



Housing Services

QUALITY STANDARDS PROGRAM

Revised July 2023

Housing is one of the most basic necessities in life, yet many people who deal with behavioral health issues struggle to access decent, safe housing that supports their recovery.

KernBHRS Housing Services reserves the right to update and/or change any provisions within this manual at any time. Providers will be notified of any changes.

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The Kern Behavioral Health and Recovery Services' Housing Services Team serves as a liaison within the system of care, community-based organizations, providers, and partner agencies to aid in the placement of clients into safe, stable, recovery-oriented, and supportive housing. The Housing Services Team is responsible for the following:

- Collaboration with treatment teams for retention of current housing
- Coordination of supportive services for clients at high risk for homelessness
- Monitoring of Facilities
- Training of key stakeholders
- Mentoring of Housing Partners

The information in this guide applies specifically to those facilities that provide housing to adults aged 18 and above. Significant differences exist for those serving individuals under 18. Information on housing services for children can be found at

<http://www.cdss.ca.gov/inforesources/Childrens-Residential/How-to-Become-Licensed>.

Housing is the first step to Recovery

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QUALITY STANDARDS PROGRAM

Purpose

Kern Behavioral Health and Recovery Services (KernBHRS) ensures mental health services, substance use treatment and related supportive services are easily accessible. Adequate housing is a critical component of a client's recovery. The Quality Standards Program, hereinafter referred to as "QS", ensures that KernBHRS places clients in safe and appropriate housing to support their recovery with the goal to eventually secure permanent housing.

Who May Apply to be a KernBHRS Housing Provider?

Any individual, association, corporation or governmental entity may apply for recognition as a KernBHRS Housing Provider, consistent with the County's policy on nondiscrimination and equal opportunity.

Why Would One Obtain a KernBHRS Quality Standards Program Certificate?

The QS Program Certificate is a voluntary process for housing facilities that wish to receive referrals or funding from KernBHRS.

The QS process does not prohibit an individual or business from operating a housing facility that is not approved by KernBHRS. The QS process does not constitute an obligation by the County or the Department to ensure the facility is maintained at full capacity and owners/managers are strongly encouraged to accept clients from other referral sources.

How Do I Apply?

Potential Providers may begin the process by accessing information on KernBHRS.org/housing-information or calling (661) 868-7512. The Housing Services Team will guide the potential provider through the application process and have them submit all the appropriate documents.

The Housing Provider's completed application shall consist of the following items:

- Orientation attendance (if needed)
- Submission of its approved Policy and Procedures Manual
- Completed and signed documents found in the Appendix of this manual
- Quality Standards Program facility initial site visit

Minimum Operational Requirements

Each facility must agree to the following requirements for each residence it wishes to house KernBHRS clients.¹

1. Housing Providers must allow KernBHRS Housing Services staff to inspect the facility with or without notice, to ensure Quality Standards are maintained. KernBHRS staff will provide identification prior to entering the facility.
2. The facility must post the QS certificate where it may be seen by anyone entering the facility.
3. Housing Providers will only accept KernBHRS clients approved for funding upon receipt of the "Housing Approval Funding Letter" for each month housing is requested.
4. Housing Providers who have not received a "Housing Funding Approval Letter" within five (5) calendar days of the 1st of each additional month in which the client continues to be housed, must contact Housing Services staff and/or the assigned case manager promptly. Compensation for housing may be delayed or denied if the appropriate contact is not made.

Management Responsibilities

1. The person(s) in charge of the facility must be clearly identified. This person(s) is/are responsible for the maintenance and safety of the building. If the facility manager designates their responsibility to another individual, the chain of authority must be clearly defined.
2. At least one representative of the facility must attend all quarterly trainings coordinated through the KernBHRS Housing Services Team, with the exception of excused absences. An excused absence constitutes a representative contacting Housing Services twenty-four (24) hours prior to the start of the meeting.
3. The Director/Administrator will notify KernBHRS Housing Staff within twenty-four (24) hours, of any changes in its facility staff and/or any circumstances that would affect its standing as a KernBHRS Housing Provider.
4. The Director/Administrator will submit an Emergency Response Action Plan to be implemented in the event of a large-scale emergency such as a utility

¹ Note: KernBHRS Housing Services reserves the right to update and/or change any provisions within this manual at any given time. Providers will be notified of any changes.

outage, natural disaster, health or safety issues (i.e. Pandemic), or physical damage to the facility that will necessitate relocation of residents.

Staffing Requirements

1. There will be adequate staff per type of facility on site, based on the needs of the facility and the residents. Supervisory staff members will be on-call seven days per week and twenty-four hours per day.
2. A designated staff member must be responsible for maintaining building and resident safety, maintaining records, collecting fees (if applicable), registering and ensuring individuals check in and out, and maintaining house rules. Other staff may be available, such as food service, groundskeepers, etc.
3. All staff must be trained in procedures to follow when a resident may show signs of a mental health crisis. Informational training and community resources will be presented at Quarterly Housing Provider Meetings.
4. Prior to employment, all personnel must pass a Live Scan and background check.
5. No staff member(s) may have any pending criminal charges or outstanding warrants.
6. Staff member(s) with any convictions shall have completed drug diversion, deferred entry of judgment, formal probation, court probation, or parole, a minimum of eighteen months prior to becoming a staff member at the facility.
7. No facility staff member shall be currently affiliated with or participate in any criminal activity associated with a street, prison or motorcycle gang.
8. Staff members shall be substance-free while performing their job duties.
9. If facility is employing a resident, the resident must not have a supervisory role and will not dispense medication doses.

Facility Compliance with Codes and Permits

Each facility must ensure the following conditions are met:

1. Fill out your portion of the "Conditional Use Permit" form.
 - a. Take the form to be completed by the appropriate City or County Planning Department.
2. Obtain a [Business Tax Identification Number](#)
 - a. County: Sober Living Environments and Room and Boards are exempt for getting a county license. If the facility has a fictitious business name,

- the provider can take that to the [County Sheriff's Office Licensing Unit](#) to obtain an exemption letter.
- b. City: The provider would contact the City's [Treasury Licenses Permit and Fees](#) department as it is a requirement for Sober Living Environments and Room and Boards.
 - c. Non-Profit Organizations: the city will need a 501C3 from the IRS
 - d. For Profit Organizations: the fee is \$39 for the initial application fee and \$34 for a renewal
 - e. LLC, Corporation or a company that has a dba needs to be registered with the [County Clerk's Office](#). The fee is \$43.
3. Meet fire safety standards, including those listing occupancy limits, smoke detectors, carbon monoxide detectors and the emergency exit plan.
 - a. If a facility is not required by the State to complete a Form 850 under the Department of Social Services licensing requirements, there is no mandate for a Fire Inspection. However, if applicable, documentation of the exemption must be provided upon request.

Fire and Health Standards - Health and Safety

1. There will be no smoking inside the building by staff, residents or visitors.
2. Smoking materials must be disposed of safely in appropriate containers.
3. Living and sleeping areas must be free of clutter and clothing stored in closets and dressers.
4. Smoke detectors, fire extinguishers, and carbon monoxide detectors must be installed according to fire marshal regulations and requirements (Chapter 8 – Carbon Monoxide Poisoning Prevention Act of 2010; 13261 & 13262. Chapter 2 – Health and Safety Code, Housing; 17926, 17926.1).
5. Exit doors must be clearly marked and easily accessible.
6. Fire drills from sleeping areas must be conducted and listed in a master log.
7. Emergency exit routes must be clearly posted.
8. The kitchen and dining areas must be kept clean.
9. Food must be stored in sealed containers in the refrigerator(s). It is recommended to mark containers with expiration dates.
10. The refrigerator(s) must be kept clean inside and out.
11. Stove(s) and oven(s) must be kept clean and free of grease.
12. The dining room must be able to seat the number of residents in the facility.
13. Kitchen garbage must be taken out daily to prevent health hazards.

14. There must be adequate hot water for dishwashing and bathing.
15. Bathrooms must be kept clean daily.
16. Bathrooms must be free of mold, grime, and stains.
17. The home must be free of pest infestations, including but not limited to, ants, cockroaches, bed bugs, and rodents.
18. Buildings must be properly maintained with a clean interior and exterior.

Food Service

Facilities with food service included in the fees will adopt the following standards:

1. The Admissions orientation shall include the dining rules and scheduled times for each meal.
2. A menu shall be posted in a location available to all residents.
3. Employed residents shall receive lunches suitable for consumption at their work sites.
4. Residents who will be absent at mealtime may request a meal be reserved and eat it when they return.
5. Facilities without full-time staff shall make available appropriate service ware; plates, glasses, and eating utensils, etc. to be utilized by the residents for between meal snacking or drinks in the absence of staff.
6. Facility should make available appropriate food storage containers or coverage materials so that food is placed in the refrigerator or freezer properly.

Facilities not including food service in the fees will adopt the following standards:

1. Residents shall have access to the kitchen and cooking areas at all reasonable times.
2. A schedule of the timeframes in which residents may have access to the kitchen and cooking areas shall be posted in a location visible to all residents.
3. Meal preparation policies shall be posted in the kitchen area and included in the admissions orientation.
4. Locked dry food storage containers and/or cabinets shall be provided to reduce borrowing or theft of another's food.
5. Personal food items shall be labeled and made accessible only to the owner of the item.
6. Residents using the kitchen facilities shall ensure the kitchen is cleaned and food properly stored prior to leaving the area.

7. Kitchen facilities must provide adequate cooking and storage space to meet the needs of the home and the residents.

Residents Living Space

1. Each resident must have his or her own bed on a bed frame and located in a bedroom.
2. The bedrooms must not be overcrowded and must not be used for any other purpose.
3. Bedrooms must include a designated closet and dresser space for each resident.
4. Bathrooms must be conveniently located and provide adequate facilities for hygiene and privacy for each resident.
5. The bathrooms must be clean, provide privacy and contain adequate soap for both bathing and handwashing.
6. Bathrooms must be stocked with toilet paper as follows: one (1) roll per resident plus one roll on the spindle in each bathroom. If there are 24-hour staff on the premises, each bathroom spindle should be filled with the additional supplies available through staff.
7. A community living area must be made available to all residents and guests for meetings and house events such as parties, holidays, and celebrations.
8. Heating and cooling units must be sufficient to keep residents comfortable at all times and will be in working order per California Code and Regulations.
9. Thermostats will be set no lower than 68 degrees and no higher than 77 degrees.
10. Facility staff will watch for signs of heat stress disorders in residents which include the following: heatstroke, heat exhaustion, heat cramps, heat collapse or fainting, heat rash, and heat fatigue.
11. It is the facility's responsibility to keep all interior and exterior doors in working order and not have any exposed hinges. All repairs must be done in a timely manner.

Security

1. All exterior doors and windows must open and close and have working locks.
2. Visitors to the facility must sign in and out using their full legal names.
3. Staff in charge of the facility must be easily identified.

Comfortable Residence Assurance

Each facility must provide the following to assure a comfortable residence.

