



# COUNTY OF ORANGE HEALTH CARE AGENCY

## BEHAVIORAL HEALTH SERVICES



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August 30, 2010

### **Notice of Initiation of 30-Day Public Review Period for Stonegate Apartments- Phase II under the MHSa Housing Program**

A 30-day public review and comment period is required for the Orange County Health Care Agency to submit an application to the State-administered Mental Health Services Act (MHSA) Housing Program to secure funding for any proposed housing development intending to provide permanent supportive housing for mental health clients. This public review pertains to Jamboree Housing Corporation's Stonegate Apartments- Phase II development, which intends to provide permanent supportive housing to a limited number of selected MHSA adult (26 and over) clients enrolled in Full Service Partnerships.

Comment on the proposed development, as attached, must be received by the County prior to the end of the 30<sup>th</sup> day from the date posted on this notice to be considered for inclusion in the County's final analysis and certification of the application to the State.

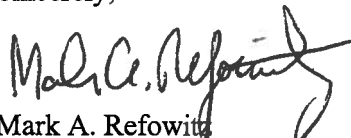
The following sections of the application are attached for consideration, review and comment:

- Section D: Supportive Services Plan (D.2 through D.7)
- Development Summary Form: Item D.1 (Attachment B)
- Supportive Services Chart: Item D.8 (Attachment C) and
- Design Considerations for Meeting the Needs of the MHSA Tenants: Item D.9

We appreciate your feedback and encourage you to direct any questions or comments regarding the proposed development to Judy Iturriaga as follows:

Judy Iturriaga, PhD., MFT  
Service Chief I  
Orange County Health Care Agency  
Tel: (714) 834-5048  
[Mhsahousing@ochca.com](mailto:Mhsahousing@ochca.com)

Sincerely,

  
Mark A. Refowitz  
Behavioral Health Director

**Item D.1 Development Summary Form (Attachment B)**

Instructions: Complete and submit the Development Summary Form (**Attachment B**)

**RENTAL HOUSING DEVELOPMENT SUMMARY FORM**

County Mental Health Department: Orange County Health Care Agency

Name of Development: Stonegate Apartments-Phase II

Site Address: Northwest corner of Irvine Blvd and Sand Canyon Blvd. APN: 580-154-02.

City: Irvine State: CA Zip: 92602

Development Sponsor: Jamboree Housing Corporation

Development Developer: Jamboree Housing Corporation

Primary Service Provider: WIT/Choices

New Construction  Acquisition/Rehabilitation of an existing structure

Type of Building:  Apartment Building  Single Family Home  
 Condominium  Other

Total Development		MHSA Funds	
Total Number of Units:	74	Total Number of MHSA Units:	10
Total Cost of Development:	\$ 14,528,805	Amount of MHSA Funds Requested:	\$2,080,000
		Capital:	\$ 1,040,000
		Capitalized Operating Subsidies:	\$ 1,040,000

Other Rental Subsidy Sources (if applicable): Requesting 10 Project Based Section 8 Vouchers from the County of Orange Housing Authority for the MHSA Units.

Target Population (please check all that apply):

Adults  Transition-Age Youth  Older Adults

**County Contact**

Name and Title: Judy Iturriaga, Service Chief I

Agency or Department Address: 405 W. 5th Street, Suite 500

Agency or Department Phone: (714) 834-5664

Agency or Department Email: jiturriaga@ochca.com

**Item D.2 Development Description**

The Development Description should provide a narrative (approximately two pages) that includes:

1. Name and location of the proposed housing development;
2. Service goals of the development;
3. Characteristics of tenants to be served;
4. Type of housing to be provided (new construction or acquisition/rehab.);
5. How the building(s) in which housing and services will be provided will meet the housing and service needs of the MHSA tenants (location, building type, layout, features, etc.);
6. Name of primary service provider, property manager, and other development partners; and,
7. Summary of the anticipated sources of development financing. (Name sources only, do not include dollar amounts.)

**Response:**

Stonegate Apartments Phase II is a new construction project that will serve low and very low income families, including tenants with special needs, such as serious mental illness. Specifically, 10 units will be set aside for residents with mental illness who will receive services through the Orange County Health Care Agency’s Mental Health Services Act Full Service Partnership program. Stonegate Apartments Phase II consists of 5 three-story garden-style residential buildings in Planning Area 9 in the City of Irvine. The development will have 15 one-bedroom units, 36 two-bedroom units, and 23 three-bedroom units, for a total of 74 units that are designed to be compatible with the surrounding market-rate community. Parking will include tuck-under garages, on-grade spaces and stand-alone garage buildings. Each building is designed around a central courtyard, and all residents will have access to a community building that includes the management offices, kitchen, computer lab, tutoring room, pool and tot lot. Stonegate Apartments will be California-Mediterranean style, and was designed to integrate seamlessly into the aesthetic fabric of the surrounding community. Stonegate Phase II is expected to be the second phase of a larger project, Phase I (60 units plus a community building) is slated to begin construction by the end of 2010 if successful in securing funding from the Tax Credit Allocation Committee (TCAC.)

Stonegate Apartments will be restricted to households earning between 30-60% Area Median Income. The living arrangements will consist of individual apartments with some shared common spaces including a pool, tot lot, and laundry facilities, as well as one unit for an on-site manager. The units are primarily targeted to families and large families, with 10 units set aside as Mental Health Services Act units. Support services for the 10 MHSA units will be provided on site in the community building that is slated to be completed in Phase I.

The following specifications/unit amenities will be incorporated in the project design to promote the health and safety of the residents and to promote the affordability and durability of the units: balcony/patio, refrigerator, microwave, garbage disposals, dishwashers, and stoves. The community incorporates design features, including courtyards for each building, a pool, a tot lot, and a central community building, that foster community interaction and reflects the needs of the target population – families and large families. The community facility is approximately 3,500 square feet and consists of a computer lab, tutoring center, resident seminar room, and small kitchen.

The total development costs for Stonegate Family Apartments will be \$14,528,805 (not including the value of the donated/ground leased land). The project will be financed via 9% tax credits, a conventional loan, and soft gap financing that includes:

- Permanent Mortgage
- Tax Credit Equity
- GAP Financing
- MHSA (CalHFA Funds)

- A 58-year below market ground lease from The Irvine Company

Jamboree will apply for 9% Tax Credits in the first round in March 2011, if successful in securing an allocation of tax credits we expect to begin construction in mid-November 2011 with a 13-month construction period.

**Item D.3 Consistency with the Three-Year Program and Expenditure Plan**

Describe how the proposed housing development is consistent with the sponsoring county mental health department's approved Three-Year Program and Expenditure Plan. Provide specific information regarding how the development meets the priorities and goals identified in the Three-Year Program and Expenditure Plan.

**Response:**

Orange County Health Care Agency's (HCA) and Behavioral Health Services (BHS) *Fiscal Year 2011-2013 Annual Update to the Three Year Program and Expenditure Plan for MHSA Community Services and Support (CSS)*, identified a need for permanent supportive housing for Adults aged 18 and above with Serious Mental Illness (SMI) who are homeless or at risk of being homeless and are underserved. Additionally, the County's original MHSA *Three Year Program and Expenditure Plan*, prepared following an intensive collaborative effort and input from consumers, family members, community leaders, service providers and other interested parties which included community forums and age-specific surveys, found that the provision of supportive permanent housing for Adults, who are homeless or in danger of homelessness, was ranked first among the top six issues identified by community stakeholders for this age group. The Orange County MHSA Housing program is expected to generate approximately 150 Supportive Housing units across all the age categories served. The MHSA Housing program at Stonegate Apartments directly responds to this identified community need and County priority by directly serving the Adult population with SMI.

