## **Supportive Services Chart**

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

Supportive Service		Target Population	Service Provider(s)	Service Location
List each service separately (e.g., case management, mental health services, substance abuse services, etc.)		Name the target population(s) that will be receiving the supportive service listed.	List the name of the proposed service provider.	Indicate where the service is to be provided - onsite or offsite. For offsite services, indicate the means by which residents will access the service.
1	Case Management	TAY, Adults	Provider	On-site and off-site
2	Development of Integrated Treatment Plan	TAY, Adults	Provider	On-site and off-site
3	Peer mentoring/support	TAY, Adults	Provider	On-site or off-site (transportation provided as needed)
4	Referrals to other services and programs	TAY, Adults	Provider	On-site or off-site (transportation provided as needed)
5	New tenant orientation/move-in assistance/tenant rights education	TAY, Adults	Provider	On-site primarily
6	Assistance with groceries as needed	TAY, Adults	Provider	On-site or off-site (transportation provided as needed)
7	Social Skills Development	TAY, Adults	Provider	On-site or off-site (transportation provided as needed)
8	Independent living skills: budgeting, grocery shopping, meal preparation, housekeeping, self-care, furnishing unit	TAY, Adults	Provider	On-site or off-site (transportation provided as needed)
9	Recreational/socialization opportunities	TAY, Adults	Provider	On-site or off-site (transportation provided as needed)

## **MHSA Housing Program Shared Housing Application**

## **ATTACHMENT C**

10	Crisis intervention	TAY, Adults	Provider	On-site or off-site (transportation provided as needed)
11	Comprehensive Assessment	TAY, Adults	Provider	Off-site (transportation provided as needed)
12	Psychiatric Services, Evaluation and Re- Evaluation	TAY, Adults	Provider	Off-site (transportation provided as needed)
13	Mental Health Services	TAY, Adults	Provider	On-site or off-site (transportation provided as needed)
14	Individual and Group Psychosocial Rehabilitation	TAY, Adults	Provider	On-site or off-site (transportation provided needed)
15	Medical services, referrals and linkages	TAY, Adults	Provider	Primarily off-site (transportation provided as needed)
16	Job Readiness, training, and employment counseling	TAY, Adults	Provider	Primarily off-site (transportation provided as needed)
17	Education Support	TAY, Adults	Provider	Primarily off-site (transportation provided as needed)
18	Transportation including training in use of public transportation	TAY, Adults	Provider	On-site or off-site

Primary Service Provider:	Orange County Health Care Agency Provider

(Indicate the primary service provider, i.e., entity responsible for providing services to the tenants of the MHSA Housing Program units, and for overall implementation of the Supportive Services Plan, including coordination between multiple service providers where applicable.)