

SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM
3.48
(ID # 4762)

MEETING DATE:

Tuesday, July 25, 2017

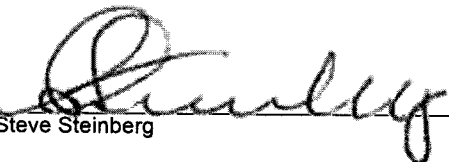
FROM : RUHS-BEHAVIORAL HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH: Ratify the Cooperative Agreement Between the Riverside University Health System - Behavioral Health (RUHS-BH); Hyder & Company; Perris Family Apartments and Telecare Corporation to Provide Supportive Permanent Housing Services in Connection with Mental Health Services Act (MHSA) Housing Program. (District: 5) [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and authorize the Chairman of the Board to sign the Cooperative Agreement between RUHS-BH; Hyder & Company; Perris Family Apartments and Telecare Corporation; and
2. Authorize the Director of RUHS-BH to sign annual renewals and/or subsequent ministerial agreements between RUHS-BH and all parties of the Cooperative Agreement.

ACTION:


Steve Steinberg 7/11/2017

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Jeffries, seconded by Supervisor Tavaglione and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None
Date: July 25, 2017
xc: RUHS-Behavioral

Kecia Harper-Ihem
Clerk of the Board

By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$0	\$0	\$0	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: N/A			Budget Adjustment:	No
			For Fiscal Year: 17/18	

C.E.O. RECOMMENDATION: [CEO use]

BACKGROUND:

Summary

On January 26, 2016, (3-23), the Board of Supervisors approved the Cooperative Agreement between the RUHS-BH, Hyder & Company, Perris Family Apartments and Anka Behavioral Health, Inc. to provide Supportive Permanent Housing Services in connection with Mental Health Services Act (MHSA) Housing Program. RUHS-BH had partnered with Anka Behavioral Health, Inc, Hyder & Company and Perris Family Apartments L.P., owned by Coachella Valley Housing Coalition, to provide fifteen (15) supportive housing units within their seventy-five (75) unit affordable housing community. The supportive housing units served adults, transition age youth, children and families, who are very low income and are experiencing severe and persistent psychiatric problems.

Effective, July 1, 2017, Telecare Corporation will be the new contractor providing Full Service Partnership (FSP) services, in partnership with RUHS-BH, at the Perris Family Apartments, therefore a new cooperative agreement is required to establish the roles and responsibilities of Telecare, RUHS-BH and the respective property management companies and ownership entities.

Impact on Citizens and Businesses

These services are a component of the Department's system of care aimed at improving the health and safety of consumers and the community.


Gregory L. Priamos, Director County Counsel

7/12/2017


Christopher Hans

7/17/2017

COOPERATIVE AGREEMENT

PARTIES:

**COUNTY OF RIVERSIDE
for
RIVERSIDE UNIVERSITY HEALTH SYSTEM –
BEHAVIORAL HEALTH**

AND

TELECARE CORPORATION

AND

HYDER & COMPANY

AND

PERRIS FAMILY APARTMENTS, L.P.

TYPE OF SERVICE:

**MANAGEMENT OF FIFTEEN UNITS OF
SUPPORTIVE PERMANENT HOUSING WITHIN
AN AFFORDABLE HOUSING PROJECT KNOWN
AS PERRIS FAMILY APARTMENTS**

THIS COOPERATIVE AGREEMENT, hereinafter referred to as AGREEMENT, is entered into by and between the County of Riverside, California (hereinafter "COUNTY") for Riverside University Health System – Behavioral Health (hereinafter "RUHS - BH"), TELECARE CORPORATION (hereinafter TELECARE), Hyder & Company (hereinafter "HYDER") and Perris Family Apartments, L.P. (hereinafter "PARTNERSHIP") for the management of fifteen units of supportive housing within a 75 unit affordable housing project known as Perris Family Apartments (hereinafter "PROJECT"), and is based on the following representations and statements of purpose:

WHEREAS, the California Department of Health Care Services ("DHCS"), formerly the California State Department of Mental Health, had previously allocated \$133,333,700 in Mental Health Services Act (MHSA) funds statewide to develop permanent supportive housing for extremely low-income people with psychiatric disabilities or serious emotional disturbance; and

WHEREAS, DHCS had allocated a maximum of \$19,077,100 of MHSA Funding to Riverside County to invest in housing development for adults, transition age youth, and children and families who are eligible to be served in RUHS – BH designated Full Service Partnership (FSP) type programs due to experiencing serious psychiatric disabilities and/or emotional disturbance and are homeless, at risk of homelessness and/or have been inadequately or ineffectively served in traditional treatment which has resulted in repeated psychiatric hospitalizations or incarcerations related to ineffectively treated illness(es); and

WHEREAS, RUHS – BH sought to expand the supply of acceptable, affordable housing

for eligible adults, transition age youth, and children and families with low and very-low qualifying incomes through an agreement with PARTNERSHIP; and

WHEREAS, PARTNERSHIP agreed to develop the PROJECT using MHSA funds that were allocated to RUHS – BH, which funds were held by the California Housing Finance Agency (CalHFA) on behalf of RUHS – BH, and to perform construction and related activities as described herein; and

WHEREAS, the PROJECT has been completed and opened for occupancy in 2013; and

WHEREAS, PARTNERSHIP has entered into an agreement with HYDER to manage the PROJECT and carry out the performance of the responsibilities of the PARTNERSHIP as described herein as it relates to the maintenance of the PROJECT and the leasing of the MHSA supportive permanent housing units; and

WHEREAS, RUHS – BH has entered into an agreement with TELECARE to provide various mental health services at the PROJECT;

NOW, THEREFORE, the COUNTY, TELECARE, HYDER and the PARTNERSHIP mutually agree as follows:

I. GENERAL STATEMENT OF FACTS:

The PROJECT is located at the corner of Jarvis Street and Ruby Road in the City of Perris, California. The project involves the construction, development and operation of new multi-family rental housing units on this property.

The PROJECT consists of a total of seventy-five (75) multi-family affordable rental housing units. There is one (1) manager's unit along with fifty-nine (59) units designated as affordable general population units and fifteen (15) units that are set-aside for RUHS – BH consumers certified to be eligible for MHSA supportive permanent housing, subject to applicable rules and regulations of the Fair Housing Act (Title VIII of the Civil Rights Act of 1968, as amended) (hereinafter Fair Housing Act), the California Tax Credit Allocation Committee and others, as applicable.

