

## **PART I – Target Population Narrative**

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

The Target Population will be adults or older adults with a serious mental disorder or seriously emotionally disturbed children or adolescents who are homeless, chronically homeless, or at-risk of chronic homelessness, including persons with co-occurring mental and physical disabilities or co-occurring mental and substance use disorders. The Target Population will be identified through Nevada County's Coordinated Entry process, with prioritization on those scoring highest on the standardized vulnerability index pending verification of the criteria outlined above.

Tenant selection process: Tenants will be selected through the coordinated entry process. Since CES implementation in January of 2018, the County has developed a multi-disciplinary team comprised of county and nonprofit homeless and housing service providers from across the Nevada County Continuum of Care (CoC). The Housing Resource Team (HRT) reviews the “by-name list” on a bi-monthly basis. Homeless Individuals and families who access the CES agree to allow information to be shared between CoC service providers. The team is able to ensure outreach and appropriate case management services are working with individuals on the list, get updates on housing plans, and ensure that clients are accurately placed on the list based on vulnerability. Over the last year, the team has found that the initial assessment and subsequent vulnerability score is impacted by individuals who under report, misunderstand or do not answer some questions. In these cases, the team works to connect the individual to an outreach worker or case manager who can work through the assessment and vulnerability tool in person. This often results in revised scores that place the individual higher on the list. In addition, case managers are allowed to assign up to three additional point to initial scores based on acuity or severity of specific issues identified by in the in person assessment. The team has also identified that many of the chronically homeless residents of Nevada County are not accessing coordinated entry. The team works to ensure that those not willing to enter coordinated entry are assessed through a parallel process that involves building relationships and assessing vulnerability in-person and over time.

The HRT will be integral to assuring that the CES process includes an “eyes-on” approach to evaluating the list and ensuring that the most vulnerable are accurately represented and considered first for housing placement.

## **PART II – Tenant Outreach, Engagement, and Retention Strategies**

*Services in the NPLH Program must be voluntary, flexible, and individualized so that NPLH tenants may continue to engage with supportive services providers, even as the intensity of services needed may change. Adaptability in the level of services should*

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

**Overview:** NPLH tenants will have access to supportive services in a variety of locations, including an on-site supportive services center. Services will be offered in a manner consistent with tenant choice and customized to individual needs. Tenants services are built around the philosophy that the Tenants themselves can make the decision on what supports and resources they will need to achieve goals and live independently. Nevada County Behavioral Health and Turning Point Community Programs (contracted FSP provider) are committed to the principles of the “self-help” and “consumer-driven” models of outreach and engagement. Staff, clinicians and Personal Service Coordinators are trained in Assertive Community Treatment (ACT) which values the tenants own capacity to achieve independence and rehabilitate and recover from long term Homelessness. With added support from Peer Support Specialists, Hospitality House shelter staff, and other community-based providers, tenants will have multiple options for supportive services and multiple options for engagement all centered around the goal of tenant housing stability and retention.

**Lead Service Provider:**

**Nevada County Behavioral Health (NCBH)** - As the lead service provider for mental illness and substance abuse services in the County, NCBH employs Personal Service Coordinators who will assist NPLH tenants in a variety of areas including initial assessment, linkage to mental and physical healthcare, life skills, medication management and consultation related to any other pursuits or goals outlined by the clients in their personalized service plan. NCBH PSC's will have access to office spaces at the the onsite supportive services center. NCBH PSC's will work closely with peer supportive service providers, NCBH substance use staff and treatment organizations, NCBH nursing staff and psychiatrists, and other community-based homeless service providers to coordinate tenant supportive services and assist them in accessing a wide range of community-based resources.

Currently, PSCs provide case management services and linkage for many highly vulnerable, chronically homeless individuals. PSC's work to engage clients where they are at and take the lead in delivering services to PSH clients in their homes, at NCBH offices or at community locations of the tenant's choice. PSC's and other NCBH staff are trained to employ a variety of EBPs including Motivational Interviewing, Cognitive Behavioral Therapy, and Trauma Informed Care when working with clients.

As noted above, the primary criteria for tenant selection into NPLH units will be through the CES process, based on vulnerability but existing, highly-vulnerable, NCBH-engaged clients who meet the NPLH target population requirements will receive special consideration for placement and NCBH PSC's will work to complete all necessary verifications including reviewing the vulnerability assessments for accuracy.

