Community Connections Supportive Housing Program
High Utilizers of Emergent Services and Jail Re-entry

Bernalillo County Department of Behavioral Health Services and Housing Department

Policies and Procedures

Purpose:

The Community Connections Supportive Housing Program provides services and housing to a target population of homeless or precariously housed persons with mental illness or co-occurring disorders or other disabilities or whose lack of community based services may have resulted in criminal justice system involvement. This program provides high quality intensive wrap-around services and housing subsidies to support the individual's successful reintegration and long-term stability in the community.

Introduction

Program Description

Community Connections Supportive Housing Program provides housing subsidies and intensive supportive services for clients with behavioral health conditions who are homeless, precariously housed or at risk of becoming homeless. Community Connections Supportive Housing Program also provides housing subsidies and supportive services for homeless or precariously housed individuals exiting incarceration or frequently booked into Metropolitan Detention Center and/or high utilizers of emergency and detoxification services. The rental assistance is provided through rental vouchers paid to area landlords on behalf of program clients. Through the combination of rental assistance and an array of wrap around support services, this program will help clients to reduce the use of emergent services, maintain permanent housing, and access additional needed supports necessary to be successful in permanent housing. For clients releasing from incarceration this program will help clients to reduce recidivism, comply with all court directives, maintain permanent housing, and access additional needed supports necessary to be successful in permanent housing.

A Harm Reduction Model

Community Connections is a Harm Reduction Model that does not require initial abstinence from substance use, but does require interest and willingness to reduce harm associated with use. This may include health, psychiatric, legal, financial, and social problems while working to improve other aspects of their lives. The goal of the harm reduction model is to maximize access to and minimize loss of housing, while taking into account the rights of the individual. This means that while residents will not be required to be sober from substances upon entry to the program they will be expected to connect with services, supports, employment and social activities provided by the case management services. Continued participation in the program is determined by adherence to these expectations and on participant functioning, not by whether participants engage in high-risk behaviors.

