

**Development Summary Form
MHSA Housing Program
Parcel G**

County Mental Health Department: San Francisco Department of Public Health (DPH)

Name of Development: Parcel G (365 Fulton Street)

Site Address: 365 Fulton Street, San Francisco, CA 94102

Development Developers: Community Housing Partnership (CHP) and
Mercy Housing California (MHC) (Co-General Partners)

Primary Service Provider: University of California - San Francisco
Citywide Case Management (CWCM)

MHSA Service Providers: Family Service Agency
Hyde Street Community Services, Inc.
UCSF – Citywide Case Management Forensic Program

Type of Development: New Construction
Rental Housing
Apartment building

Total units: 120 studio apartments

Total MHSA units: 12 studio apartments

Total Cost of Development: \$35,971,996

Amount of MHSA Funds Requested: \$1,200,000

Request for MHSA Funds for Capitalized Operating Support: \$1,200,000

Other Rental Subsidy Sources: No rental subsidies apart from MHSA.

Operating Subsidy: City and County of San Francisco Local Operating Subsidy Program (LOSP)

Target Population: Adults

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Attachment I: Project Overview

A) See Attached Development Summary Form

B) Narrative Development Description

Parcel G will be a five story development including 120 studio units of housing for extremely low income, formerly chronically homeless individuals, located at the corner of Fulton & Gough streets. The building also includes approximately 2,680 square feet of ground floor retail commercial space, approximately 2,500 square feet of common space and 2,000 square feet of social service program space. Additionally there is approximately 9,000 square feet of open courtyard and roof deck open space area. The project's schedule is to start construction in the fall of 2009, complete in the spring 2011, with full occupancy anticipated by summer 2011.

Twelve (12) of the project's 120 studio units will be reserved for the MHSA Housing Program. An integrated services team will provide the community with a full range of on-site and off-site resources, including community-building events, educational opportunities, information and referrals to local social services, health management support by a visiting nurse practitioner or mobile medical team, case management and crisis prevention and intervention. In addition, primary service provider, University of California - San Francisco Citywide Case Management (CWCM) will work with their service partner Department of Public Health's Housing and Urban Health Clinic (HUHC) and three adult Full Service Partnerships (FSPs) to provide the 12 MHSA residents with integrated recovery and treatment services appropriate for severely mentally ill adults to help them live in the community and to maintain the greatest possible independence, stability and level of functioning. The property will be managed by Community Housing Partnership.

Financing for the Parcel G development includes equity generated from syndicating state and federal 9% Low Income Housing Tax Credits, HCD Multifamily Housing Program ("MHP") Supportive Housing, State Mental Health Services Act ("MHSA"), Federal Home Loan Bank Affordable Housing Program, and SFRA Tax Increment funds. The City's of San Francisco will provide operating subsidy for the non-MHSA units through its Local Operating Support Program ("LOSP"). The developers are also requesting MHSA Capitalized Operating Support of \$1,200,000 for the 12 MHSA units.

The development will have a dedicated, on-site supportive services team with accessible offices, private meeting rooms, and an exam room for visiting nurses, or other community health practitioners. These spaces will be used for on-site social service programs for residents, including service coordination, case management, and community-building and educational opportunities. There will be both confidential served spaces and open community spaces of social gatherings. Following is a more detailed description of design and construction features.

Design Description

The building is located in the Western Addition/Hayes Valley neighborhood. The four residential floors contain 30 residential studio units per floor and will be of Type V wood construction, while the retail, community and social services spaces, located on the ground floor, will be Type I concrete construction. The gross building square footage is approximately 68,723 square feet. The ground floor of the building will include the building's main entry lobby on Fulton Street (which will have 24 hour seven day a week front desk reception coverage) with adjacent management staff offices, resident community spaces (including a resident lounge and a multi-purpose room with a warming kitchen), bathrooms, and a 4,500 square foot secured, landscaped courtyard. There will be no car parking spaces on site, but there will be 18 bicycle parking spaces on site.

Also at the ground floor will be commercial space situated at the corner of Fulton and Gough Streets and extending down Gough Street. Although, its currently anticipated that the corner commercial space will be leased to a social venture business initiated by Toolworks (which has a long history of operating successful social venture businesses training and employing disabled and homeless individuals), the developers will work with the community and SFRA throughout the development period to refine the types of retail uses most suitable and desirable for the location.

Located on the ground floor, along the landscaped courtyard, accessed from the main entry hall, is the social service suite. This suite will house the CWCM services staff and has been carefully planned based on CWCM's input. The space consists of 2,500 sq. ft. total with a large open counseling suite/reception area, which is lined with three private counseling offices (which range in size from 100-150 sq. ft), one flexible exam room/counseling office (approximately 125 sq. ft.), a nurses' office, and psychiatrist office. The services team will consist of 8 FTE positions.

At the second floor, there are 30 studio residential units. On floors two through five the floors "stack", meaning that each residential floor includes 30 units in the same configuration. At the roof level is an open air landscaped roof garden that will be accessible via elevator, and a smaller open-air terrace over a portion of the lobby's roof will be accessible from the second story. There will also be an exterior stair that connects all the residential levels and is accessed at the buildings ground floor from within the courtyard. This will facilitate management staff's quick access to the building's residential floors to address emergencies.

A portion of the ground floor contains the building's utilities (including a transformer room, trash room, separate retail trash room, and electrical room) as well as a maintenance room and storage and office for maintenance staff. All floors will be accessible via two elevators. Also all residential floors will be accessed by a trash chute within a trash room which will have recycling bins. Common areas and counseling suite will have a central split heat pump system with multiple indoor fan coil units. Bathrooms and kitchen exhaust fans will be ducted to exhaust shafts to the roof (or exterior walls in some instances). The residential units heating will be via hydronic heating. The units will be master metered, and management, rather than residents, will pay all utility bills.

The building is being designed to meet Build it Green's Green Point Rating criteria for green building elements.

Accessibility: All units are adaptable, with wheelchair clearance and turnaround dimensions, backing placed in bathroom walls, etc. to allow for units to be adapted easily to full accessibility. Twelve units will be fully accessible (meeting the UFAS and Section 504 requirements) and an additional three units will be accessible to persons with hearing and visual impairments.

Unit Details

All 120 units are studio units, with very similar layouts. Units range in size between 296 to 330 sq. ft.

Kitchens: Kitchens are equipped with a two burner stove (with an automatic timer shut off), microwave/convection oven, ample sized sink (without an electric disposal) and an apartment sized refrigerator. There is adequate storage (base and upper) cabinet space provided as well as built in shelving adjacent to the kitchen area. The kitchen area flooring will be a hard surface, such as linoleum.