## **Contracted Service Providers:**

### **Turning Point Community Programs (TPCP)/Full Service Partnership (FSP)**

**provider** - Nevada County Behavioral Health retains Turning Point Community Programs as its contracted FSP provider. Many FSP clients are extremely vulnerable and meet NPLH target population requirements. FSP clients are often the most difficult to house. Many FSP client are placed in PSH units funded by the County and the Department of Housing and Urban Development (HUD) and TPCP PSC's take lead on providing supportive services to these individual. Currently, the County does not have enough PSH housing to meet the need.

TPCP staff will have priority access to meeting spaces in the supportive service center where PSC and other TPCP staff can meet with tenant-clients and coordinate tenant outreach, engagement and retention activities. TPCP utilizes the Assertive Community Treatment model of service delivery and trains PSC's to use a variety of EBPs including Motivational Interviewing and Trauma Informed Care when working with FSP clients who are experiencing homelessness or who have recently been housed and will need permanent services to maintain a stable housing situation. TPCP staff will work closely with NCBH staff and a variety of community-based homeless service providers as part of the HRT. TPCP staff includes a psychiatrist and Substance Use Disorder (SUD) expert.

While vulnerability scores will be a primary metric for prioritization on the NPLH units, homeless FSP-engaged clients will receive special consideration and FSP case managers will work to complete all necessary verifications including reviewing the vulnerability assessments for accuracy.

### **Advocates for Mentally-Ill Housing (AMIH)/Property Manager – AMIH**

*(INSERT PM overview and contribution to SSP)*

**SPIRIT Peer-Support Services** – SPIRIT Peer Empowerment Center are contracted to provide a variety of peer support services to homeless residents of Nevada County. SPIRIT will utilize the onsite supportive service center to offer free peer support services and assist individual experiencing homeless in a variety of life domain areas including understanding and managing symptoms and mitigating mental health crisis. SPIRIT will also offer regular trainings to NPLH tenants become peer supporters.

Essential to SPIRIT service is the one-on-one development of a Wellness Recovery Action Plan (WRAP). These plans are created by individuals in crisis in coordination with Peer Supporters at the center or at location of the client's choice. The WRAP plans are centered around recovery and whole person health.

SPIRIT will work closely with NCBH and TPCP as well as well as case managers at the local shelter program, Hospitality House, to provide access to peer support service

options onsite. Many of the most vulnerable homeless residents of Nevada County currently access SPIRIT at their Peer Empowerment Center and relationships built over years of interactions with these individuals will be key to ensuring that tenants have access to case management and supportive services that are familiar and peer-centered. SPIRIT peer supporters will participate in case management meetings that include property management staff, offering a peer-centered perspective to development of case management plans and outreach and engagement strategies.

NCBH also contracts with SPIRIT to provide peer support trainings offsite at the Empowerment Center and to run an outreach and emergency department program offering immediate support to people in mental health crisis who are in any number of community locations including the emergency room or the Crisis Stabilization Unit (CSU) located at the Hospital.

The proposed project will include office spaces and a conference room for SPIRIT to conduct peer support activities and trainings on-site at the supportive services center. SPIRIT's main service center is located one (1) mile from the proposed project site and is currently well known and sought out by individuals in the homeless community who do not access Turning Point or Behavioral Health services. The center allows them to access some essential services and speak with peer supporters.

### **Collaboration and Coordination:**

Behavioral Health, TPCP-FSP and AMIH staff meet weekly to review case information for tenants housed in the County's PSH projects. Currently, the County has 33 PSH units at 4 scattered sight locations. These case and tenant conference meetings will be expanded to include the NPLH units in the proposed project. The meetings will provide an opportunity for regular review of tenants living needs, coordination of outreach, and an assessment of the tenant's current service needs. These meetings are built on a strength-based, client centered approach where collaboration between the service providers and property management staff is used to ensure that the tenants have the needed services to stay housed and thrive. This team currently works to prioritize candidates for vacant PSH slots utilizing the vulnerability tool. PSH currently operates as Housing First model therefore, engagement in services is not a requirement for the housing units.