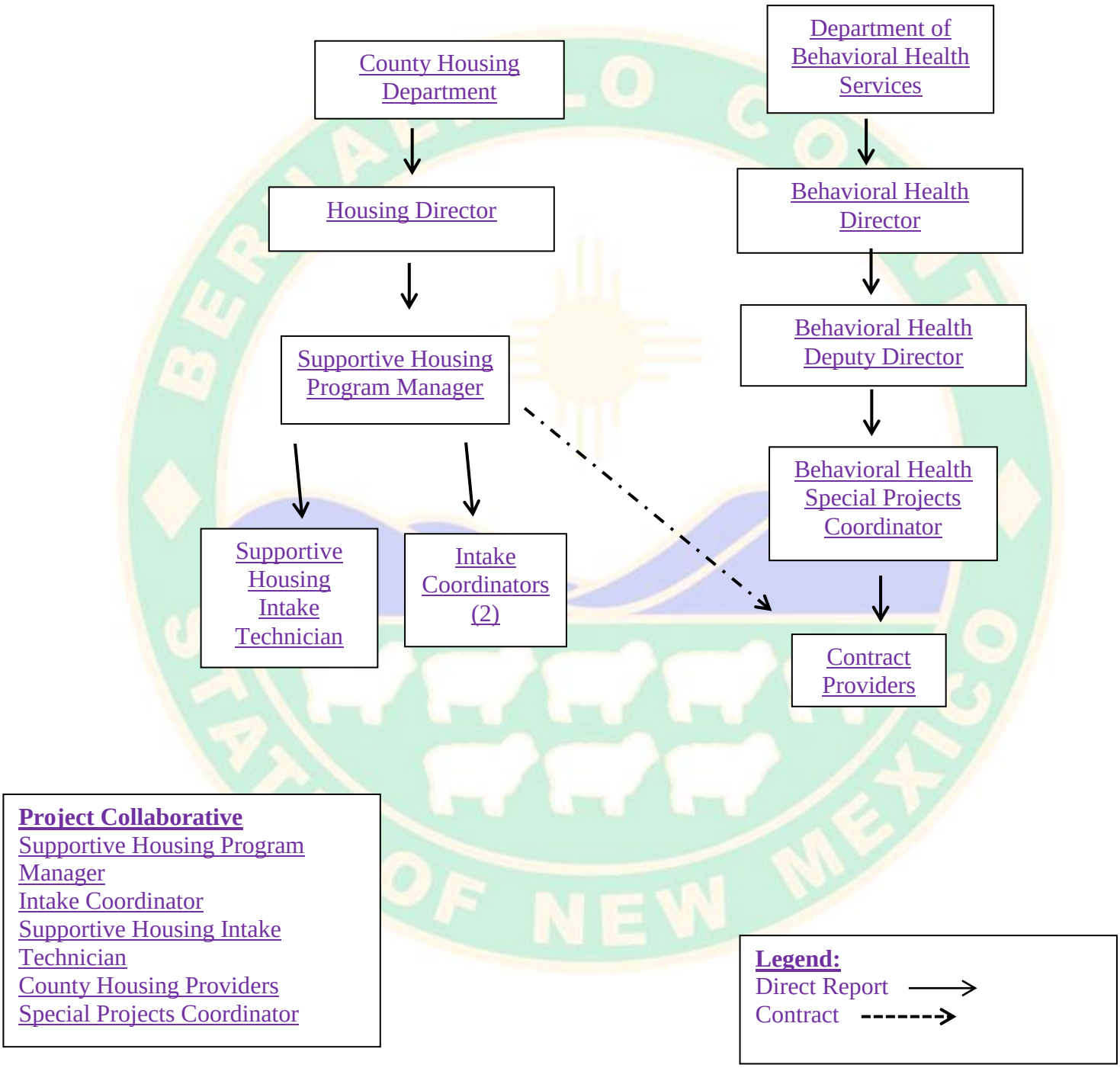
Program Structure

The Community Connections Supportive Housing (CCSH) Program is under the Department of Behavioral Health Services in collaboration with the County Housing Department. The program is funded by Behavioral Health Tax dollars and part of the Behavioral Health Initiative continuum of programs. Administration of the program and housing vouchers is done in collaboration with Bernalillo County Housing Department.

The Re-Entry aspect of the CCSH program is a collaboration between the City of Albuquerque and Bernalillo County with each entity funding certain employees or contractors, service providers and housing vouchers. The Community Connections Supportive Housing Program is collaboration between the Department of Behavioral Health Services and the City of Albuquerque Department of Family and Community Services. Housing vouchers funded by Bernalillo County will be issued and supervised by the Bernalillo County Housing Department. Housing Vouchers funded by the City of Albuquerque will be managed through COA, Family and Community Services contracts. Wrap around support services are provided by community based agencies through contract with either Bernalillo County or the City of Albuquerque. Other criminal justice partners include District Court and Metropolitan Court and their

pretrial supervision agencies, MDC and, in particular, it's Psychiatric Services Unit, the Law Offices of the Public Defender, and law enforcement agencies.

Community Connections Supportive Housing Program Administrative Structure



Policy Sources

CCSH policies and procedures are set out in this document. Policies and procedures are subject to change as program implementation may dictate. Where not specifically addressed in these policies, the policies of the respective governmental departments will be utilized. In particular, the Bernalillo County Housing Department has developed policies that address all housing related matters such as household composition and income calculation with a greater level of detail than provided here and will apply as applicable. Although not bound by HUD policies and procedures in this program, HUD policies may be referred to for guidance on an issue not addressed by these policies.

Related policies and official documents

A. Bernalillo County Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice
B. 42 CFR Part 2- Confidentiality of Alcohol and Drug Abuse Patient Records
C. Bernalillo County Policies and Official Documents
D. Bernalillo County Anti-Harassment Policy
E. Bernalillo County Sexual Harassment Policy
F. Bernalillo County Controlled Substances Abuse and Alcohol Misuse Policy
G. Bernalillo County Housing Department: Administrative Plan

Application Process

Initial Review of Referral

Applicants may be referred from multiple sources inside the behavioral health or criminal justice system, various social service organizations. Referrals are made to the Intake Coordinators on the **referral/Pre-Application Form** and can be made by electronic submission. Upon receipt of the referral, the client will be entered into the Housing Department database. Following this, the BC/ Intake Coordinators will make initial contact with the client and referral source. No self-referrals accepted.

The referral must include the referral form(s), the required hospital, behavioral health, income and homeless or precariously housed documentation. The BC Coordinators will verify all information provided by the referral source to the housing department. The Intake Coordinators will also verify MDC and PAC unit bookings, as well as County Behavioral Health program participation (admissions and bookings).

If accepted the client will be placed on the CCSH wait list that best suits the applicant's needs (i.e.: transitional living, scattered site, single site). If the client is denied based on not meeting criteria, a **Housing Withdrawal letter** will be provided to the referral source and client. The client will be removed from the Housing Department wait list.

Re-Entry Specifications
For Re-Entry population the Intake Coordinators will work with interested parties to collect information including current charges, pending court dates, medical and mental health assessments. The intake Coordinators will determine whether the applicant is likely to be released from incarceration. If the applicant is a pretrial defendant, the Intake Coordinators will consult with the public defender's office to determine the likelihood of incarceration upon disposition. Persons highly likely to be incarcerated upon sentencing will not be considered eligible.