1. A homelike and comfortable setting.
2. Evidence of residents' personal possessions and decorations, indicating residents feel welcome.
3. Daily access to three (3) nutritious meals plus snacks using the recommendations provided on www.MyPlate.gov taking care to respect dietary restrictions including those related to religious and cultural limitations.
4. Opportunities to access community, cultural, recreational, and spiritual activities, provided at the residence or from other sources.
5. Designate appropriate smoking and non-smoking areas
6. Quiet areas
7. Adequate personal space for privacy
8. Property Security
 - a. *SLE ONLY – The "Daily Entry and Exit Log" must be maintained for: One (1) year as they enter and exit the facility. It will include a record of the time and date they leave the residence and will record the resident's destinations and expected time of return. This will give staff the ability to track the movement of residents for reasons other than treatment.
9. Visiting areas

Evictions

The Provider upon being included in a Release of Information obtained by the treatment team, must notify the Case Manager and/or treatment team and Housing Services within 5 days of the observation of any client behaviors and/or increased symptomology which may be disruptive or harmful to themselves or others. In addition, should the behaviors warrant removal (termination of housing or eviction) of the client from the residence/facility, the provider will make contact with both the treatment team and Housing Services prior to taking any actions.

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KERNBHRS HOUSING PROVIDER APPLICATION

Initial Certificate Application

Applications are reviewed to ensure all conditions meet or exceed the minimal conditions described in the QS. Housing Services may not approve an application if any of the following apply:

1. The applicant fails to correct conditions or to provide missing information
2. Facility Fire clearance is denied
3. The applicant fails to conform to applicable zoning and land use ordinances
4. The applicant knowingly provides any false or misleading information on the application
5. The Probation Department or other recognized authoritative entity provides information to Housing Services that warrants denial of the application. This may include arrest records or other information willfully withheld from Housing Services.
6. The applicant submits a request to withdraw the application.

Requirement to Submit New Application

Housing Provider status will terminate if the applicant does any of the following:

1. Sells or transfers a controlling interest in the ownership of the facility, unless the transfer applies to stock and does not constitute a majority change in ownership.
2. Requests to be removed from KernBHRS housing list
3. Changes location
4. Becomes deceased, if the applicant is a sole proprietor
5. Abandons the facility
6. Modifies the facility including, but not limited to, the number of persons served

Withdrawal of Application

You may withdraw an application by submitting a written request to Housing Services. Termination of the review process will not be considered denial of the application.

QS Program Certificate

The initial certificate will be valid for one (1) year from the date of issue, then may upon renewal be approved for up to two (2) years after.

Renewal of Certificate

1. No less than thirty (30) days prior to the expiration date on the Quality of Standards Program certificate, Housing Services will notify the Director/Facility Administrator of the approaching expiration. Failure to receive a notice does not relieve the applicant/provider of the duty to renew the QS certificate.
2. The Director/Facility Administrator must contact the Housing Services Team to schedule a site visit.

Denial of Certificate

Housing Services may not issue or renew a QS certificate for any of the following reasons:

1. The Facility application indicates non-compliance with the QS.
2. The applicant fails to remedy any identified deficiency(-ies).
3. The Probation Department, Sheriff's Office or other recognized authoritative entity provides information to Housing Services that supports the denial of the application. This may include information such as arrest records or other information willfully withheld from Housing Services.

Right to Appeal a Denial of Certificate

If Housing Services denies a certificate, a notice will be sent to the applicant that includes the following:

1. An explanation of the reason(s) for denial.
2. A detailed list of any corrections required for the deficiency(ies) listed in the notice.
3. A specific period for compliance.
4. Notice of the applicant's right to appeal and request reconsideration.

To appeal a denial, contact the Housing Services Team for the process for reconsideration within ten (10) business days of the date of the notice.

1. Within thirty (30) calendar days Housing Services will make a final determination and will notify the facility to either uphold, modify or reverse its decision regarding the denial of the renewal certificate.
2. Any Facility receiving a final decision of a denial, suspension or revocation of its approval status must wait a period of no less than 6 months prior to submitting a new application under the QS Certificate Program.

Monitoring and Inspection

Housing Services will complete a minimum of four (4) unannounced site visits per year to monitor each participating facility. Additional unannounced visits may be necessary to monitor the QS or to investigate a complaint. Renewals and other meetings will be by appointment. To maintain public safety, site visit may need to be virtual.

Housing Services or law enforcement may conduct a site inspection including interviewing facility staff and residents with or without advanced notice and upon presentation of proper identification, to ensure the QS are maintained.

1. The Facility must provide a copy of the current Business License and Conditional Use Permit upon request by the Department.
 - a. [City Business License](#)
 - b. [County Business License](#)
2. The Facility will immediately report to the Department any investigations or citations by Law Enforcement, Code Compliance or Code Enforcement, Fire Marshal, Environmental Health or any other regulatory authority.
3. If the inspection reveals deficiencies, a written Notice of Deficiency listing all deficits will be mailed to the Facility Director/Administrator within fifteen (15) business days. The notice of deficiency will specify:
 - a. The page numbers of the QS or code section of each statute or regulation violation
 - b. Any expected corrections for each deficiency
 - c. The date by which corrections must be completed
 - d. Procedure for appeal
4. The Director or designee must provide Housing Services with a written response within thirty (30) business days from the date of the notice identifying corrections and the date of completion. Corrective Action Plans may be imposed if this requirement is not met.
5. If the visit is a result of a complaint, any alleged criminal activity will be reported to law enforcement.

Complaints

Any person may file a complaint regarding a violation of the Quality Standards Program by contacting the [Patient's Rights Office](#) directly at 844-360-8250 or by email at BHRSPatientsRights@kernbhhs.org.

1. No investigation will disclose the name of the complainant if anonymity is requested, unless legally required to do so.

2. Housing Services will investigate all complaints filed against a facility or a staff member.
3. Investigations will follow the same procedure as any other monitoring visit.

Public Safety

If KernBHRS Housing Services or any regulatory authority determines there is an emergency that jeopardizes facility or public safety, they may recommend facility referrals be deferred pending further investigation. Other affected parties will be immediately notified by KernBHRS Housing Services.

Plan of Correction

The Plan of Correction protects the safety of the community, staff, and residents, and assists the facility in maintaining a quality level of care and service. Each Plan of Correction will be handled separately. Housing Services may impose one or more of the followings in a Plan of Correction for a violation of the QS:

1. Informal Reprimand
2. Formal Reprimand
3. May include either of the following:
 - a. Suspension of approved housing provider status
 - b. Revocation of approved housing provider status
4. Housing Services may recommend that the approved housing provider status be revoked as a disciplinary measure, according to the Right to Appeal.
5. Housing Services may include any regulatory agency prior to a Corrective Action Plan.
6. Housing Services will send a written notice to all involved parties if the facility has received a Suspension or Revocation.

Failure to Execute a Plan of Correction

Failure to complete a Plan of Correction may result in a more prescriptive Plan of Correction, suspension of referrals, up to and including permanent revocation of approved housing provider status.

Right to Appeal an Imposed Plan of Correction

Any individual or facility has the right to appeal any Plan of Correction.

1. If a Plan of Correction is requested, Housing Services will provide the Facility written notice and the extent of the corrective action plan. The notification will include a copy of the appeal procedures.

2. Upon receipt of the notice of the Suspension or Revocation of approved housing provider status, the facility may take voluntary corrective action unless the basis for the corrective action is due to an immediate danger to the health, safety, or welfare of the residents, staff or public.
3. If the Facility appeals the Plan of Correction, the appeal must be in writing and received by the Housing Unit within fifteen (15) business days of the date of the Plan of Correction notice.
4. Upon receipt of a properly executed Plan of Correction appeal within the allotted timeframe, Housing Services will review the appeal and may hold a meeting with community partners, if necessary.
5. After evaluation of the written appeal, a final letter of determination will be issued by the Housing Services Team to the applicant.

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POLICY AND PROCEDURES MANUAL

Provider shall submit and receive approval of their facility's Policy and Procedures Manual which must contain the items listed below. Additional requirements can be found in the Specialization Section under the 'type' of the facility(ies) for which the applicant is applying.

Provider Summary

Provider will provide a summary of services to be delivered within their facility. This should describe the intent, purpose and mission of your facility. The summary should contain the following:

1. A statement that explains the facility capacity and specific population served.
2. A statement of Staff qualifications and experience
3. A statement that describes the partners, sponsors or volunteer agencies that will contribute to the operation of this facility.

It shall also include but is not limited to the following:

1. Physical Environment and Amenities
2. The facility's physical location
3. Number of people per bedroom
4. Whether meals are included and if not, what accommodations are provided
5. Staffing available
6. Transportation if applicable, staff provided and/or available public transit within walking distance
7. Recreation and leisure opportunities within walking distance
8. Laundry facilities
9. Space for leisure activities, meetings, and visiting

Examples of the Provider Summary are listed below:

Example 1:

Lisa's Porch is a 12-bed Room and Board that will serve women ages 40-60 years of age who have experienced traumatic events. We are a faith-based home where we encourage the development of resilience through spiritual growth. We will encourage voluntary attendance at a church of their choosing and will assist in transportation to and from religious meetings or studies. Our Administrator will be onsite from 7:00 – 5:00 daily, with 3 additional full-time staff that will cover 8-hour shifts and rotate weekends. We work closely with volunteer intern students from the Human Services Department at University of Phoenix to engage residents in independent living preparation. Our staff

will be required to complete Basic First Aid and CPR, Mental Health First Aid, and Serve-Safe training.

Example 2:

Lisa's Porch is located on a quiet cul-de-sac with a spacious, landscaped back yard. There are several tables and chairs under a covered gazebo to allow for quiet reflection and group meetings. There are fruit trees and a community garden for the residents to develop gardening skills and enjoy fresh produce as snacks and mealtime supplements.

Each bedroom will house two residents; fresh bed linens are provided weekly or as needed, and towels are provided daily. We offer 3 sets of washer/driers for free on-site laundry needs. There will be an assigned chore chart which will include all household chores, including meal preparation and service, completed with the assistance of staff. Meals will be provided, yet the residents will prepare their own on Saturdays with the Supervision of on-site staff. We observe a day of rest on Sundays and one other day within the week by resident choice.

Leisure activities include use of the music room with a library of DVD's and I-Pods with headphones that can be checked out but must remain in the music room. This room will also have books, puzzles, and board games. The dining room will be utilized at mealtimes but may be used for art lessons or gatherings occasionally.

A park is within walking distance where residents may enjoy festivals, cultural events and music concerts. We are within 1 block of public transit; each resident is provided a monthly bus pass. Transportation for appointments will be coordinated with staff, on an individualized basis.