Nevada County has an impressive list of experienced homeless service providers (contracted and non) who serve the homeless residents of the county. To expand service coordination and build capacity the County facilitates the Housing Resource Team (HRT), a Multi-disciplinary team that unites these entities on a bi-monthly basis to review the By-name list and coordinated outreach, engagement, and retention activities. This team incorporates staff from Behavioral Health, Turning Point, the local domestic violence organization, housing case managers from the local shelter, Veterans Services office, CalWORKS Housing Support Program staff, FREED-Center for Independent Living, AMIH staff, SPIRIT, and the regional hospital. This highly collaborative team

works to assess program eligibility, leverage client relationships with various service providers seeking a “best-fit” approach, conduct outreach, creatively braid funding and program resources, engage potential landlords, and build capacity to serve the most vulnerable. The HRT meets at the local shelter but will move the meeting to the onsite supportive service center upon completion.

The HRT also provides opportunities, funded by the County, for members to attend skill-building trainings to build skills and improve outcomes. All HRT members participate in HMIS and have developed a Release of Information (ROI) forms that covers the coordination between members of the team.

### **Summary of strategies for Outreach, Engagement and Retention:**

Strategy one: Maximum flexibility for where tenants can receive services (On-site, community-based locations, mobile).

- All essential services will be accessible on site at the supportive services center. Dedicated office spaces will be provided to service coordinators allowing NPLH tenants to access supportive services including therapy, medication management, life skills and peer services, in person and, if needed, one-on-one. In the event that tenants would prefer an office visit, both Turning Point and Behavioral Health offices are located 1.7 miles from the proposed project and on bus lines easily assessable by tenants. It is an existing practice to have service coordinators work with tenant-clients to arrange for transportation to and from appointments which includes service coordinators own vehicles if needed. Both locations offer psychiatric and therapeutic appointments, group therapy sessions and peer services. Personal Service Coordinators (PSCs) for FSP tenants are accessible 24/7 while NCBH clients have access to services 5-days a week, 8am-5pm along with a 24/7 crisis intervention line that connect tenants to services and triage 24/7. PSC’s from both TPCP and NCBH also offer mobile services and can meet tenants in their homes or at community locations that tenants could decide.

Strategy two: Leverage existing service provider relationships and peer supportive services.

- Many FSP and NCBH clients are currently homeless and engaged in services. Even with supportive services they remain highly vulnerable and lack accessible housing. TPCP and NCBH currently coordinate with peer supporters to ensure that mutual clients have access to a trusted person for crisis situations, physical and mental health appointments and any other supportive services based on the client’s needs. NPLH tenants will have the option of working with providers whom they have relationships with or a team of providers that have worked with clients in a variety of settings. Leveraging relationships will be key to outreaching to tenants, providing effective engagement and delivering exceptional services capable of keeping tenants housed and supported to achieve goals.

Strategy three: Multi-disciplinary teams to outreach, engage and coordinate tenant services

- NCBH and the FSP provider currently meet weekly to review housing plans and coordinated outreach and engagement to clients who are in the County's HUD-funded permanent supportive housing programs. Twice a month, the Housing Resource Team (HRT) expands that number of service providers at the table to include peer supports, domestic violence organizations, shelter case managers and other providers. Utilizing a multi-disciplinary approach, these teams can leverage the collective knowledge and experiences of agencies from across the continuum of care to deliver timely and tenant-sensitive case management centered around tenant goal. Through regular, weekly review of tenant housing plans, service needs, and identified goals, these MDTs will work to ensure that tenants have a full scope of appropriate services available and expand capacity to deliver wrap-around services that meet the tenants needs where they are at.

Strategy Four: Offer different levels of support based on the Tenant needs

- MDTs also will allow for service providers to ensure that tenants are receiving the right services according to the tenants needs and that those services can change and adapt according to the tenants needs. As symptoms and life circumstances fluctuate, close collaboration will ensure that the tenant has the supports that are needed as the needs change.