During the 55-year affordability period, rents on the MHSA units will be limited to the greater of: a) 30% of 50% of the Area Median Income (AMI) as defined by the Department of Housing and Urban Development and revised from time to time or b) thirty percent (30%) of fifty percent (50%) of AMI, adjusted for number of bedrooms, household size and applicable utility allowances, as specified by the MHSA Regulatory Agreement and applicable MHSA and RUHS – BH rules and regulations.

The PROJECT includes one (1), two (2) and three (3) bedroom rental units of which 14 one-bedroom units and 1 two-bedroom unit will be made available to MHSA qualified tenants and will be located throughout the PROJECT and not clustered into a defined area or building.

The PROJECT is fenced and gated and includes a 2,500 square foot community building.

The PROJECT provides on-site management with a 24 hour emergency number posted, automobile entry gates, perimeter fencing and pedestrian gates. Common area security cameras are located throughout the PROJECT. Each unit includes Energy Star® rated appliances and equipment, including central heating/cooling, dishwashers, continuous cleaning gas range/oven and hood fan, garbage disposal, and a refrigerator/freezer. Units also include private patio or balconies (depending on floor level) and outdoor storage facilities along with wall-to-wall carpeting, blinds and pantry cabinets.

The PARTNERSHIP and RUHS – BH developed and submitted an application for MHSA permanent supportive housing funds for approval to DHCS and CalHFA for a total MHSA Housing Permanent Loan of \$2,497,992. The application was approved, funds were been disbursed, and a MHSA Housing Permanent Loan has been provided to PARTNERSHIP.

II. DUTIES AND RESPONSIBILITIES:

- A. GENERAL. All parties agree that diligent efforts should be made to keep open lines of communication and to ensure mutual accountability in carrying out each of the separate roles and functions of each party. All parties agree to do the following:
1. Share contact information of key staff involved with the PROJECT with each other and within each respective organization. Contact information should include e-mail and telephone contacts and fax numbers and shall be updated annually.
 2. Share written policies, procedures and forms for filing complaints, grievances and incident reports relating to the PROJECT.
 3. Conduct ongoing trainings and provide guidance to staff regarding maintenance of confidentiality and include confidentiality as a work performance expectation for all appropriate job classifications.
 4. Conduct regular joint meetings of senior or executive management of RUHS – BH, the PARTNERSHIP, HYDER and TELECARE. These meetings will be coordinated by RUHS – BH and will occur at least two times per year, with the annual schedule established by mutual agreement at the beginning of each calendar year. Establishing and scheduling these meetings each year for the upcoming year is a condition of renewing this AGREEMENT. Refer to Exhibit B.
 5. Cooperate with each other and with the tenant to ensure that a smooth and successful move-in process takes place and that communication takes place to explain the expectations of tenancy, the availability of supportive services and the opportunities for personal and social engagement that are available at the PROJECT. In addition, parties must cooperate to arrange for the transfer and placement of the tenants' furnishings and personal property in the tenant's unit to the greatest extent possible.

6. Be prepared for security threats, emergencies and disasters in order to reduce the risk of harm to tenants and staff. This will include providing regular trainings for tenants and staff on basic safety and evacuation procedures, crisis management, conflict resolution and de-escalation.
- B. PARTNERSHIP RESPONSIBILITIES. The responsibility of constructing, operating and maintaining the PROJECT will be the sole responsibility of the PARTNERSHIP. Operating and maintaining the PROJECT shall be carried out through the services of HYDER pursuant to a separate agreement between PARTNERSHIP and HYDER or its successor.
1. The PARTNERSHIP, through the management services of HYDER, will maintain and operate all units of the PROJECT, a total of seventy-five (75) multi-family affordable housing units, of which sixty (60) will be affordable general population units and fifteen (15) shall be set-aside for RUHS – BH consumers certified to be eligible for MSHA supportive permanent housing units (subject to applicable rules and regulations of the California Tax Credit Allocation Committee and the Fair Housing Act). During the affordability period of not less than 55-years as defined herein, RUHS – BH, HYDER and the PARTNERSHIP all mutually agree that the rents for eligible MSHA tenants shall be as described in Section I.
 2. The presence of a HOME Loan Agreement or California Tax Credit Allocation Committee Regulatory Agreement or other agreements may impose other rent and income restrictions on some or all of the MSHA regulated units.
 3. The “affordability period” stated herein is defined as the term of the MSHA Loan from CalHFA.
 4. The PARTNERSHIP and/or HYDER shall be responsible for the maintenance of the common grounds of the PROJECT. The common grounds include, but are not limited to, outside and inside fixtures (excluding light bulbs), walls and other such common areas that are not regarded as part of or under the control of the tenant’s possession, landscaping, walkways, parking areas, refuse/dumpster areas, car ports the community building, irrigation systems, pool/spa, recreation areas and equipment.
 5. The PARTNERSHIP and/or HYDER shall comply with all applicable licensing regulations including, but not limited to, the requirements of any federal, state, county or local agency.
 6. The PARTNERSHIP will dedicate fifteen undesignated units that will be “floating units,” located throughout the PROJECT for pre-certified candidates of RUHS – BH. The term “floating units” refers to the fact that the designation of specific units for occupancy by MSHA eligible residents is expected to change from time to time, as MSHA and non-MSHA residents vacate units, to avoid any permanent designation of specific units as MSHA units and the labeling and presumption of those units as MSHA units. In addition, floating

units are intended to be randomly located throughout the PROJECT and not be clustered into a defined area, building or series of buildings.

7. All candidates seeking MHSA occupancy in the PROJECT who are not directly referred by RUHS – BH will be sent to RUHS – BH by HYDER for screening. This includes candidates applying directly to the PARTNERSHIP, directly to HYDER or at the PROJECT.
8. The PARTNERSHIP and HYDER shall develop and conduct PROJECT marketing in accordance with applicable funding and Fair Housing Act provisions.
9. The PARTNERSHIP and HYDER shall develop tenant selection criteria in partnership with RUHS – BH that are consistent with applicable provisions of the Fair Housing Act, Low Income Housing Tax Credit requirements and MHSA funding provisions. PARTNERSHIP and HYDER are required to understand and comply with the various income and rent requirements associated with the PROJECT. Subject to applicable Low Income Housing Tax Credit requirements, MHSA tenants should not be excluded from eligibility due to their income level. This includes a notification, appeal and reasonable accommodation process for applicants denied tenancy.
10. The PARTNERSHIP and HYDER shall consistently apply tenant selection criteria in accordance with all applicable provisions of the Fair Housing Act and/or the requirements of applicable project funder(s) when considering tenancy for all MHSA housing unit applicants.
11. The PARTNERSHIP and/or HYDER shall notify RUHS – BH within three (3) business days when an occupant of a MHSA unit leaves the PROJECT or ends his/her tenancy for any reason. Refer to Exhibit C.
12. The PARTNERSHIP and HYDER shall provide assistance needed by applicants who have been screened by RUHS – BH. Such assistance shall include, but not be limited to, arrival or first day orientation and coordination with RUHS – BH and TELECARE supportive services staff to facilitate the move-in process.
13. The PARTNERSHIP shall provide on-site office space for TELECARE Supportive services staff to conduct individual and confidential meetings with MHSA unit occupants.
14. The PARTNERSHIP, HYDER and TELECARE shall collaborate with RUHS – BH programs, including the Homeless/Housing Opportunity, Partnership and Education (hereinafter “HHOPE”) program and other supportive service provider(s), if applicable, to support tenants, resolve issues as they emerge, and monitor activities at the PROJECT to ensure that services and supports consistent with the provisions of the AGREEMENT are maintained and provided. Meetings among senior or executive management level personnel of