Stonegate Apartments Responds to Identified Need for Adults

Jamboree Homes is partnering with WIT/Choices, a Full Service Partnership Program which is a part of the Mental Health Association of Orange County. Jamboree Homes is requesting MHSA Capital and Operating Subsidy funding to develop Stonegate Apartments Phase II. Stonegate Apartments Phase II will provide ten (10) one bedroom units of permanent supportive housing for adults (aged 18 and over), one of the identified Mental Health Services Act (MHSA) target populations under the Orange County MHSA Housing Plan. Adults served in this MHSA Housing program at Stonegate Apartments will be age 18 or older with a diagnosis of serious mental illness (SMI) and homeless or at risk of homelessness. Stonegate Apartments provides access to on-site supportive services and nearby amenities.

The creation of mixed tenancy projects, meaning projects that integrate MHSA units with other affordable housing units, is another priority of the MHSA Housing Program. Stonegate Apartments directly responds to this priority by including 10 MHSA-targeted units within a 74 unit affordable family housing project. The combination of on- and off- site supportive services with the integration of the MHSA population within the larger affordable housing community will enable residents to establish a pattern of housing stability, leading to increased self-sufficiency and a higher quality of life.

**Item D.4 Description of Target Population to be Served**

Describe the MHSA Rental Housing Program target population to be served in the development. Include a description of the following:

1. Age group, i.e., adults, older adults, children, transition-aged youth;
2. The anticipated income level of the MHSA tenants; and,
3. A description of the anticipated special needs of the target population to be served, e.g., physical disabilities, chronic illness, substance abuse, prior housing status, etc.

**Response:**

Stonegate Apartments will provide ten (10) occupancy units (8 one-bedroom and 2 two-bedroom units) of permanent supportive housing for Adults (aged 18 and above), one of the identified Mental Health Services Act (MHSA) target populations under the Orange County MHSA Housing plan. Adults served in the MHSA Housing program at Stonegate Apartments will be age 18 or older with a diagnosis of serious mental illness (SMI). They may be un-served or underserved and have been incarcerated due to their SMI and have been involved in the criminal justice systems. Individuals served may have a co-occurring substance abuse disorder, be homeless or at risk of becoming homeless, and suffer from functional impairments.

Supportive services that are offered to MHSA tenants at Stonegate Apartments are voluntary, and the WIT/Choices program is designed with comprehensive and intensive services in response to the varied, identified special needs of the tenant population. WIT/Choices services include, but not be limited to: emergency assistance with housing, food, transportation and/or clothing; individual goal/service planning; assistance in accessing and maintaining mainstream benefits; case management; independent living skills development; budgeting, money management and financial education; assessment, treatment and/or referral for addiction disorder, mental and physical health services; employment services and opportunities; crisis intervention; community building; linkage to community-based services; assistance in maintaining residential stability; and any other services as needed.

Adults in the program will be of extremely low income with an annual income not to exceed 30% of Area Median Income (AMI). At the time of entrance into the Stonegate Apartments, it is anticipated that many of the Adults may have no income other than SSI/SSDI and /or food stamps. The two residents who occupy the two bedroom units will be single or accompanied parents with one or two children.

**Item D.5 Tenant Eligibility Certification**

The county mental health department is responsible for certifying the eligibility of individuals, applying for tenancy in an MHSA unit, for compliance with the target population criteria. Submit a narrative description of the following:

1. How an individual applies to the county to become certified as eligible for an MHSA unit;
2. How certification of eligibility will be documented, provided to the individual applicant, and maintained by the county; and,
3. How certification of eligibility will be provided to the property manager/development.

**Response:**

The County of Orange Health Care Agency (HCA) in collaboration with OC Community Services (OCCS) has developed a standardized application and certification process for the Orange County Mental Health Services Act Housing Program. The HCA MHSA Housing Program is the central point of coordination for MHSA Housing Program certification.

**Application Process**

HCA MHSA Housing Program staff will certify applicants as MHSA Housing Program eligible; creating a single point of certification for the MHSA funded units.

The standardized Tenant Certification and Referral Application is designed for the referring party to complete in collaboration with the potential tenant. The application is designed to assess the applicant’s eligibility for an Orange County MHSA Housing Program funded unit and assist in determining housing need and preference (i.e., household size and tenant housing preference.)

Each site specific MHSA Housing Project Property Management company will accept applications during lease up of a new development and as vacancies in projects with MHSA Housing Program units become available, following the outreach and marketing outlined in the Marketing Plan. The Full Service Partnership(s) (FSP) providing services at MHSA housing projects will work with the other supportive services providers to meet the challenge of attracting eligible applicants. HCA and its contractors will use culturally competent efforts to outreach to and engage members of the target population, including those among unserved or underserved ethnic communities and other minority populations, and will utilize a variety of proven outreach strategies to connect with and refer potential residents to permanent supportive housing. Outreach will include visiting areas known to be places where homeless adults spend their days and nights. In addition to soliciting applications from individuals reached through direct outreach methods, the County HCA MHSA Housing Program staff will accept referrals from an extensive county-wide network of varied government and nonprofit organizations and service agencies. Other sources of referrals will include, but certainly not be limited to law enforcement; local shelters, food programs and other nonprofit and government agencies that provide outreach and services to the homeless; hospitals, mental health facilities and other health care providers; local veteran’s agencies; religious organizations; ethnically and linguistically diverse community-based organizations, and self-referrals.

The referring agency is responsible for documenting an applicant’s eligibility utilizing the standard MHSA Housing Program Certification and Referral Application, by securing all required eligibility documentation; including a release of information authorizing the referring agency to share certification information with the HCA MHSA Housing Program. It is expected the referring party will assist the applicant as needed in completing the certification application, as well as any additional requirements related to the project screening process. Support Service Workers/Personal Services Coordinators of the identified Full Service Partnership (or referring agency if the applicant is not enrolled in an FSP) will provide support throughout the entire application and project screening process.

**Eligibility Determination**

The HCA MHSa Housing Program staff will review the application and supporting documentation for completeness and certify the applicant meets the Orange County MHSa Housing Program eligibility criteria. These criteria must all be met in order to be MHSa Housing Program eligible. If the application is incomplete, the HCA MHSa Housing Program staff will contact the referring agency to request missing information.

**Certification Denial**

If the certification is denied because the prospective tenant did not meet the MHSa Housing Program criteria, the referring party and the prospective tenant are notified and informed of the reason for the denial in writing, as well as a phone call from the HCA MHSa Housing Program staff. The referring party and/or prospective tenant may resubmit the application for reconsideration if the conditions that resulted in the original denial change.

**Certification Approval**

Prospective tenants apply for tenancy at the specific MHSa Housing Program funded site. The prospective tenant will directly approach Property Management Company to inquire about applying for tenancy for one of the units. The prospective tenant will complete the MHSa Housing Program Certification Application and, working with the Property Manager and Full Service Partnership provider(s), will submit this Certification Application to the HCA MHSa Housing Program. HCA MHSa will provide confirmation of MHSa housing unit eligibility to the property management company and Full Service Partnership Provider if the applicant meets the MHSa Housing Program criteria.