Strategy Five: Utilize day services center to host weekly recreational, educational, and community engagement events

- The on-sight supportive services center will provide weekly recreational activities, group therapy, Substance use treatment groups, disability advocacy, and tenants-centered life skills groups. The supportive services center is envisioned as a navigation center, open to homeless residents of Nevada county with additional "Low-barrier transitional" housing on the second floor. All too often, those who are chronically homeless struggle to adjust to being housed, siting the need to remain connected to social and peer supports, friends and identified family who continue to struggle with homelessness. The proximity of the supportive services center to the housing units will allow tenants to remain connected while they move through their recovery. The opportunity for tenants to utilize their own lived experiences and to provide the space for tenants to choose to engage in the daily activities of the Center in a variety ways will help tenants to gain stability and, if desired, model their progress to their peers.

Strategy Six: Housing First and tenant retention practices:

## PART III – List of Services

*Pursuant to §203(c) and (d), identify all required services, and any other services that are encouraged to be part of the SSP, in the table below. Provide a detailed description of each service to be offered, the frequency of each service, the proposed service provider, location, and general hours of availability of the services.*

**Case Management** – Case Management services will be coordinated by County Behavioral Health staff and its contracted FSP provider in conjunction with the property manager, AMIH. Case management activities will include assessment, individualized services and support plans, crisis intervention, tenant/client advocacy, housing plan development, linkage and consultation, substance abuse evaluations and referral, employment assistance, and benefit assistance. All tenants will have access to a 24/7 crisis triage line. Additional case management coordination will occur as needed at the bi-monthly Housing Resources Team (HRT).

**Peer support services** – Through contracted partnerships with both the SPIRIT Peer Empowerment Center and Advocates for Mentally-ill Housing, NPLH tenants can access peer support services both onsite and in the community. Peer Support Specialists will be engaged in the HRT meetings. NPLH tenants will have the option of receiving case management and support services from SPIRIT Peer Support Specialists if they do not wish to engage with PSC's. SPIRIT will be provided space to host various peer support groups throughout the week at the supportive services center (i.e. music peer support groups, creative expressions, recreational activities, anxiety & depression support groups, etc.).

The property manager, AMIH, will also provide optional Peer Supporters (PE) to tenants with a focus on household management skills, financial management, good neighbor practices and other areas related to adjustments the tenants are making after being housed.

**Mental Health Care** – The on-site supportive services center will have prioritized meeting and appointment rooms for personal services coordinators, psychiatrists and therapists to meet with tenants and provide consultation, therapy sessions, and/or medication assessments. Space will also be prioritized for community groups (NAMI, New Directions, others) to host weekly mental health focused activities. Residents of the NPLH supported units will also be eligible to receive psychiatric services and evaluations at either the Nevada County Behavioral Health (NCBH) location or at the Turning Point (contracted FSP provider) location located next door to NCBH. Tenants will be offered medication outreach services for prescription medication management that can be delivered directly to the tenants. In addition, a part-time Behavioral Health therapist will be on-site during the day, Monday through Friday, at the supportive services center.

**Substance use services** – Nevada County has entered into the Drug Medi-Cal Organized Delivery System (ODS) waiver, greatly expanding access to Substance Use Disorder (SUD) treatment services. All tenants in assisted units will be able to access

either outpatient or inpatient substance use treatment based on their assessed necessary level of care. Nevada County will take lead on assessment for SUD services and through a partnership with Community Recovery Resources (CoRR) will coordinate referral to inpatient facilities and/or various outpatient services. Common Goals Inc. runs daily groups on an outpatient basis. The on-site supportive services center will provide meeting spaces for weekly substance use support groups and other SUD support activities. There will also be prioritized office space for County provided SUD assessment and screening. For tenants engaged in Medication Assisted Treatment (MAT), Aegis has a clinic located 1.5 miles from the proposed housing complex. Furthermore, our local FQHC, Western Sierra Medical Clinic (located .2 miles away) offer MAT services.

**Linkage to physical health care** – All local FQHCs are within 2 miles of the proposed project site and accessible by public transportation with a bus stop located .1 miles from the proposed NPLH project site. Specifically, Western Sierra Medical Clinic (FQHC) is located just 0.1 miles from the proposed project site. Tenants who are receiving case management services through Nevada County Behavioral Health, Turning Point or who are engaged in benefit advocacy through FREED will be able to coordinate transportation to physical health care services through their personal services coordinator or disability advocacy service provider. Additionally, personal services coordinators and staff at the on-site supportive services center will work with tenants to schedule transportation to appointments through the provision of bus passes for qualified purposes or via coordination of the Logisticare service, that are covered by both managed care plans offered in our county.