Bathrooms: All bathrooms feature a toilet with grab bars, lavatory, medicine cabinet, under lavatory storage cabinet (which will be removable to allow for modification to full accessibility). The flooring

will be a hard surface, such as sheet vinyl. Standard bathroom metal accessories including a rope hook, towel bar, and toilet paper holder will be provided. Approximately 50% of the bathrooms will have roll-in showers, with the remaining units having full-size tubs.

Living spaces: Each studio features an approximately 11 x 13' living space, in which carpeting and window coverings will be provided.

D.1. Consistency With Three Year Program and Expenditure Plan

In 2005, the San Francisco MHSA Behavioral Health Innovations Task Force launched a community-wide planning process to identify the priority unmet service needs of persons with serious mental illness in San Francisco. San Francisco's process spanned four months and entailed public meetings, interviews with consumers and family members, and the submission of position papers from the community. The information gathered formed the basis of recommendations to transform the mental health system in San Francisco outlined in the City's Three Year CSS Program and Expenditure Plan, which was approved by the California Department of Mental Health in April of 2006.

During the planning process, recommendations and strategies were developed for each of four age-driven target population groups: Children, Youth and Families, Transition-Aged Youth, Adults and Older Adults. Key findings for the Adult category included the need for safe housing and services to help newly housed formerly homeless clients with serious mental illness maintain their housing. The report recommended the establishment of Full Service Partnerships (FSPs) for adults that would provide intensive, wrap-around, recovery-oriented ACT/AB2034-type services. The FSPs would be designed to serve homeless adults who appear to be inadequately served by the existing system, focusing especially on the needs of African Americans, Asian Pacific Islanders, Latinos, veterans and adults who identify as LGBT.

The introduction of MHSA Housing Program funds has allowed the City of San Francisco to deepen and expand the existing cooperative relationship between the Department of Public Health (SFDPH), the Mayor's Office of Housing (MOH) and the San Francisco Redevelopment Agency (SFRA). Together, these agencies have a long history of developing specialized supportive housing for formerly homeless individuals and families. MHSA Housing Program funds will provide the opportunity to develop MHSA units within larger mixed-population buildings with on-site supportive services coordinated with and linked to the larger infrastructure of supports in place according to the CSS Plan.

Parcel G, developed by a partnership that includes the San Francisco Redevelopment Agency, the Department of Public Health, two non-profit developers (Mercy Housing and Community Housing Partnership), and the primary supportive services provider, City-Wide Case Management, will be an important part of San Francisco's response to the needs of homeless adults with serious mental illness. The newly constructed development will provide 12 units of supportive housing for the MHSA adult population within a 120 unit mixed population supportive housing building. The services available on-site will be closely coordinated with MHSA wrap-around services available through the Adult Full Service Partnerships.

D.2. Description of Target Population to be Served

Parcel G will serve extremely low income, formerly chronically homeless individuals. All 120 tenants will be participants of the Direct Access to Housing (DAH) program of the San Francisco Department of Public Health, Housing and Urban Health (SFDPH-HUH). DAH was designated as a permanent housing option for homeless, low income San Francisco residents with special needs. DAH program targets individuals who are released from institutional, acute or transitional treatment settings, and/or have a history of rotating through various systems of care without prolonged stabilization. Although the program includes on-site support services, DAH is designed for independent living; applicants must be able to live independently within a community.

Twelve of the 120 units at Parcel G will be designated for single adults through the MHSA housing program. To qualify for this program, in addition to meeting all of the DAH requirements, a potential tenant must meet MHSA criteria for mental illness and homelessness or at risk of homelessness. Rents levels for MHSA units will be set at 30% of tenant income.

Parcel G is a tax credit and locally-funded property. Funds from the City of San Francisco's Local Operating Subsidy Program (LOSP) will support the entire building's operating budget. These units will remain committed to these programs during the period in which the City's Local Operating Subsidy Program is in operation and the City provides such subsidy to the Project.

D.3. Tenant Selection Plan

Overview

Community Housing Partnership (CHP) will coordinate with the San Francisco Department of Public Health (DPH) on the applicant referral and qualification process for the 120 units at Parcel G, including the 12 Mental Health Services Act (MHSA) units. CHP is the property manager at Parcel G. DPH is funding the tenant services as well as subsidizing building operations through the Direct Access to Housing (DAH) program. DPH will refer eligible MHSA Housing Program applicants to CHP. CHP will be responsible for approving or denying applications for housing. As part of the application process, CHP will make an assessment of each applicant's eligibility based on information in the application, an interview, eviction history, income verification a criminal background check and other information as needed.

Project Description

Parcel G (the project) is located at 365 Fulton Street (at Grove) in San Francisco, CA. Parcel G is a 120-unit, five story building to be constructed starting in 2009, with opening anticipated in 2011.

This supportive housing site has 120 junior studio units, each with a private bathroom and kitchenette (sink, two burner stove, microwave and refrigerator). Each unit also has a house phone. Tenants are provided a single bed, table and chair; other furniture may be provided to tenants on a limited basis (depending on availability), but only the bed is considered an amenity provided with the unit. The average unit size is 300sf. The building will meet all accessibility requirements of the Americans with Disabilities Act (ADA), and will include units designed for individuals with mobility impairments, hearing impairments and visual impairments. CHP will make other reasonable accommodations as needed.

The first floor of Parcel G includes the front desk and lobby, manager's office, tenant lounge, tenant services offices, a large program room with kitchen, and laundry facilities. Safety and security systems are an important part of the building systems, including a secured emergency exit doors, camera system, security alarm system, fire alarm and sprinkler system. In addition there will be a desk clerk staffing the building at all times.

Eligibility Guidelines

In addition to meeting MHSA Housing Program criteria, all applicants for MHSA units must meet the following requirements.

- A household must consist of one adult.
- Tenants must provide certification of homelessness.
- Tenant incomes must be at or below 30% of the area median income.
- Tenants must meet any additional eligibility requirements set by DPH through the Local Operating Subsidy Program.
- A household will be fully screened by CHP before being selected for residency. Reasons for denial are described later in this document.

Referral Process

At initial lease up and upon unit vacancy, CHP will ask DPH to forward applications for vacant MHSA units. Sufficient additional applications will be requested at initial lease-up to account for the rate of attrition and denials expected during the screening and lease-up process. The prospective MHSA tenant will then be screened per the development's established screening protocols.

1. CHP requests applicants from DPH based on the number and type of MHSA units available.
2. DPH will provide the following information on each applicant:
 - Applicant referral form
 - Application to rent (provided by CHP)
 - Homelessness verification
 - Disability certification (if appropriate)
 - Universal consent release from the appropriate case manager
 - Copy of some form of identification
3. CHP will review the information and complete a referral checklist for each applicant.
4. Once an applicant's initial file is complete, CHP will set an initial appointment for an applicant orientation.
5. During application orientation sessions, CHP will describe the housing, explain the application process, and have the applicant complete forms allowing verification of criminal records, credit and landlord reference checks as well as income certification.