CCSH Program Criteria

Eligibility Criteria

All clients must be homeless or precariously housed, have a documented behavioral health condition, confirmed by a behavioral health provider once client is referred, low income as defined by HUD income criteria, have the ability to complete activities of daily living independently (see ADL checklist in Appendix 1) and agree to participate in case management home visitation and service planning.

Transitional housing/ motel voucher clients must also meet one or more of the below criteria:

a. Has been accepted to a sober living community in Bernalillo County.
b. Is connected to behavioral health services in the community and/or through the behavioral health initiative and is in need of short term housing in order to meet program goals.

Scattered site clients must also meet one or more of the below criteria- Must meet qualifying criteria within Bernalillo County:

c. Two or more inpatient hospital admissions in a 12-month period or three or more behavioral health related encounters with PES or the ED in a 6-month period of time.
d. One or more admissions in a 24-month period to County Behavioral Health Services programs (supportive aftercare, detox)
e. Three or more bookings at MDC in the last five years and placed in the PAC Unit at least one of the three times.

Single site clients must also meet one or more of the below criteria:

f. Four or more inpatient hospital admissions in a 12-month period or five or more behavioral health related encounters with PES or the ED in a 6-month period of time.
g. Three or more admissions in a 24-month period to County Behavioral Health Services programs (supportive aftercare, detox)
h. Five or more bookings at MDC in the last five years and placed in the PAC Unit at least one of the Five times.
i. Clients have failed out of CCSH scattered site housing due to intensity of behavioral health needs.

j. Clients who have a score of 13 or higher on VI-SPIDAT.

*INCOMPLETE REFERRAL FORMS OR INFORMATION ARE RETURNED BY INTAKE COORDINATORS CITING CORRECTIONS NEEDED

Rejection Criteria

Written criteria for rejecting admission requests are uniformly applied to all prospective clients and are documented in the **Housing Withdrawal letter** as follows:

a. Any person not meeting program criteria
b. Any person self-referring to the program

c. Any person who has an extensive violent criminal history, is actively violent, an active gang member, has been convicted as a sex offender or otherwise needs a secure holding facility, or who has a no-contact restraining order against them; (Other types of restraining orders may not prohibit admission, such as an order not to sell marital property, not enter a family home, not remove children from the state, or not possess or buy a firearm).
d. Any person who is under the age of eighteen.
e. Any person who will remain incarcerated for longer than 60 days at the time of full application.
f. Any person who has an active warrant and cannot resolve it in 14 days at the time of full application.
g. Any person who is in need of inpatient substance abuse treatment.
h. Any person who is actively suicidal and requires inpatient treatment.
i. Any person who has a physical or medical condition that is unstable or can only be safely treated in a hospital.
j. Any person who does not consent to participate in the program, programming requirements, case management planning and individually identified goals that may include testing for drugs and alcohol.
k. Any person needing assistance with activities of daily living (ADL). An Assistance with Activities of Daily Living (ADL) checklist is included at the end of these procedures.
l. Any person who is not contactable by the Housing Department or contract case management provider or fails to attend scheduled assessments or interviews two times or more.
m. Exceptions to these rejection criteria can be made by the DBHS Director and Housing Director in consultation with each other's departments or designee.

*Clients who are rejected may reapply to the program if their situation has changed.

Initial Review of Referral to Application

1. Accepted referrals and referral sources will be contacted to complete a full application as they move up the waiting list. The Supportive Housing Manager, will work workflow upcoming applicants with the Intake Coordinators.
2. If through the application process it is determined that the applicant is not eligible for the program, the application will be denied. The Intake Coordinators will provide a **Housing Withdrawal letter** to the applicant and the referral source.

Client Application

Persons who have been determined by the Intake Coordinators to meet the initial referral qualifications and have been placed on the wait list, will be asked to complete the full **Application for CCSH.** The information collected in the document will further assist the Intake Coordinators in re-verifying eligibility and ensuring the individual is still interested in the CCSH program. To ensure consistency of data collected from clients, the Intake Coordinators will assist the client to complete the application. This may include reading all questions to the client and writing answers that are spoken by the client on the application. This may also include gathering information from the referral source. No information will be gathered without a release of information (ROI).

The Intake Coordinators will make and document two attempts, over a two-week period, to contact the client to schedule an interview to complete the full **Application for CCSH**. The Intake Coordinators will contact the referral source, probation/parole, pre-trial services, NMCEH if the client cannot be immediately located in attempts to locate the client and will document all calls and attempts.

Documentation of Eligibility

1. Homelessness or at risk of becoming homeless
    a. To be eligible for the program, the applicant must provide proof of being homeless or at risk of becoming homeless. Documentation may be made by a letter from a shelter or transitional housing program in which the applicant has resided or self-certification may be accepted by completing the **CCSH Housing Status Form.** Questionable eligibility may require collaborative efforts from the applicant Intake Coordinators or community providers. This is documented directly on the application and with the Housing Status Form.
2. Income Eligibility
    a. To be eligible for the program, the applicant's gross household income must be at or below 30% of the area median income of Bernalillo County for the household size. This will be verified by the Intake Coordinators on the application. The applicant will inform the Intake Coordinators of any recent income changes or pending disability cases. This is documented directly on the application.