the PARTNERSHIP, HYDER, TELECARE and RUHS – BH program will take place no less frequently than twice a year. Refer to Exhibit B.

15. The PARTNERSHIP agrees to immediately notify RUHS – BH of any change in its legal status. Refer to Exhibit C.
16. The PARTNERSHIP agrees to provide as much notice to RUHS – BH as reasonably possible of any intention to terminate its agreement with HYDER, but not less than (30) days' notice. The PARTNERSHIP further agrees to immediately consult with RUHS - BH, upon providing such notice, about the selection of a successor to HYDER that is acceptable to RUHS – BH. Refer to Exhibit C.
17. The PARTNERSHIP shall keep RUHS – BH fully informed about information that is relevant to the successful and effective operation of the PROJECT and shall immediately notify RUHS – BH of any legal action or financial event that could materially adversely affect the PROJECT or its continuity of operations. Refer to Exhibit C.
18. The PARTNERSHIP agrees to provide an authorized representative to TELECARE, HYDER and RUHS – BH who will perform the following functions in matters pertaining to the PROJECT:
 - a. Establish policies and procedures pertaining to the PROJECT in consultation with representatives of HYDER, TELECARE and RUHS – BH.
 - b. Respond to complaints and concerns from all parties, including tenants.
 - c. Collaboratively advocate for continued funding and services for the PROJECT
 - d. Attend meetings when and as convened by RUHS – BH, including those identified in Section II A.4. Refer to Exhibit B.

C. TELECARE RESPONSIBILITIES. TELECARE is the main provider of Full Service Partnership services to MHSA tenants at the PROJECT in accordance with existing contractual arrangements with RUHS – BH and subject to the information more fully described below.

1. TELECARE will provide on-site full-service supportive services to MHSA tenants by assigning one full-time equivalent (FTE) staff member to the PROJECT. The FTE staff member will provide services on a regular schedule from Monday through Friday on regular business days and during regular business hours that comprises a 40 hours per week schedule. The TELECARE FTE staff member shall be dedicated to support MHSA tenants. Services will be provided at on-site and off-site locations and will include, but not be limited to, intensive case management, goal planning, education, training and support of life skills development, direct provision or linkage to vocational and educational services, assistance with developing and processing requests for reasonable accommodation, active linkage to medical care, mental health

assessment and treatment that includes psychiatric and medication services and linkages to psychiatric and medication services, eviction prevention, transportation, substance use services, social and community building activities, wellness and recovery groups, peer support, 24/7 tenant support, community based activities and other supports and activities that will promote tenant self-sufficiency, independence and community integration.

2. TELECARE shall be affiliated with RUHS – BH full-service programs designed to meet the needs of the MHSA consumer/tenant age groups including transitional age youth (TAY, 16 to 25 years of age), adults (ages 18 through 59) adults (ages 55-59) and older adults (age 60 and over).
3. The services provided by TELECARE under this agreement will be performed by trained and licensed staff. Regular supervision of TELECARE staff will be conducted by TELECARE. Incidents involving TELECARE staff that requires intervention of a supervisor will be reported to RUHS – BH within 48 hours of their occurrence. Refer to Exhibit C.
4. TELECARE shall provide client-level information, data, outcomes and other information on a monthly basis and as requested from time to time by RUHS – BH. The report will also include aggregated, anonymous information that outlines the number of tenants participating in services, demographics of tenants, changes in tenant status and other relevant information. Refer to Exhibits B and C.
5. TELECARE agrees to meet with a representative of HYDER and RUHS – BH (either in-person or via teleconference) on a monthly basis or more often as mutually agreed. Refer to Exhibits B and C.
6. TELECARE agrees to provide service staff that will assist tenants with the move-in process and, if a determination is made that the tenant is not ready for move-in for reasons of insufficiency of funds, lack of furnishings or other reasons, will notify RUHS – BH to coordinate a resolution.
7. TELECARE agrees to provide its staff with support and training around identifying conduct or behavioral issues of tenants that could indicate a relapse or symptom exacerbation, subject to the limitations specified in Section VIII.
8. TELECARE agrees to notify RUHS – BH whenever there is any change or discontinuation of services that could adversely affect the tenant or any conduct or behavioral issues of any tenants that could result in the termination of the tenant's lease. Refer to Exhibit C.
9. TELECARE shall help tenants find alternative accommodations if eviction or voluntary departure occurs.
10. TELECARE agrees to provide an authorized representative to the PARTNERSHIP, HYDER and RUHS – BH who will perform the following

functions in matters pertaining to the PROJECT:

- a. Establish policies and procedures pertaining to the PROJECT in consultation with representatives of the PARTNERSHIP, HYDER and RUHS – BH.
- b. Respond to complaints and concerns from all parties, including tenants.
- c. Collaboratively advocate for continued funding and services for the PROJECT.
- d. Attend meetings when and as convened by RUHS – BH, including those identified in Section II.A.4. Refer to Exhibit B.