Proof of Operational Documentation

Provider will submit clear and legible copies of the required documents necessary to operate their facility in full compliance of the law and as required prior to becoming an Approved Housing Provider. Documents to be submitted may, if applicable, include the following:

1. State License
2. Business License
3. Conditional Use Permit
4. Automobile Liability Insurance
5. Commercial General Liability Insurance
6. Workers Compensation Insurance
7. List of Current Employee Name(s) with Background Checks
8. Resident Roster Copies of any contracts that demonstrate services required that attribute to the maintenance or safety of your facility such as gardener, pest control, pool maintenance, security system, etc.

An "Approved" status for obtaining and/or maintaining the QS expectations is required in order to continue receiving referrals and short-term funding from KernBHRS for housing placements.

Good Neighbor Policy

1. The facility has a Good Neighbor policy that will be in effect as soon as the facility opens its doors.
2. The facility has a written procedure to address neighborhood complaints.
3. The neighboring residences are advised of the facility's complaint procedure.
4. One person is assigned to handle neighborhood complaints in a positive manner.
5. The facility addresses issues promptly and attempts to resolve them in an expedient manner to avoid recurrences.
6. The complainant is encouraged to contact KernBHRS Housing Services if the problem has not been resolved by the facility.
7. Staff and residents display an attitude reflecting their desires to be productive members of the community.
8. Staff and residents only use the backyard for outside activities, such as socializing and smoking, not the front yard.
9. Staff and residents do not play radios or other music outside the house or in a manner that would disturb neighbors or other residents inside the home.
10. Staff and residents do not borrow money or items from neighbors.
11. Staff and residents do not use loud, abusive or vulgar language in or around the facility.

Medications Policy

Each facility will have a written policy regarding the use and storage (if applicable) of a resident's medications, both prescription medications, as defined in the glossary of this document, and over-the-counter medications. Medications must be properly secured. This does not apply to those medications, such as asthma inhalers, which require immediate access.

1. Facility staff will not dispense medication but must make it available to residents at clearly posted times of availability. Each facility will keep a master medication log available for inspection by KernBHRS Housing Services.

2. No staff members, including volunteers, who are or have been a client within the KernBHRS System of Care or Adult System of Care within the last 18 months shall have access to or handle the prescription medications of any resident.

Service Animals Policy

If applicable, The Facility will have a written policy regarding service animals on the premises. It is recommended that a [sign](#) be placed on the premises with the following verbiage "No animals except service animals that are specifically trained to aid a disabled person." The policy shall include which service animals may be accepted at the residence and if documentation is needed. The facility will also ensure that its policy includes the following:

1. Animals accepted, i.e. cats, dogs, etc. are in compliance with City and County ordinances regarding proper licensure, vaccinations, and leashing laws.
2. Animals are free from pests, i.e. fleas, ticks, worms, and any other infirmity that may infringe upon the living conditions of other residents.
3. Outline the designated areas in which animals will eat, sleep and eliminate.
4. The protocol used for animal clean-up, i.e. urine, feces, and other.

Pet Policy

If pets are allowed on the premises, the facility will create their own policy regarding which animals are allowed and rules that will need to be adhered to.

Pest Control Policy

The Facility will have a written pest control policy that includes the following:

1. Checking for bed bugs, lice, fleas, scabies or any other general pests upon admission.
2. The method for controlling ants, bed bugs, lice, scabies, fleas and/or ticks or other general pests.
3. The plan to monitor infestation of any kind until the individual/residence is cleared.

Emergency Response Action Plan

The Director/Administrator will submit an Emergency Response Action Plan to be implemented in the event of a large-scale emergency such as a utility outage, health or safety crises, natural disaster or physical damage to the facility that will necessitate relocation of residents.

The plan must include the following:

1. Emergency transportation
2. Storage of and access to emergency food and household supplies
3. Handling of Medications, if applicable
4. Designated Relocation Site
5. Communication to stakeholders i.e. KernBHRS, residents' emergency contacts, and Emergency Service organizations, such as Fire, Police and EMTs.
6. Communication of unusual occurrences to Housing Services Team
7. Inform Housing Services Team of where the client has been relocated.
8. A map of the designated exit routes and meeting places, identification of Safety Officer(s) and/or emergency contacts, the location of first aid kits and other medical supplies.
9. An outline of the process in which the facility will conduct Emergency Drills, including a log of each occurrence.

In the case of a Public Health Emergency, the following information must be included:

1. Steps and tools to identify clients who may be affected
2. Medical Testing – facilities to be used
3. Protective Equipment to be used and where it will be stored
4. Procedures to ensure Social Distancing
5. Designated Quarantine Areas for the affected
6. Monitoring to ensure client and employee safety.
7. Rules & Policies regarding adherence to Federal, State, and Local guidelines. (i.e. State issued Shelter in Place Order)

An Emergency Response Action Plan template can be found in the Appendix of this document.

Employee Policies and Procedures

The following items will be included in the staffing portion of the manual:

1. Job descriptions for all staff positions
2. A formal staff discharge procedure
3. An organizational chart of the entire agency, that shows lines of authority that is updated annually
4. An Equal Opportunity Employment Statement

5. A procedure to immediately notify KernBHRS Housing Services of changes in the facility's administrative staff
6. A procedure for reporting unusual occurrences (KernBHRS provides the unusual occurrence form)
7. A Drug-Free Workplace Policy
8. Non-Discrimination Procedure
9. A written prohibition against sexual harassment
10. A written prohibition against discrimination in the provision of services
11. A written prohibition against the inappropriate use of prescription and/or over the counter (OTC) medications at the facility
12. A written prohibition against personal and financial conflicts of interest
13. A written policy regarding employee background checks. Each staff member whose duties involve contact with residents' medication, money, financial documents, or reports has undergone a background investigation and the results are contained in their personnel file.
14. The facility has a list of the persons authorized to provide reports, letters, and other correspondence to any Court, County Department or agency.

Authorized Personnel Policy

Facility shall have a written policy that lists the criteria by which staff are authorized to have access to Resident Files and prescription medications.

SLE Only – Policy shall also include:

1. Should the facility be required to submit resident progress reports to the appropriate court, County Department, agency, or office, upon request, or as required by the terms of the criminal justice referral, the policy shall outline which staff is authorized to provide such reports, letters, and/or other correspondence to any Court, County Department or agency.
2. The policy shall outline the requirements for personnel authorized to conduct Drug and Alcohol Testing and have access to said information.

Intake and Admission

1. The facility will have a written intake and admission procedure.
2. During the intake and admission appointment the facility staff will complete the following for potential residents:
 - a. Identify any of the individual's prescribed medications

- b. Provide the individual with a copy of the facility rules and procedures, and ensure the acknowledgment form is signed and kept in the resident's file.
- c. Require all consent forms and confidentiality waivers are signed by the individual
- d. Assist the individual in reading, understanding initialing, and signing all forms

Resident Files

Resident files must include the following:

1. Resident Record:
 - a. Personal data that provides an identification profile, emergency contact(s) and name of physician(s).
 - b. The length of recovery and source of referral are appropriate.
 - c. Relevant information regarding each resident's goals for recovery and a signed Residential Agreement.
 - d. The date of the resident's entry and completion or termination date from the facility, including the circumstances of the individual's exit from the facility.
 - e. The resident's fee payment record, including signature, date and amount of each payment.
 - f. Rules, regulations, intake forms and sliding fee schedules that have been individually signed and dated by the resident upon entry into the program.
 - g. The resident's medication list and dosage amounts.
 - h. Signed and executed Release of Information form between housing provider, resident, and treatment team.
2. Housing Services will not access individual files of residents who have not been referred by the criminal justice and/or mental health system without informed consent, court order or application of any exemption to 42 CFR Part 2. The waiver and authorization of voluntary residents does not constitute permission to access the voluntary residents' files.

Payment and Schedule of Fees

1. A written policy regarding fee payments, advanced fee payments, late payments, payment plans, and refunds.
2. A written policy regarding collection of fee payments; receipt for payments received shall include the resident's name, program name, the purpose of

the fee, the date and the name of the person issuing the receipt, and the time frame for which the fee was paid.

3. Each facility will have a written fee schedule that is provided to all residents and is posted at the facility, including a sliding fee scale.
4. Facilities will advise all individuals of the exact fees required for the program, and fee payment policies or procedures at the time the resident is admitted into the program.
5. A facility will not charge a resident more than the actual cost to the facility for supplies and staff time.
6. Individuals are notified at Intake what items are included and which items the resident must provide.
7. Signed copies of Notification of Payment, rental agreement, and schedule of fees shall be retained within the resident's individual file and subject to review by KernBHRS, upon request.

Addendum to Policy and Procedure Manual

COVID-19 Temporary Electronic Communication Appointments:

A written COVID-19 Temporary Electronic Communication Appointments, that includes:

- Resident's responsibility
- Case Manager, Counselors, and other treatment staff responsibility.
- Facility responsibility
- Process for notifying facility of appointment.
- How problems or appointment conflicts are addressed i.e. no show
- If resolution is not met, contact assigned treatment team

HOUSING SPECIALIZATION

Sober Living Environments

The Sober-Living Environment (SLE) is a twenty-four (24) hour community living environment, which includes the following components:

1. Regular meetings between the persons served and program personnel as requested by the treatment team.
2. Opportunities to participate in activities typically found in a home, such as cooking, housekeeping, gardening, and social interaction.
3. For Transitional SLE's twenty-four (24) hour supervision is not required.

Residency Requirements

The residency requirements must be clearly defined. At a minimum, they should include the following:

1. The desire to live a substance-free lifestyle
2. Participation in a formal alcohol or drug recovery program, or documented stability in a self-help group
3. A willingness to abide by the house rules as documented in a signed residential agreement.
4. Restriction to the facility for the first thirty (30) days of residence, except for employment or job search, and for treatment or AA/NA meetings.
5. Resident Log: This is a continuing record of residents as they enter and are discharged from the program residence. The log includes referral to the home and circumstances of exit from the program so that management and staff have a quick review of residents registered in a given year, along with the number of people moving out and the reasons for doing so.

House Rules

The rules of the house must be clearly defined. Optional rules may be applicable depending upon the needs of the program participants; however, they must be consistent with resident needs, but should not be too restrictive. At a minimum, these rules must include:

1. No use of any substances, either legal, illegal or controlled, except for medication(s) as prescribed by a licensed medical professional.
2. No substances whether legal or illegal shall be brought onto the premises at any time.
3. Attendance at weekly house meetings is mandatory.

Physical Environment

The environment of the SLE should encourage residents to contact each other incidentally, informally, and without status barriers. Ordinary contacts with each other during the day are important for recovery.

Visitation Rules

Each certified sober living environment facility will have a written visitation policy that includes the following safeguards:

1. All visitors will sign in and out of the facility, using their full name.
2. All visitors will leave the facility no later than 10:00 p.m.
3. Designated visiting areas will be located in the common living areas of the facility.
4. All staff, residents, and visitors will be substance-free while on the premises.
5. Visitors will not be left alone in the facility at any time.
6. No visitor of any age will stay overnight in the facility except minor children as mandated by the Court.
7. Regulations regarding children visiting the facility will include:
 - a. Specific hours for visits
 - b. The type of supervision required
8. Restriction of children to the common areas except when overnight visitation is mandated by the Court in which case the client and child(ren) will have a bedroom to themselves.