Eligibility Determination

1. After the orientation, CHP will set an appointment to interview and screen the applicant. CHP reserves the right to conduct the orientation and screening during the same meeting.
2. CHP staff will conduct a screening interview and place the screening form into the applicants file.
3. CHP will conduct a credit, eviction, landlord and criminal history check. CHP may also speak the applicant's case manager identified in the universal consent release. Reasons for denial based on these various checks are described below.
4. After the screening and background checks, the Property Manager will forward the applicant's file to the Property Supervisor for review. The supervisor will either accept or deny the application for housing.
5. Supervisor will either accept or deny the application for housing. CHP shall state the grounds for any rejection in written form. The letter will clearly identify the appeal process.
6. If denied, the applicant will receive a letter that clearly identifies the grounds for rejection and explains the grievance procedure (outlined in another document). The applicant can appeal the denial by making a formal grievance.
7. After the grievance period is over, a denied applicant's file will be placed in the "Rejected Applicant" files for the building.
8. If the application is approved, CHP will send an approval letter to the applicant. The approval will be contingent upon verification of income as described below. The approval letter will also state the CHP will contact the applicant when a unit is ready for occupancy and move-in.
9. CHP will then verify all information provided in the Tenant Income Certification Questionnaire according to the guidelines established by the California Tax Credit Allocation Committee (TCAC) and complete the Tenant Income Certification form as required by TCAC. Tenants will

not receive approval to move-in until this process has been completed. The income certification process MUST be complete prior to a tenant's occupancy of a unit.

10. CHP will use this information to complete a Tenant Income and Rent Certification form which will determine the tenant's initial rent, per DAH and MHSA guidelines.
11. CHP will determine the unit assignment for the applicant based on unit availability, eligibility requirements and selection criteria. Efforts will be made to place individuals with disabilities into the appropriate accessible units.
12. When a unit is ready, the Property Manager will send a letter informing the approved applicant of:
 - a. Approved unit number
 - b. Move-in date and time
 - c. Rent
 - d. Security Deposit
 - e. Contact information for move-in assistance
 - f. Information regarding move-in procedures
13. If needed, the contracted supportive services staff can provide the applicant with referrals for assistance with finances, furniture and other services they might require.
14. The Property Manager will coordinate the move-in and lease signing and will serve as the applicant's main contact person at CHP during this process.
15. The Property Manager will conduct lease signing for the assigned unit at the scheduled move-in appointment time. Tenants will also be required to sign the Tenant Income Certification form and possibly other documents at this time. At the lease signing, the Property Manager will provide the new tenant with an orientation using an "Orientation Check List Form."
16. The first full month of the tenant rent is required at the lease signing (cannot be pro-rated, but can be credited against the second month rent due). A security deposit (equal to one month of the tenant rent) is also required. If necessary, CHP will allow a portion of the first month's rent to be paid through a payment plan.
17. The contracted supportive services staff will be notified of the new tenant's move-in date and time. The onsite services staff will schedule a time to do the Services Intake and Assessment prior to or immediately following the tenant's move in to the building.
18. CHP property management staff will follow the CHP Operations Manual policies and procedures for moving in new tenants and maintaining files.
19. If a tenant does not show up on the move-in date, s/he will be sent a letter requesting the move-in be rescheduled. If s/he does not contact CHP in a timely manner, s/he will be sent a denial letter.
20. These procedures are consistent with San Francisco's CSS plan and MHSA housing program for single adults

Reasonable Accommodation Policy

It is CHP's policy to make every reasonable effort to accommodate individuals with special needs so that they are able to receive services adequately and comfortably. These accommodations may include but are

not limited to requirements related to visual, audio, language, ergonomic, physical, psychiatric, and other medical needs. These accommodations may be offered to any individual who requires them and who would otherwise not be able to access services in this particular environment.

It is the intent of this policy to create a service delivery environment which is respectful of all people's differences and special needs and to make all reasonable accommodations in order to welcome diverse perspectives. It is also our intent to make these accommodations in a timely and efficient manner so that minimal impact is felt by all parties involved.

Policy of Non-Discrimination and Fair Housing

- The project will comply with all Federal, State, and/or local fair housing and civil rights laws and with all equal opportunity requirements set forth in HUD's administrative procedures. The project will not discriminate against any individual or family household because of race, color, creed, national or ethnic origin or ancestry, religion, sex, sexual orientation, gender identity, age, disability, handicap, military status, source of income, marital status or presence of children in a household, HIV status and/or acquired immune deficiency syndrome (AIDS), or any other arbitrary basis. No criteria will be applied or information considered pertaining to attributes or behavior that may be imputed by some to a particular group or category protected by fair housing law. All criteria shall be applied equitably and all information considered on an applicant shall be related solely to the attributes and behavior of individuals as they may affect residency.
- The project will comply with affirmative fair housing requirements as outlined in any applicable administrative guideline or law.
- The project will guard the privacy of individuals conferred by the Federal Privacy Act of 1974, and to ensure the protection of such individuals' records maintained by the project.
- The project will seek to identify and eliminate all situations or procedures which create a barrier to equal housing opportunity for all. In accordance with Section 504, the project will make reasonable accommodations for individuals with handicaps or disabilities (applicants or tenants). Such accommodations may include changes in the method of administering policies, procedures and/or services.
- DPH will be responsible for marketing the units and referring tenants to CHP and is responsible for ensuring compliance with all related rules and regulations.

Tenant Rejection and Notification; Appeals Process

It is CHP's intention to screen people into housing rather than screen them out of housing.

The screening team will consider numerous factors when reviewing applications and there are circumstances in which CHP will deny an application for housing. The following is a list of the reasons an applicant can be denied housing.

- Failure to provide required documentation (e.g., documentation of homelessness).
- Failure to meet program eligibility requirements (described above).
- We do not conduct meetings or screenings with individuals whose behavior is disruptive to the process. This includes threatening, abusive or violent behavior toward a CHP employee. Serious or repeated behavior of this type by the applicant may result in denial of the application.

- Falsification of information by the applicant in the screening process.
- The following history of criminal activity:
 - Arson and/or destruction of property
 - Manufacture and/or distribution of illegal drugs
 - Violence towards landlords or tenants
 - Crimes against an at-risk person
 - Other violent criminal activity
- History of behaviors which have impacted the applicant's ability to retain housing or would affect the applicant's ability to live in the community. Examples include: history of failure to pay rent and/or abide by lease terms or house rules.
- An unusually high number of evictions (more than two). In such cases, the screening team will attempt to determine if the applicant should still be considered.