D. HYDER RESPONSIBILITIES

1. The services provided by HYDER under this agreement will be performed by properly trained and licensed staff.
2. HYDER agrees to attend regularly scheduled meetings (either in-person or via teleconference) with TELECARE and RUHS – BH at least monthly or more often, upon mutual agreement of the parties. Records of these meetings shall be kept using the format provided as Exhibit A or a similarly constructed agenda.
3. HYDER agrees to bring current MHSA tenant information (including the current rent roll) along with information about tenant notices served, behavioral issues, delinquency notices, eviction notices, housing quality standards and other service referrals and to provide this information to TELECARE and RUHS – BH as requested and as more fully specified in Exhibit C.
4. HYDER agrees to contact TELECARE and RUHS – BH when it reasonably believes a tenant's health, safety or housing are at risk. Refer to Exhibit C.
5. HYDER agrees to work closely with the authorized representative of the PARTNERSHIP to handle issues at the PROJECT site, when appropriate.
6. HYDER shall ensure that its staff members working at the PROJECT are aware of the roles, responsibilities and personnel of HYDER, TELECARE and RUHS – BH. HYDER also agrees to ensure that all on-site staff are trained about when to call police and emergency responders and when to communicate with their supervisors, TELECARE and RUHS – BH in the event of an emergency.
7. HYDER agrees to notify TELECARE and RUHS – BH whenever it becomes aware of conduct or behavioral issues of any MHSA tenant(s) that could result in the termination of the tenant's lease. Refer to Exhibit A.
8. HYDER agrees to notify TELECARE and RUHS – BH of the processing of notices, responses and court dates relating to any eviction proceeding and, if

eviction is successful, notification of the lockout date. Refer to Exhibits A and C.

9. HYDER agrees to provide an authorized representative to the PARTNERSHIP, TELECARE and RUHS – BH who will perform the following functions in matters pertaining to the PROJECT:
 - a. Establish policies and procedures pertaining to the PROJECT in consultation with representatives of the PARTNERSHIP, TELECARE and RUHS – BH.
 - b. Respond to complaints and concerns from all parties, including tenants.
 - c. Collaboratively advocate for continued funding and services for the PROJECT
 - d. Attend meetings when and as convened by RUHS – BH, including those identified in Section II.A.4. Refer to Exhibit B.

E. RUHS – BH RESPONSIBILITIES

1. RUHS – BH will screen for MHSA housing eligibility for all candidates referred to RUHS – BH for housing from RUHS – BH programs or referred by TELECARE or by the PARTNERSHIP.
2. RUHS – BH will establish and maintain a centralized certification of eligibility for MHSA housing process and waiting list of certified applicants.
3. RUHS – BH will be responsible for ensuring that coordination and implementation of provisions of the AGREEMENT are achieved and maintained. This includes coordinating meetings no less than two times per year among senior or executive management level personnel and collaborating with the PARTNERSHIP, TELECARE and HYDER to develop PROJECT policies and procedures as issues emerge.
4. RUHS – BH shall provide 24/7 support HYDER to facilitate timely resolution of tenant issues and to ensure effective coordination with RUHS – BH program provider(s). Refer to Exhibit B.
5. RUHS – BH shall be responsible for recording, tracking and reporting all PROJECT performance outcome data to DHCS as required. RUHS – BH is also responsible for submitting an annual Supportive Services Budget and staffing ratio report to State DHCS for review and approval.
6. RUHS – BH agrees to work with TELECARE and HYDER to ensure a high quality of supportive housing services for MHSA tenants.
7. RUHS – BH will provide notification to TELECARE and HYDER as new policies and guidance relating to the PROJECT are provided by DHCS.

III. PRIOR RUHS – BH APPROVAL

- A. RUHS – BH shall review and approve in advance all special needs and reasonable accommodation plans relevant to the needs of MHSA tenants as prepared and submitted by HYDER and TELECARE. Revisions and changes are to be submitted to RUHS – BH by PARTNERSHIP and HYDER as applicable. Refer to Exhibit C.
- B. RUHS – BH notification and approval is required for any material change in the execution of services by HYDER under this agreement and for any action that could result in the termination, suspension or discontinuity of services provided by HYDER.

IV. TERM OF AGREEMENT

The term of this Agreement shall commence upon execution and shall expire at the conclusion of the permanent loan with CalHFA, unless sooner terminated or extended, in whole or in part, to ensure that this Agreement is in effect throughout the life of the permanent loan.

For the duration of this AGREEMENT, all applicable Parties agree that this document will be renewed annually in January of each year by mutual, written consent and signatures by all parties involved. Approval will be evidenced by execution of the Annual Renewal Agreement provided as Exhibit B. The Director of the Riverside University Health System – Behavioral Health, or his or her designee, has the delegated authority and is authorized to extend the term of this AGREEMENT.

V. REIMBURSEMENT/PAYMENT

The PARTNERSHIP and RUHS – BH agree that there will be no exchange and/or receipt of payment from or to the PARTNERSHIP, HYDER, or RUHS – BH associated with or for the fulfillment and performance of the duties and responsibilities specifically and expressly outlined in this AGREEMENT, other than the management fee provided to HYDER through its agreement with the PARTNERSHIP. Funds to be used as a subsidy from time to time for MHSA residents will be obtained from RUHS – BH funds provided to and maintained by CalHFA.

VI. TERMINATION OF THE AGREEMENT

Any party may terminate this AGREEMENT upon breach of the agreement by any other party, provided written notice of such breach is given and the notified party fails to cure such breach to the reasonable satisfaction of the noticing party within thirty (30) days of delivery of the notice of breach, or such longer period as is necessary to cure the breach. Any termination requires prior notice to State DHCS and CalHFA. A copy of all notices delivered to the PARTNERSHIP shall be delivered at the same time to the parties identified in Section IX, Part B. Any cure of a breach under this AGREEMENT by the PARTNERSHIP'S limited partner shall be treated as if such cure was made by the PARTNERSHIP. Such termination by the noticing party shall be effective at the end of the cure period if no cure has been commenced.

In addition, the following occurrences will give RUHS – BH the right to terminate this Agreement:

- A. In the event a petition for the adjudication of the PARTNERSHIP, HYDER or TELECARE is filed for voluntary or involuntary bankruptcy, which is not dismissed within sixty (60) days.
- B. In the event that the PARTNERSHIP makes a general assignment or the PARTNERSHIP interest hereunder is assigned involuntarily or by operation of law, for the benefit of creditors. Notwithstanding the foregoing, a transfer of the limited partnership interest in the PARTNERSHIP and the removal of the general partnership interest in the PARTNERSHIP in accordance with the Amended and Restated Agreement of Limited Partnership of the PARTNERSHIP shall not constitute a default or result in the termination of this Agreement.
- C. In the event of abandonment of the PROPERTY by the PARTNERSHIP.
- D. An event of default by the PARTNERSHIP occurs under the MHSA Regulatory Agreement and continues after the expiration of the applicable cure period.
- E. In the event HYDER terminates its involvement with the PROJECT and is not replaced by the PARTNERSHIP within a reasonable amount of time with a qualified property management company that is approved by DHCS, CalHFA and RUHS – BH, to the extent such approval is required. The PARTNERSHIP has a duty to notify DHCS, CalHFA and RUHS – BH of such termination in accordance with other provisions of the agreement. Refer to Exhibit C.
- F. Notwithstanding existing contracts with any party, this AGREEMENT may be terminated by TELECARE upon giving a minimum of sixty (60) days notice in writing or until a new party has been put into place to serve in the same capacity as the terminating party.