Designated Supervisory Personnel

1. Each sober living environment facility must have a House Manager or Director who resides at the facility or uses shifts for staff to cover the 24 hours per day/7 days per week supervision requirement.
2. Transitional sober living environment facilities do not require 24/7 supervision.
3. Each Director and/or House Manager must have been substance-free for a minimum of two (2) years prior to employment in the designated supervisory position.
4. At least one supervisory staff member will be present on the facility grounds at any time a program participant is present.
5. During each day, all residents must be actively involved in treatment, education, employment, job search, counseling, or other activities necessary to the treatment and recovery process.

House Meetings

The facility will hold at least one house meeting per week to discuss housekeeping and roommate issues.

Resident Schedule

1. Each resident will provide facility management with his or her work and/or education schedule along with the address and telephone number of the place of employment or education.
2. Each resident will notify management and program staff or their case manager of any change in his or her treatment, work, education or additional activity schedule.

Curfew

All facilities will have a resident curfew of no later than 11:00 p.m. from Sunday through Thursday, and 12:00 a.m. (midnight) on Fridays and Saturdays. In coordination with the treatment provider, a facility director or house manager may, on a case-by-case basis, give an individual permission to stay out past the curfew in order to go to or from work. Permission may be granted in the case of emergencies. The treatment coordinator or case manager and the referring criminal justice agency must be informed of curfew waivers when applicable.

Overnight passes may be provided to residents, with the approval of the treatment provider and referring criminal justice agency. Residents must be in good standing in both the treatment program and in the SLE, when applicable.

Drug and Alcohol Testing

1. A referring criminal justice agency may impose and provide drug and alcohol testing to a resident. The SLE will also require drug and alcohol testing.
2. Drug and alcohol testing will only be conducted by authorized staff who have met the following criteria:
3. Staff members, including volunteer staff, must not currently nor within the last 18 months have been an active client within the KernBHRS system of care.
4. Staff or volunteers that are KernBHRS clients cannot administer drug and/or alcohol testing on other KernBHRS residents nor have access to their drug testing files and documentation.
5. All residents must be tested at random to protect the safety and integrity of the facility and the residents. Testing will occur at intake and no less than one time per month. A testing log will be kept in a master file and all testing results maintained in the resident file. Testing on suspicion is always

encouraged. These records are subject to review upon request by the Housing Services team.

6. Drug testing standards must be provided to the resident as part of the intake packet or resident handbook and a signed acknowledgment will be kept in the resident's file.
7. The cost of the testing may be paid through any of the following:
 - a. Assumed by the SLE
 - b. At the client's expense
 - c. Included in the monthly resident fee
 - d. Or other arrangements identified in writing.
8. SLE providers must have a written policy identifying how many positive tests are allowed before discharge. This information must be contained in the agency's intake agreement or resident handbook.
9. Positive drug tests of residents must be reported immediately to the referring criminal justice agency in accordance with the requirement of the referring agency.
10. SLE providers must specify the criteria for re-entry of individuals who may have relapsed.

Room and Boards

1. Provide services to individuals referred by the Department, Contract Providers, and other affiliated agencies with the full range of residential services offered to other clients residing in your facility.
 - a. Room and Board
 - b. Other living accommodations
 - c. Access to 24-hour non-medical care
 - d. Public transportation if available will be within walking distance of the facility.
 - e. Neighborhood amenities such as parks, shopping, and entertainment will be available within one (1) mile of the site.
2. All house rules, fees, and other policies should be posted, and all residents shall be provided a signed copy as part of the intake process. A copy of all signed forms shall be retained within the resident file.
3. If there is no on-site staff available, the housing provider must provide 24/7 access via phone to a Supervisor in case of emergency or other issues related to residents.

4. Housing Services will not access individual files of residents who have not been referred by county agencies including KernBHRS without informed consent, court order or application of any an exemption to 42 CFR Part 2. The waiver and authorization of the voluntary resident does not constitute permission to access the voluntary resident's files.

Adult Residential Facility and Residential Care for the Elderly

Adult Residential Facility (ARF) and Residential Care for the Elderly (RCFE) Providers shall:

1. Maintain an unrestricted license as an Adult Residential Facility or Residential Care for the Elderly issued through the [Community Care Licensing](#) Division of the California Department of Social Services. The license must be posted in a prominent, publicly accessible location in the facility.
2. Provide a copy of the Community Care License, Business License, Fire Inspection Certificate, and Conditional Use Permit upon request by the Department.
3. Immediately report to Housing Services any investigations or citations by the Community Care Licensing Division of the State of California Department of Social Services.
4. Immediately report to Housing Services, any investigations or citations by Law Enforcement, Code Compliance or Code Enforcement, Fire Marshal, Environmental Health or any other regulatory authority.
5. The facility will provide three meals and snacks daily based on a planned menu that demonstrates knowledge of proper nutrition.
6. Provide services to individuals referred by the Department, Contract Providers, or affiliated agencies with the full range of licensed adult residential services offered to other clients residing at your facility.
 - a. Room
 - b. Board
 - c. Other living accommodations
 - d. 24-hour non-medical care and supervision
 - e. Recreational and social activities
7. Daily Entry and Exit Log: This is a continuing record of residents as they enter and exit the facility. It will include a log of the time and date residents leave the facility; recording their destinations and expected times of return. This gives staff the ability to track the movement of residents for reasons other than treatment.

8. Daily Medication Log: A daily medication record of clients/residents indicating date and time medication was taken and if any change in behavior is noticed as defined by facility license.

Visitation Rules

1. Each Adult Residential Facility (ARF) and Residential Care for the Elderly (RCFE) Facility will have a written visitation policy that includes the following:
 2. All visitors will sign in and out of the facility, using their full name.
 3. All visitors will leave the facility no later than 10:00 p.m.
 4. Designated visiting areas will be located in the common living areas of the facility.
 5. No adult or child visitor shall stay overnight in the facility unless the facility is specifically licensed by the State of California for such purpose, or unless such visitation is pursuant to court order.
 6. Visitors will not be left alone in the facility at any time.
 7. No visitor of any age will stay overnight in the facility except minor children as mandated by the Court.
 8. Regulations regarding children visiting the facility will include:
 - a. Specific hours for visits
 - b. The type of supervision required
 - c. Restriction of children to the common areas

GLOSSARY

These definitions apply to terms used in the Quality of Standards Program (QS) unless noted otherwise:

ADULT: An individual who is eighteen (18) years of age or older or an emancipated minor.

ADULT RESIDENTIAL FACILITY (ARF): Facilities of any capacity licensed by DHCS that provide 24-hour non-medical care for adults ages 18 through 59, who are unable to provide for their own daily needs. They are sometimes referred to as “Board and Care Homes”.

ADULT RESIDENTIAL TREATMENT FACILITY: A residential alcohol or drug abuse recovery or treatment facility that is designed to serve adults.

ALCOHOLICS ANONYMOUS (AA): International fellowship of men and women who have had a drinking problem. It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem. AA is completely confidential, and it is assumed that all participants will remain anonymous.

APPLICANT: An individual who has expressed an interest in developing Behavioral Health Housing and has completed the application process.

BEHAVIORAL HEALTH: The connection between one’s behaviors and well-being of the physical body. This includes the interplay between mental health and substance use disorders that over time may impact physical health.

BEHAVIORAL HEALTH HOUSING APPLICATION: All forms, attachments, and requirements in the QS process to be recognized as a facility who provides Behavioral Health Housing.

CAPACITY: Maximum number of persons authorized to reside in a facility at one time.

BEHAVIORAL HEALTH HOUSING PROVIDER: A housing provider that has agreed and complies with the QS.

COMMUNITY-BASED ORGANIZATIONS COMMITTEE (CBO): A collaboration of partners including Probation, Sheriff, and divisions within KernBHRS. The committee monitors the safety and QS of Sober Living Environments, provides recommendations regarding disciplinary actions, and Corrective Action Plans.

COMPLAINT: A formal or informal negative allegation regarding a possible violation of the QS and may include, but is not limited to, the following: criminal activity, resident safety, good neighbor policy, zoning issues, and use or sale of drugs.

CONVICTION: A judgment on a verdict or finding of guilt, a plea of guilty or a plea of nolo contendere for a felony or misdemeanor case.

CORRECTIVE ACTION PLAN: A disciplinary action to enforce the QS due to a violation of the QS.

COUNTY: Kern County.

COUNTY REFERRAL: A person who is directed to a treatment facility, SLE or Behavioral Health Housing by any Court, County Department or another county provider. The referral may still be under the supervision of the Court, County Department or agency.

CRISIS WALK-IN CENTER (CWIC): Facility located at the Mary K. Shell Facility, located at 2151 College Avenue, Bakersfield, in which individuals receive services when they are experiencing situational crisis, but do not meet criteria for admission to the Psychiatric Evaluation Center (PEC).

DAY: A calendar day unless otherwise specified.

DEFICIENCY: Failure to comply with the QS which may cause further disciplinary action up to and including removal from Behavioral Health Housing Referral List.

DHCS: The California Department of Health Care Services which is the single state agency responsible for oversight of non-medical drug and alcohol recovery services.

DIRECTOR/FACILITY ADMINISTRATOR: The individual responsible for the overall management of a facility who may possess a license issued by a state agency.

FACILITY: Any housing facility recognized by KernBHRS who accepts County referrals or funds.

FIRE INSPECTION: A Fire Inspection is required if the Facility is licensed by any of the following agencies: California Department of Social Services, California Department of Health Care Services, California Department of Public Health.

FORMAL REPRIMAND: For a serious violation, a letter of reprimand containing a description of the problem and recommended corrective action will be sent to the Facility and will become a permanent part of the Facility record.

GOOD NEIGHBOR POLICY: A written policy that informs neighbors of the facility function, its intent to be a good neighbor and provides assurance that the facility does not alienate its neighbors or the culture of the community. This policy must include the complaint process, how they are addressed and identifies the party responsible for correcting the concern on behalf of the facility.

HOUSING SERVICES: The operating unit of the Department responsible for monitoring recognized facilities and maintaining the conditions set forth in the QS.

INDEPENDENT LIVING: The ability to determine one's own choices and to reasonably demonstrate autonomy related to living, working and daily engagement in activities that provide a meaningful life, contribution, and purpose within one's desired community.

INFORMAL REPRIMAND: Suitable for a minor violation, an oral reprimand may include coaching to assist the facility in exploring remedies and documentation will remain on file for two (2) years.

KERN BEHAVIORAL HEALTH AND RECOVERY SERVICES (KernBHRS): The agency that provides mental health and substance use services to Kern County residents and the Department where the Housing Services Team is located.

LIAISON: KernBHRS staff who are assigned to provide communication and assistance between housing providers, outpatient teams, clients, and the Department.

MANDATORY QUARTERLY TRAINING: Scheduled quarterly training provided by Housing Services and Kern County Probation Department.

