**EXHIBIT \_\_ - SUPPORTIVE SERVICES PLAN TEMPLATE FOR HTF UNITS**

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant's Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Information**

Provide the proposed number of units in the development set-aside for special populations.

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| **Total Number of Units for People Exiting Homelessness: \_\_\_\_\_\_\_\_\_\_\_\_** | |
| 1. Homeless, Referred through Coordinated Entry/H&H Method |  |
| 1. Homeless + Specialty Eligibility (for Homekey+ or other funding opportunity)   **Specify Eligibility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **TOTAL UNITS (1+2)** | 0 |

**Provider Information**

Provide specific information concerning the lead services provider for HTF units. Include the number of years the provider has served people in supportive housing who are formerly homeless, the program sites where people were served, whether those services were contracted by Alameda County, and the clinical expertise of the proposed team.

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| 1. Provider Name 2. Services Experience 3. Clinical Qualifications |

**Services Description**

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| 1. Describe the goals and objectives of the homeless units’ service package. 2. Describe the specific services package proposed. 3. Describe the measurable outcomes expected for homeless units at the site. Recommended outcome measures below:  * *Housing Retention >90%* * *Exits to homelessness <10%* * *Maintained or increased Income 75%* * *Increased health benefits 80%* * *HMIS data entered in a timely manner80% within 3 days* |

**Services to be Delivered**

For each services category, provide the service provider information and details, including whether an agreement is already in place. Add service categories if they are not already named.

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| **Service to be Provided** | **Name of Service Provider** | **Current HCS Provider**  **Y/N** | **Dedicated Hours Per week** | **On-Site/Off-site** | **Available to # of Units** | **Agreement in place?** |
| Housing Stabilization and Sustaining support (Required)  Case management/ care coordination  Connection to behavioral health services  Connection to medical services  Caregiver (in-home) services  Assistance obtaining benefits and essential documentation  Linkages to Education and Employment  Connection to Substance use treatment and harm reduction services  Other (Explain): |  |  |  |  |  |  |

**Staffing Plan**

Provide a detailed staffing plan for provided or contracted services for HTF units only.

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| **Position** | **Provider Name** | **On-Site? Y/N/%** | **Annual Cost** | **FTE** | **FTE per unit** |
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| Fringe Benefits |  |  |  |  |  |
| Subcontracted Services  OTHER: |  |  |  |  |  |
| **Total** |  |  |  |  |  |

**Training**

Please describe training plan for staff (types of trainings, frequency, who will be included, how training will be paid for)

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**Coordination Plan**

Please describe how services staff will coordinate with property management staff (modes and frequency of communication, goals of communication, etc.)

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**Supportive Services Budget with all sources and uses**