

MHSA Housing Program

Project Name:

Reviewer:

Project Sponsor:

	Requirement Met	Requirement Not Met	DMH Instr. Page No.	Comments	County Ap. Page No.
<b>4.2.1 Project Overview</b>					
<b><u>Development Summary Form – Attachment I</u></b> Is attachment I , the Development Summary Form attached? Is every question answered?	<input type="radio"/>	<input type="radio"/>	_____		_____
<b>Development Description-</b> Does the narrative Development Description include a <b><u>thorough</u></b> discussion of the proposed development that includes:  (1) The housing and service goals of project.  (2) The characteristics of tenants served. a. Type of housing to be provided (i.e., rental, shared, apartment, condominium, single family dwelling, other).  (3) How buildings in which housing and services are provided will meet the housing and service needs of the tenants.  (4) Primary Service Provider information  (5) Other Development Partners information  (6) Development financing	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____		_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	<input type="radio"/>	<input type="radio"/>	_____		_____

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<b>4.2.5 Section D: MHSA Housing Program Supportive and Service Information</b>	○	○			
<p><b>D.1.</b> Does the application describe how the proposed supportive housing development is consistent with the sponsoring county mental health department's CSS planning process and approved Three-Year Program and Expenditure Plan?</p> <p>Does the application provide specific information regarding how the development meets priorities and goals that were identified in the Plan?</p>	○ ○  ○	○ ○  ○	_____   _____		_____   _____
<b>D.2.</b> Does the application describe the target population to be served in the MHSA Housing Program supportive housing development, including the special needs and income level of the population?	○ ○	○ ○	_____		_____
<b>D.3. Tenant Selection Plan</b> – Does the application present a detailed Tenant	○	○			

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<p>Selection Plan in narrative form that demonstrates it was jointly developed by the development partners including:</p> <ul style="list-style-type: none"> <li>• The county mental health department</li> <li>• The primary service providers</li> <li>• The property manager</li> <li>• The borrower</li> </ul> <p>Does this narrative describe:</p> <p>A. How prospective tenants will be referred to and selected for the MHSA Housing Program housing project including:</p> <ul style="list-style-type: none"> <li>• the tenancy application process</li> <li>• wait list procedure</li> <li>• process for screening and evaluating tenants for participation,</li> </ul> <p>B. The criteria that will be used to determine a tenant's eligibility for participation in the development?</p> <p>C. How those criteria are consistent with both the County CSS Plan and MHSA Housing Program target populations?</p> <p>D. The reasonable accommodation policies and protocols as they relate to targeting and tenant screening?</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p>_____</p>		<p>_____</p>

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E. How fair housing and MHSA Housing Program target population requirements will be met?			---		---
F. The appeals process for individuals who are denied tenancy in the development?	<input type="radio"/>	<input type="radio"/>	---		---
G. Is a copy of the County Mental Health Department's "Tenant Referral and Certification" attached?	<input type="radio"/>	<input type="radio"/>	---		---
<i>Process</i> Does the Certification Process description include:	<input type="radio"/>	<input type="radio"/>	---		---
<ul style="list-style-type: none"> <li>How an individual applies to the county to become certified as eligible for the MHSA Housing Program?</li> </ul>			---		---
<ul style="list-style-type: none"> <li>The process utilized by the county mental health department to determine whether the individual meets its requirements for certification as an MHSA Housing Program tenant?</li> </ul>	<input type="radio"/>	<input type="radio"/>	---		---
<ul style="list-style-type: none"> <li>How a wait list procedure for potential tenants who have been certified as eligible for the MHSA Housing Program will be established and maintained?</li> </ul>	<input type="radio"/>	<input type="radio"/>	---		---
<ul style="list-style-type: none"> <li>Does narrative describe how the county mental health department will refer tenants certified as eligible for the development during both: <ul style="list-style-type: none"> <li>the "rent-up" period (initial populating), and,</li> <li>as an ongoing process?</li> </ul> </li> </ul>	<input type="radio"/>	<input type="radio"/>	---		---





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<p>consumers. If this is <i>not</i> part of the service delivery approach, is the <u>required explanation</u> provided?</p> <p>D. A description of strategies for engaging community life? tenants in supportive services and</p> <p>Does this narrative describe the anticipated frequency of contact between supportive services staff and MHSA Housing Program tenants. (A tenant's participation in MHSA services <u>may not</u> be a condition of occupancy in MHSA Housing Program-funded permanent supportive housing units.</p> <p><i>Note: Certain federal housing subsidy programs may impose service participation or other requirements as a condition of receiving the subsidy funds. MHSA Housing Program funds may be provided to such developments. However, <u>regardless of the subsidy source, response should include engagement strategies that provide opportunities for tenant choice</u>).</i></p> <p>E. The plan for communication between the service provider and property management regarding the status of tenants in development and any building and/or community issues that need attention attached?</p> <p>Does this plan include:</p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>











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<p>Has the applicant:</p> <ul style="list-style-type: none"> <li>• Identified and described all developments in which the primary service provider has provided services to tenants with serious mental illness?</li> <li>• Specified experience in providing supportive services designed to assist tenants with serious mental illness to retain their housing in housing developments?</li> </ul> <p>For each development, has the applicant included:</p> <ul style="list-style-type: none"> <li>• The name of the development</li> <li>• The number of units targeted to tenants with serious mental illness</li> <li>• The services provided</li> <li>• The period during which the primary service provider delivered services to development tenants</li> <li>• The number of unduplicated tenants served annually</li> </ul> <p><b>Note:</b> <i>If the county mental health department has not designated a primary service provider at the time of application, the county will be considered the primary service provider for purposes of responding to this item. If the county submits information under this item as the primary service provider, final identification of a primary service provider, with an updated item D.11 submission reflecting that provider's experience and</i></p>	<p style="text-align: center;">○</p>	<p style="text-align: center;">○</p>	<p style="text-align: center;">_____</p>		<p style="text-align: center;">_____</p>

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<i>qualifications, will be a condition of loan closing.</i>					
<p><b>D.16. Summary and Analysis of Stakeholder Input</b></p> <p>Has the applicant submitted documentation of the local review stakeholder process that includes:</p> <ul style="list-style-type: none"> <li>• A description of the methods used to circulate the Project Overview and Items D.1 through D.5 for the purpose of public comment</li> <li>• Proof of posting of the Project Overview and Items D.1 through D.5</li> <li>• A summary and analysis of any substantive recommendations</li> <li>• If applicable, a description of any substantive changes made</li> </ul>	<p>○</p> <p>○</p> <p>○</p> <p>○</p> <p>○</p>	<p>○</p> <p>○</p> <p>○</p> <p>○</p> <p>○</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

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