenants remain connected to their natural environment. Evidence demonstrates soothing colors help to calm individuals. Where possible, curvilinear rather than hard, sharp lines and edges will be used, including furniture and hallways. Universal designed user-friendly, durable fixtures, equipment and furnishings will also be utilized in the project's physical design. To emphasize the feel of a living space and minimize an apartment feel, maintenance and storage space will be re-located away from the living space. With a client-centered approach to wellness that focuses on a calming open space with much natural light, the design will foster a comfortable, welcoming community space that enhances interaction of Crossroads Village tenants and service providers. The project will have parking, attractive and simple landscaping, and encourage independent living. Landscaping will utilize low-water, native plants, and will create opportunities for resident gardening.

The location of the project will allow for easy access to public transportation (bus lines) and will be in walking distance to commercial and community entities such as grocery stores, pharmacies, houses of worship, banks, gas stations, restaurants, physical and mental health providers. To facilitate safety and security, the front entry area will be supervised, and security cameras will be placed where they can help security staff keep an eye on out-of-the-way areas. The building will be equipped with adequate and appropriate outside lighting. Large windows, sidelights at doors, good lighting, and wide, unobstructed spaces will contribute to a safer feeling for the residents. All exterior doors will be automatic self-locking – with levers rather than knobs for accessibility.

Other Additional Information §112(d)(10)

Provide any other information necessary to evaluate the supportive services that will be offered and how they are consistent with HHC Program requirements.

N/A