


POLICY AND PROCEDURE

<u>POLICY TITLE:</u> DSAMH Housing Policy	<u>POLICY #:</u> DSAMH006
<u>PREPARED BY:</u> DSAMH Policy Committee	<u>DATE ISSUED:</u> 11/9/2018
<u>RELATED POLICIES:</u>	<u>REFERENCE:</u>
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<u>APPROVED BY:</u>  <u>DATE APPROVED:</u> 7/18/2025 7:34 AM PDT	<u>NOTES:</u> <input type="checkbox"/> DSAMH Internal Policy <input checked="" type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

I. PURPOSE:

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

II. POLICY STATEMENT:

It is the policy of the DSAMH to require that all contracted providers ensure that clients are informed about available 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. This policy is consistent with all federal, State, and local applicable laws and regulations.

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 Health Care Quality (DHCQ), 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.

IV. SCOPE: All contracted providers that have clients receiving home-based services including ACT, ACT Plus, ICM, and DSAMH TCM.**V. 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 have the right to live in their own homes, including leased apartments, houses, or living with their family;
- C. People have the right to choose where they live and with whom;
- D. People have the right to access available supportive services that promote housing stability and vary according to changing needs.

VI. PROCEDURES/RESPONSIBILITIES:

- A. For clients receiving home-based services, a record of housing status and housing condition for each client served must be maintained in the client record. The required documentation to demonstrate compliance consists of the DSAMH Community Living Questionnaire (CLQ), see DSAMH006B, and the DSAMH Housing Occupancy Checklist (HOC), see DSAMH006A. This specifically applies to the provision of the following services:
 - 1. Assertive Community Treatment (ACT), including ACT with Supported Apartment Program (SAP)
 - 2. Intensive Care Management (ICM)*
 - 3. DSAMH Targeted Case Management (TCM)
 - 4. ACT Plus
- B. For each level of care listed in section VI.A, excluding ICM, the HOC must be completed at least monthly.
 - 1. For the DSAMH TCM Bed Respite Program the HOC upon must be completed at client discharge as well.
 - 2. For ICM programs the HOC must be completed at least quarterly.
- C. For each level of care listed in section VI.A the CLQ must be completed:
 - 1. At admission;
 - 2. If client applies for housing after six (6) or more months post admission;
 - 3. Biannually after the most recent CLQ; and
 - 4. Prior to discharge and identification of potential housing options, when client is being discharged.
- D. The CLQ and HOC must be maintained in the client file and produced when requested for audits and other review activities.
- E. All contracted 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:
 - 1. It is the responsibility of the provider to assist the client in locating housing that meets their needs using the determining factors of the CLQ.
 - 2. Housing units are scattered site or scattered in a single building with no more than 30% (saturation rate) of the total building population having mental health, substance use, or co-occurring conditions.
 - 3. An array of flexible, individualized services and supports are available to ensure successful tenancy and support participants' recovery and engagement in community life.
 - 4. Except for residential programs designed to provide services in an integrated, treatment-

oriented setting (e.g. Group Homes, Substance Use Residential treatment) services are not linked to housing.

5. Provider will assist clients with completing housing applications, securing documents, and making contacts to obtain housing.
6. Clients have the opportunity to choose their housing unit, roommates (if they choose not to live alone), and services and supports they want to use.
7. Clients should live in housing that affords them the same rights and responsibilities as other tenants in similarly situated housing.
8. For providers allocated client assistance funds, these funds may be used for housing needs such as security deposits, basic furniture, first month's rent, and other one-time expenses.
 - a. 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 rental assistance voucher being issued to the client.
 - b. Client assistance funds are limited and not meant to be used for long-term temporary housing.
 - c. Use of client assistance funds is subject to approval by DSAMH prior to spending.

F. Client Tenancy Preservation:

1. The provider is responsible for assisting the client in learning skills to meet the lease requirements, including but not limited to, the payment of rent and utilities on time.
 - a. This is accomplished by clarifying housing and lease requirements, initiating regular contact with property managers, landlords, and providers, and responding to disputes or tenancy-specific issues.
2. The provider shall establish a written client tenancy preservation policy that outlines the interventions, progressive measures, and resources available to ensure a client retains their housing; ensure the policy is consistently implemented and documented; and ensure that all staff involved with client care are trained on the policy.
3. The provider will ensure the rent and utilities are paid if the client is hospitalized when the rent and utility payments are due.
4. The 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.
5. The provider must have emergency contact information and/or access to the unit in case of emergency.
6. The provider shall communicate at minimum quarterly with property managers and landlords, subsidy administrators, and service providers connected with any housing modality. The provider shall become involved in elevated tenant and property manager or landlord issues to resolve issues as necessary. Providers should help the client understand their responsibilities as a tenant and facilitate resolution of housing issues to prevent an eviction.
7. If the client has an SRAP voucher, the provider must notify DSHA if the client has been out of the unit for two weeks or more.
8. In the event a client experiences a loss of housing or is at imminent risk of homelessness, the provider shall ensure that such action is carried out in accordance with federal, State, and local laws and procedures. The provider should assist the client with accessing a full range of services to support their ability to remain successfully housed.
 - a. The provider shall work with the client to pursue alternative housing options when loss of housing is imminent. The provider should assist the client with locating alternative resources that address their housing needs, preferences, treatment, and goals. The

provider shall take into consideration available housing options, affordability, and access to services and supports. In the event of an eviction, the role of the provider is to advocate for the client, provide supports, and identify and link the client to appropriate services.

- b. If a client refuses to adhere to their lease, the provider should utilize and document the array of strategies and interventions implemented to prevent the client from imminent homelessness. Interventions and strategies shall include assisting the client in obtaining additional services such as a request for reasonable accommodation or referrals for Representative Payee, personal care services, custodial services, benefits counseling/financial assistance, or legal services.
- c. For clients enrolled in PROMISE, the provider shall submit a housing plan that includes an outline of the housing interventions, strategies, responsible parties, and target dates for completion. Interventions and strategies should be individualized and address functional deficits and needs.
- d. In addition to the above, if the client resides in the Supported Apartment Program, the provider shall communicate with the PROMISE Case Managers and update the recovery plan and collaborative treatment plan, as needed.

VII. **POLICY LIFESPAN:** This policy will be reviewed annually.

VIII. **RESOURCES:**

- A. DSAMH006A DSAMH Housing Occupancy Checklist
- B. DSAMH006B DSAMH Community Living Questionnaire