CHP's policy on reasonable accommodation, described previously in this document, applies throughout the application process, including in evaluation of the acceptance/denial of applications and appeals.

Additional Requirements of Occupancy

The following are requirements of occupancy and must be met prior to execution of the lease and move-in and are on-going requirements of occupancy after move-in.

- Residents must provide a security deposit and the first months rent. If necessary, CHP will arrange a payment plan for the first month's rent. CHP will accept promissory notes in lieu of cash payment.
- Residents must maintain premises in safe, sanitary condition.
- Residents must not interfere with CHP or the quiet enjoyment of the property.
- Residents must abide by the terms of the lease and the house rules.
- Residents will be required to participate in an annual unit inspection and income certification conducted by CHP.
- Rent will be set in accordance with MHSA requirements and will be adjusted upon annual certification; interim adjustments can be made as appropriate.
- Residents will be required to immediately report any changes in their household income to CHP.
- Falsifying income information is grounds for the collection of back-rent and/or eviction.
- Should a household's income exceed 100% of the AMI, the household will be given 6 months to move to other housing.
- If household size increases beyond the occupancy limit, residents will be given 6 months to move to other housing.
- If household is in a unit modified for the physically disabled and resident is not in need of the modifications, resident agrees to move to a comparable unit should the modified unit be required by a household with one or more physically disabled individuals.

Occupancy Standards

The following is a list of the minimum and maximum household sizes allowed by the project.

Unit Size
Jr. Studio

Minimum Household Size
1 person

Maximum Household Size
1 person

Occupancy Procedures

The following is a description of procedures that will be followed when a unit becomes vacant.

- DPH will maintain and manage the process for new applicants according to its internal policies and procedures.
- DPH will forward names of applicants to CHP upon request.
- DPH will provide CHP with the required information on each applicant as described previously in this document.
- The target period for an approved housing applicant to complete the screening process is between 10 and 15 business days. The income verification may take an additional 30-45 days.
- The vacancy preparation time will not exceed 7 (seven) business days.
- Unit vacancy should be less than 60 days.
- Should DPH fail to provide CHP names of applicants for the MHSA units in a timely manner, CHP can request the right to market and fill vacant units with eligible applicants as described above.
- During the application process, CHP will provide copies of all correspondence to DPH and/or the applicant's case manager as requested.
- DPH will advise CHP when approved applicants find housing elsewhere.
- CHP will advise DPH when applicants are housed or denied housing by completing a DAH Referral Outcome form in a timely manner.
- CHP will maintain a list of applicants who have been screened, status of applicants, and will provide information to DPH on a regular basis.

The MHSA Tenant Referral and Certification Process of the San Francisco Department of Public Health is attached.



Attachment to Tenant Selection Plan:

Tenant Referral and Certification Process San Francisco Department of Public Health

I. Introduction

The San Francisco Department of Public Health (SFDPH), the City and County of San Francisco's mental health agency, established this Mental Health Services Act (MHSA) Housing Program Tenant Referral and Certification Process ("Process").

The community planning process for San Francisco's CSS Plan identified the service priorities of the MHSA target population by age group. Subsequently San Francisco funded eight FSPs: two for children, youth, and families; two for transition-aged youth (TAY); three for adults; and one for older adults. The CSS Plan identifies supportive housing as a priority service need and service strategy for three of the four target population age groups: TAY, adults and older adults. Accordingly, SFDPH designed its MHSA Housing Program to meet the housing needs of these target populations in coordination with designated FSPs.

II. Threshold Eligibility for MHSA Housing Program

A. MHSA Housing Program Eligibility

1. Homelessness

To be considered "homeless," the individual must be moving from emergency shelter or transitional housing, or the individual must be currently homeless, meaning that s/he:

- a. Lacks fixed, regular and adequate nighttime residence, or
- b. Has a nighttime residence that is a publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill), or
- c. Has a nighttime residence that is an institution that provides a temporary residence for individuals intended to be hospitalized, or
- d. Has a nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

2. At-Risk for Homelessness

To be defined as "at-risk for homelessness," the individual must be:

- a. An individual discharged from an institutional setting, which includes hospitals and acute psychiatric hospitals/health facilities, or
- b. An individual discharged from a skilled nursing facility with a certified special treatment program for the mentally ill, or
- c. An individual currently residing at a crisis and transitional residential setting,
- d. An individual released from County jail, or
- e. An individual temporarily living in Residential Care facility upon discharge from one of the institutional settings cited above, or
- f. An individual who is currently receiving SFDPH mental health services and is at imminent risk for homelessness. "Imminent risk" is defined as individuals or families becoming homeless within 14 days.

3. Adult Target Population Criteria for Mental Illness

To meet MHSA criteria for mental illness, the client must have:

- a. A mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, except those diagnoses that are specifically excluded by the State Department of Mental Health, or
- b. Co-occurring Disorders (mental illness and substance abuse or mental illness and a developmental disability), or
- c. Other diagnoses or criteria established in the future by SFDPH’s Community Behavioral Health Services (CBHS) as allowed by the Mental Health Services Act and in accordance with the priorities identified in the Community Services Supports component of San Francisco’s Three-year Program and Expenditure Plan.

AND Clients must also meet at least one of the following criteria:

- d. Functional impairments due to an untreated or under-treated mental illness that prevents engagement in meaningful activities and inability to remain in housing, or
- e. Frequent incarceration or psychiatric hospitalizations due to untreated or under-treated illness, or
- f. Multiple encounters at public clinics, health and social service agencies resulting in a “revolving door” cycle of unmet service needs, or
- g. Special consideration will be given to the ethnically and culturally unserved/underserved populations among the homeless and mentally ill, especially in the African American, Asian, Latino, and multi-ethnic communities.

B. Local Eligibility Criteria

All clients referred to screening for MHSA housing must also meet eligibility requirements established by SFDPH’s Direct Access to Housing (DAH) program, which will be providing operating subsidies to MHSA units.

To qualify for the DAH program, an applicant must:

- Be a San Francisco resident. An applicant must be proven homeless or at-risk of homelessness—in accordance with DAH definitions—in San Francisco.
- Be considered “extremely low-income.” An applicant is considered “extremely low” income if his/her income is equal to or less than 30% of median income for San Francisco.
- Enroll and participate in Third-Party Rent Payment services prior to lease signing. Applicants with a pre-existing payee may continue that payee relationship; those lacking a payee will be connected to an authorized service provider through DAH.
- Ability to participate in and complete the application process. This means that the applicant:
 - Is prepared to attend an interview within at least seven (7) days of submitting his/her application, and
 - Is willing to participate in Third-Party Rent Payment, and
 - Is willing and able to live independently in a community setting.
- Meets additional building specific eligibility criteria, if necessary. Some DAH housing sites have additional eligibility criteria based on funding source or target population.