MOBILE EVALUATION TEAM (MET): A Behavioral Health team dispatched by law enforcement when a mental health crisis is identified in the community. MET provides crisis intervention, voluntary and involuntary assessment for psychiatric hospitalization and follow-up in the community.

POSITIVE TEST: A positive test result for alcohol or drug use.

PREMISES: All land, buildings, or other structures included on the property.

PRESCRIPTION (MEDICATION): Legally prescribed medication obtained by prescription from a licensed medical professional.

PROGRESS REPORT: The written or oral indications of a resident's overall progress in the SLE in which he or she is participating because of a court order or condition of probation.

PSYCHIATRIC EVALUATION CENTER (PEC/CSU): The Kern County facility designated for non-emergency involuntary psychiatric evaluation for minors and adults.

QS PROGRAM CERTIFICATE: The certificate awarded to a participating facility that has met the QS qualifications.

RELAPSE: An instance or period during which a person in recovery uses drugs and/or alcohol during or following participation in a substance use disorder treatment program.

REPRIMAND: Severe or formal criticism that could result in a change to approved housing provider status.

REPRESENTATIVE PAYEE: The individual or service assigned by the Social Security Administration to handle financial obligations on behalf of the Client, including paying rent and fees to the housing provider.

RESIDENT: An individual who resides in any housing facility.

RESIDENTIAL: A live-in substance use disorder treatment facility.

REVOCAION OF GOOD STANDING: A disciplinary action imposed upon a facility following non-compliance with the QS. In the event of an emergency that jeopardizes public safety and/or the safety of the residents, KernBHRS may remove the facility from the housing provider list and take additional action.

ROOM AND BOARD (R&B): Facilities that provide housing for adults who may be referred from KernBHRS.

SOBER LIVING ENVIRONMENT (SLE): A facility that offers a substance-free residence for individuals, during or following participation in a substance use disorder treatment program, that does not provide any on-site drug or alcohol treatment services. A sober living environment (SLE) is one that complies with the QS.

SUBSTANCE ABUSE SPECIALIST: The certification status of an individual that has met the following qualifications: registration with an approved organization qualified to certify individuals as alcohol and drug counselors pursuant to California Code of Regulations (CCR) Chapter 8, Title 9, Section 13035(a), AND completion of 155 documented hours of formal Alcohol and Other Drugs (AOD) classroom education, AND completion of 160 hours of supervised AOD training, AND One (1) year experience in an alcohol or drug program providing recovery planning, group and/or individual services.

SUSPENSION: An action taken by the Department to disqualify a housing provider for a specific period of time according to the QS, during which the facility may not receive any referrals from KernBHRS. Residents of the facility prior to the suspension may remain in the facility.

TRANSITIONAL SOBER LIVING ENVIRONMENT (TRANSITIONAL SLE): Individuals who are independent that have already completed a program and are just in need of recovery-oriented housing. This type of facility offers structure but allows for a slow transition to independent living.

UNUSUAL OCCURRENCES: Any event or situation that has occurred at a Behavioral Health Housing Provider facility that may have caused, or has the potential to cause, physical or psychological harm to individuals who are receiving services from the Housing Provider. This definition also applies to visitors.

APPENDIX

The following forms required to be signed by the Facility Director/Administrator and returned to Housing Services

- Quality Standards Manual Application
- Acknowledgment Form
- Ethics Agreement
- Purpose and Intention
- Conditional Use Permit - City of Bakersfield
- Conditional Use Permit - County of Kern
- Emergency Action Plan

The forms below are for your reference:

- Unusual Occurrence Report
- Site Visit Tool
- Provider Training – Absence Letter Template
- Sample Housing Services Funding Approval Letter
- Sample Housing Services Funding Termination Letter



Housing Provider Application

FACILITY NAME	SITE PHONE	ADDRESS	ZIP
ADMIN/DIRECTOR NAME	ADMIN PHONE	ADMIN/DIRECTOR EMAIL	
STATE LICENSE- If applicable (ARF's, RCFE's)	BUSINESS LICENSE	CONDITIONAL USE PERMIT (Applied or has)	
CAPACITY (MAX PER CITY/COUNTY PLANNING)	MALE/FEMALE/BOTH	RATES (MONTHLY, WEEKLY, SLIDING SCALE)	

Services Offered: Circle Yes or No (if yes specify).

Meals Provided	YES <input type="checkbox"/> NO <input type="checkbox"/>	(If yes) Specify # per day	
Snacks Provided	YES <input type="checkbox"/> NO <input type="checkbox"/>	(If yes) Specify # per day	
ADL Prompts	YES <input type="checkbox"/> NO <input type="checkbox"/>	Medication Prompts	YES <input type="checkbox"/> NO <input type="checkbox"/>
Laundry Assistance	YES <input type="checkbox"/> NO <input type="checkbox"/>		

Typical Routine and Opportunities:

Number of Staff: Select number. **Staff Available 24-hour care:** YES NO

Name: _____ **Title** _____

Name: _____ **Title** _____

Name: _____ **Title** _____





Name: _____

Title _____

Name: _____

Title _____

Name: _____

Title _____

Amenities: (Check Yes or No)

Walking distances to grocery store **YES** **NO**

Walking distance to public transit **YES** **NO**

Walking distance to community events **YES** **NO**

Walking distance to places of worship **YES** **NO**

Opportunity to participate in community activity **YES** **NO**

Opportunity to participate in household activities **YES** **NO**

Do you allow pets? **YES** **NO**

How many guests per room? Choose guest quantity per room





Acknowledgement Form

KernBHRS Quality Standards Program

I acknowledge that I have received a copy of KernBHRS Housing Services Quality Standards Program Manual. I acknowledge that I have reviewed and received a copy of this document.

I understand the following related to this document:

- There will be updates as needed and I am responsible for reading and understanding the updates
- This manual nor its contents create any contract or obligation between the housing provider and Kern Behavioral Health and Recovery Services
- As a voluntary KernBHRS Housing Provider, nothing in this manual constitutes a promise of payment or referrals

Name of Facility
Signature
Date





Ethics Agreement

KernBHRS Housing Services

Housing Providers

As a Kern Behavioral Health & Recovery Services Approved Housing Provider, I will:

1. Be dedicated to upholding the dignity and value of all human beings.
2. Provide a facility free from alcohol, drugs, and misuse of medications of any type.
3. Operate the home/facility within all city, county, state, and federal laws, rules, and regulations.
4. Allow no physical threats or violence at the facility.
5. Maintain the home/facility consistent with the quality of the neighborhood.
6. Ensure that no weapons are allowed on the property of the home/facility.
7. Assure that neither management nor staff will become personally involved with a client of the home/facility.
8. Maintain good relationships with neighbors and community.
9. Respect the privacy and personal rights of all residents.
10. Maintain a clean and safe environment for persons in recovery.

In signing this document, I agree to operate the home/facility in accordance with the Ethics Standards/Code of Conduct. Failure to operate within this code will subject me to suspension or revocation of my approved status with KernBHRS- Housing Services Program.

My signature below indicates my agreement to abide by this Code of Ethics/Conduct.

Name (print): _____ Signature: _____

Name of Facility: _____ Date: _____





Purpose and Intention

KernBHRS Quality Standards Program

Kern Behavioral Health and Recovery Services Housing Services Team has established the Quality Standards Program. This is not a certification or accreditation, but an acknowledgment that a housing provider has agreed to meet the Quality Standards Program set in place by the KernBHRS Housing Services Team. The provider agrees to continue to uphold the requirements listed in these Standards; allow a minimum of 4 quarterly unannounced site visits, yearly renewal inspections, and attend all quarterly provider training. Participating providers will receive a certificate issued by KernBHRS to signify agreement with these terms and referrals of KernBHRS clients who may be in need of housing to support their recovery.

Name (print): _____ Signature: _____

Name of Facility: _____ Date: _____





Conditional Use Permit Verification-City

Date: _____

This is to acknowledge that the individual named below has expressed an interest in becoming a Housing Provider to offer housing for the clients served by **Kern Behavioral Health & Recovery Services**. Our Quality Standards process requires verification that each facility has acquired a Conditional Use Permit, if applicable, in order to adhere to City ordinance and zoning requirements.

PROVIDER INFORMATION (To be completed by Provider):

Provider's Name _____ Facility Name _____

Facility Address _____
Street _____ City _____ Zip _____

Type of Housing _____ Capacity _____ Zone _____

Is Facility Licensed in State of California? Yes No N/A

Licensing Agency _____ License Number _____

**This section to be completed by Bakersfield City Planning
PLEASE VERIFY THE FOLLOWING INFORMATION:**

Is a CUP required at the above location and for the capacity stated? Yes No
If a CUP is not required, is the proposed use allowed? Yes No
Has the use already been lawfully established? Yes No

Notes (if applicable):

Planner Signature _____ Date _____

For Further Information, Please Contact
Housing Services – 661-868-7512
Kern Behavioral Health & Recovery Services



Bakersfield City Definitions

“Supportive Housing” means housing with no limit on length of stay, that is occupied by the target population and that is linked to on-site or off-site services that assist the supportive housing resident in retaining the housing, improving his or her health status, and maximizing his or her ability to live and, when possible, work in the community. Supportive housing units are residential uses subject only to those requirements and restrictions that apply to other residential uses of the same type in the same zone. (Ord. 5048 § 2, 2021; Bakersfield Municipal Code Section 17.04.602)

“Transitional Housing” means buildings configured as rental housing, but operating under program requirements that require the termination of assistance and recirculation of the assisted unit to another eligible program recipient at some predetermined future point in time, which shall be no less than six months from the beginning of the assistance. Transitional housing units are residential uses subject only to those requirements and restrictions that apply to other residential uses of the same type in the same zone. (Ord. 5048 § 4, 2021; Bakersfield Municipal Code Section 17.04.602)

“Residential Facility” means any group care or similar facility, licensed by the state of California, for twenty-four hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual as provided in Section 1502 of the California Health and Safety Code. (Ord. 3964 § 4, 2000; Bakersfield Municipal Code Section 17.04.498)



Conditional Use Permit Verification - County

Date: _____

This is to acknowledge that the individual named below has expressed an interest in becoming a Housing Provider to offer housing for the clients served by **Kern Behavioral Health & Recovery Services**. Our Quality Standards process requires verification that each facility has acquired a Conditional Use Permit, if applicable, in order to adhere to County ordinance and zoning requirements.