**Item D.6      Tenant Selection Plan**

Provide a tenant selection plan, specific to the proposed development, that describes the following:

1. How prospective tenants will be referred to and selected for MHSA units in the development;
2. The tenant application process;
3. The procedure for maintaining the wait list;
4. The process for screening and evaluating the eligibility of the prospective MHSA tenants, including the criteria that will be used to determine a prospective MHSA tenant's eligibility for occupancy in the development;
5. The appeals process for individuals who are denied tenancy in an MHSA unit; and,
6. The reasonable accommodations policies and protocols.

**NOTE:** The Department's approval of the MHSA Housing Program Application does not ensure that the Tenant Certification/Referral Process is compliant with local, state and federal fair housing laws. The Developer/Borrower is advised to seek legal counsel to ensure that the Tenant Certification/Referral Process complies with fair housing laws.

**Response:**

**Project Description**

Stonegate Apartment Homes (Phase I and II) is a 134 unit service enriched, permanent affordable housing development by Jamboree Housing Corporation. The project site is 6.077 Acres and was originally contemplated as a large 134 unit development. As a result of funding constraints Jamboree is now proposing to build out the project in two separate phases, with two separate ownership and financing structures. Phase I will consist of 60 units plus the community building and Phase II will consist of 74 units.

Stonegate Apartments (Phase I) consists of 4 three-story garden-style residential buildings in Planning Area 9 in the City of Irvine. The project site is located about 1 mile from our Arbor at Woodbury development (another Jamboree development). The development will have 12 one-bedroom units, 30 two-bedroom units, and 18 three-bedroom units, for a total of 60 units. Ten (10) units in Phase I and 10 units in Phase II will be set aside for residents qualifying to receive services under the Mental Health Services Act. Parking will include tuck under garages, on-grade spaces and stand alone garage buildings. Each building is designed around a central courtyard, and all residents will have access to a community building that includes the management offices, kitchen, computer lab, tutoring room, pool and tot lot. Stonegate Apartment Homes will be California-Mediterranean style, and was designed to integrate seamlessly into the aesthetic fabric of the surrounding community.

**Policy on Non-discrimination**

With respect to the treatment of applicants, the Management Agent will not discriminate against any individual or family because of race, color, creed, national or ethnic origin or ancestry, religion, sex, sexual preference, gender identity, age, disability, handicap, military status, source of income, marital status or presence of children in a household, acquired immune deficiency syndrome (AIDS) or AIDS-related conditions (ARC), or any other arbitrary basis. No criteria will be applied or information considered pertaining to an attribute of behavior that may be imputed by some to a particular group or category. All criteria shall be applied equitably and all information considered on an applicant shall be related solely to the attributes and behavior of individual members of the household as they may affect residency.

**Reasonable Accommodations**

Reasonable accommodations will be made to meet the needs of any disabled applicants, including applicants with both physical and/or mental disabilities.

Management will apply the same screening criteria to all applicants. However, management is obligated to offer qualified applicants with disabilities additional consideration in the application of rules, practices, or services and structural alterations if said accommodation will enable an otherwise eligible applicant or tenant with a disability an equal opportunity to access and enjoy the housing program. Note that management is not, however, required to make a reasonable accommodation or physical modification if the accommodation or modification will result in an undue financial burden to the property or if it requires management to alter or change a basic component of the housing program.

If applicant has a physical or mental disability, and as a result of this disability there are reasonable accommodations that should be considered in an application, a note is attached to the tenant’s application describing the reasonable accommodation(s) requested. A Reasonable Accommodation Request form may also be completed upon receipt of the application and further information may be required from to verify need for reasonable accommodations.

The information provided below is a summary of the proposed Rental Application process for the Stonegate Phase I and II Apartment Homes development.

**I. OCCUPANCY STANDARDS**

- a) Units will be occupied in accordance with the following standards:

<u>UNIT SIZE</u>	<u>MINIMUM</u>	<u>MAXIMUM</u>
1 Bedroom	1	3
2 Bedroom	2	5
3 Bedroom	3	7

- b) Every household resident will be counted when determining unit size. This includes household members in the military or at school; anyone that will occupy the unit during the upcoming 12 months.
- c) The head of household must be 18 years of age or older, unless he or she is an emancipated minor. All household members, age 18 years or over, and emancipated minors, must sign the appropriate consent forms and comply with the verification process.
- d) Applicants must be able to maintain the housing unit in accordance with local health standards, with or without assistance.
- e) All applicants must have a valid Social Security Number and legal photo ID. Birth certificates and/or proof of guardianship will be required of dependant minors.
- f) Personal care attendants will be given a separate bedroom.
- g) When a medical hardship is verified to the satisfaction of the managing agent, persons who would generally share sleeping quarters may be assigned separate bedrooms.
- h) Assigned unit must be household’s primary place of residence.
- i) Total household income cannot exceed 30% of the area median income.

AFFORDABLE UNITS (Phase I)										
# of Units	Unit Size	Gross Rent*	AMI %	1 Person Max. Income	2 Person Max. Income	3 Person Max. Income	4 Person Max. Income	5 Person Max. Income	6 Person Max. Income	7 Person Max. Income
10	1BD	\$523	30%	\$19,530	\$22,230	\$25,110				
2	1BD	\$1,046	60%		\$44,640	\$50,220				
6	2BD	\$627	30%		\$22,230	\$25,110	\$27,870	\$30,120		
16	2BD	\$941	45%		\$33,480	\$37,665	\$41,805	\$45,180		
8	2BD	\$1,255	60%		\$44,640	\$50,220	\$55,740	\$60,240		
2	3BD	\$724	30%			\$25,110	\$27,870	\$30,120	\$32,340	\$34,560
11	3BD	\$1,087	45%			\$37,665	\$41,805	\$45,180	\$48,510	\$51,840
5	3BD	\$1,449	60%			\$50,220	\$55,740	\$60,240	\$64,680	\$69,120

**\*Approximate rental rates based upon current income limits published by U. S. Dept. of Housing & Urban Development and current housing authority utility allowances. Rental rates subject to change.**

All applicants must meet certain underwriting guidelines. This project is subject to the requirements of several funding sources that have made it feasible. The above information reflects these requirements to the best of management's knowledge at this time but is subject to change if required for compliance with law, regulations or policy changes.

**II. VERIFICATION PROCESS**

A. Financial

1. All income will be verified in writing by the income source indicated on income certification form.
2. All assets, including bank accounts, will be verified in writing.
3. Upon initial occupancy, resident's income cannot exceed 30% of the area median income as published annually by the U. S. Department of Housing and Urban Development and The California Tax Credit Allocation Committee.
4. Applicants with Section 8 certificates and vouchers will be processed under the same criteria.
5. To protect the property from rent charge loss or delinquency, households where projected rent obligation will be more than 30% of their household's combined monthly income on rent will not be accepted.
6. Third-party income verification will be required from all sources, including but not limited to:
  - a. Employment, Self Employment

- b. Savings and checking
  - c. Pension
  - d. Disability
  - e. Asset verification, property, home, stocks, bonds, annuities, IRA, etc.
  - f. Government assistance, A.F.D.C., food stamps, etc.
  - g. Social Security
  - h. Child Support/Alimony
  - i. Non-Tuition Financial Aid.
7. Income calculations are based on the applicant's annual gross (anticipated) income for the following 12 months. Annual gross income includes income from any and all assets.
8. A credit reference will be required for all adult household members over 18 years of age covering the last five years. Any outstanding collections (medical expenses exempt from this standard) may be a basis for denial of applicant. Foreclosure and bankruptcies are also basis for denial. Applicant will be considered for residency if he/she can prove that he/she moved due to divorce and spouse was responsible for all debt.
9. Criminal record checks will be conducted on all adults in the qualified households who have satisfied the income requirements, credit report and tenancy requirements. This process will also apply for attendant care providers that will be occupying the unit. A criminal history or misdemeanor offense (s) could be grounds for denial:
- a. Applicants convicted of acts of violence will be denied occupancy.
  - b. Applicants with child molestation and/or sexual misconduct convictions will be denied occupancy.
  - c. All applicants with a criminal conviction relating to the manufacturing or sale of illegal drug or controlled substances will be denied occupancy.
  - d. Applicants that have been evicted from a federally-assisted housing project within the past three years will be denied occupancy.