VII. FINANCIAL RECORDS

- A. The PARTNERSHIP shall maintain financial, programmatic, statistical and other supporting records of its operations and financial activities in accordance with State and Federal requirements. All records shall be open to inspection and may be audited by the authorized representatives of RUHS – BH, and any State and/or Federal governing agencies.
- B. All financial records, supporting documents, statistical records, and all other records pertaining to the use of the funds provided under this AGREEMENT shall be retained by the PARTNERSHIP and/or HYDER as follows:
 - (i) A period of at least six years following the due date (with extensions) for the filing of the Federal income tax return for that year (for each year except the first year of the Credit period, as defined in documents

- provided to the California Tax Credit Allocation Committee (CTCAC) and its administrative and regulatory bodies; and
- (ii) For the first year of the Credit period, as defined in documents provided to CTCAC and its administrative and regulatory bodies, a period of at least six years following the due date (with extensions) for filing the Federal income tax return for the last year of the compliance period of the building, as defined in documents provided to CTCAC and its administrative and regulatory bodies.

VIII. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

- A. If and when applicable, the PARTNERSHIP in this AGREEMENT is subject to, and shall cause HYDER to comply with, all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, enacted August 21, 1996, and the laws and regulations promulgated subsequent thereto. The PARTNERSHIP hereby agrees, and shall cause HYDER, to cooperate in accordance with the terms and intent of this AGREEMENT for implementation of relevant law(s) and/or regulation(s) promulgated under this Law. The PARTNERSHIP further agrees that it shall be, and shall cause HYDER to be in compliance, and shall remain in compliance with the requirements of HIPAA, and the laws and regulations promulgated subsequent hereto, as may be amended from time to time.

All privacy complaints should be referred to:
Riverside County Dept. of Mental Health
Attn: Mary Stetkevich
4060A County Circle Drive
Riverside, CA 92503
(951) 358-4521

- B. Confidentiality

The PARTNERSHIP agrees to, and shall cause HYDER to, maintain the confidentiality of all mental health and/or substance abuse client information in accordance with all applicable Federal, State and local laws and regulations. The PARTNERSHIP will ensure, and will cause HYDER to ensure, that names, addresses, phone numbers, and any other individually identifiable information concerning mental health and/or substance abuse clients and the services they may be receiving are kept confidential. Applicable confidentiality laws include, but may not be limited to, California Welfare & Institution Code, Section 5328 through 5330, inclusive, 45 CFR Section 205.50, 42 CFR-Chapter 1-Part 2. RUHS – BH will notify the RUHS – BH Compliance Officer of any breach of applicable confidential laws referenced herein.

- C. Each party agrees that it will not at any time disclose confidential information, material(s), report(s) or other types of written or verbal information to any other party to this AGREEMENT without the consent of the tenant/client unless such disclosure is authorized or required by law. Unauthorized disclosure of

confidential information shall be considered a material breach of this AGREEMENT.

IX. ALTERATION OF TERMS AND ENTIRE AGREEMENT

- A. The body of this AGREEMENT, along with all incorporated attachment(s), fully expresses all understandings of the parties concerning all matters covered and shall constitute the total AGREEMENT. No addition to, or alteration of the terms of this AGREEMENT, whether by written or verbal understanding of the parties, their officers, agents, or employees, shall be valid unless made in the form of a written amendment to this AGREEMENT, which is formally approved and executed by RUHS – BH, the PARTNERSHIP, TELECARE and HYDER.
- B. All notices pertaining to this AGREEMENT shall be sent to the following:

RUHS – BH

Deputy Director - Housing
Riverside University Health System – Behavioral Health
4095 County Circle Drive
Riverside, CA 92503
Tel: (951) 358 - 4500 Fax: (951) 358 - 4313
e-mail: Not available

TELECARE

TELECARE CORPORATION
Leslie Davis, Chief Financial Officer and Senior Vice President
1080 Marina Village Parkway, Suite 100
Alameda, CA 94501
Tel: (510) 337 - 7950 Fax: (510) 337 - 7969
e-mail: ldavis@telecarecorp.com
copy to: ccoltharp@telecarecorp.com

HYDER

Hyder & Company
1649 Capalina Road, Suite 500
San Marcos, CA 92069
Tel: (760) 591 - 9737 Fax: (760) 591 - 9784
e-mail: gdaprato@hyderco.com

PARTNERSHIP

Coachella Valley Housing Coalition
45701 Monroe Street, Suite G
Indio, CA 92201
Tel: (760) 347 – 3157 Fax: (760) 342 - 6466
e-mail: pedro.rodriquez@cvhc.org

with a copy to:

Wells Fargo Affordable Housing Community Development Corporation
MAC D1053-170
301 South College Street, 17th Floor
Charlotte, NC 28202 - 6000
Attention: Director of Asset Management

and

Mercedes Dahlquist, Esq.
Kutak Rock LLP
1650 Farnam Street
Omaha, NE 68102

Tel: (402) 346 - 6000

Fax: (402) 346 - 1148

(402) 231 - 8981 (direct dial)

State Department of Health Care Services
Program Outcomes, Evaluation and Reporting Section
Mental Health Services Division
Fiscal Management and Outcomes Reporting Branch
California Department of Health Care Services
1500 Capitol Avenue, MS 2704
P. O. Box 997413
Sacramento, CA 95899 - 7413

California Housing Finance Agency
Multifamily Asset Management Division
P. O. Box 4034
Sacramento, CA 95812 - 4034

X. MISCELLANEOUS PROVISIONS

- A. **ASSIGNMENT:** This AGREEMENT shall not be assigned by the PARTNERSHIP, HYDER or TELECARE, either in whole or in part, without prior written consent of RUHS - BH, California DHCS and CalHFA. Any assignment or purported assignment of this AGREEMENT by the PARTNERSHIP, HYDER or TELECARE without the prior written consent of RUHS - BH, California DHCS and CalHFA will be deemed void and of no force or effect. Notwithstanding the foregoing, the transfer of the PROJECT to Coachella Valley Housing Coalition (CVHC), the General Partner of the PARTNERSHIP, pursuant to an option or right of first refusal granted pursuant to the organizational documents of the PARTNERSHIP shall be permitted without the consent of RUHS - BH on the condition that CVHC assume all of the responsibilities and obligations of the PARTNERSHIP under this agreement.
- B. **LICENSE AND CERTIFICATION:** The PARTNERSHIP, HYDER and TELECARE verify upon execution of this AGREEMENT, possession by current and valid license(s), permit(s) and other governmental approvals to be in compliance with any local, State, and Federal laws.

