

Delaware Division of Substance Abuse and Mental Health

Provider/Contractor Policy

<u>POLICY TITLE:</u> DSAMH Housing Policy	<u>POLICY #:</u> DSAMH06
<u>PREPARED BY:</u> DSAMH Policy Committee	<u>DATE ISSUED:</u> 11/9/2018
<u>RELATING POLICIES:</u>	<u>REFERENCE:</u>
<u>DATES REVIEWED:</u> 07/19/19	<u>DATES REVISED:</u>
<u>APPROVED BY:</u>	<u>NOTES:</u>

I. Purpose

This policy defines the Division of Substance Abuse and Mental Health’s (DSAMH) expectations for contracted providers in informing and providing housing options.

II. POLICY STATEMENT:

It is the policy of the DSAMH to require that all contracted providers ensure that consumers are informed about housing options and are provided an array of options that meet minimum requirements for housing. DSAMH is committed to promoting choice, affordability, and quality in housing for all enrolled consumers with mental illness and/or substance use disorders.

III. Definitions

“DSHA” means the Delaware State Housing Authority.

“**Group Home**” means a residential facility licensed as a Group Home for Persons with Mental Illness by the Division of Long Term Care Residents Protection (DLTCRP), together with the legal entity to which the license was issued.

“PROMISE Program” means Promoting Optimal Mental Health for Individuals Through Supports and Empowerment (PROMISE) Home and Community-Based Services (HCBS) waiver program.

II. PRINCIPLES:

- a) Housing can be the most stabilizing influence on a person’s recovery and is an integral part of community living;
- b) People with behavioral health concerns can live like the rest of Delawareans, in their own homes, including leased apartments, houses or living with their family;
- c) People should have choices regarding where they live and with whom;
- d) People should have access to an array of supportive services that promote housing stability and vary according to changing needs.

PROCEDURE:

1. For clients receiving home-based services, a record of housing status and housing condition for each client served must be maintained. The required documentation to demonstrate compliance consists of the DSAMH Community Living Questionnaire (CLQ) and the DSAMH Housing Occupancy Checklist. This specifically applies to the provision of the following services:

Assertive Community Treatment (ACT), including ACT with Supported Apartment Program (SAP)

Intensive Care Management (ICM)

Community Psychiatric Supportive Treatment (CPST)

Psychosocial Rehabilitation (PSR)

Targeted Care Management (TCM)

2. All contracted service providers will assist clients in maintaining community tenure in safe, affordable, and stable housing. When housing is identified as a client need requiring assistance, the following criteria apply:
 - a) It is the responsibility of the service provider to assist the client in locating housing that meets his/her needs using the determining factors of the CLQ.
 - b) Housing units are scattered-site or scattered in a single building with no more than 30% of the total building population having mental health or substance use (co-occurring conditions).
 - c) An array of flexible, individualized services and supports is available to ensure successful tenancy and support participants’ recovery and engagement in community life.

- d) Except for residential programs designed to provide services in a treatment oriented setting (e.g., Group Homes, Supported Apartment Program, Substance Use Residential treatment, etc.) services are not linked to housing.
 - e) Service provider will assist clients with completing housing applications, securing documents, and making contacts to obtain housing.
 - f) Clients have opportunities in choosing their housing unit, roommates (if they choose not to live alone) and services and supports (if any) they want to use.
 - g) Clients should live in housing that affords them the same rights and responsibilities as other tenants in similarly situated housing. For service providers allocated client assistance funds, housing needs such as security deposits, basic furniture, first month's rent and other onetime expenses may be used. Client assistance funds are usually used when the client is waiting for a State Rental Assistance Program (SRAP) or other rental assistance and there is a short time frame between move-in and the voucher being issued to the client. Client assistance funds are limited and not meant to be used for long-term temporary housing.
3. Community Living Questionnaire: For providers listed in number one above, the CLQ is to be completed in the following circumstances:
- a) Upon admission to an applicable service provider;
 - b) Annually for all clients;
 - c) Prior to discharge and identification of potential housing options, when client is discharging from an institution;
 - d) And must be maintained in the client file and produced when requested for audits and other review activities.
4. DSAMH Housing Occupancy Checklist: For providers list in number one above, the housing checklist must be completed every month on each client for the first six months of service.
- a. After six months, the provider can reduce the housing checklist to every quarter, if there have been no identified issues related to items: 5, 6, 10, 13, and 14 for the last 3 months.
 - b. For quarterly reviews, the provider must re-commence monthly housing checklist every month when a quarterly review identifies any issues with items 5, 6, 10, 13, 14.
 - c. The monthly checklist will then need to be completed until three continuous months of no issues.
5. Maintain Housing:

- a. The service provider is responsible to assist the client in learning skills to abide by the lease and to pay the rent in a timely fashion.
- b. The service provider must notify DSHA if the client has an SRAP voucher, has been out of the unit for more than two weeks, or has been admitted to a hospital or a treatment facility.
- c. The service provider will ensure the rent and utilities are paid, if the client is hospitalized when the rent and utility payments are due.
- d. The service provider must be aware if the client is participating in a rental subsidy program and ensure the client is abiding by the requirements of the program.
- e. The service provider must have emergency contact information and/or access to the unit in case of emergency.