**Benefits counseling and advocacy** – SSI/SSDI benefits advocacy will be accessed by SOAR trained staff at FREED. SOAR trained staff at FREED will be available daily and on-site at the supportive services center weekly for assistance with disability applications and transportation coordination for evaluations and other required appointments related the disability determination process.

County Department of Social Services (DSS) eligibility staff can be accessed at the supportive services center weekly and will provide services related to medical MediCAL, CalWORKs, and CalFRESH applications.

**Basic housing retention skills** – For NPLH tenants who are engaged with case management services, ongoing housing retention work is a central service provided by the Personal Service Coordinators. The on-site supportive services center operated by the development partner (Hospitality House) will offer the Ready to Rent curriculum to all incoming tenants with refresher courses offered throughout the year. Also expand to include references to AMIH/property management activities laid out in PM plan)

**Services for co-occurring mental and physical** – FREED offers recurring support groups for co-occurring mental and physical disabilities. CoRR will offer tenants support for co-occurring mental and substance use disorder services utilizing the Living in



Balance Co-Occurring Disorder Curriculum. Turning Point offers co-occurring mental and substance use disorder services through their RISE support group.

**Recreational and Social Activities** – Weekly social activities will be offered at the supportive services center located on the same site as the NPLH units. These activities will encourage group interaction and social connection and will be organized by a variety of social services organizations. Tenants who are engaged in case management services will also be offered the opportunity to engage in a wide variety of recreational and social activities coordinated by their personal services coordinators (i.e. bowling, basketball, camping, group dinners, etc).

**Educational services** – Tenants engaged in case management services will receive support with education if this is an identified tenant goal (i.e. online college courses, community college courses, GED).

**Employment services** – Tenants engaged in case management services will receive support with obtaining employment if this is an identified tenant goal; Hospitality House has a culinary training program which can be offered to tenants currently at the Hospitality House shelter but may be offered at the on-site supportive services center; Tenants will be able to become a certified peer support specialist through free 8-12 week trainings at either SPIRIT Peer Empowerment Center or New Directions.

**Access to other services** – Food Services: Interfaith Food Ministry & Nevada County Food Bank provide free food distribution to low-income residents, which will include the target NPLH population. The On-site Supportive Services Center will provide space for community-based organizations to distribute clothing and other household items to NPLH tenants as needed. Space will also be provided for basic medical care for tenants' pets.

#### PART IV – Transportation Plan

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

While it is anticipated that all essential services will be provided at the on-site day center, there will be several transportation options for tenants to access offsite services. There is a bus stop for Nevada County's local transit system, the Gold Country Stage, located 0.1 miles away from the Project Site, on the same road as the Project Site (Old Tunnel Road). The supportive services center will maintain adequate stocks of bus passes to assist tenants in covering fares if needed for qualified transportation needs. On-demand transit service called Gold Country LIFT is available to those tenants who have a disability or disabling health condition which prevents them from independently using Gold Country Stage buses some or all of the time. Tenants who are on Medi-Cal will be able to utilize Logisticare, a services offered by the managed health care plans in our

area to provide transportation to a variety of appointments including medical and mental health appointments. Assistance in accessing Lift and Logisticare transportation services will be managed by PSC's and/or supportive services center staff or volunteers. PSC's may also be able to drive their clients to various appointments as needed during normal business hours, and in some cases outside of business hours.

The Project Site is centrally located and is close to a variety of services in the surrounding Brunswick Basin. Western Sierra Medical Clinic, one of Nevada County's three FQHCs, is located on the same road as the Project Site just 0.2 miles away. There are several stores (Safeway is .4 miles from the site, Grocery Outlet is .7 miles from the site, 2 pharmacies are within .5 miles of the site) within a 1-mile radius of the Project site, as well as restaurants and convenience stores. The proposed site includes an easement connecting Old Tunnel Rd to Sutton Way. This easement will be used to develop an assessable path that will cut walking distances significantly from the project site to the Sutton Shopping Center that includes a CVS pharmacy, Safeway, and numerous restaurants, cafes and businesses.