PROVIDER INFORMATION (To be completed by Provider):

Provider's Name _____ Facility Name _____

Facility Address _____
Street City Zip

Type of Housing _____ Capacity _____ Zone _____

Is Facility Licensed in State of California? Yes No N/A

Licensing Agency _____ License Number _____

This section to be completed by Kern County Planning & Natural Resources Department

PLEASE VERIFY THE FOLLOWING INFORMATION:

Is a CUP required at the above location and for the capacity stated? Yes No

If a CUP is not required, is the proposed use allowed? Yes No

Has the use already been lawfully established? Yes No

Notes (if applicable):

Planner Signature Date

For Further Information, Please Contact
Housing Services – 661-868-7512
Kern Behavioral Health & Recovery Services



Emergency Action Plan (Template)

EMERGENCY RESPONSE ACTION PLAN

for

Facility Name

Facility Address

DATE PREPARED: __/__/__

EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

DESIGNATED RESPONSIBLE OFFICIAL:

Name: _____ Phone: (_____)

EMERGENCY COORDINATOR:

Name: _____ Phone: (_____)

AREA/FLOOR MONITORS (If applicable):

Area/Floor: _____ Name: _____ Phone: (_____)

Area/Floor: _____ Name: _____ Phone: (_____)

ASSISTANTS TO PHYSICALLY CHALLENGED (If applicable):

Name: _____ Phone: (_____)

Name: _____ Phone: (_____)

Date ___/___/___

EVACUATION ROUTES

Evacuation route maps have been posted in each work area. The following information is marked on evacuation maps:

1. Emergency exits
2. Primary and secondary evacuation routes
3. Locations of fire extinguishers
4. Fire alarm pull stations' location
 - a. Assembly points

Site personnel should know at least two evacuation routes.

EMERGENCY PHONE NUMBERS

FIRE DEPARTMENT: _____

PARAMEDICS: _____

AMBULANCE: _____

POLICE: _____

FEDERAL PROTECTIVE SERVICE: _____

SECURITY (If applicable): _____

BUILDING MANAGER (If applicable): _____

UTILITY COMPANY EMERGENCY CONTACTS

(Specify name of the company, phone number and point of contact)

ELECTRIC: _____

WATER: _____

GAS (if applicable): _____

TELEPHONE COMPANY: _____

Date: __/__/__

EMERGENCY REPORTING AND EVACUATION PROCEDURES

Types of emergencies to be reported by site personnel are:

- MEDICAL
- FIRE
- SEVERE WEATHER
- BOMB THREAT
- CHEMICAL SPILL
- STRUCTURE CLIMBING/DESCENDING
- EXTENDED POWER LOSS
- OTHER (specify)_____
- (e.g., terrorist attack/hostage taking)

MEDICAL EMERGENCY

Call medical emergency phone number (check applicable):

- Paramedics
- Ambulance
- Fire Department
- Other

Provide the following information:

- a. Nature of medical emergency,
- b. Location of the emergency (address, building, room number)
- c. Your name and phone number from which you are calling.
 - Do not move victim unless absolutely necessary.
 - Call the following personnel trained in CPR and First Aid to provide the required assistance prior to the arrival of the professional medical help:

Name: _____ Phone: _____

Name: _____ Phone: _____

If personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:

Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).

Clear the air passages using the Heimlich Maneuver in case of choking.

In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment. Attempt first aid ONLY if trained and qualified.

Date __/__/__

Pandemic Safety

Identify a list of healthcare facilities and/or testing sites where residents with symptoms can receive appropriate care, if needed.

Free Testing Sites in Kern County

- Mercy Hospital Downtown 2215 Truxtun Avenue.
- Bakersfield, California 93301 (661) 632-5000 Open 24 hours
- Mercy Hospital Southwest 400 Old River Road.
- Bakersfield, California (661) 663-6000 Open 24 hours
- Bakersfield Heart Hospital 3001 Sillect Avenue.
- Bakersfield, California (661) 316-6000 Opens 9am
- Memorial Hospital 420 34th Street.
- Bakersfield, California 93301 (661) 327-4647 Open 24 hours
- Adventist Health Bakersfield 2615 Chester Avenue.
- Bakersfield, California (661) 395-3000 Closes at 7pm
- Good Samaritan Hospital 901 Olive Drive.
- Bakersfield, California (661) 215-7500 Open 24 hours
- Kern Medical 1700 Mount Vernon Avenue.
- Bakersfield, California (661) 326-2000 Open 24 hours

The following points should be mentioned along with the facilities chosen process to ensure safety:

- Identify an area where residents can be placed in quarantine
- Clean and disinfect shared areas (such as exercise room, laundry facilities, shared bathrooms, and elevators) and frequently touched surfaces using EPA-registered disinfectants more than once a day if possible.
- Create plans to protect the staff and residents from spread of COVID-19 and help them put in place personal preventive measures. Encourage staff and residents to prepare and take action to protect themselves and others
- Follow the guidance and directives on community gatherings from your state and local health departments.

- Encourage social distancing by asking staff and residents to stay at least 6 feet (2 meters) apart from others and wear masks in any shared spaces, including spaces restricted to staff only.
- Consider any special needs or accommodations for those who need to take extra precautions, such as older adults, people with disabilities, and people of any age who have serious underlying medical conditions.
- Limit staff entering residents' rooms or living quarters unless it is necessary. Use virtual communications and check ins (phone or video chat), as appropriate.
- Limit the presence of non-essential volunteers and visitors in shared areas, when possible.
- Use physical barriers, such as sneeze guards, or extra tables or chairs, to protect front desk/check-in staff who will have interactions with residents, visitors, and the public.
- Provide COVID-19 prevention supplies for staff and residents in common areas at your facility, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and, if possible, masks that are washed or discarded after each use

FIRE EMERGENCY

When fire is discovered:

- Activate the nearest fire alarm (if installed)
- Notify the local Fire Department by calling
- If the fire alarm is not available, notify the site personnel about the fire emergency by the following means (check applicable):
 - Voice Communication
 - Phone
 - Radio
 - Other _____

Fight the fire ONLY if:

- The Fire Department has been notified.
- The fire is small and is not spreading to other areas.
- Escaping the area is possible by backing up to the nearest exit.
- The fire extinguisher is in working condition and personnel are trained to use it.

Upon being notified about the fire emergency, occupants must:

- Leave the building using the designated escape routes.
- Assemble in the designated area (specify location):
- Remain outside until the competent authority (Designated Official or designee) announces that it is safe to reenter.

Designated Official, Emergency Coordinator or supervisors must (underline one):

- Disconnect utilities and equipment unless doing so jeopardizes his/her safety.
- Coordinate an orderly evacuation of personnel.
- Perform an accurate head count of personnel reported to the designated area.

- Determine a rescue method to locate missing personnel.
- Provide the Fire Department personnel with the necessary information about the facility.
- Perform assessment and coordinate weather forecast office emergency closing procedures.

Area/Floor Monitors must:

- Ensure that all employees have evacuated the area/floor.
- Report any problems to the Emergency Coordinator at the assembly area.

Assistants to Physically Challenged should:

- Assist all physically challenged employees in emergency evacuation.

Date __/__/__

EXTENDED POWER LOSS

In the event of extended power loss to a facility certain precautionary measures should be taken depending on the geographical location and environment of the facility:

- Unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge causing damage to electronics and effecting sensitive equipment.
- Facilities with **freezing temperatures** should turn off and drain the following lines in the event of a long-term power loss.
 - Fire sprinkler system
 - Standpipes
 - Potable water lines
 - Toilets
- Add pharmaceutical or food grade propylene-glycol in a mixture of 30% to 70% water to drains to prevent traps from freezing
- Equipment that contain fluids that may freeze due to long term exposure to freezing temperatures should be moved to heated areas, drained of liquids, or provided with auxiliary heat sources.

Upon Restoration of heat and power:

- Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry.
- Fire and potable water piping should be checked for leaks from freeze damage after the heat has been restored to the facility and water turned back on.

CHEMICAL SPILL

The following are the locations of:

Spill Containment and Security Equipment: _____

Personal Protective Equipment (PPE):

MSDS: _____

- When a Large Chemical Spill has occurred:
- Immediately notify the designated official and Emergency Coordinator.
- Contain the spill with available equipment (e.g., pads, booms, absorbent powder, etc.).
- Secure the area and alert other site personnel.
- Do not attempt to clean the spill unless trained to do so.
- Attend to injured personnel and call the medical emergency number, if required.
- Call a local spill cleanup company or the Fire Department (if arrangement has been made) to perform a large chemical (e.g., mercury) spill cleanup.

Name of Spill Cleanup Company: _____

Phone Number: _____

- Evacuate building as necessary

When a Small Chemical Spill has occurred:

- Notify the Emergency Coordinator and/or supervisor (select one).
- If toxic fumes are present, secure the area (with caution tapes or cones) to prevent other personnel from entering.
- Deal with the spill in accordance with the instructions described in the MSDS.
- Small spills must be handled in a safe manner, while wearing the proper PPE.
- Review the general spill cleanup procedures.

Date ___/___/___

STRUCTURE CLIMBING/DESCENDING EMERGENCIES

List structures maintained by site personnel (tower, river gauge, etc.):

No.	Structure Type	Location (address, if applicable)	Emergency Response Organization* (if available within 30-minute response time)

Emergency Response Organization(s):

Name _____ Phone Number _____

Name _____ Phone Number _____

(Attach Emergency Response Agreement if available)

* - N/A. If no Emergency Response Organization available within 30-minute response time additional personnel trained in rescue operations and equipped with rescue kit must accompany the climber(s).

TELEPHONE BOMB THREAT CHECKLIST

INSTRUCTIONS: BE CALM, BE COURTEOUS. LISTEN. DO NOT INTERRUPT THE CALLER.

YOUR NAME: _____ TIME: _____ DATE: _____

CALLER'S IDENTITY SEX: Male ___ Female ___ Adult ___ Juvenile ___ APPROXIMATE AGE: _____

ORIGIN OF CALL: Local _____ Long Distance _____ Telephone Booth _____

VOICE CHARACTERISTICS	SPEECH	LANGUAGE
___ Loud ___ Soft	___ Fast ___ Slow	___ Excellent ___ Good
___ High Pitch ___ Deep	___ Distinct ___ Distorted	___ Fair ___ Poor
___ Raspy ___ Pleasant	___ Stutter ___ Nasal	___ Foul _____
___ Intoxicated _____	___ Slurred _____	Other
Other	Other	
ACCENT	MANNER	BACKGROUND NOISES
___ Local ___ Not Local	___ Calm ___ Angry	___ Factory ___ Trains
___ Foreign ___ Region	___ Rational ___ Irrational	___ Machines ___ Animals
___ Race	___ Coherent ___ Incoherent	___ Music ___ Quiet
	___ Deliberate ___ Emotional	___ Office ___ Voices
	___ Righteous ___ Laughing	___ Machines ___ Airplanes
		___ Street ___ Party
		___ Traffic ___ Atmosphere

BOMB FACTS

PRETEND DIFFICULTY HEARING - KEEP CALLER TALKING - IF CALLER SEEMS AGREEABLE TO FURTHER CONVERSATION, ASK QUESTIONS LIKE:

When will it go off? Certain Hour ___ Time Remaining _____

Where is it located? Building _____ Area _____

What kind of bomb? _____

What kind of package? _____

How do you know so much about the bomb? _____

What is your name and address? _____

If building is occupied, inform caller that detonation could cause injury or death.