At the request of an applicant, a reasonable accommodation request will be considered. In addition, with the approval of the applicant, the referring case manager will be given an opportunity to appeal any application denial based on information obtained from criminal record checks. However all applicants will have to demonstrate that they meet program requirements.

#### 10. History of Responsible Tenancy, Behavior and Conduct

Current landlord references will be obtained. Previous landlords during the past five years may also be contacted. Landlord references will help determine rental history including but not limited to non-payment of rent, repeated disruptive behavior, and chronic late rent payments. A determination will be made regarding whether or not the applicant has demonstrated a record of conduct which could constitute a material violation of Stonegate Apartment Home's Occupancy Agreement provisions or applicable tenancy law. If such a record of violations is documented, that will be considered grounds for a determination of ineligibility. Evictions that are three years or older will not be grounds for ineligibility. One eviction and Unlawful Detainer within the last three years may be grounds for ineligibility.

If landlord references are not available, applicants will be asked to provide as much information as possible regarding where they have been living for the past three years. On a case by case basis, if sufficient landlord references are not available staff may require written references of social workers or others involved with the applicant in a professional capacity. Based upon these references, staff will decide if the applicant has demonstrated an ability and willingness to live peacefully with neighbors and refrain from behavior that jeopardizes the safety, security and peaceful enjoyment of the community. The level of support an applicant has, transitional living programs completed, and the appropriateness of an applicant's needs with the services offered will be considered.

### III. WAITING LIST

**Offer of Apartment:**

Applicants will be offered only two apartments. Mitigating circumstances may be taken into account, such as an emergency situation or hospitalization. In such a case, if an applicant cannot accept an apartment during the initial lease-up of the building, the applicant would be placed on the waitlist in chronological order.

- A. Applicants will be added to a waiting list in chronological order.
- B. In the event that the volume of applications received exceeds the number of available apartments and more than one applicant qualifies for the unit; the application with the earliest date will be approved. The other will go to the top of the list until the next unit is available.
- C. When the next 30-day notice is received by management, it will be the responsibility of the site administrator to notify the applicant at the top of the waiting list. If that applicant turns down the unit, management will then proceed to the next person on the waiting list. With the approval of the applicant, the site manager will also notify the referring case manager.
- D. If an applicant on the waiting list rejects the two units offered to him/her it is considered to be a withdrawal of the application by the applicant.

**IV. GENERAL**

- A. All applicants will initially be interviewed by the site administrator or a representative of the management agent.
- B. It will be the responsibility of the site administrator or management agent to inform the applicant in writing of rejection or approval.
- C. Management will notify applicants who are rejected, in writing, and the applicants will be informed of their option to appeal this decision. With the approval of the applicant, the referring Personal Service Coordinator will also be notified.

**V. REJECTED APPLICATIONS**

- A. Applications may be rejected for any of the following:
  - 1. Blatant disrespect, disruptive or anti-social behavior toward management, the property, or other residents exhibited by an applicant or family member any time prior to move-in (or demonstrable history of such behavior);
  - 2. A negative landlord or other reference, encompassing failure to comply with the lease, poor payment history, poor housekeeping habits (when house visits apply), or eviction for cause;
  - 3. A negative credit report;
  - 4. Felony conviction;
  - 5. Rent exceeding 30% of monthly income without a demonstrated ability to pay;
  - 6. Falsification of any information on the application;
  - 7. Family size that does not conform to the stated minimum and maximum sizes;
  - 8. Income exceeding the area median based upon income limits established at the property;
  - 9. A history of poor housekeeping (either reported by prior landlord reference or when house visits apply);

B. Personal History:

- 1. A history of violent or abusive behavior (physical or verbal), in which anyone in the applicant's household was determined to be the offender.
- 2. Current abuse of alcohol or use of illegal drugs (unless required by a doctor's verification).
- 3. Anyone in the household is subject to lifetime registration requirements under any state sex offender program.
- 4. No references from social workers or others involved with the applicant in a professional capacity are submitted if required.
- 5. Other good cause, including, but not limited to, failure to meet any of the resident selection criteria in this document.

C. All rejected applicants will have the right to appeal the decision. The appeal must be received by the administrator or managing agent no later than fourteen (14) days after the rejection letter is received. Within three working days of receipt of an appeal, the appeal will then be forward to the Director of Compliance or the Regional Manager of The John Stewart Company and to the assigned Residential Service Coordinator for the property.

**VI. FAIR HOUSING**

The property will comply will all federal, state, and local fair housing and civil rights laws and with all equal opportunity requirements.

**EVALUATION OF APPLICANT'S CREDIT REPORT**

- I. Reasons for rejection (all adult family members must meet same standards)
  - A. prior eviction(s) within the last three years;
  - B. any outstanding collections which exceed \$5,000 (medical expenses exempt from this standard);
  - C. bankruptcies filed within last five years.
- II. Management/resident selection reasons to overturn rejection
  - A. Eviction / bad credit - if applicant can prove that he/she moved due to divorce or annulment and spouse was evicted later, in court settlement, spouse was responsible for all debt, etc.
  - B. If applicant provides proof of adherence to a payment plan for past-due collections.

**VII. PREFERENCES**

An occupancy preference will be given to applicants who are currently living in substandard or dilapidated housing. Such standards shall be established by a Code Enforcement Notice or Notice to Comply directive issued by a governmental agency.

**VIII. MENTAL HEALTH SERVICES ACT UNITS**

Ten (10) units are designated for households who include one adult member who (1) is eligible for services under the Mental Health Services Act (MHSA) in Phase I and an additional 10 units in Phase II.

Welfare and Institutions Code Section 5813.5 specifies who is eligible for services under the MHSA, by reference to Welfare and Institutions Code Section 5600.3(b) and (c). As outlined in Welfare and Institutions Code, Eligible applicants must have a serious Mental Illness or Severe Emotional Disorder and be "Homeless" Or "At-Risk of Homelessness" and be eligible to receive services under the MHSA Act.

**IX. POLICY ON PRIVACY**

The privacy of applicants will be guarded as conferred by the Federal Privacy Act of 1974. This in no way limits the management's ability to collect such information as they may need to determine eligibility, compute rent, or determine an applicant's suitability for tenancy.

**X. PET POLICY**

Residents may not keep any type of pet on the premises, with the exception of those persons with disabilities requiring service animals, or as otherwise required by law.

**XI. ACCESSIBLE UNITS**

All units are adaptable to meet the needs of residents with disabilities, as defined by the California Building Code.