- C. SEVERABILITY: If any provision in this AGREEMENT is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalidated in any way.
- D. COMPLIANCE: The PARTNERSHIP, HYDER and TELECARE warrants and certifies that, in the performance of this AGREEMENT, they shall comply with all applicable laws, rules, regulations and orders of the United States, the State of California, and the County of Riverside, including the laws and regulations pertaining to labor, wages, hours and other conditions of employment. The PARTNERSHIP, HYDER and TELECARE further warrants and certifies that it shall comply with new, amended, or revised laws, regulations and/or procedures that apply to the performance of this AGREEMENT.
- E. HOLD HARMLESS - INDEPENDENT THE PARTNERSHIP, HYDER AND TELECARE. It is understood and agreed by the parties that the PARTNERSHIP, HYDER and TELECARE are independent entities and that no relationship of employer - employee exists between RUHS – BH and the parties hereto outside of what is explicitly declared and outlined in this AGREEMENT. The PARTNERSHIP, HYDER and TELECARE shall not be entitled to any benefits payable to employees of RUHS – BH, including County Workers' Compensation Benefits. RUHS – BH is not required to make any deductions from the compensation payable, if any, to the PARTNERSHIP, HYDER and TELECARE under the provisions of this AGREEMENT. As independent entities, the PARTNERSHIP, HYDER and TELECARE hereby hold RUHS – BH harmless from any and all claims that may be made against RUHS – BH based upon any contention by any third party that an employer - employee relationship exists by reason of this AGREEMENT.

XI. INSURANCE - INDEMNIFICATION

- A. The PARTNERSHIP, HYDER and TELECARE shall indemnify and hold RUHS – BH, its officers, agents and employees, free and harmless from any liability whatsoever, including wrongful death, based or asserted upon any acts or omission of the PARTNERSHIP and/or HYDER, and/or TELECARE relating to or in any way connected with or arising from the accomplishment of the work by the PARTNERSHIP and/or HYDER and/or TELECARE except to the extent such liability was the result of the gross negligence or willful misconduct of RUHS – BH or its officers, agents and employees.
- B. Without limiting the indemnification of the COUNTY or RUHS – BH by PARTNERSHIP, HYDER or TELECARE, the PARTNERSHIP shall maintain in force at all times during the term of this AGREEMENT, insurance policies or a program of self-insurance evidencing coverage during the entire term of the AGREEMENT as follows:
 - 1. General Liability insurance in the amount of not less than \$1,000,000 per

occurrence and aggregate, when PARTNERSHIP, HYDER or TELECARE performs any professional services;

2. Workers' Compensation insurance in accordance with statutory requirements; and
3. Insurance in an amount no less than \$ 1,000,000 combined single limit for damage to property and injury to persons if motor vehicles are used pursuant to this AGREEMENT.

XII. JURISDICTION, VENUE, ATTORNEY'S FEES

Should a dispute arise pertaining to this AGREEMENT, it is to be construed under the laws of the State of California. All parties agree to the jurisdiction and venue of the appropriate courts in the County of Riverside, State of California. Should action be brought to enforce or interpret the provisions of the AGREEMENT, the prevailing party shall be entitled to attorney's fees in addition to whatever other relief is granted.

XIII. SIGNATORIES AND PERFORMANCE OF DUTIES

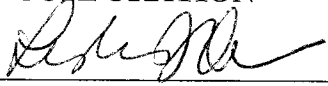
The PARTNERSHIP, HYDER, TELECARE and RUHS – BH mutually agree to fully and faithfully perform all duties set forth in this AGREEMENT. All parties agree to have their duly authorized signatories sign this AGREEMENT.

XIV. COUNTERPARTS


This AGREEMENT may be signed in counterparts, each of which shall constitute an original.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT in the County of
Riverside, State of California.

TELECARE CORPORATION

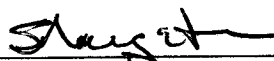
By: 
Name: LESLIE DAVIS
Title: SVP/COO

Date 7/13/17


7/13/17

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT in the County of
Riverside, State of California.

HYDER & COMPANY, a California corporation

By:  7-14-17
Name: Stephen Margate Date
Title: President

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT in the County of Riverside, State of California.

PERRIS FAMILY APARTMENTS, L.P.

**By: PERRIS FAMILY APARTMENTS LLC, ITS
GENERAL PARTNER**

By: Coachella Valley Housing Coalition, ITS SOLE MEMBER

By: 

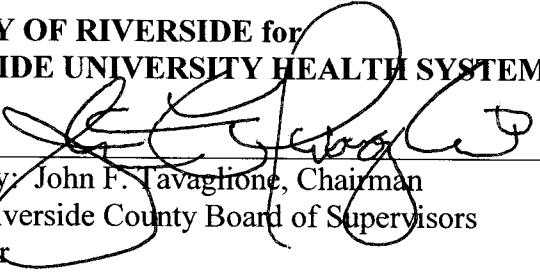
Name: Julie Bornstein

Title: Executive Director

Date: July 19, 2017

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT in the County of Riverside, State of California.

**COUNTY OF RIVERSIDE for
RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH**

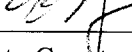

By: John F. Tavaghione, Chairman
Riverside County Board of Supervisors
for
Riverside University Health System - Behavioral Health

JUL 25 2017
Date

COUNTY COUNSEL

Gregory P. Priamos

Approved as to Form

By 
Deputy County Counsel

ATTEST:

KECIA HARPER-JHEM, Clerk

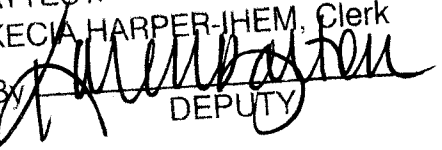
By 
DEPUTY

EXHIBIT A

PROPERTY MANAGEMENT – TENANT SERVICE COORDINATION MONTHLY MEETING RECORD PERRIS FAMILY APARTMENTS

Meeting date	
Meeting attendance	

GENERAL	
Discussion of open and unresolved issues from previous month	
Discussion of general issues and emergent concerns	

TENANT ISSUES	
Discussion of tenant move-in(s)	
Discussion of tenant move-out(s)	
Discussion of screening status and processing of applications	
Rules violations and behavioral issues	

PROPERTY MANAGEMENT AND OPERATIONS	
Building maintenance, repairs, appearance and safety items, complaints, recommendations	
Legal issues	
Upcoming events and dates (including trainings, meetings, community events, health fairs, on-site activities, safety drills, inspections)	