#### PART V – Services Competency

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

- (A) Nevada County Behavioral Health and all of its contracted service providers, including the project Development Sponsor and property manager, strive to provide culturally competent services. The County's Cultural Competency and Linguistic Proficiency Work Plan is revised yearly with input from County service staff and contracted provider staff. The 2018 Plan was submitted to the Department of Mental Health Office of Multicultural Services and approved in December of 2018. The goals of the plan address regular assessment of how the County and its contracted providers are meeting objectives in the plan related to serving the following populations: Latino, LGBTQ, Seniors, Vets, Transitional Age Youth, Homeless, and Co-occurring Disorders. NCBH has a standing Cultural Competency Committee Meeting that meets every month. These meetings are attended by County Behavioral health staff and representatives from all contracted providers including the NPLH project development sponsor and the contracted property management provider. The committee reviews and evaluates cultural competency across the County's system of care by following the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
- (B) Nevada County Behavioral Health staff, triage staff, and all contracted providers, including the development sponsor and property manager have access to the two (2) language lines through AT&T and Language Line. These services provide

phone translation and, if needed, translation services for documents or direct service (in person). All documents that are provided to clients/consumers are also available in Spanish (Nevada County threshold language) and in their own language upon request. All documents that are provided to clients/consumers are also available in audio versions. NCBH has staff that speak languages other than English; Five staff speak Spanish, one speaks Russian, one psychiatrist speaks Chinese, one psychiatrist speaks Thai and one psychiatrist speaks Vietnamese. Within our contracted providers, all providers have staff that speak Spanish. Within Behavioral Health there is a staff person that has moderate fluency in American Sign Language (ASL)

Property management staff will have access to phone translation services funded by NCBH. This includes translation for written documents NPLH tenants who require assistance in communication

(C)

## PART VI – Estimated Itemized Budget

## PART VII – Collaboration of Supportive Services and Property Management Staff

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

Housing stability is a central objective of AMIH, and services provided will focus on assisting participants to remain stable in their community. Supportive service providers connecting and engaging with tenant-clients at Brunswick Commons will coordinate through the HRT to provide the necessary support so that these households will be able to overcome their previous barriers that contributed to their homelessness. Core to this program is the collaborating of supportive services and property management staff to guide residents in the following areas:

- Household management skills: managing costs. complying with the conditions of a lease.
- Understanding the consequences of lease violations and eviction prevention.
- One-on-one coaching in house cleaning; cooking and shopping; use of utilities, household appliances and plumbing; home decorating.
- Managing visitors and guests: the joy of showing off a new home; housewarming; visiting with significant others; ensuring personal space is respected by others.
- How to request that someone is added to the lease or allowed to move in.
- How to develop good relationships with neighbors.
- Maintenance: familiarity with maintenance requests and work orders; how to communicate with property management staff, what to do when the property management staff, does not follow up.
- Managing their disabilities

Issues that may emerge include house cleaning and maintenance of the unit; clinical issues related to mental illness or substance use; conflict with housemates, neighbors; timely payment of rent; and tenants' feeling of safety or comfort in their unit. These issues will be discussed in HRT meetings. Individual case managers and property management staff will decide on the most appropriate way to coordinate outreach, deliver services, and address tenants' needs and issues with tenants.

AMIH staff will respond promptly and appropriately to requests or concerns of supportive services staff. The property manager may contact supportive services staff because of difficulties with the tenant related to lease violation issues or may raise concerns if they have not seen the tenant recently or have observed patterns of behavior that concern them. Coordination between property management staff and support services is essential when issues arise to ensure that all reasonable efforts are taken to assist the tenant to maintain housing. To facilitate this collaboration, Tenants will

If a tenant violates a provision of the lease, AMIH has the right to terminate the lease. AMIH takes the following steps to prevent a lease violation from turning into an eviction:

- Lease violation notices are typically delivered directly to residents usually by the resident manager.
- When the resident manager learns of a lease violation, s/he must communicate immediately with the HRT coordinator (County) to call an emergency meeting to review the issue. The team will determine how best to address the situation.
- The identified lead supportive service provider will work with the resident to ensure that the behavior of concern is addressed.
- In some cases, it may be more appropriate for the resident manager to address the situation, especially if the problem is associated with the unit (such as property damage).
- The HRT team will develop a plan to prevent future issues and communicate that plan to the participant – conveying that any lease violation can lead to eviction.
- The team will also communicate the plan to the property manager and maintain documentation of the plan in the housing file.
- If the team is not able to resolve the issue, it may be necessary to relocate the participant or, depending upon the severity of the situation, proceed with eviction.