III. Eligibility Certification Process

The SF Department of Public Health commits to a standardized Tenant Certification Application for all potential tenants of the MHSA funded housing units.

The initial pool of potential tenants will be current FSP clients who are homeless or at-risk of homelessness as defined by MHSA. At its discretion, SFDPH may expand eligibility to include non-FSP MHSA clients using a similar eligibility assessment process.

SFDPH will track MHSA housing vacancies and will act as the centralized point of entry into vacant units. During initial MHSA rent-up - and thereafter as vacancies become available, SFDPH will notify relevant FSPs of vacancies and solicit housing applications. In turn, FSPs will select eligible prospective tenants to apply for vacancies, ensure that eligible applicants meet all application and certification requirements, and will facilitate the applicant referral process.

FSPs will also be responsible for securing all eligibility documentation and certifying client eligibility using the standardized Tenant Certification Application. The FSP will submit the completed housing application, along with the Tenant Certification Application, to SFDPH. The application must be submitted within one week of the FSP being notified of the vacancy.

Upon receipt of the application, SFDPH will make sure all information is complete; if incomplete, SFDPH will contact the referring FSP and ask that any missing information be provided. SFDPH will also ensure that all required supporting documentation is included in the application. Such documentation will include:

- Signed documentation indicating that the referral is FSP eligible / approved.
- Diagnosis Certification. All referrals from the Full Service Partnerships to MHSA Housing must be accompanied by a copy of the mental health diagnosis from the client's clinician.
- Certification of Homelessness. For homelessness, DAH will obtain written verification from the referring agency that the client is homeless as certified by staff of:
 - A transitional housing facility, emergency shelter, other shelter designed to provide temporary living accommodations for homeless individuals.
 - An acute psychiatric facility which admitted the individual from homelessness.
 - A hospital which admitted the individual from homelessness.
 - San Francisco City and County jail which admitted the individual from homelessness.
 - If a homeless applicant is coming directly from the streets or other place not meant for human habitation, the verification could come from staff of an outreach, service or other organization that has assisted the applicant in the recent past.
 - If unable to obtain third-party verification, the applicant, PSC or supportive services program staff may prepare a short statement about the person's previous living situation for the applicant to sign.

For documentation of "at-risk-of-homelessness," DAH will obtain from the referring agency written verification from the staff of the following systems and/or institutions:

- For TAY, from the agency from which the youth will exit (e.g., child welfare or juvenile justice systems).
- Hospitals, including acute psychiatric hospitals, psychiatric health facilities.
- Skilled nursing facilities with a certified special treatment program for the mentally ill, and mental health rehabilitation centers.
- Crisis and transitional residential settings.
- San Francisco City and County jail.
- Residential care facilities.
- Certification from an SFDPH service provider when the individual and/or family is at imminent risk of homelessness

IV. MHSA Housing Program Wait List

San Francisco's MHSA Housing Program will not maintain a wait list for MHSA units, per current policy. Rather, when MHSA units become available, SFDPH will notify the relevant FSP(s) of unit availability. FSPs may opt to maintain an internal referral wait list of their clients in need of housing if they choose.

When a new development in the MHSA Housing program is being rented up, or as previously filled units become vacant, the housing provider will notify SFDPH. SFDPH will notify the relevant FSP(s) of the unit's availability and solicit applications from FSP client households of the appropriate size. The FSP must respond within one week, after which the Housing Liaison will solicit an application from another FSP or MHSA service agency. The FSP will establish which client or clients will apply after determining:

- The type of housing available, and
- Any programmatic requirements associated with the development in question.

The FSP will then assist the client in completing the MHSA Housing Program Tenant Certification Application and application for housing in the specific MHSA housing development

V. Eligibility Determination for a Specific Unit

SFDPH will forward applications to the specific development with an MHSA vacancy. The prospective MHSA tenant will then be screened per the development's established screening protocols.

A. Interviews

As part of the application process, each applicant will participate in:

- A housing interview with Property Management.
- An orientation session with appropriate on-site Support Services staff.

To minimize any burden on the applicant, Property Management and on-site Support Services will interview applicants separately but will coordinate the interviews in close succession—on the same day whenever possible.

1. Property Management Interview

Each applicant will participate in a housing interview with Property Management, the scheduling and outcomes of which will be communicated to applicants by the referring FSP. Each client's case manager will accompany him/her to the Property Management interview, which will, on average, last approximately 30 minutes.

The housing provider may only ask the individual questions that are directly related to the individual's ability to meet tenancy requirements. This includes questions about source of income to pay rent, a history of nonpayment of rent, or a history of evictions for failure to maintain the premises. Housing providers may also ask the individual if s/he has a criminal conviction, but the request should be related to the terms and conditions of tenancy and determining whether the individual can comply with the lease.

In screening the individual for tenancy, the housing provider should consider whether any conditions described by the applicant that might typically be grounds for denying tenancy (e.g. non-payment of rent, failure to maintain the premises) could be due in part to the circumstances that resulted in the individual being eligible for MHSA services. For example, a seriously mentally ill individual may have had difficulty maintaining his/her apartment and may thus have been evicted. Consistent with MHSA's

intent, the housing provider will consider whether the MHSA services available to the housing unit and/or tenant will enable the prospective tenant to meet the conditions of tenancy.

The final decision of whether to house an applicant rests with the property management team, which may consult with the referring FSP and on-site Support Services regarding any clinical concerns. After completing the interview and collecting/reviewing all necessary documentation, property management will decide each applicant's referral outcome based on the development's own resident selection criteria.

2. On-Site Support Services Orientation

Each applicant will meet with appropriate building-specific on-site Support Services staff before Property Management determines the applicant's housing outcome. During the session, on-site Support Services will have the opportunity to engage the applicant and referring case manager to discuss clinical issues and/or better assess any need for reasonable accommodation. The orientation will last, on average, between 15 and 20 minutes.

B. Background Checks

Property Management will run applicant background checks as interviews are being scheduled / taking place or as soon as possible thereafter so as not to delay the screening process.

VI. Tenant Approval Notification and Move-In

Once a client has been selected for tenancy in a specific unit, the client will be notified in writing and provided a specific occupancy date. FSP staff will be available to assist the individual in making arrangements for and completing the move in.

VII. Tenant Rejection and Notification; Appeals Process

If the individual is not selected for tenancy, the housing provider should notify the individual in writing and provide a basis for non-selection. The housing provider should also notify the individual of his/her right to appeal the decision. Each provider should establish and maintain a process for managing such appeals. The housing provider also submits a Referral Outcome Form to SFDPH.