EXHIBIT B

Annual Renewal Agreement

Pursuant to Section IV of the AGREEMENT, the term of the AGREEMENT is extended for a period of one year. In compliance with the AGREEMENT, the parties agree that the following requirements have been satisfied:

	Item	Description	Submitted to
1	Monthly Occupancy Log	Document summarizing move-in/move-out activity and rents each month for the preceding 12 months	<ul style="list-style-type: none">▪ HHOPE Program Attn: Lynne Brockmeier
2	Annual Self Certification Form – provided as Attachment A to this AGREEMENT	Document summarizing operation of property, required by CalHFA and DHCS, submitted for the preceding fiscal year	<ul style="list-style-type: none">▪ Deputy Director – Housing, Riverside University Health System – Behavioral Health▪ Copies to California Housing Finance Agency (CalHFA) and the Department of Health Care Services, as identified in Section IX of the Cooperative Agreement
3	Twice yearly meetings among all parties as specified in Section II A 4, B 13 and E 3	Scheduling of at least two senior or executive management level meetings for current year	<ul style="list-style-type: none">▪ HHOPE Program Attn: Lynne Brockmeier▪ Deputy Director – Housing, Riverside University Health System – Behavioral Health

The authorized signatures below indicate that the requirements specified above have been satisfied and the parties mutually agree to extend the term of the AGREEMENT for a period of one year.

TELECARE CORPORATION

By: _____
Name: _____ Date _____
Title: _____

HYDER & COMPANY, a California corporation

By: _____
Name: _____ Date _____
Title: President

PERRIS FAMILY APARTMENTS, L.P.

By: **PERRIS FAMILY APARTMENTS LLC, ITS
GENERAL PARTNER**

By: **Coachella Valley Housing Coalition, ITS SOLE MEMBER**

By: _____
Name: _____ Date _____
Title: _____

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH

By: _____
Name: _____ Date _____
Title: _____

EXHIBIT C

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH

Matrix of Reporting, Compliance and Document Submissions

Item	Name and Source	Description and Reference Location(s) in Agreement	Frequency or Due Date	Submitted to
1	Monthly Occupancy Log and records of monthly meetings - HYDER	Writable form document summarizing move-in/move-out activity, rents, information on eviction proceedings; records of monthly meetings. Refer to Section II D 2 and Exhibit A	Monthly, due on or before the 15th day of each month	HHOPE Program, Attn: Lynne Brockmeier
2	Notification of Departure of Occupant – HYDER	Notification of departure of MHSA occupant for any reason. Refer to Section II B 10	Within 3 days of the departure of the occupant	HHOPE Program, Attn: Lynne Brockmeier
3	Notice of Significant Action – PARTNERSHIP, HYDER and TELECARE	Document describes changes in legal status, operations and management of property, including material changes in on-site property management staff, changes to physical environment of property, changes in tenant rules and procedures and other similar changes. Refer to Section II B 14, 15 and 16, Section II C 8, Section III B, Section VI E and F	As indicated within this AGREEMENT	HHOPE Program, Attn: Lynne Brockmeier and Deputy Director – Housing, Riverside University Health System – Behavioral Health
4	Notice of Intent to Change Property Management - PARTNERSHIP	Provides notification to Riverside University Health System – Behavioral Health of intention to change property management provider and establishes mandatory timetable for collaboration of transition with Riverside University Health System – Behavioral Health. Refer to Section II B 16	Maximum time is expected to ensure continuity of operations and adequate time for consultation with Riverside University Health System – Behavioral Health, CalHFA and Department of Health Care Services. Minimum of 30 days notice is required of intention to change property management.	Deputy Director – Housing, Riverside University Health System – Behavioral Health
5	Notice of Change in Supportive Services Programs (other than provider of Full Service Partnership Services) – PARTNERSHIP and HYDER	Provides notification of change in supportive service programs and services, providers, frequency of on-site activities and related changes that impact onsite services. Refer to Sections II B 13 and 16 and Section II C 8	Within 30 calendar days of the occurrence of any applicable change	HHOPE Program, Attn: Lynne Brockmeier

Item	Name and Source	Description and Reference Location(s) in Agreement	Frequency or Due Date	Submitted to
6	Notice of termination or non-renewal of contract by provider of Full Service Partnership services to MHSA tenants at the PROJECT - TELECARE	Provides written notification of termination of obligations under this Agreement, subject to provisions contained in Section II C. Refer to Section VI F	Provided by Telecare in writing at least 60 days in advance of termination date	Deputy Director – Housing, Riverside University Health System – Behavioral Health
7	Notice of Initiation of Legal Action or Grievance Proceeding - HYDER	Provides notification of the initiation of Fair Housing action, legal action or tenant grievance process (does not include eviction proceedings). Refer to Section II D 2 and D 7	Within 30 calendar days of the occurrence of any applicable event	HHOPE Program, Attn: Lynne Brockmeier
8	Notice of incident requiring intervention of TELECARE Supervisor - TELECARE	Provides details and background surrounding an incident that required intervention of an TELECARE Supervisor. Refer to Section II C 3	Within 48 hours of occurrence	HHOPE Program, Attn: Lynne Brockmeier
9	Annual Self Certification Form – provided as Attachment A to this AGREEMENT-PARTNERSHIP	Document summarizing operation of property, required by CalHFA and MHSA. Refer to Section IV and Exhibit B	Annually, within 30 calendar days of closing of property manager's fiscal year	Deputy Director – Housing, Riverside University Health System – Behavioral Health with copies to the California Housing Finance Agency (CalHFA) and the Department of Health Care Services, as specified in the Cooperative Agreement

ATTACHMENT A

Annual Self-Certification Form

**Exhibit E to CalHFA – MHSA Regulatory Agreement
CALIFORNIA HOUSING FINANCE AGENCY (CalHFA)
DEPARTMENT OF HEALTH CARE SERVICES (DHCS)
Mental Health Services Act (MHSA) Housing Program
Annual Self-Certification for Special Needs**

County: _____
Project Name: _____
MHSA Loan # _____
Cert. of Occupancy or Notice of Completion Date _____

Self Certification Report Period from: _____ **to** _____

Contact Information:

Project Sponsor		Phone:
Primary Service Provider		Phone:

1. Changes During Report Period:

Refer check applicable items. For each checked item, Refer attach all letters, notes, correspondence and/or written notices documenting the change.