### **Eviction Policy**

AMIH embraces the Housing First model for serving our participant households. A few of the basic principles of this philosophy are:

- Housing is essential in order for people to address some of the factors and behaviors that led to their homelessness. For example, if someone is struggling with substance use, they are more likely to successfully manage their drug use once they are stably housed. We do not expect them to be clean and sober prior to housing placement.
- People with barriers to housing may require multiple attempts in housing before becoming stable. Just because one unit does not work out does not mean no unit will.
- If someone is not violating the terms of their lease, they should typically not be exited, even if they are not participating actively in supportive services.
- Eviction is a last resort. It is understood that the people we serve are likely to experience some challenges while in housing but exiting them from the program is a step that AMIH takes only after we determine that all other options have been exhausted or that there are no remaining opportunities for resolution.

Along these lines, we do exit people from Housing First programs, once we feel like it is a reasonable “last resort” situation. Some examples of circumstances that can lead to eviction include:

- Violence or threats toward staff or other participants.
- Abandonment of unit and total disconnection from service staff.
- Multiple, serious and irresolvable lease violations, like nonpayment of rent, disturbances in the apartment, violation of guest policies, or other circumstances that lead to landlord issuing violation notices, and for which attempts toward resolution have not been successful.
- If someone is to be institutionalized (in jail, inpatient treatment, psychiatric care, etc.) for a term longer than the term we are allowed to hold a unit.

Some of these situations may be relatively straightforward. For example, if someone commits an act of violence against a staff person, that participant would be evicted.

However, many other situations may be subjective, particularly around whether they can be resolved. For example, someone only contributing their portion of the rent some of the time or has exhibiting problematic behaviors that the resident manager is aware of but not yet issuing notices for. In some cases, those situations would warrant an exit. In others, they would not.

The following questions/guidelines are intended to help staff interpret such situations and make informed decisions about whether a eviction is appropriate. They are not intended to provide definitive/indisputable rules –resident’s situations will be decided on a case-by-case basis.

When a problem arises with a resident:

- Is the situation a violation of the lease agreement? Participant households

may display challenging behaviors, but those behaviors should typically only trigger an exit if they are violation of the lease agreement. The most common example here is refusal to participate in services. If someone does not respond to their case manager but is otherwise in compliance with the terms of their lease, they should not be exited. If someone is generally difficult and hard to deal with but pays rent and keeps to him/herself at home, they should not be exited.

However, if someone's refusal to engage with staff leads to the violation of a program rule, such as not allowing for a re-inspection of the unit or refusing to re-certify income, a eviction may be necessary for AMIH to remain compliant with program rules.

- A determination will be made if the situation is resolvable. Many situations – even those involving lease violations – can be resolved, and do not need to result in a eviction. For instance, if someone's behaviors are sufficiently disruptive as to trigger a lease violation, program staff may be able to work with him/her to mitigate the behaviors, such that the person can remain housed. Alternatively, the behaviors may be less disruptive in another unit, so it may be possible to move the person without terminating them. If a resolution is legal, feasible, and acceptable to both the participant and the AMIH, then resolving the issue will be the goal before proceeding with eviction.
- Have prior attempts been made to resolve the situation, without success? While some situations can be resolved after one or two attempts, it is not expected that program staff continue to try to resolve a problem that never get fixed. For example, it might be reasonable to re-locate someone to another unit if they have continual problems with their neighbors that cannot be resolved. However, if that person continues to have problems with neighbors after multiple relocations, it may be more appropriate to find a different type of housing or program.
- Does this person have any other options? Even when the decision is made to terminate someone, it may be possible to make other arrangements that are better than exiting someone into homelessness. Does this person have any friends or family that may be able to house them for a while? Is this person needing a higher level of care?

If a resident must be terminated, s/he must receive written notice containing a clear statement of the reasons for eviction, as well as the opportunity to discuss the eviction with someone other than the staff member who made the initial eviction determination.

## PART VIII – Communication Protocol

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

## PART IX – Project Physical Design

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