D.4. Supportive Services Plan

The Parcel G supportive housing site will provide 120 units for formerly homeless adults with on-site services funded through the San Francisco Department of Public Health's Housing and Urban Health division's Direct Access to Housing (DAH) program. Twelve of the DAH units will house formerly homeless residents with serious mental illness as defined by the Mental Health Services Act (MHSA). The residents will have special needs that include, but are not limited to, co-occurring mental illness, substance use, physical disabilities, developmental disabilities, HIV/AIDS, and other chronic medical conditions and have limited experience living independently. Given each individual's unique history and the complex interrelated issues and problems to be addressed, the services team will provide flexible services with a "whatever-it-takes" approach to problem solving.

Overview

UCSF Citywide Case Management (CWCM), the selected primary service provider, will be located on-site at the development. CWCM will offer direct behavioral health services to support all residents to maintain housing stability and linkage to ongoing services with outside providers. As the primary service provider, CWCM will also ensure the successful integration of services provided through the project's service partners: the Housing and Urban Health Clinic and the Full Service Partnerships (FSPs). The other partners and their roles are described briefly below.

Housing and Urban Health Clinic: Housing and Urban Health Clinic: The CWCM psychiatrist will partner closely with psychiatric and medical staff of the Department of Public Health's Housing and Urban Health Clinic (HUHC) to provide seamless services to Parcel G residents. The HUHC provides primary medical and psychiatric care to persons living in one of San Francisco's many supportive housing sites and logs approximately 1,000 patient encounters each month. The clinic is a Federally Qualified Health Center and one of 14 clinics comprising DPH's Community-Oriented Primary Care Health Centers. In addition to preventive, medical, and psychiatric care, HUHC offers on-site acupuncture, medication management, diabetes education, ophthalmology services, and podiatric services.

Full Service Partnerships: MHSA residents will be referred by and enrolled continuously in one of three adult Full Service Partnerships (FSPs). The FSPs will continue to serve MHSA clients as they transition to their new housing and for the duration of their tenancies in the project. Each MHSA resident will have an assigned FSP Care Coordinator (peer professional case aide) to provide MHSA residents of Parcel G with an AB34 model of intensive service provision and to participate regularly in services team.

For residents open in Full Service Partnerships (FSP), the FSP programs will continue to provide services. CWCM will provide a liaison and coordination role between property management, the FSP and other providers. Clients open in the FSP programs are eligible to attend community meetings and activities facilitated by the CWCM staff at the site.

CWCM will help facilitate communication through case conferences and coordinated treatment planning. Once residents are stable, CWCM and the FSP programs will coordinate appropriate transition plans on a case-by-case basis.

CWCM uses a strength-based approach to providing intensive case management services to tenants of supportive housing sites. Our philosophy is based on a fundamental belief in the right of each person to self-determination. Services are voluntary and based upon client choice, and service planning is a cooperative process between the individual and the program clinicians. The CWCM uses a social model of intervention that includes concepts from the Recovery model of treatment for severe and persistent

chronic illness which is based upon the premise that people who suffer from mental illness/dual diagnosis want their lives to be more fulfilling and productive.

With this model of self-determination, the goals established are client-directed and client-centered. We use motivational interviewing, harm reduction and the stages of change to set goals and support clients. The Citywide Case Management provides for intensive outreach and engagement, clinical assessment and cooperative treatment planning with short-term and long-term goals.

For Parcel G, the CWCM proposes to use an Assertive Community Treatment (ACT) model for delivering behavioral health/intensive clinical case management services. The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes ACT as one of six evidence-based practices. The plan is to provide an integrated service team that will work with individual residents, the Housing and Urban Health Clinic medical staff, the Full Service Partnerships, Community Housing Partnership property management, and other providers to create a supportive housing community that offers services and opportunities to all the residents in Parcel G.

Services

CWCM will provide clinical and supportive services, which will include, but not be limited to: outreach, engagement, assessment and evaluation, intensive case management, individual goal setting and treatment planning, supportive counseling and therapy, psychiatric services, referral and linkage, crisis assessment and intervention, community building and strengthening social supports. In addition, practical assistance will be provided including emergency food and clothing, money management, and transportation assistance.

At intake, program staff including the Team Leader, Clinical Social Workers, Social Work Associates, Community Health Program Representatives (Peer staff) and the Psychiatrist will complete a comprehensive evaluation and assessment of each resident who agrees to accept services. Assessment efforts will identify the individual's mental health, substance abuse, medical and comprehensive service needs, including the risk for returning to homelessness. The program staff will develop an Individual Services Plan (ISP) in coordination with the individual including short and longer-term service needs.

CWCM is proposing a staffing level (staff-to-client ratio) of 18:1 clinical staff. The staff would include: a Team Leader (Clinical Social Worker II, Supervisor) (1 FTE), Clinical Social Workers I/II (2 FTE), Substance Abuse Specialist (Social Work Associate) (1 FTE), Employment Specialist (Social Work Associate) (1 FTE), Mental Health Consumer staff (Community Health Program Representative) (2 at .5 FTE each), Psychiatrist (1 FTE), Administrative Assistant II (1 FTE), Program Director (.15) FTE, Analyst (.1 FTE). The social work and peer staff will be referred to as Case Managers.

Supporting Housing Retention, Independence, Wellness, Recovery, and Resiliency

Employing the whatever-it-takes approach allows staff to identify what is needed to support the tenant in maintaining his/her housing. A Full Service Partnership Care Coordinator will be responsible for the direct care coordination (case management) with the twelve MHSA residents. In supporting tenancy retention, service staff shall be available 24/7 to respond to crises or other tenant issues requiring this level of support. Working with the tenant and property management staff when behaviors have been identified that place the tenant at risk for potential eviction will proactively support both the tenant and property management in avoiding this decision. CWCM staff will include 2 peer staff Case Managers who will work residents directly to support housing retention. The following are strategies the CWCM and the Full Service Partnerships are committed to using to support MHSA resident success:

Intensive Case Management and Behavioral Health: CWCM services provided by the case managers, including the peer staff, will include assessment, treatment planning, intensive case management, direct behavioral health services, psychiatric services, individual therapy, family therapy, groups, self-help groups, crisis assessment and intervention, 5150 assessments, assistance with housing retention, education, training, community building. For residents leaving housing the program will provide discharge planning, placement assistance and termination.

Program staff, including the Team Leader, case managers and peer staff, will provide services and/or have contact with tenants at a minimum of 1 time per week. If needed due to crisis, hospitalization, change in mental status or behavior, or change in life stressors, tenants can be seen daily on an urgent basis.

Staff Hours: Case Managers will be available as needed for resident services during regular business hours (9-5) and limited after-hours (evening). Hours of staff availability will be posted and kept current at the site.

After Hours Emergency Back-up: The Team Leader will coordinate after-hours emergency back-up phone coverage and will train staff.