3. Behavioral Health Condition
    a. To be eligible for the program, the applicant or referral source will certify a behavioral health condition. The Intake Coordinators will re-verify this information from the initial review of referral.
4. Use of Emergent Services
    a. To be eligible for the program, the applicant or referral source will certify the use of emergent services. The Intake Coordinators will re-verify this information from the initial review of referral along with admissions to County substance abuse treatment programs, MDC bookings and PAC Unit.
    - Have had multiple inpatient admissions in a 12-month period of time at a hospital, or having multiple behavioral health related encounters with PES or the ED in a 6-month period of time. This is documented by intake staff through client self-report and later verified by the CCSH provider. The amount of admissions/ PES visits varies depending on specific CCSH program.
    - Multiple admissions in a 24-month period to County Behavioral Health Services programs (supportive aftercare, detox). The amount of admissions varies depending on specific CCSH program.
    - Multiple bookings at MDC in the last five years and placed in the PAC Unit at least one of the three times. The amount of bookings varies depending on specific CCSH program.
5. Involvement in Criminal Justice System
    a. The Intake Coordinators will have determined involvement in the criminal justice system as part of the initial review of the referral.

Interview

The Intake Coordinators will make two attempts, over a two-week period, to schedule an interview to complete the application with the client and document both attempts in the clients file. If the client fails to attend both of the scheduled interviews they will be removed from the housing list and a Withdrawal Letter will be completed and placed in the clients file.

The Intake Coordinators will meet with the applicant to complete the application and to collect additional information. The data collected at intake will include, but is not limited to demographic data, former living situations, familial status, income documentation, insurance information, homeless or precariously housed documentation, and a reasonable assessment of the applicant's interest in participation. The Intake Coordinators will explain the nature of the program and any program requirements and, in particular, the limitations on household composition.

The Intake Coordinators will obtain a signed **Release of Information** by the applicant in order to obtain information on the applicant's behavioral health condition.

The Intake Coordinators will provide the applicant an overview of case management services, a checklist and have the applicant sign an agreement to participate. The Intake Coordinators will provide the applicant contact information for the contract case management provider who will conduct the assessment.

In lieu of traditional forms of identification (which are preferable) a booking sheet from the Metropolitan Detention Center may suffice for identification.

If the client is determined eligible for the program, the Intake Coordinators will proceed to assign the client to a contract case management service provider.

Data and Required and Housing Forms

1. The Intake Coordinators will complete the required intake forms with the client.

2. The Intake Coordinators will enter all information into the Housing information database and Behavioral Health Services database or spreadsheet. Output variables from each will be reported to Department of Behavioral Health Services on a monthly basis.

Contract Case Management Service Provider

1. If the applicant is *determined eligible* for the program, the Intake Coordinators will assign the client to the contract case management provider with current openings, the only exception shall be for contract case management providers that only work with male or female populations.

    1 The Intake Coordinators will provide the client's information packet to the contract case management provider. Once Contractor receives an application for services from a Client, Contractor will have up to seven (7) business days to review and up to a total of three (3) additional business days to determine eligibility for services and notification of eligibility to Bernalillo County Housing Department. Once eligibility is determined and the County is notified, Contractor will have two (2) business days to meet with the potential Client for interview. A Client may reschedule the interview twice for behavioral case management appointments by the program participant for good cause. Contractor and/or the County may require documentation of appointments as a possible requirement to prove good cause. After this, the Client will be removed from the intake process.
2. The selected provider will conduct an assessment of the client in order to ensure that the provider can meet the needs of the client. A clinician may participate or review the initial assessment to better assess the applicant.
3. If the client is approved an approval letter with the assessment, assigned case manager and their contact information is sent to the Intake Coordinators and placed in the clients file.
4. In the event that the contract service provider rejects the client, the provider will give the Intake Coordinators the reasons in writing based on the rejection criteria. **The applicant may only be**

denied based on rejection criteria. In the event that an applicant is denied the Intake Coordinators will obtain all documentation from the contract provider, including the assessment specifying why the client is being denied. The Intake Coordinators will decline the application, notify the client in writing and place the Withdrawal Letter in the clients file. Intake Coordinators will report on a monthly basis to DBHS on all clients who have been rejected by contracted providers.