Two (2) units are accessible for residents with mobility impairments. Preference will be given to applicants who require a unit with the specific design features offered in accessible units in the development. All reasonable efforts will be made to rent accessible units to applicants who require or who could benefit from such units.

In the case of an accessible unit, when no qualified household has applied that requires the design features offered, then the unit will be offered to the next qualified household. This applicant will be required to complete a Lease Addendum form, whereby they agree to transfer to a non-accessible unit within the development should a tenant or applicant require an accessible unit.

The addendum states:

"Resident acknowledges that the unit now occupied by Resident was specifically designed and adapted for occupancy for persons living with mobility, visual and hearing impairments needing accessible units. Resident further acknowledges that Resident does not need an accessible unit and that Management retains the right to allocate accessible units to those who have the greatest needs for units. Resident agrees that should another existing resident, or applicant, need an accessible unit that Resident, will upon (30) days written notice from Management, move to a different dwelling unit of comparable size and rent. Failure to accept or move to the offered unit shall be deemed material non-compliance with this Occupancy Agreement and be cause for termination of the Agreement."

If after occupying the accessible unit, the physical condition of a member of the household changes and a household member would then benefit from continued occupancy in the accessible unit, the household would not be required to move.

Failure to accept or move to the offered unit shall be deemed material non-compliance with the lease and would be cause for termination of tenancy.

**XII. OUTREACH**

WIT/Choices will be the designated supportive service provider for Stonegate Apartment Homes (Phase I and II). WIT/Choices will provide information about all aspects of the application process in order to eliminate as many obstacles to applying as possible for their clients. This will enable their clients to anticipate and positively address issues such as providing identifications, birth certificates, landlord references, credit reports, criminal background reports and other applicable supportive documentation needed to complete the application process.

In addition during the formal lease up period, WIT/Choices will also provide support to individual applicants as requested by any applicant.

**Item D.7 Supportive Services Plan**

**NOTE: A tenant's participation in supportive services may not be a condition of occupancy in MHSAs units.**

Describe the development's approach to providing supportive services to MHSAs tenants. The following information should be provided:

1. A description of the anticipated needs of the MHSAs tenants;
2. The supportive service provider's initial and ongoing process for assessing the supportive service needs of the MHSAs tenants;
3. A description of each service to be made available to the MHSAs tenants, to include where and how the service will be delivered, the frequency of the service delivery and identification of the service provider. A description of the available services and supports should include, but not be limited to:
  - a) Mental health services
  - b) Physical health services (including prevention programs)
  - c) Employment/vocational services
  - d) Educational opportunities and linkages
  - e) Substance abuse services
  - f) Budget and financial training
  - g) Assistance in obtaining and maintaining benefits/entitlements
  - h) Linkage to community-based services and resources
4. Indicate whether or not there will be an onsite service coordinator, and include the ratio of onsite staff to MHSAs tenants. If there is no onsite service coordination, provide a description of service coordination for the development;
5. A description of how services will support wellness, recovery and resiliency. It is anticipated that the supportive services plan for the development will include services that are facilitated by peers and/or consumers. If this is not part of your service delivery approach, please provide an explanation;
6. A description of how the MHSAs tenants will be engaged in supportive services and community life. Include strategies and specific methods for engaging tenants in supportive services and the frequency of contact between supportive services staff and MHSAs tenants. This description should also include the identification of staff (the responsible service provider) and specific strategies for working with MHSAs tenants to maintain housing stability and plans for handling crisis intervention;
7. If the Development is housing for homeless youth, provide a description of services to be provided to meet the unique needs of the population including engagement strategies and peer involvement. In addition, provide a description of how transition-aged youth MHSAs tenants will be assisted in transitioning to other permanent housing once they reach 25 years of age;
8. Supportive services must be culturally and linguistically competent. Describe how services will meet this requirement including, when necessary, how services will be provided to MHSAs tenants who do not speak English and how communication between the property manager and the non-English speaking MHSAs tenants will be facilitated;

9. Describe the process to ensure effective communication between the service provider and the property manager regarding the status of MHSA tenants in the development and any other issues regarding the development, including but not limited to regularly scheduled meetings and the identification of a single point of contact for communication and coordination of supportive services; and,
10. If proposing to develop Shared Housing units within a Rental Housing Development, attach "House Rules".

**Response:**

The WIT/Choices program is a Full Service Partnership (FSP) contracted by the County of Orange Health Care Agency to provide voluntary, client- centered, culturally sensitive mental health services that supports wellness, recovery and resiliency to adults diagnosed with a serious and persistent mental illness who are homeless or at risk of homelessness. WIT/Choices is a division of the Mental Health Association of Orange County, a private non-profit organization dedicated to the provision of accessible, effective, high quality community-based counseling and social services as an alternative to traditional institutional care. WIT/Choices provides services throughout Orange County in locations that are comfortable and safe for clients. WIT/Choices was created following the passage of the Mental Health Services Act and has been in operation since July 2006. The program consists of a multiple disciplinary team of professionals working together to improve the overall quality of life for participants in the program, helping them regain independence and achieve their goals. WIT/Choices is dedicated to providing comprehensive services that are coordinated, proactive and effective in promoting wellness and recovery for homeless adults with mental illness living in Orange County. The Mental Health Services Act defined the eligibility for adult clients, as those 18 years and older diagnosed with a serious mental illness, including adults with co-occurring disorders with a primary diagnosis of serious mental illness, who are not currently being served and have a reduction in personal or community functioning, are homeless, and/or at risk of homelessness or institutionalization, hospitalization, emergency room services or incarceration. Underserved adult populations who are at risk are also included.

**PRIMARY SERVICE NEEDS OF THE TARGET POPULATION**

The target population for this program consists of adults, age 18 and above who have a serious and persistent mental illness and who are homeless or at risk of homelessness. Some of the participants have had legal issues as a result of their mental disorder. The National Institute of Mental Health estimates that one in four Americans suffers from a diagnosable mental illness. Homeless adults in general face some unique issues which can lead to increased difficulties. Adults with major mental illnesses also often suffer from sleep problems, leading to increased depressive symptoms or self-medicating options such as overusing both prescription and over-the-counter medication or alcohol and drug abuse. The WIT/Choices pharmacist plays a very important role in assessing and educating participants on the potential dangers and adverse effects of medication non-compliance. The WIT/Choices participants are diagnosed with Major Depression, Schizophrenia, Bi-Polar Disorder, Post Traumatic Stress Disorder (PTSD) or other Serious Mental Illness (SMI) as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV – TR.) A significant percentage is also diagnosed with a co-occurring disorder. Primary service needs include case management, assessment, psychiatric care, mental health services, educational and vocational services, co-occurring disorder services, crisis intervention, medical support, peer support, and housing services to facilitate participants' journeys toward wellness and recovery. A significant goal of all participants in the program is establishing permanent housing and the ability to live independently. The independence level varies based on individual needs with the primary focus upon establishing a safe and stable environment which provides a foundation of security and consistency. At WIT/Choices, the philosophy is to meet clients where they are, doing "whatever it takes" to collaboratively offer client centered services focused on recovery.

**IDENTIFICATION OF LEAD SERVICE PROVIDER/OTHER SIGNIFICANT SERVICE PARTNERS**

WIT/Choices utilizes the recovery model philosophy in providing services that focus on helping participants to attain maximum independence by promoting participant strengths and self-identified goals and objectives. The program's multi-disciplinary staff partners with participants to offer a full array of mental health and case management services which are provided in the field or whatever location is convenient for the participant. WIT/Choices participants have a range of goals, which call for flexibility in how and when services are provided.