Activate malicious call trace: Hang up phone and do not answer another line. Choose same line and dial *57 (if your phone system has this capability). Listen for the confirmation announcement and hang up.

Call Security at _____ and relay information about call.

Did the caller appear familiar with plant or building (by his/her description of the bomb location)? Write out the message in its entirety and any other comments on a separate sheet of paper and attach to this checklist. Notify your supervisor immediately.

SEVERE WEATHER AND NATURAL DISASTERS

Tornado:

- When a warning is issued by sirens or other means, seek inside shelter. Consider the following:
 - Small interior rooms on the lowest floor and without windows,
 - Hallways on the lowest floor away from doors and windows, and
 - Rooms constructed with reinforced concrete, brick, or block with no windows.
- Stay away from outside walls and windows.
- Use arms to protect head and neck.
- Remain sheltered until the tornado threat is announced to be over.

Earthquake:

- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Keep away from overhead fixtures, windows, filing cabinets, and electrical power.
- Assist people with disabilities in finding a safe place.
- Evacuate as instructed by the Emergency Coordinator and/or the designated official.

Flood:

If indoors:

- Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
- Follow the recommended primary or secondary evacuation routes.

If outdoors:

- Climb to high ground and stay there.
- Avoid walking or driving through flood water.
- If car stalls, abandon it immediately and climb to a higher ground.

CRITICAL OPERATIONS

During some emergency situations, it will be necessary for some specially assigned personnel to remain at the work areas to perform critical operations.

Assignments:

Work Area	Name	Job Title	Description of Assignment

Personnel involved in critical operations may remain on the site upon the permission of the site designated official or Emergency Coordinator.

In case emergency situation will not permit any of the personnel to remain at the facility, the designated official or other assigned personnel shall notify the appropriate _____ offices to initiate backups. This information can be obtained from the Emergency Evacuation Procedures included in the _____ Manual.

The following offices should be contacted:

Name/Location: _____

Telephone Number: _____

Name/Location: _____

Telephone Number: _____

Name/Location: _____

Telephone Number: _____

TRAINING

The following personnel have been trained to ensure a safe and orderly emergency evacuation of other employees:

Facility:

Name	Title	Responsibility	Date

EMERGENCY RESPONSE ACTION PLAN - INFORMATION SHEET

NAME OF FACILITY	ADMINISTRATOR OR FACILITY
------------------	---------------------------

I. ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SIDE IF ADDITIONAL SPACE IS NEEDED)

NAME(S) OF STAFF	TITLE	ASSIGNMENT
EXAMPLE: ANNA	ADMINISTRATOR	DIRECT EVACUATION/PERSON COUNT
1.		Handle First Aid
2.		Telephone Emergency Numbers
3.		Transportation
4.		Notify Family/ Case Managers
5.		Notify Appropriate Agencies

II. EMERGENCY NAMES AND TELEPHONE NUMBERS (In addition to 9-1-1)

FIRE/PARAMEDICS	POLICE/SHERIFF
HOSPITAL(S)	KERN BEHAVIORAL HEALTH AND RECOVERY SERVICES: CRISIS HOTLINE (800) 991-5272
UTILITY COMPANY: Electric UTILITY COMPANY: Gas UTILITY COMPANY: Water	KERN BEHAVIORAL HEALTH AND RECOVERY SERVICES: PSYCHIATRIC EVALUATION CENTER (661) 868-8034 ACCESS AND ASSESSMENT CENTER (661) 868-8123 SUD ACCESS LINE (866) 266-4898
AGING AND ADULT SERVICES (661) 868-1000	KERN BEHAVIORAL HEALTH AND RECOVERY SERVICES SUD ACCESS LINE (866) 266-4898
LONG TERM CARE OMBUDSMAN (661) 325-5943	KERN BEHAVIORAL HEALTH AND RECOVERY SERVICES: Patient Rights (884) 360-8250
POISON CONTROL (888) 222-1222	KERN BEHAVIORAL HEALTH AND RECOVERY SERVICES: Housing Services (661) 868-5088

III. TEMPORARY RELOCATION SITES

NAME: Example: Safety Inn	ADDRESS: 1122 Bliss Street, Bakersfield, CA 93333	PHONE: (555) 123-4567
NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:

IV. UTILITY SHUT-OFF LOCATIONS

EXAMPLE: Electricity- South side of building at edge of patio
Electricity:
Gas:
Water:

V. FIRST AID KIT:

Location:

AS ADMINISTRATOR OF THIS FACILITY, I ASSUME RESPONSIBILITY FOR THIS PLAN FOR PROVIDING EMERGENCY SERVICES AS INDICTED BELOW. I SHALL INSTRUCT ALL CLIENTS/RESIDENTS, AGE AND ABILITIES PERMITTING, ANDY STAFF AND/OR HOUSEHOLD MEMBERS AS NEEDED IN THEIR DUTIES AND RESPOSIBILITIES UNDER THIS PLAN.

SIGNATURE	DATE
------------------	-------------

PUBLIC SAFETY POWER SHUTOFF
KernBHRS Contractor Continuity of Operations Plan

ORGANIZATION:	SITE:
SITE RISK TIER <i>(as determined by PGE mapping)</i> : <input type="checkbox"/> Tier 3 <i>(high risk; red)</i> <input type="checkbox"/> Tier 2 <i>(medium risk, orange)</i> <input type="checkbox"/> Tier 1 <i>(low risk, no color)</i>	
SITE ADDRESS:	SITE PHONE NUMBER:
PRIMARY CONTACT NAME:	TITLE:
PHONE NUMBER(S)	EMAIL ADDRESS:
SECONDARY CONTACT NAME:	TITLE:
PHONE NUMBER(S)	EMAIL ADDRESS:
ADDITIONAL CONTACT NAME:	TITLE:
PHONE NUMBER(S)	EMAIL ADDRESS:

ACTION	COMPLETED	INITIALS / SIGNATURE
Maintain phone list for all staff contacts and phone numbers in case of emergency notification	<input type="checkbox"/>	
Run client list for clients with urgent needs and upcoming appointments.	<input type="checkbox"/>	

<ul style="list-style-type: none"> • Tier 3 clinics/sites: Run and review reports weekly and maintained printed versions of clients and weekly upcoming appointments • Tier 1 & 2 clinics/sites: Identify clients and maintain lists for high needs clients. Run reports as needed or when notified as necessary. 		
Post notifications in all clinic/site locations on doors and in lobbies for emergency outage procedures	<input type="checkbox"/>	
Notifications mailed to clients identified with special / high risk needs for emergency operations plan. Tier 3 clinic/sites only.	<input type="checkbox"/>	
Complete a 48-hour Power Shut Off Operations Plan and submit to KernBHRS DOC	<input type="checkbox"/>	

48 Hour Power Shut Off Operations Plan

Steps to be taken when 48 Hour Notification occurs:

In case of 48 hour shut-off, emergency clinic/site operations can be diverted to *(clinic name, location)*.

High risks client notification plan:

Medical resources planning

Please provide information regarding MD or nursing coverage that can be provided for refills, medication needs, etc. If no back up coverage is available, please identify this gap and what the need would be.

Local Pharmacies in the area serving outpatient clients:

Gaps/immediate needs identified:
Staff identified to run and review client list and scheduled services lists:
Other information:



Unusual Occurrence Report

Date of Report: _____ Name of Person Reporting: _____
 Date of Incident: _____ Time of Incident: _____
 Date Known to Agency: _____ Time Known to Agency: _____
 Reporting Agency Name: _____
 Reporting Agency Address: _____
 Location of Incident: _____

Who was involved? Facility Staff Facility Resident Visitor
 Was there an alleged perpetrator? Yes No
 Was there a witness (if applicable)? Yes No

Note: Do not enter the name(s) of alleged victim(s) into this form. Housing Services will contact you to confirm the name(s) after the form has been submitted.

Type of Incident (Check All Appropriate Categories)

- Death, Other than Suicide
- Death, Suspected or known Suicide
- Suicide Attempt requiring Emergency Medical Treatment (EMT)
- Intentional Injury (Not Suicide Attempt) requiring EMT
- Client injured staff/another resident/visitor at site
- Injury Not Intentional (Known or Unknown Cause)
- Alleged Physical/Sexual Abuse
- Alleged Physical/Sexual Assault
- Sexual Contact
- Overdose
- Other (Please Explain): _____
- Alleged Exploitation
- Alleged Neglect
- Alleged Verbal/Psychological Abuse
- Rights Violation
- Theft/Fire
- Media Interest
- Property Loss
- Contraband
- Criminal Activity
- Medical Emergency





Provide a detailed description of the incident (Do not include names of victims of perpetrators)

**Please send this completed form through encrypted email to
HousingServices@KernBHRS.org**





Site Visit Tool

Facility:	
Address	
Contact Person:	
Reviewer/s:	
Date of Site Visit:	

Facility Type		Total Beds		Avail Beds		Co-ed Beds	Avail Co-ed Beds	Referral		Type of Site Visit	
		M	F	M	F	M / F	M / F				
SLE	<input type="checkbox"/>	0	0	0	0	0	0	AB109	0	New Provider Review	<input type="checkbox"/>
R & B	<input type="checkbox"/>	0	0	0	0	0	0	KBHRS	0	Quarterly	<input type="checkbox"/>
ARF	<input type="checkbox"/>	0	0	0	0	0	0	Probation	0	QS Annual Review	<input type="checkbox"/>
RCFE	<input type="checkbox"/>	0	0	0	0	0	0	Self	0	Complaint	<input type="checkbox"/>
								Other	0	Other	<input type="checkbox"/>

SITE REVIEW

Minimum Operational Requirements	YES	NO	NA
The Behavioral Health Housing Facility includes the following components:			
Outside areas are pleasing to the eye; front yard is neat, clean and free of debris. Backyard is neat, clean and free of debris. It is also available and comfortable for resident's use such as smoking, relaxing and gathering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documented regular meetings between facility personnel and residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for residents to participate in life skills activities such as cooking, housekeeping, and gardening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility has a living room area with adequate space for residents to assemble for social and/or other group activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each resident has adequate personal space for privacy and security of personal property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility displays evidence of residents' personal possessions and decorations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The residents have access to adequate nutritious meals and snacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility has established procedures regarding the assignment of roommates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The residents have access to community, cultural, recreational and spiritual activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			





Fire and Health Standards	YES	NO	NA
The following minimum fire and health requirements are followed at all times:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There will be no smoking inside the building, by staff, residents or visitors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking materials will be disposed of safely in appropriate containers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living and sleeping areas are free of clutter and clothing is in closets and dressers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke detectors, fire extinguishers and carbon-monoxide detectors are installed according to fire marshal regulations and requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit doors are clearly marked and easily accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire drills from sleeping areas are conducted and listed in a master log.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency exit routes are clearly posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The kitchen and dining areas are to be kept clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food is stored in sealed containers in the refrigerator(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The refrigerator(s) is kept clean inside and out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stove(s) and oven(s) are kept clean and free of grease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The dining room can seat the number of residents in the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen garbage is taken out daily to prevent health hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is adequate hot water for dishwashing and bathing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms are kept clean daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms are free of mold, grime, and stains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The home is free of cockroach, bed bug and rodent infestation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buildings are properly maintained and clean inside and outside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			