Intake Coordinators Program Entry

1. The contract service provider will inform the Intake Coordinators of the results of assessment within three working days, following which the Intake Coordinators will notify all relevant parties of acceptance into the program.
2. The client will be provided a housing voucher packet and scheduled to attend a Housing Department Voucher Orientation. Housing Voucher Orientations are scheduled weekly. Housing procedures will be reviewed in depth at the orientation. If the client does not attend the voucher orientation they will be rescheduled up to two times. After a second missed orientation the client will be withdrawn, provided a Withdrawal Letter and removed from the list. All attempts to schedule and contact a client for Housing Voucher Orientation will be documented.
3. For the Re-Entry Population: The BC/ Intake Coordinators will work with the Law Offices of the Public Defender or other criminal justice partners to arrange for their release. The Intake Coordinators will monitor the criminal justice process and assist as needed in facilitating the release into the program.

Housing -Planning and Implementation

1. If the client is incarcerated the Supportive Housing Intake Technician/Coordinator –will set a intake/screening meeting with the client, the service provider, the Intake Coordinator, the jail based provider, and any others believed to be needed for a smooth discharge.
2. The Supportive Housing Intake Coordinator will initiate the process by issuing a voucher to the accepted client, housing search is the responsibly of the client. A resource list will be given to client and case manager. If need be the Case Manager/Service Provider will assist client with the housing search.
3. The Supportive Housing Intake Technician will notify the appropriate landlord that the client has been accepted into the program. This process is initiated once the Technician has accepted and approved the unit selected.
4. The Supportive Housing Intake Technician will schedule a transition meeting with the client to review the client rights and responsibilities in the program and complete an initial housing inspection with the client and contract case manager present.

Initial Service Plan

1. Contract case management providers will work with the client to determine critical goals and programming requirements that must be met to maintain housing voucher. If clients do not meet these goals or requirements and this is the reason for discharge this will be documented and identified by the provider as described in rejection criteria.
2. The service plan will be created by the contract case management provider and should include a minimum:
    - The Current diagnoses of the individual
    - Identification of immediate needs
    - Plan for temporary housing (if needed) and maintaining housing
    - Plan for transportation to housing upon release, if releasing or needed
    - Plan for continuation of medications

- Identification of community providers and case manager
- Appointments for immediate health needs
- Needs of any children that are in the client's custody
- Assist with housing search

Applicants Releasing from MDC

1. The housing Intake Coordinators will conduct in-reach at the jail to complete referral and screening at Metropolitan Detention Center before the client is released. If a client is screened as appropriate for services, they will be referred to a CCSH contracted provider and the provider will work with the client and providers in the jail to develop a transition plan.
2. The contract case manager will work with CCSH to ensure that relevant CCSH records are made available with a signed release of information, specifically any mental health assessment, its most recent encounter, a list of currently prescribed medications, and any other information pertinent to the ongoing treatment of the individual.
3. Clients accepted into CCSH will, upon release will be transported to the Recourse Reentry Center to begin service coordination.

Immediate Housing upon Release

1. If determined appropriate by the Housing Intake Coordinators or the Contracted Case Manager, The County will work with the contracted case management agency to provide transitional housing, or motel vouchers for clients. The Supportive Housing Intake Coordinator/Technician will confirm which housing voucher the client has been assigned to by the Supportive Housing Program Manager during acceptance into the program.

Housing Search and Leasing

1. The Intake Coordinators will research criminal background primarily for the purpose of identifying available apartments and locations. A criminal record does not preclude participation.
2. If in MDC the case manager will assist in collecting identification, income documentation, family composition, homeless documentation or other required documents. In lieu of traditional forms of identification (which are preferable) a booking sheet from the Metropolitan Detention Center may suffice for identification.
3. Once the housing voucher orientation has been completed, the contract case manager will work with the client to identify a residence in the community suitable to their needs, consistent with client and staff safety and reasonable in rent. Housing will provide a resource list of possible landlords within Bernalillo County. The client is free to choose an apartment that can pass inspection, meets the rent guidelines. The Supportive Housing Intake Technician will utilize their network of possible landlords to suggest appropriate properties where useful to the search process. Some properties may be excluded by the housing provider based on prior experience with the landlord and their unwillingness to comply with program requirements.
4. The housing composition may only include **minor children and spouses**. All other requests will be denied. Any individuals not covered by the voucher are not allowed to be housed in the residence. Non-compliance is grounds for discharge from the program. All adults residing in the unit must be approved and must obey all rules and lease requirements. If the client moves out of the unit, all other household members must move out as well.