An important aspect of the program is that it provides intensive case management to this unserved/underserved population. The program is designed to respond to the needs of the adult population who tend to have increased physical health ailments; therefore the staffing model also includes medical staff. To manage the program administratively, staffing includes a Program Director, a clinically licensed Director of Clinical Operations, and Clinical Supervisors. Program staffing consists of bachelor's and master's level Personal Service Coordinators who are supervised by a master's level team leader, a Board Certified Psychiatrist, a Licensed, Nurse Practitioner, Housing Specialist, and a Pre-licensed Therapist. Staffing also includes four paid part-time peer positions called Peer Mentors. These are individuals who have a mental health diagnosis and who have achieved independence and overcome any stigma associated with their diagnosis. They function as peer counselors to participants and offer a very insightful perspective. A full time Clinical Supervisor coordinates participant program activities and peer support groups. A Benefits Specialist and Data Analyst provide ongoing support to both participants and staff alike. The Data Analyst assists program administration with assistance inputting CSI data into the Caminar system and other reporting as required by MHSAs. Language capabilities among staff include bilingual Vietnamese, Spanish, Farsi, Arabic, and Korean.

The WIT/Choices program offers a high staff ratio (1:15 of direct service clinical staff to participants) and provides services in the community, with a significant amount of interaction provided at the participants' residences. Services are also provided at locations with which clients are familiar and feel safe, such as the WIT/Choices office and public places of their choosing. The services are provided through a contract with Orange County Health Care Agency which is funded by the Mental Health Services Act (MHSAs.)

#### **DESCRIPTION OF KEY SERVICES**

The WIT/Choices program includes community based wrap-around recovery services that include: intensive case management, flexible funds for immediate needs such as housing, food, transportation, 24 hours a day-seven (7) days a week clinical availability, housing assistance, transportation assistance, medication support, co-occurring disorders treatment services, vocational and educational services, linkage to financial benefits/entitlements, family, peer support and support groups. Services are provided to assist participants in retaining and maintaining their housing.

Each participant interested in the WIT/Choices program is assessed for appropriateness based on their individual needs. A full history is taken during the initial assessment meeting including discussion about participants' past and present living situation, history of mental illness, substance abuse issues, medical issues, financial situation, housing, social supports, and more. Once admitted to the program, every participant is assigned a dedicated Personal Service Coordinator (PSC) who works closely with them to reach their goals. The PSC functions as a case manager, providing primary oversight to participants on an individual basis and coordinating linkage to all services, both internal and external. The PSC provides ongoing assessment and support to participants through regular visits at whatever location is convenient for the participant. The PSC works in coordination with other WIT/Choices staff such as the Housing Coordinator, Benefits Coordinator, and Clinical Team to service the needs of the participant. The PSC is responsible for developing master treatment plans for each participant on their caseload and to provide individualized goals with plans to help participants establish progressively higher levels of independence. The PSCs work collaboratively with the multi-disciplinary treatment team under the direction and guidance of the Clinical Manager.

WIT/Choices employs a Data Analyst to provide ongoing data analysis through collaboration between WIT/Choices and the County of Orange. Data is collected from a primary database and disseminated to provide ongoing feedback to the program on trends and outcomes in a wide variety of areas including, but not limited to, residential reports, admission/discharge statistics, diagnosis queries, and rates of employment, education, and volunteerism. The Data Analyst identifies discrepancies found in the data which is then shared with all appropriate parties for correction of errors as needed. Group data is shared with participants in the program and is also made public through posting on the County of Orange MHSAs website. The collected data helps to identify trends and shifts and allows the opportunity for continuous shaping of the program. The WIT/Choices Benefits Coordinator is responsible for interacting with all participants upon admission and providing support throughout as needed to help access and manage any areas of need such as medical or financial benefits. This person works to ensure that participants apply for and receive entitlements for which they are eligible for in order to further their goal of independence.

## Typical Services Provided by WIT/Choices Staff

- Intensive case management and service coordination, with personalized, focused treatment plans
- Symptom management, using counseling and psychotherapy services
- Medication education and/or medication support services; assistance with medication administration as needed, both on and off-site
- Nursing staff work closely with medical providers, maintaining a relationship with a local clinic and coordinating care with participants who have their own medical provider
- Linkage and financial support as needed to provide dental care for participants. The WIT/Choices population often has severely neglected dental issues as many have had limited or no access to dental services.
- Education support to develop further independence for those who are interested in, and have the ability to pursue educational endeavors
- Mental health symptom management skills such as keeping appointments with doctors and labs and developing new ways to cope with stressful and general life situations without symptom exacerbation
- Developing independent skills including, but not limited to budgeting, grooming, cleaning, cooking, and navigating public transportation
- Developing coping skills to manage the following: crisis, relationships, conflict resolution, unhealthy thoughts, and help with family and social relationships
- Discussion groups focused on topics such as; making positive choices, assessing harm potential and limiting possible adverse effects on daily living such as safety, medication compliance, healthy eating habits, etc.
- Drug and alcohol counseling, education, and linkage as indicated
- Medication education. A great deal of education is provided to participants to help them understand the ramifications of medications. The dually diagnosed population is often prescribed multiple medications and is often unaware of interactive effects and the importance of following prescribed protocols.
- Education and graduated practice accessing resources and referrals to build self-sufficiency and resiliency
- Staff-led groups in a variety of topics including socialization, understanding emotions and feelings, crafts, and exercise groups tailored to the needs of this population
- Vocational rehabilitation and educational skill development and assistance
- Assistance with legal issues through referral and partnership with legal resources in the community
- Assistance in obtaining benefits through a dedicated Benefits Coordinator. This individual works to provide a link with participants to Social Security or will work with Medicare or Medi-Cal to coordinate benefits for participants as quickly as possible. Every participant who comes into WIT/Choices is reviewed for benefits. The Benefits Coordinator helps participants in filling out all necessary paperwork, accompanies them to appointments, and works with all PSC staff to coordinate services.
- Community-building to establish connections and stability for participants in their individual community including linkage as appropriate to senior centers, places of worship, medical care, and shopping
- WIT/Choices host's a bi-monthly Community group which is comprised of all program participants so they can give back and share with others. Members act as the voice of the program and help shape activities offered by the program. All members provide resources and emotional support to participants from the perspective of someone who has truly "been in their shoes." Members are also encouraged to coordinate speakers and help in designing social activities for participants in the program.
- WIT/Choices participants are encouraged to participate in volunteer activities and often do so as away to "give back." A number of "participant-led" groups are offered as participants realize their strengths and desire to share this with others. Some of the groups include learning how to work on a computer, music group, biking group, game time, cooking, and even a participant's teaching other how to use the Wii arcade system as a way to engage and stay in shape.