- | | |
|--|---|
| <input type="checkbox"/> New sources of service funds | <input type="checkbox"/> Service funding source cancellation |
| <input type="checkbox"/> Service funding increases or decreases | <input type="checkbox"/> Non-renewal of service funding sources |
| <input type="checkbox"/> New service partners | <input type="checkbox"/> Non-compliance with other lenders' Regulatory Agreements |
| <input type="checkbox"/> Service partner cancellation | <input type="checkbox"/> Non-compliance with rental subsidy contracts |
| <input type="checkbox"/> Service program enhancements or reductions | <input type="checkbox"/> Non-compliance with services contracts |
| <input type="checkbox"/> Other planned service program modifications | <input type="checkbox"/> Extension of rental subsidy contracts |
| <input type="checkbox"/> Primary service provider staffing changes | <input type="checkbox"/> Termination of rental subsidy contracts |

2. Subsidy Sources:

Total number of units with rental subsidy contracts: _____

Years remaining on current rental subsidy contracts (Refer list):

Type of Subsidy	Number of Units	Years Remaining

Type of Subsidy	Number of Units	Years Remaining

3. Current Resident Information

Total number of units in project	
Total number of MHSA Housing Program target units in project	
Total number of MHSA certified residents in project	
Total number of persons residing in MHSA Housing Program units (to include MHSA and non-MHSA tenants residing in unit)	
Total number of MHSA housing units receiving COSR	
Total number of MHSA units with an individual Section 8 voucher	
Total number of MHSA units with a project based Section 8 voucher	
Total Number of MHSA eligible residents receiving SSI	

4. During this Report Period: MHSA Eligible Residents Who Have Left the Housing (Show the number of permanent (P) and temporary (T) departures)

P	T	Reason for Leaving	P	T	Reason for Leaving
		Hospitalization			Death
		Moved to a licensed facility			Other
		Moved to more independent housing			
		Eviction			
		Jailed			

Total number of temporary departures _____

Total number of permanent departures _____

Provide the following for each MHSA eligible resident who permanently departed from an MHSA unit: 1) Length of residency, 2) Income level at termination of tenancy.

Explanation(s):

5. During this Report Period: MHSA Resident Demographics

Enter the number of MHSA eligible residents in each category (may be duplicated)

<input type="checkbox"/>	Living alone	<input type="checkbox"/>	Chronic health condition
<input type="checkbox"/>	Living with other(s)	<input type="checkbox"/>	HIV/AIDS
	<input type="checkbox"/> Children	<input type="checkbox"/>	Substance Abuse
	<input type="checkbox"/> Spouse		
	<input type="checkbox"/> Unrelated persons		
		<input type="checkbox"/>	Other serious medical condition

6. During this Report Period: Housing status at rent-up

Total Homeless: _____
 Total At risk: _____

7. Total MHSA Priority Populations in project:

Older Adults: _____
 Adults: _____
 Transition age youth: _____
 Children: _____

Total MHSA eligible residents enrolled in Full Service Partnership (FSP) services: _____
 Total number of MHSA eligible residents who are veterans _____
 Total number of tenants who are veterans _____

8. Service Providers (Refer attach additional pages if needed)

Refer list requested information for all service providers, whether individuals or organizations/institutions, and whether the service provider provides services on site or off site:

Provider Name	Address	Phone Number	Contact Person	On-Site	Off-Site
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

9. Supportive Services---Resources and Utilization

Indicate the services that have been offered to the MHSA eligible residents in this project during the reporting period. Also, indicate if these services are offered on-site or off-site, and the frequency of the service (times per week, per month, as needed, etc.):

Service Type	On-site	Off-site	Frequency
Service coordination	<input type="checkbox"/>	<input type="checkbox"/>	
Case management/crisis intervention	<input type="checkbox"/>	<input type="checkbox"/>	
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	
Substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	
Peer facilitated groups/activities	<input type="checkbox"/>	<input type="checkbox"/>	
Medication education/support	<input type="checkbox"/>	<input type="checkbox"/>	
Life skills	<input type="checkbox"/>	<input type="checkbox"/>	
Employment/vocational services	<input type="checkbox"/>	<input type="checkbox"/>	
Tenant association/council	<input type="checkbox"/>	<input type="checkbox"/>	
Benefits counseling	<input type="checkbox"/>	<input type="checkbox"/>	
Social/recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	
AA/NA groups	<input type="checkbox"/>	<input type="checkbox"/>	
Primary care: Health screening, assessment, education	<input type="checkbox"/>	<input type="checkbox"/>	

Other:	<input type="checkbox"/>	<input type="checkbox"/>	
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Provide a narrative description of the strengths and challenges in the supportive services program during this reporting period:

10. Supportive Service Budget Information

Refer provide budget information for your previous and current fiscal years, including costs of staff and services combined:

Previous year budgeted funding level (FY:)	\$
Previous year actual funding level (FY:)	\$
Current year budgeted funding level (FY:)	\$
Approved by County Department of Mental Health and submitted to the DHCS	Yes <input type="checkbox"/> No <input type="checkbox"/>

Refer submit current FY budget /narratives to the DHCS mailing address below.

11. Property and Liability Insurance

Current Insurance Certificates on file	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

12. Executed Management Contract

Executed Management Contract on file	Yes <input type="checkbox"/> No <input type="checkbox"/>
--------------------------------------	--

CalHFA must approve any change in management agent so Refer notify your Asset Manager of an impending change.

13. Inspection Reports

Has property been inspected by any lender during the reporting period?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

If inspected by a party other than CalHFA, Refer forward a copy of the report(s) to your CalHFA Asset Manager.

14. Capital Operating Subsidy Reserve (COSR) Certification

Amount of COSR requested during Fiscal Year: \$

Actual COSR used during Fiscal Year: \$

Difference: \$

If COSR requested amount is greater than what was used during the Fiscal Year, the difference will be subtracted from the next COSR request.

Certification of Accuracy of Information Provided

I hereby certify that the information provided in this "Annual Self-Certification for Special Needs" is true and correct, and reflects the status of the _____ project as of the date of this report.

Signed by: _____ Date: _____

Title: _____

Organization: _____

Certification that a copy of this report has been sent to CalHFA, DHCS, and the County Mental Health Department at the addresses listed below.

Signed by: _____ Date: _____

Title: _____

Organization: _____

Mailing Addresses:

California Housing Finance Agency
Asset Management Division
500 Capitol Mall, Suite 1400
Sacramento, CA 95814

Department of Health Care Services
Mental Health Services Division
Program Outcomes, Evaluation and Reporting
1500 Capitol Avenue, MS 2704
PO Box 997413
Sacramento, CA 95899-7413

Riverside University Health System – Behavioral Health
Attention: Deputy Director, Housing
4095 County Circle Drive
Riverside, CA 92503