5. The requirements for the number of bedrooms will follow HUD requirements and are more fully set out in the Community Connections Administrative Plan.
6. The unit must also be able to pass an initial and annual Housing Quality Standard (HQS) Inspection.
7. Once a unit has been identified, the client may submit an application to the landlord. In most cases, the program will pay a one-time Security Deposit and Application fee.
8. Once a landlord accepts the client, the Intake Technician will conduct an initial HQS inspection. The Supportive Housing Intake Technician will coordinate the inspection and lease signing with the contract case manager and client.
9. The client, case manager and Intake Technician will attempt to find units that include utilities. However, if such a unit is not available, a unit not including utilities can be leased. The utilities will be placed in the client's name. Assistance with deposits and overages can be sought through other agencies that assist with this. However, if the total amount is determined to be too great and no assistance is available, staff may decide to continue the search for a unit that includes utilities.
10. Upon move in the contract case manager will work with the client to procure furnishings and move in supplies through one of several charities in Bernalillo County.
11. Additional rules of the housing provider may apply as a result of their funding, contract, or audit requirements. These will be explained if they arise.

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Initial Rent Calculations and Rent Payments

1. The program will follow HUD guidelines for rent calculations. These are more fully set out in the Housing Manual.
2. The Intake Technician/Coordinator will conduct the rent calculations.
3. All Clients pay a monthly rent based on their income. The rent amount is calculated at 30% of adjusted gross income. Clients with no income do not pay rent. HUD guidelines include gross income deductions for child care, medical premiums, and out of pocket prescription costs
4. Initial rent subsidy is calculated upon entry into the program. The client is required to provide documentation of income. Income from all adult household members must be included.
5. The most common forms of income and required documentation are:
    - Zero income: notarized statement of zero income, signed by the client and case manager.
    - Monthly benefits, including; GA (General Assistance), TANF (Temporary Assistance for Needy Families), Social Security Benefits: Acceptable documentation is the award letter or account printout from issuing agency.
    - Employment: a statement issued from the employer, or at least 4 consecutive weeks' worth of pay stubs; the documentation must include the pay rate, hours worked per pay period, the length of pay period.
6. Information that is used to establish the household's eligibility and level of assistance will be verified with written authorization from the head of household in order to collect the information. Applicants and program participants must cooperate with the verification process as a condition of receiving assistance. Bernalillo County must not pass on the cost of verification to the household. Verification policies, rules and procedures will be modified as needed to accommodate persons with disabilities. All information obtained through the verification process will be handled in accordance with the records management policies of Bernalillo County.
7. Bernalillo County will use the most reliable form of verification that is available to document verification of income. Forms of verification that Bernalillo County will use are:
    - Print outs, pay stubs, or other documentation of actual payment
    - Written third-party verification

- Oral third-party verification
- Self-certification

8. Once the rent is calculated, the client will be informed of the amount of rent and how it is to be paid. For clients in the Bernalillo County Housing Program, rent will be paid to the landlord.
9. Rent is due to the landlord pursuant to the lease terms and is typically on the 1st of the month.
10. Clients are responsible for any late fee imposed by the landlord pursuant to the terms of the lease.

Change in income

When a change in income occurs, the BC/COA Intake Coordinators will recalculate the rent for the upcoming month. Proof of new income must be presented no later than the 12th of the month. An increase in rent will be in effect at the 1st of the month **following 30 days after the report of increase in income**. A decrease in rent will take effect the following month after proof is provided. When a client fails to provide proof of a change of income within the month the change occurs, the client will be charged back rent in the case of an increase in rent. If income decreased, and the client failed to report the decrease, the client will not receive a rental credit. In the case of a cost of living increase in public benefits, the rent calculation will be made at the client's annual recertification meeting. The client (and landlord for clients in Bernalillo County housing) will be provided written notice of the change in rent.

Utility Payments

1. High deposits, overdue debt, or clients with zero income will be directed to apartments with utilities included where possible.
2. For apartments with utilities not included, a utility allowance will be calculated pursuant to HUD guidelines and client rent will be reduced by the amount of the allowance.

Moving within the Program

1. All requests to move will be evaluated on a case by case basis by the Supportive Housing Program Manager, the housing provider and the contract case management provider. Criteria for making the decision may include:
    - Lease compliance at the current apartment including landlord and neighbor relationships, condition of apartment and any notices of violation
    - Payment of rent or fees in full, compliance with section 8 application process, compliance with HQS inspections and the participation agreement
    - Compliance and adherence with contract case management provider
    - Change in family composition
2. Approval of requests to move will be based on improving the likelihood of success in the program. The program may assist the client in relocating, but costs related to the move will be the responsibility of the client absent exceptional circumstances. (Change in Family Composition, Public Safety, VOCA, Substandard Unit).