**FAMILY INVOLVEMENT**

Due to the general status of our target population, a significant number of our participants are estranged from their families due to Severe and Persistent Mental Illness, as well as Dual Diagnosis issues and associated periods of incarceration and homelessness. Whenever possible, WIT/Choices works toward encouraging the reuniting of participants with their families. The program is often successful in achieving this goal. During the initial phases of the program, WIT/Choices staff secures releases of information from participants as a first step toward engagement with family members. Most often it will be an adult child, or occasionally a sibling. If a participant's goal is to reconnect with family, staff works with them to engage the family member. Staff will coordinate with family members to provide support for participants in a variety of ways. Some family members provide transportation for participants to attend activities at the program and are actively involved as part of the recovery process. Others visit participants on a regular basis and engage in socializing and other activities. Family members often want to see where participants are living to share in the joys of transitioning from a homeless or temporary setting to a home they can call their own. Many participants do not have family living locally, but the program still works to coordinate a connection and ensure that there is some form of engagement, as family can provide support regardless of their physical location. When a participant reaches a level in their recovery where they are ready to live independently in an area of their choosing, the WIT/Choices program ensures they are well-connected in their community, including being connected with family.

**RECOVERY APPROACH**

WIT/Choices approaches services with the Recovery Model as its foundation. Recovery is the awakening of hopes and dreams. It is a deeply personal, unique process of understanding one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life. Recovery involves the development of new or rediscovered meaning and purpose in one's life as one grows beyond the effects of untreated mental illness. The recovery process involves gaining the knowledge to reclaim one's power and achieve one's desires by learning to make choices that bring strength rather than harm. It is essential that program participants who are facing the challenges of mental illness and homelessness obtain permanent housing as both a springboard and a platform for recovery to occur.

In line with the recovery approach WIT/Choices employs a team of Peer Mentors. These are consumer level staff that hold paid positions in the program. Each of the Peer Mentors has an "included diagnosis" similar to the program participants. This provides them with additional insight and highlights the fact that there is no reason for participants to be limited in their abilities to achieve success and they can achieve successes by effectively managing their own diagnoses. The role of Peer Mentors is to provide ongoing support and encouragement as a peer to participants in the program. Rather than being assigned to specific participants similar to a PSC, the Peer Mentors work in conjunction with each other to provide services to all program participants. Life Skills Coaches may provide assistance in helping participants move into a new home or to assist them in obtaining clothing or food. They are often called upon to help ensure participants are able to make scheduled appointments in the community by providing transportation and individualized support depending upon the specific situation.

**ASSESSMENTS AND TREATMENT PLANS**

Each participant of WIT/Choices receives an assessment that covers the major areas of their life and is based on input from a wide variety of sources. The treatment plan focuses on the participant's strengths and identified areas of need. While all services are voluntary, all WIT/Choices participants are encouraged to have a Master Treatment Plan that reflects their personal wellness goals related to housing stability. Each participant actively develops their Individual Recovery Plan. This plan contains goals and objectives which incorporate their unique strengths, needs, abilities, and preferences, as well as identified challenges and problems.

Through a combination of Mental Health Services, Supportive Services, and Housing Services, housing stability can be achieved by all WIT/Choices participants. WIT/Choices participants will gain a sense of belonging to a community, and enjoy the feeling of being capable and able to live independently in a community setting. Participants will be empowered by supportive services that help them redevelop social and independent living skills. WIT/Choices PSC's and Peer Mentors may role model social and independent living skills and provide different options for addressing various situations and support participants as they try out new things. These

staff will provide a range of off-site services as well, including linkages to community resources for food, entertainment, recreation, exercise, spiritual, mental health, medical and dental needs.

The participant and her/his assigned PSC will work together to develop a treatment plan and goal which includes preventive and responsive steps that the participant will take to reduce suicidal thoughts for those who experience such feelings. For example, a peer of a resident may notice something different in a resident's behavior, perhaps a lack of desire to socialize or some increased anger in their interactions. This can be brought to the attention of the assigned PSC or other staff member on-site who will be able to "check-in" on the resident. Through this peer support, participants can help each other and provide ongoing support to prevent adverse situations. In this case, the resident may have been negatively affected about something as innocuous as a television show focusing on death, or other relevant personal issues, which in turn leads to an increase in negative feelings and symptoms. The PSC or other WIT/Choices staff will be able to process accordingly to ensure there is a plan and direction to deal with the situation.

Each participant's plan is reviewed and updated two times per year as participants achieve goals. WIT/Choices functions using a team approach whereby treatment plans are developed and enhanced through discussion at the weekly multi-disciplinary treatment team. This team consists of a variety of individuals who are familiar with the individual participant, including the coordinating PSC, Peer Mentors, Clinical Supervisor, benefits specialist, housing coordinator, therapist and the nurse practitioner. The WIT/Choices Psychiatrist or Nurse Practitioner will conduct a thorough clinical assessment and provide a complete diagnosis for each participant. This individual will also prescribe psychotropic medication as appropriate and will provide ongoing, regular assessment and medication evaluation. The Nurse Practitioner also reviews all clinical documentation presented by the clinical team to ensure accuracy. The WIT/Choices Program Director is responsible for all administrative program functions, and the Director of Clinical Operations is a Licensed Marriage and Family Therapist (LMFT) who is responsible for oversight of all clinical services including approval of participant Master Treatment Plans. The Director of Clinical Operations is also responsible for the clinical review of all non-medical documentation provided by staff in their work with participants in the program. The Director of Clinical Operations works closely with all PSCs ensuring clinically appropriate treatment planning. This person coordinates the multidisciplinary treatment team and works closely with the Quality Improvement Coordinator to effectively manage staff compliance with expected treatment guidelines and documentation standards. This includes providing medical health assessments, assisting participants with medications, and coordinating services with medical providers in the community with referral and often transportation of participants.

### **PROJECT STAFFING**

The Stonegate Apartment project will be staffed by two PSCs who together will provide .5 FTE of service coverage at the project site, providing availability daily. The PSC will operate within the multidisciplinary treatment team which includes the Board Certified Psychiatrist, Nurse Practitioner, Program Director, Director of Clinical Operations, and Clinical Supervisor who has a background in community mental health, drug/alcohol issues, educational/vocational rehabilitation services, and housing/ community services. These supports can be accessed on-site or off-site, depending on individual preference and need. They will coordinate care with local medical providers in the community as needed for each participant as they move towards greater independence and community integration. Structured group outings provided by WIT/Choices staff will generally be provided by Peer Mentors who will also provide regular visits to the property bi-weekly. Residents may continue to access the WIT/Choices Activity Center. In addition groups will be offered onsite to participants to provide support in a variety of areas as their needs dictate since the property is located 10 miles from the WIT/Choices Activity Center and it may not be feasible for participants to attend Activity Center activities frequently. WIT/Choices will arrange for transportation for residents to participate in WIT/Choices sponsored, agency-wide activities which are typically provided on-site or in the general north county area. The ultimate goal of the WIT/Choices program is independence and transitioning away from dependency upon the WIT/Choices Activity Center and office, focusing on integration into the local supportive community through established resources such as centers and community-based organizations. For participants who are diagnosed with co-occurring substance abuse disorders, WIT/Choices works to find supportive resources in the participant's local community including connecting with groups such as 12-step programs.

### **COMMUNITY SERVICES**

The Stonegate project will consist of 10 designated MHSAs units out of 74 planned apartments. The MHSAs

designated units will include 8 one-bedroom and 2 two-bedroom units. The two-bedroom units will be reserved for participants who have children. Special on-site groups for the families with children will be held to encompass parenting issues, nutrition, and coping skills. The MHSA designated units will be integrated throughout the property as to eliminate any stigma attached by identifying individuals as MHSA clients. The location of the property is easily accessible as is situated near a freeway exit. There is a bus stop within walking distance of the property. In addition, the Irvine community offers a number of low and no cost resources available to residents including food banks, assistance with utility payments, distribution of clothing and bedding, and legal services. There is a full service hospital less than a mile away from the site. The property will offer private office space for participants to meet with WIT/Choices staff or other individuals. It will also feature a community activity room with on-site supportive activities and engagement opportunities to promote social and interpersonal interaction.