Kitchen Facilities	YES	NO	NA
Kitchen facilities or services are available for the residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents are provided with a copy of a food preparation and service policy if meals are not included in the facility fees. The policy includes, at a minimum, the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The kitchen is kept clean and food shall be properly stored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen facilities provide cooking and storage space to meet the needs of the residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is adequate seating in the dining area for all residents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>





COMMENTS:

Living Space	YES	NO	NA
The facility provides comfortable living space for residents.			
Each resident will have his or her own bed on a bed frame and located in a bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The bedrooms will not be overcrowded and must not be used for any other purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms will include a designated closet and dresser space for each resident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms will be conveniently located and provide adequate facilities for hygiene and privacy for each resident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The bathrooms will be clean, provide privacy and contain adequate soap and toilet paper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A community living area that is available to all residents and guests for meetings and house events such as parties, holidays and celebrations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

Security	YES	NO	NA
The facility maintains proper security, including at a minimum:			
All exterior doors and windows will open and close and have working locks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors to the facility will sign in and out using their full names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff in charge of the facility will be easily identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:





Resident Files	YES	NO	NA
Resident files are maintained in the following manner:			
All files are kept in a locked cabinet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each resident has a single file and the contents are not commingled with another resident's file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to the files is limited to the Director and other specified personnel who must access the files.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that files contain all elements outlined in Policy and Procedure Manual. (Administrative Review D).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SLE ONLY - The resident's medication list and dosage amount:			
Resident Log: This is a continuing record of residents as they enter and are discharged from the program residence. The log includes referral to the home and circumstances of exit from the program so that management and staff have a quick review of residents registered in a given year, along with the number of people moving out and the reasons for doing so.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Services will not access individual files of residents who have not been referred by the criminal justice and/or mental health system without informed consent, court order or application of any an exemption to 42 CFR Part 2. The waiver and authorization of voluntary residents does not constitute permission to access the voluntary residents' files.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			

Visitation Rules	YES	NO	NA
The facility has a visitation policy that includes, at a minimum, the following safeguards:			
All visitors sign in and out of the facility, using their full names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors leave the facility no later than 10:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designated visiting areas are located in the common living areas of the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All staff, residents, and visitors shall be clean and sober while on the premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors are not to be left alone in the facility at any time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No adult or child visitor shall stay overnight in the facility unless the facility is specifically licensed by the State of California for such purpose, or unless such visitation is pursuant to court order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulations regarding children visiting the facility include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific hours for visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The type of supervision required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restriction of children to the common areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





COMMENTS:

Resident Log	YES	NO	NA
The facility maintains a continuing record of all residents as they enter and exit the facility.			
Logs are retained for at least one year after the last entry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logs include in and out records of the date, time, destination, and resident's name for each entrance to and exit from the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			

Drug and Alcohol Testing - SLE ONLY	YES	NO	NA
The facility conducts random drug testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing occurs at intake and no less frequently than one time per month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A testing log is maintained in a master file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All testing results are maintained in the residents' files.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive tests are reported immediately to the probation officer, parole agent or to the courts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents sign acknowledgement of drug testing standards at the time of their intake appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy states how many positive tests are allowed before a resident is discharged from the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A relapse policy specifies the criteria for re-entry to the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			





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ADMINISTRATIVE REVIEW – COMPLETE BEFORE SITE VISIT

Conditional Use Permit, Fire Inspection, Business License, Insurance - Request Documents for Proof	YES	NO	NA
Zoning Conformance form confirms that the facility and proposed use complies with all applicable zoning and land use regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant has completed and provided documentation of a Fire Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant has a current Business License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant has provided proof of Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			

Policy and Procedure Manual - GOOD NEIGHBOR	YES	NO	NA
Facility maintains a policy and procedure manual on site, which is available to staff members. The manual contains, at a minimum, the following components:			
The facility has a Good Neighbor plan that may be put into effect as soon as the facility opens its doors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility has a written procedure to address neighborhood complaints:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The neighboring residences are advised of the facility's complaint procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One person is assigned to handle neighborhood complaints in a positive manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility addresses the problem immediately to avoid recurrence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The complainant is encouraged to contact KernBHRS Housing Services if the problem has not been resolved by the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff and residents display an attitude reflecting their desires to be productive members of the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff and residents only use the backyard for outside activities, such as socializing and smoking: not the front yard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff and residents do not play radios or other music outside the house or in a manner that would disturb neighbors or other residents inside the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff and residents do not borrow money or items from neighbors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff and residents do not use loud, abusive, or vulgar language in or around the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			





Prescribed Medication	YES	NO	NA
The facility has a written policy regarding the use and storage of residents' prescribed medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications are properly secured in a locked cabinet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility does not dispense medication but makes residents' medications available to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication doses are recorded on the Medication Log, signed by staff and resident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			

Pest Control	YES	NO	NA
The Facility will have a written pest control policy that includes the following:			
Checking for bed bugs, lice or scabies or any other general pests upon admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The method for controlling bed bug, lice, scabies or other general pests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The plan to monitor infestation of any kind until the individual/residence is cleared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			

STAFF	YES	NO	NA
Facility maintains a policy and procedure manual on site, which is available to staff members. The manual contains, at a minimum, the following components:			
Job descriptions for all staff positions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A formal staff discharges procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An organization chart of the entire agency, that shows lines of authority that is updated annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An Equal Opportunity Employment statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A procedure to immediately notify KernBHRS Housing Services of changes in the facility's administrative staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





A procedure for reporting unusual occurrences (KernBHRS provides the unusual occurrence form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Drug-Free Workplace policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Discrimination Procedures:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A written prohibition against sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A written prohibition against discrimination in the provision of services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A written policy against the inappropriate use of prescribed medications at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A written policy against personal and financial conflicts of interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each staff member whose duties involve contact with residents' medication, money, financial documents, or reports has undergone a background investigation and the results are contained in their personnel file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility has a written policy that lists the persons authorized to provide reports, letters, and other correspondence to any Court, County Department or agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			

Intake and Admission	YES	NO	NA
The facility maintains proper security, including at a minimum:			
The facility will have a written intake and admission procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the intake and admission appointment the facility staff will complete the following for potential residents:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review the individual's treatment plan recommendations from other referral sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist the individual in implementing any treatment-related court orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify any of the individual's prescribed medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide the individual with a copy of the facility rules and procedures, and ensure the acknowledgment form is signed and kept in the resident's file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Require all consent forms and confidentiality waivers are signed by the individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist the individual in reading, understanding initialing, and signing all forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide the individual with the procedure for assigning roommates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			





Employee and Procedure Manual - Authorized Personnel	YES	NO	NA
Facility maintains a policy and procedure manual on site, which is available to staff members. The manual contains, at a minimum, the following components:			
The facility has a written policy that lists the persons authorized to provide reports, letters, and/or other correspondence to any Court, County Department or agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SLE Only - The facility submits accurate resident progress reports to the appropriate court, County Department, agency, or office, upon request, or as required by the terms of the criminal justice referral.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			

PAYMENT AND SCHEDULE OF FEES	YES	NO	NA
Facility maintains a policy and procedure manual on site, which is available to staff members. The manual contains, at a minimum, the following components:			
A written policy regarding fee payments, advanced fee payment, late payments, payment plans, and refunds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A written policy regarding the receipts for payments that includes the resident name, facility name, the purpose of the fee, the date and the name of the person issuing the receipt, and the time frame for which the fee was paid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each facility will have a written fee schedule that is provided to all residents and is posted at the facility, including a sliding fee scale if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The sliding scale fee schedule is published.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A facility may use the treatment providers completed financial assessment to determine and individual's ability to pay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities will advise all individuals of the exact fees required for the facility, and fee payment policies or procedures at the time the resident is admitted into the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A facility will not charge a resident more than the actual cost to the facility for supplies and staff time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals are notified at Intake what items are included and which items the resident must provide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility follows all procedures required by the Kern County Department of Human Services to accept a resident's General Assistance rent allowance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





COMMENTS:

RESIDENT FILE CONTENTS			
Facility maintains a policy and procedure manual on site, which is available to staff members. The manual contains, at a minimum, the following components:			
Individual resident files contain, at a minimum, the following:	YES	NO	NA
Date of the resident's entry and completion or termination date from the facility, including the circumstances of his or her exit from the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The resident's fee payment record, including date and amount of each payment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An initialed and signed copy of the rules, regulations, intake forms and sliding fee schedules that have been individually signed and dated by the resident upon entry into the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SLE ONLY - Standard form(s) authorizing disclosure of information to the criminal justice agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SLE ONLY - Copies of all progress reports and all correspondence concerning the resident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SLE ONLY - Dates and results of all drug and alcohol tests, and documentation that the results have been sent to the Probation Department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			





Sample Housing Services Funding Letter

Date:

Re: Housing Funding Letter

Dear Housing Provider

Short-term Bridge Housing will be paid for by Kern Behavioral Health and Recovery Services per the information listed below:

Name of Provider:

Monthly Rate:

Client Name:

Client will pay:

directly to the Provider beginning:

Funding Period: Beginning:

Ending:

Case Manager:

Phone:

Please contact the Case Manager and Housing Services Team if the client leaves prior to the end of the funding period specified in this letter.

Your dedication to provide clean, safe housing for the individuals we serve creates a better outcome for recovery. Please use this letter as back up documentation for your ledger.

If the client leaves the facility for any reason before the end of the funding period, please X the actual bed days and return to Housing Services by encrypted email at

HousingServices@KernBHRS.org

Sincerely,

Tishawna Mims, LMFT,
KernBHRS Housing Services Manager

CC: Case Manager

TM:EC

If the client leaves the facility for any reason before the end of the funding period, please X the actual bed days and return to Housing Services by encrypted email at HousingServices@KernBHRS.org

Month:						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	9	10	11	12	13	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	16	17	18	19	20	21
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	30	31				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				





Sample Housing Services Funding Termination Letter

Re: Termination Letter

Dear Housing Provider:

Housing paid for by Kern Behavioral Health and Recovery Services will terminate per the information listed below:

Name of Provider:

Resident/Client Name:

Ending Date:

As of the date above, the client will no longer be funded through Kern BHRS.

Case Manager:

Phone:

Client Signature: _____ Date: _____

Please verify that you have received this funding letter by encrypted email at HousingServices@KernBHRS.org to ensure we begin the documentation process for funding.

Please use this letter as back up documentation for your ledger.

Sincerely,

Tishawna Mims, LMFT, KernBHRS Housing Services Manager

CC: Case Manager

TM:EC

