



TREATMENT TEAM NOTIFICATION AGREEMENT

KernBHRS Housing Services
Housing Providers

As a Kern Behavioral Health & Recovery Services Approved Quality Standards Housing Provider, I have a responsibility to residents who are linked to Behavioral Health Treatment Teams, *including Kern Behavioral Health and Recovery Services, Clinica Sierra Vista, College Community Services, Mental Health Systems, Inc aka Turn Behavioral Health Services, Child Guidance Center Bakersfield Adult, and/or other contracted Behavioral Health Providers.*

1. The Quality Standards Housing 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 resident/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 resident/client from the residence/facility, the provider will contact both the treatment team and Housing Services prior to taking any actions.
2. Notify Housing Services of any issues that results in the need to move Kern Behavioral Health and Recovery Services or Contracted Behavioral Health Provider client's from current location to any other facility, including other locations that may or may not be an approved Quality Standards Provider

In signing this document, I agree to operate the home/facility in accordance with the Treatment Notification Agreement as best practice and common courtesy for the Treatment Team staff and for the resident's best interest.

My signature below indicates my agreement to abide by this **Treatment Team Notification Agreement**.

Name (print): _____ Signature: _____

Name of Facility: _____ Date: _____