DSAMH Housing Occupancy Checklist

Tenant Name: _____ Address: _____

Service Provider Designee Name: _____

Housing Subsidy Program (if applicable) _____

NOTE: See Housing Policy to determine frequency of monitoring using this checklist EVEN IF TENANT IS AWAY FOR AN EXTENDED PERIOD OF TIME.

Lease Compliance				
Checklist Items	Yes	No	Not Applicable	Comments
1. Rent paid on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Utilities that are the responsibility of the tenant – paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Appliances provided by tenant maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Only authorized persons living in the unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Criminal activity as defined in the lease agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there evidence that the tenant is disturbing the neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Any other potential lease violations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. Does the tenant have concerns about the landlord/owner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Property Maintenance				
Checklist Items	Yes	No	Not Applicable	Comments
10. Any needed repairs? (List in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Has Landlord been notified of the need for repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Destruction of property; if reported please comment in the comment section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Damage due to living/housekeeping habits; if reported please comment in the comment section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Property maintained for only residential purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other				
Checklist Items	Yes	No	Not Applicable	Comments
15. Have previous issues from last report been resolved? If no, please indicate in the comment section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Any indication of tenant's desire to move or terminate lease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

17. Has proper notice been given to the landlord of intention to terminate lease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Has the landlord been notified that the tenant is away for the unit for more than two weeks?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If the tenant has an SRAP voucher, has DSHA been notified that the tenant is out of the unit for more than two weeks? Contact: Estee Gleasner 302.739.4263)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Is there a contact person who has a spare key to the unit who can be contacted at any time? (List name and number in Comments)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If the tenant is participating in another subsidy program, are all of the requirements of that program being met?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date of Review

Signature, Service Provider Designee

DSAMH COMMUNITY LIVING QUESTIONNAIRE

To be filled out and maintained in the client’s record as per DSAMH Housing Policy, the community service provider will complete this assessment:

- a. Upon admission to an applicable service provider
- b. Annually for all clients
- c. When client is discharging from an institution, the CLQ should be completed prior to discharge and identification of potential housing options.

Client Name: _____

Date: _____

Community Service Provider: _____

Care Manager Name and Signature: _____

These questions are about things you would like considered when you think about moving to your own place. We will talk about the neighborhood where you might live, the kind of housing you would like best, whether or not you want housemates, what kind of help you want and anything else that is important to you about where you live.

1. What are your feelings about moving to your own place, either on your own or with another person?			
1	2	3	4
<input type="checkbox"/> I'm eager to get my own place	<input type="checkbox"/> I have mixed feelings about getting my own place	<input type="checkbox"/> I have some worries about living in my own place	<input type="checkbox"/> I haven't given much thought to living in my own place
If you have some worries about moving into your own place, what are your concerns?			
How might we make things easier for you?			
Where were you living before you came here?			
When was the last time you lived in your own place?			

As we fill out this form together, let's be sure that to think about where you'd like to live and how we can take care of anything that you may be worried about.

2. How much choice would you like to have over the place you live?		
1	2	3
<input type="checkbox"/> No choice at all	<input type="checkbox"/> Some Choice	<input type="checkbox"/> A great deal of choice

3. How much choice would you like to have over the neighborhood where you live?

<p>1</p> <input type="checkbox"/> No choice at all	<p>2</p> <input type="checkbox"/> Some Choice	<p>3</p> <input type="checkbox"/> A great deal of choice
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4. Please rate your community living choice, rating 3 as your top pick

How much would you like to live... ?	Not at all	Somewhat	A lot
By yourself in your own apartment or house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a house or apartment with another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you'd like to live with another person, do you have anyone in mind who you'd like as a housemate? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name-		How do you know this person?
Something different from either one of these	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have something different in mind, what would it be:			

5. How important is each of the following in making a choice about where you live?	Not important at all 1	Somewhat important 2	Very important 3
Location is near or with people you like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who are some of these people?	How do you know them?		Where do they live?
Location is near your old neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where is your old neighborhood?			

	Not important	Somewhat important	Very important
Location is near services, recreation and transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety of the neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can move into this place right away—it's available now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decorating and furnishing your home yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having someone else to take care of repairs and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a yard or garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having children around the place you live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to have a car and parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What floor your place is on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having people around that you can talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other things that are important to you:			
7. Do you need anything special to help you get around your house or apartment? Y / N If yes, what kind of things do you need: <input type="checkbox"/> No steps <input type="checkbox"/> Wheelchair ramp <input type="checkbox"/> Elevator <input type="checkbox"/> Other <input type="checkbox"/> Things to help you with seeing problems <input type="checkbox"/> Things to help you with hearing problems			