In addition to individual services, the CWCM case managers will facilitate daily groups for the residents. These may include therapy groups, psycho-education, problem solving, harm reduction, cooking, community living, and other groups of interest to the residents.

Evidenced based services to be provided: Staff will be trained in and oriented toward the following best practices: Assertive Community Treatment (ACT), the Recovery Model with the Wellness Recovery Action Plan (WRAP), integrated mental health and substance abuse services, and Dialectical Behavioral Therapy (DBT) for individuals who are at high risk for self-harm and experience difficulty with affect modulation. We will also use Cognitive Behavioral Therapy (CBT) for clients with depression and anxiety disorders. Trauma histories and related disorders are prevalent in the homeless population. We will provide trauma treatment based upon the work of Judith Herman, Trauma and Recovery (1992) and Lisa Najavitz, Seeking Safety (2002). The treatment emphasis of safety and structured treatment is a powerful counterpoint to the chaos, lack of trust and pain associated with trauma disorders.

Psychiatry: The UCSF – CWCM psychiatrist will provide outpatient psychiatric medication services, including: initial medication evaluations and regular reevaluations, medication monitoring, and crisis medication assessments. The psychiatrist will see patients at a minimum of once a month. The other team members will have contact with the residents no less frequently than once a week. The clinical team, including the medical staff from the Housing and Urban Health Clinic, will meet regularly a minimum of 3 times per week and will report any changes in an individual's mental status and well being. Patients will be encouraged to call the psychiatrist directly for more contact, as needed. The psychiatrist will see patients with greater frequency if the patient is hospitalized, there are medication changes or a change in life stressors. The psychiatrist is supervised by the CWCM Medical Director and are UCSF faculty. If needed, clients can receive daily dispensing of medications six days a week. CWCM program has access to the most current medications and offers medication groups designed to offer support, education about medications and encourage medication adherence. The CWCM psychiatrists treat clients in collaboration with other providers such as SFGH 7L staff, the Housing and Urban Health Clinic, other DPH clinics, Methadone clinics, Jail Psychiatric Services and other primary care and specialty medical providers by providing clinical information, assessments and expertise.

Additional Services Provided/Coordinated by the FSPs for MHSA Residents: MHSA residents will come to the project already enrolled in and working continuously with a Full Service Partnership (FSP). As FSP clients, these residents have access to an enhanced array of services coordinated through the FSP

and offered continuously throughout their tenancy. MHSA tenants have access to all services offered on-site; however, the point of such access is to enhance and coordinate with, but not duplicate, services already received through the FSP.

Care Coordination: Each MHSA resident will come to the project already assigned to and working with a primary Care Coordinator (peer professional case aide and/or case manager) who has primary responsibility to work with the participant in developing his/her own individual treatment plan, to ensure immediate changes are made in treatment plans as participants' needs change, and to advocate for participant rights and preferences. All care planning will be done using the Individualized and Tailored Care model. The Care Coordinator is also the first staff person called on when the client is in crisis and is the primary support person and educator to the participant's family. Members of the treatment team share these tasks with the Care Coordinator and are responsible to perform the tasks when the Care Coordinator is not working. As part of the strengths-based assessment and case planning model, we will help the consumer to develop a Wellness and Recovery Action Plan.

Crisis Assessment and Intervention: Crisis assessment and intervention is provided 24 hours per day, seven days per week. These services include telephone and face-to-face contact and will be provided in conjunction with CATS Mobile Assistance Patrol (MAP) when appropriate. During normal working hours, an available AFSP team member responds. After hours and on weekends, a team member is on call and carries the team's emergency pager. This number is available to emergency service providers. During nights and weekends, the on-call staff assesses the situation and provides whatever intervention is clinically indicated.

Mental Health Treatment: Dual-Diagnosis: The service teams will be prepared to identify and address a range of substance abuse issues and multiple mental health disorders, ranging from moderate depression to schizophrenia. There will be a particular focus on post-traumatic stress, behavioral and conduct disorders, and family issues, which we anticipate will be virtually universal in this population. Treatment for mental illness will include

- Ongoing assessment of the participant's mental illness symptoms and his/her response to treatment;
- Education of the participant regarding his/her illness and the effects and side effects of prescribed medications, where appropriate;
- Symptom-management efforts directed to help each participant identify the symptoms and occurrence patterns of his/her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen their effects; and
- Psychological support to participants, both on a planned and as-needed basis, to help them accomplish their personal goals and to cope with the stresses of day-to-day living.

Substance Abuse Treatment: The FSPs will provide both one-to-one and group substance abuse treatment, integrated with mental health treatment. The teams will provide substance abuse treatment in stages throughout the service period, depending on the participant's level of readiness for treatment. Residents will also be referred to and encouraged to participate in NA and AA.

Employment Services: Work-related services to help participants find and maintain employment will include assessment of job-related interests and abilities, an education and work history assessment, and on-the-job assessments in community-based jobs; assessment of the effect of the participant's mental illness on employment, with identification of specific behaviors that interfere with the participant's work performance and development of interventions to reduce or eliminate those behaviors; development of an ongoing employment rehabilitation plan to help each participant establish the skills necessary to find and maintain a job.

Activities of Daily Living: Services to support activities of daily living in community-based settings include individualized assessment, problem solving, side-by-side assistance and support, skill training, ongoing supervision (e.g. prompts, assignments, monitoring, encouragement), and environmental adaptations to assist participants to gain or use the skills required to: carry out personal hygiene and grooming tasks; perform household activities, including house cleaning, cooking, grocery shopping, and laundry; housing support including finding a roommate, landlord negotiations, cleaning, furnishing and decorating, procuring necessities (such as telephone, furnishings, linens); develop or improve money-management skills; use available transportation; and find and use healthcare services.

Social, Interpersonal Relationship, and Leisure-Time Skill Training: Services to support social, interpersonal relationship, and leisure-time skill training; side-by-side support and coaching; and organizing individual and group social and recreational activities.

Education, Support and Consultation to Participants' Families and Other Major Supports: With participant agreement or consent, services to participants' families and other major supports will include education about the participant's illness and the role of the family in the therapeutic process; intervention to resolve conflict; and ongoing, face-to-face, and telephone communication and collaboration between the AFSP team, the family, and other major supports.

Wraparound Services: The program partners will constellate around the client a comprehensive range of services, many of which are provided to this program with substantial or complete in-kind matching funding. These services include but are not limited to: supportive and cognitive therapies, case management brokerage (e.g. linkage to services such as housing, benefits and medical care), substance abuse treatment, medication services, vocational and pre-vocational assistance. Any services, supports, or products needed to complete the Care Plan and not readily available through the service constellation will be acquired through flexible funding.

Gender-Related and Sexual Orientation Issues: The AFSP and its program partners will offer gender-specific programming for women, especially gender-focused trauma treatment, as well as special programming for LGBT clients. We will work with New Leaf to provide consultation and assistance to our clients through flexible funding, as well as referring LGBT clients to New Leaf and other appropriate services.