Program Discharge

1. Discharge from the Housing Program (other than voluntary discharge) will be determined on a case by case basis. Contract case management provider will make a case management discharge determination and communicate that a client was discharged to the County. Communication about discharge will include clearly documented reason for discharge. It is recommended

clients on behavior contracts and demonstrating patterns of at risk behaviors are staffed at the monthly County and provider case management meetings, as clients "at risk" of discharge. DBHS will review and make final determination if there is a dispute related to a behavioral health issue. If it is an issue related to housing, Bernalillo County Housing will make the final determination. Discharge could result from any of the following and will result in loss of the housing voucher:

- Eviction
- Income ineligibility (increase in income above the required eligibility requirements)
- Failure to report increase in income
- Lease violations for non-compliance
- Non-compliance with Community Connections procedures to obtain voucher
- Acceptance in section 8 housing or another supportive housing program
- Non-compliance with contracted case management agency
- Violent or aggressive behavior or threats thereof towards county or contracted case management staff or others.
- Non-payment of rent
- Criminal activity
- Additional persons living in the unit that are not on the lease
- Property damage
- Voluntary abandonment for a period of 7 days or more unless client has notified the program of the absence.
- Demonstration of failure to engage in services agreed upon by the client and contracted case management entity.

2. Case management provider staff will make every effort to assist the client in complying with rent and other lease and program requirements before termination. Financial violations such as disconnection of utilities for non-payment or delinquent rent charges may result in requiring the client to pursue the services of a representative payee or entering a payment plan to ensure ongoing financial responsibility.
3. Depending on the circumstances of an eviction, the program may terminate the client or assist in locating a new apartment unit. This will be determined on a case by case basis by the Supportive Housing Program Manager and contract case management provider staff.
4. Upon notification that the client is in jail or in the hospital, the apartment will be held for a period of time not to exceed 60 days provided that there is a reasonable expectation at the outset that the client will be released or discharged within the 60 day time frame. On the 61st day the landlord will be notified that the apartment has been abandoned and the housing provider will satisfy the contract according to the terms of the lease. Holding an apartment for 60 days will only be allowed **one time** per client absent exceptional circumstances evaluated on a case by case basis. In situations where a client is receiving treatment in an in-patient facility the Supportive Housing Program Manager **may** extend the time to 90 days.
5. Certain events will require immediate reporting by the contract case management provider to the County. These include: re-incarceration, eviction, serious injury or death, or abandonment of housing. These or similarly serious incidents should be reported by the provider to the Supportive Housing Program Manager no later than the next business day.
6. The contract case management provider will immediately notify the Supportive Housing Program Manager of any client's intent to discharge from their program.
7. The contract case management provider is responsible for developing with the client, and documenting a reasonable discharge plan.
8. The contract case management provider is responsible for providing transition and discharge plans in the event that the County and provider have terminated their contractual agreement.

Termination, Re-entry Rules and Waiting Period

1. Clients will not automatically be discharged from the program for lease violations or evictions. The Community Connections Program will execute intervention strategies in the case of a lease violation notice from the landlord to attempt to avoid eviction. Clients with a precarious lease situation will be encouraged to increase interactions with their contract case management provider. The provider will work to correct the lease violation even if it includes removing persons residing in the dwelling that are not on the lease or consulting the services of a representative payee. In the event of an eviction that is upheld, the client will be in proposed termination of assistance.
2. Clients will be allowed to reapply to the program following termination after a thirty–day waiting period and providing satisfactory documentation that they have addressed the issues which resulted in program termination.
   The waiting period will be counted from the last day for which rent was paid by the housing program.
3. A waiting period for reentry will not apply under the following termination circumstances
   - Graduation due to increased income
   - Mutual rescission

Client Application Process to Reapply

1. Clients applying for reentry must follow these steps to be eligible for the Supportive Housing Program:
   - Pay in full any rent owed to the Supportive Housing Program.
   - Begin repayment of any monies (e.g., damages, lease termination fee) owed to the program landlord. This must include a written payment plan and at least 2 payments made.
   - Submit a letter to the program, detailing what they have done to address the issues which led to their termination.
   - The client must complete a new housing program application with all accompanying documents. This will not apply in the case of graduation due to increased income, if reentry is applied for within 6 months of termination.
   - If previously discharged from case management, the current case management program must address the issues which led to the previous discharge, OR documentation may be provided to show that the participant has addressed these issues in another program.
2. Once these steps have been completed, the client's application for reentry will be considered. Reentry is not guaranteed.

Program Administration

The issuing of housing vouchers and subsequent payment of rents will be administered by the Bernalillo County Housing Department in exchange for an administration fee. Budget for these positions originates from the Department of Behavioral Health Services. However, all reporting and personnel management will be under the Housing Department. Issuing the housing choice voucher, rent administration, HQS inspections and annual recertification will be guided by the County Housing Department. County staff and providers will familiarize themselves with their respective roles and responsibilities.

Case Management Supportive Services Requirements

1. Every client of the program is required to participate in the supportive services offered by the contracted provider agency and as agreed upon in an initial 30 day and subsequent 90-day treatment plan written with the client's participation. Support services should always be made available and the client should always be encouraged to participate at every stage of recovery.