**COMMUNICATION**

The WIT/Choices Housing Coordinator will be the primary point of contact between WIT/Choices participants and the Stonegate property management, having weekly scheduled meetings to ensure a smooth flow of communication between the WIT/Choices team and the property manager. The PSC and Housing Coordinator will meet with property management onsite to exchange relevant information, review participants' progress made toward goals and adjust level of support to ensure housing stability and address problems before they become crises. In addition, as an essential part of the WIT Choices service team, the Housing Coordinator meets with the assigned PSC, and Peer Mentor staff that ensure care for participants is coordinated in a timely manner, and individually and appropriately designed. Note that the Housing Coordinator would also follow-up with Stonegate management on an as-needed basis. The focus of the program is maintaining open communication and a collaborative relationship between all supportive service areas including WIT/Choices staff, property management and local community resources.

**Item D.8 Supportive Services Chart (Attachment C)**

Submit the Supportive Services Chart (**Attachment C**). The Chart must list all services that will be provided to MHSA tenants, including any in-kind services essential to the success of the Supportive Services Plan.

**Supportive Services Chart**

List all the services to be provided to MHSA tenants in the MHSA Rental Housing Development, including any in-kind services essential to the success of your Supportive Services Plan. Add additional lines to the Supportive Services Chart as needed.

Supportive Service		Target Population	Service Provider(s)	Service Location
List each service separately (e.g., case management, mental health services, substance abuse services, etc.)		Name the target population(s) that will be receiving the supportive service listed.	List the name of the proposed service provider.	Indicate where the service is to be provided - onsite or offsite. For offsite services, indicate the means by which residents will access the service.
1	Comprehensive Assessment	Adult	WIT/Choices	On-site or Off-site (transportation provided)
2	Psychiatric Evaluation and Re-Evaluation	Adult	WIT/Choices	On-site or Off-site (transportation provided)
3	Development of Coordinated Care Plan	Adult	WIT/Choices	On-site and off-site working with participants
4	Ongoing Case Management	Adult	WIT/Choices	On-site or Off-site
5	Mental Health Services	Adult	WIT/Choices	On-site or Off-site
6	Medical screening, referral, and follow up	Adult	WIT/Choices	Off-site
7	Medication support	Adult	WIT/Choices	Off-site
8	Individual and Group Psychosocial Rehabilitation	Adult	WIT/Choices	On-site or Off-site
9	Social Skills Development	Adult	WIT/Choices	On-site or Off-site (transportation provided)
10	Life Skills Development	Adult	WIT/Choices	On-site or Off-site (transportation provided)
11	New tenant orientation/move-in assistance/tenant rights education	Adult	WIT/Choices	On-site

30-Day Review and Comment

**MHSA Housing Program Rental Housing Application**

**ATTACHMENT C**

12	Tenants council	Adult	WIT/Choices	On-site
13	Psychiatric services	Adult	WIT/Choices	Off-site
14	24-7 Crisis intervention	Adult	WIT/Choices	On-site or Off-site (transportation provided)
15	Information and referrals to other services and programs	Adult	WIT/Choices	On-site or Off-site (transportation provided)
16	Peer mentoring/support	Adult	WIT/Choices	On-site or Off-site (transportation provided)
17	Emergency financial assistance	Adult	WIT/Choices	On-site or Off-site (transportation provided)
18	Recreational/socialization opportunities	Adult	WIT/Choices	On-site or Off-site
19	Independent living/life skills: budgeting, money management, meal preparation, housekeeping, self-care	Adult	WIT/Choices	On-site or Off-site (transportation provided)
20	Benefits assistance	Adult	WIT/Choices	Off-site
21	Relapse prevention planning	Adult	WIT/Choices	On-site or Off-site (transportation provided)
22	Community engagement and linkages	Adult	WIT/Choices	On-site or Off-site (transportation provided)

<b>Primary Service Provider:</b>	WIT/Choices
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(Indicate the primary service provider, i.e., entity responsible for providing services to the tenants of the MHSA Housing Program units, and for overall implementation of the Supportive Services Plan, including coordination between multiple service providers where applicable.)

30-Day Review and Comment

**Item D.9 Design Considerations for Meeting the Needs of the MHSA Tenants**

Describe the following:

- 1 Physical space, including common areas, outdoor areas, landscaping, physical access to the property, security;
- 2 Supportive services space (if any), including any quiet area on site for tenants to meet service staff;
- 3 How the MHSA units will be designed to provide appropriate accommodations for physically disabled MHSA tenants, if appropriate.

**Response:**

**1. Physical space, including common areas, outdoor areas, landscaping, physical access to the property, security.**

Primary pedestrian access to the community building and property will be through the front Crested Bird Avenue entrance which will be lushly landscaped. The community building with office space for the on-site property manager will be located in the front of the project site. Pedestrians entering the property will have access to their units via a pedestrian sidewalk along the main entrance. Vehicular ingress and egress will be restricted to the Crested Bird Avenue driveway. Common areas will include the community building that includes a tutoring room, computer lab, resident seminar room, property manager office, kitchen, arts/crafts room, Full Service Partner (FSP) office, and resident lounge; laundry facilities, BBQ areas, tables, benches, a tot lot, a community garden, and pool/spa. Security cameras will be located throughout all common area spaces and corridors.

**2. Supportive services space (if any), including any quiet area on site for tenants to meet service staff.**

Our proposed design includes an approximately 3,500 square foot community building that will be designed as a central meeting space for all residents and will include an office for the FSP to meet with MHSA households. In addition, there will also be office space set aside for the on-site property manager. The community building will also incorporate a resident seminar/meeting room, a tutoring/arts and crafts room, a computer lab, and a community kitchen.

**3. How the MHSA units will be designed to provide appropriate accommodations for physically disabled MHSA tenants, if appropriate.**

All MHSA units are designed to be ADA adaptable to meet the mobility or sensory impairments of any proposed resident who is disabled. Access to the residential units on each of the four floors is provided via two elevators. Unit modifications will be specific to the physical/sensory disability of the residents but may include: Installation of roll-in showers, shower seats, grab bars, lowered height of cabinets and countertops, counter-mounted microwaves, and smoke detectors with visual alarms. Our building design provides for ADA accessibility not only within the residential units but also within all common areas of the development that include the community building, laundry facilities, and pool area.



County of Orange  
Health Care Agency, Behavioral Health Services  
Mental Health Services Act (MHSA) Office  
600 W. Santa Ana Blvd., Suite 510  
Santa Ana, CA 92701

**Stonegate Apartments Phase II Housing Project**  
**30-Day Public Comment Form**  
**September 1, 2010 to September 30, 2010**

**PERSONAL INFORMATION**

<b>Name</b>			
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			

**MY ROLE IN THE MENTAL HEALTH SYSTEM**

<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input type="checkbox"/>	<b>Other (please state)</b>

**COMMENTS**

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Submit Your Comments to

**Judy Iturriaga, PhD., MFT**  
**Service Chief I**

Phone: (714) 834-5048

E-mail: [mhsahousing@ochca.com](mailto:mhsahousing@ochca.com)

Mail: 405 W. 5<sup>th</sup> Street, Suite 500  
Santa Ana, CA 92701