Engagement

Engaging with clients requires persistence combined with the communication of hope and optimism. CWCM clinicians focus on people's strengths and actively involve clients in decisions about their treatment and services. Staff perform repeated outreach attempts, knocking on doors, leaving notes, saying "hi" in the hallway, having a presence in the housing site's common areas, not just in the office.

Staff engages clients by doing what it takes to help people meet the goals that they want to attain. These interventions include outreach, community meetings, group facilitation, offering practical assistance, and providing hands-on support. We use incentives such as bus tokens, offers of help to obtain food, clothing and other essential items of daily living. We may offer to take the client out for coffee or lunch to help develop a clinical relationship and encourage a client to accept services. We offer concrete, specific assistance to help resolve problems presented by the clients.

CWCM case managers will outreach tenants weekly to attempt to engage individuals into services. Case managers will provide services and/or have contact with tenants at a minimum of once a week and up to daily as needed.

Beyond the initial engagement, we work toward engaging people in whatever services might be needed that will help stabilize them or their housing. Formerly homeless residents are often reluctant to accept

mental health or substance abuse services. Initially, clients may be more receptive to offers of primary care services. Engagement often takes quite a while, but the program clinicians are always working toward strengthening the relationship that will be the crucible in which change can occur.

Offering culturally competent a service is essential is successfully engaging tenants in the hotels. African Americans make up over 50% of the tenants in CWCM housing sites. The CWCM has been very effective in engaging and treating individuals of diverse backgrounds.

Community Building

The CWCM program will organize and facilitate monthly building-wide community events celebrating the seasons and cultural diversity. The staff will provide weekly coffee hours. With the goal of helping the residents integrate into the greater community the program will provide staff and support for outings into the community.

Housing Retention and Coordination with Property Management

Collaboration and communication with the Community Housing Partnership (CHP) property management staff, the CWCM and HUHC staff, FSP Care Coordinators and all service providers will be essential in supporting tenants to maximize housing retention. The CWCM will facilitate communication and coordination of services on site. To ensure the development of an effective working partnership and to address ongoing tenant and community needs, CWCM would meet regularly with CHP.

The center of the collaborative housing retention effort will be weekly site-coordination meetings between CHP property management and the CWCM services staff. The focus of the meetings will be the two issues that place tenants housing at risk: non-payment of rent and problematic behaviors. Specific strategies for addressing each of these issues will be discussed and monitored at this meeting. This meeting is also where community building and site based activities will be discussed.

The CHP, CWCM, HUHC and FSP staff will meet monthly in an operations team meeting to address strategies to improve residents' tenancy and housing community wellbeing. This may include issues related to tenant incidents, community concerns, tenant engagement, safety and community involvement. Other meetings could be developed to further collaboration and coordination of services. Communication between property management and the clinical staff will be encouraged on a daily basis as a regular part of the workflow.

For non-payment of rent CWCM's direct services could include money management planning and implementation, linkage to payee services, and linkage to entitlement and/or income sources. Problem behaviors will be addressed directly through supportive counseling with the goal of providing services to treat the underlying issues of mental health, substance abuse, medical issues and underdeveloped life skills.

Staff Support

To be able to provide quality behavioral health services over time, the program and clinical supervision need to be designed to offer ongoing support and direction to the staff. For Parcel G, it is critical for the services program to develop a strong team. The CWCM program has demonstrated the ability to recruit, hire, train and retain excellent clinical staff and create a team that is able to work both independently and collaboratively with each other.

CWCM staff members will receive weekly ongoing supervision and clinical consultation to provide consistent, quality services to individuals. The proven way that clinicians acquire new skills is by working with people with dual disorders and discussing their work with a clinical supervisor. Clinicians need to be able to offer hope and compassion to clients on a daily basis in the face of sometimes seemingly

insurmountable problems. Staff must be well trained, caring and maintain professional boundaries when working with issues of mental illness, substance abuse, chronic medical conditions, effects of homelessness, lack of social supports, poverty, oppression, racism and sexism. Case managers need to be able to use clinical supervision as an opportunity to discuss countertransference and the challenges of the work. Without effective supervision and support staff can burnout, withdraw from engaging with clients, not be able to provide support and caring for their clients. As a program, the CWCM promotes self-care for staff as a way to counteract the effects of working with the effects of trauma on our clients.

D.5. Supportive Services Chart

| Supportive Service | Target Population | Service Providers | Service Location |
|--|---|--|--|
| Intake/Assessment | All residents; homeless adults with disability (mental health, substance abuse, HIV/AIDS) | UCSF CWCM Roving Team | On site |
| Service Coordination | All residents; homeless adults with disability (mental health, substance abuse, HIV/AIDS) | UCSF CWCM Roving Team, Housing and Urban Health Clinic, Full Service Partnerships (for MHSA residents) | On site |
| Intensive Case Management and Behavioral Health Services | All residents; homeless adults with disability (mental health, substance abuse, HIV/AIDS) | UCSF CWCM Roving Team, Full Service Partnerships (for MHSA residents) | On site and linkage to outside providers |
| Psychiatric Services | All residents; homeless adults with disability (mental health, substance abuse, HIV/AIDS) | UCSF CWCM Roving Team, Housing and Urban Health Clinic | On site and off-site at clinic |
| Medical Services/Primary Healthcare | All residents; homeless adults with disability (mental health, substance abuse, HIV/AIDS) | Housing and Urban Health Clinic | Off site at clinic |
| Housing Retention Services | All residents; homeless adults with disability (mental health, substance abuse, HIV/AIDS) | UCSF CWCM Roving Team | On site |
| Crisis Assessment and Intervention | All residents; homeless adults with disability (mental health, substance abuse, HIV/AIDS) | UCSF CWCM Roving Team, Full Service Partnerships (for MHSA residents) | On site |
| Activities of Daily Living | Homeless adults with disability (mental health, substance abuse, HIV/AIDS) | Full Service Partnerships (for MHSA residents) | On site and off site |
| Education/Training/ Employment Services | All residents; homeless adults with disability (mental health, substance abuse, HIV/AIDS) | UCSF CWCM Roving Team, Full Service Partnerships (for MHSA residents) | On site and off site |

| Supportive Service | Target Population | Service Providers | Service Location |
|--------------------|---|-----------------------|------------------|
| Community Building | All residents; homeless adults with disability (mental health, substance abuse, HIV/AIDS) | UCSF CWCM Roving Team | On site |
| Exit Planning | All residents; homeless adults with disability (mental health, substance abuse, HIV/AIDS) | UCSF CWCM Roving Team | On site |

Primary Service Provider: UCSF CWCM Team