2. Case managers, clinical staff and program staff will attend a monthly meeting to discuss and staff clients as well as a quarterly program meeting to discuss issues or changes within the program.

3. In addition, contract providers and CCSH staff will attend an annual stakeholder meeting with all participating entities including: court officers from pretrial services, probation and parole; public defenders and social worker staff from the public defender's office. These collaborative meetings are intended to support the efforts of providing agencies and address questions for referral and intake.

4. The minimum services to be provided by contract case managers are:

a. Case Management: Each client will be assigned a primary case manager who writes, coordinates and monitors the treatment plan and advocates for client rights and preferences. Each case manager may carry a monthly case load of no more than 30 clients. Case Managers are required to coordinate with the corresponding criminal justice officer to ensure compliance with the court and sentencing. Case Managers at a minimum will have in person contact with each client at least twice a month for no less than 30 minutes each instance. This will include physically entering and checking the interior of all rooms in the housing unit.

b. Substance Addiction Services: Such as assisting clients to develop motivation for decreasing substance use, treatment, coping skills and alternatives to minimize substance use and achieve a clean sober lifestyle, and provide services on relapse prevention.

c. Vocational and Educational Services: Such as services to help clients find and maintain employment in the community, assessment of job-related interests and abilities; development of an ongoing employment plan.

d. Behavioral Health Services: Such as individual and group counseling. Psychiatric services and medication compliance should be prioritized throughout client participation in the program.

e. Medical, Dental, and Mental Health Services: Such as access to appropriate medical, dental and mental health services including assessment either through direct provision or case management assistance in locating providers.

f. Access to Community Supports: Such as benefits including but not limited to; acquiring SSI or SSDI (using the SOAR model when appropriate) GA, TANF, SNAP benefits, Medicaid. Provide community connections, social groups, peer support groups or locating a suitable faith community.

g. Legal Support: Such as navigation of legal obligations, support in criminal proceedings, probation compliance and initiating a plan to avoid recidivism.

h. Parenting and Family Support: Such as parenting skills, connecting to parenting programs and resources and providing for the needs of their children, including connecting children to educational services as needed.

i. Transportation Support: providing and connecting client to transportation services.

5. If the provider agency bills Medicaid for services that are provided to individuals served through this contract, Medicaid must be billed for any and all Medicaid-eligible services. County funding may not be used to supplement payments to the agency paid by Medicaid even if the Medicaid reimbursement in not "adequate" to cover the cost of that service. Additionally, if a service is Medicaid-eligible, you must bill Medicaid for that service. Contract funds may not be used to supplant Medicaid-eligible services.

Program Evaluation, Reporting, and Data Collection

1. Program evaluation will take place on an on-going basis with a full evaluation of outcomes at The goal of the program evaluation is to determine whether the program is reaching its target population, operating effectively and achieving program objectives. Such program objectives include reducing the number of mentally ill individuals incarcerated at MDC, reducing the overall cost to the community of untreated mental illness and improving the lives of individuals living with mental illness. All laws and regulations related to such a study including review of the evaluation plan by an Independent Review Board will be followed. Service and housing providers are expected to cooperate with this evaluation and encourage cooperation by the clients.
2. The Contracted providers will report data in accordance with their contractual obligations. Client identified data will be provided to research evaluators, allowable through amendments made to the Mental Health and Disability Code.
3. The County will maintain a data base that will be used to track program activities, client demographics, client history, and client outcomes. The maintenance of the data base and any disclosure of client identifiable information in the data base will be consistent with federal and state law. Data will be acquired from the County Housing Department and contracted providers. Data will be collected and entered into the data base by County housing personnel and reported to the Department of Behavioral Health Services on a monthly basis.
4. Data will be required to be reported by contract service providers on a monthly basis and at the entry or discharge of the client. Some data provided in the monthly assessment will include data from assessment tools administered to clients. The service providers will ensure that any such tools are administered to the client at the required intervals
5. The County will conduct an audit of program activities on at least an annual basis. Contracted service providers will be given detailed information on the audit prior to its completion. Such an audit will include review of client, program and financial records of the service provider. Audits may include direct program observations.

APPENDIX 1:

Client Rights and Responsibilities

All clients have the right to non-discrimination. It is our policy to support, protect and enhance the rights of all clients and to provide a grievance procedure should the client feels their rights have been violated. Upon admission into the program, clients will be provided a copy of their rights, responsibilities and grievance process.

Client Rights

1. To be treated fairly, with dignity and have reasonable access to services and supports regardless of your race, sex, religion, color, national origin, ancestry, political affiliation, sexual orientation, ethnic background, age, education, familial status, physical or mental disability, economic status or mental illness.
2. To be fully informed about the nature of the program, the services offered, and the policies and procedures of the program and to participate voluntarily.
3. To receive care that respects your personal values, belief systems, and personal dignity.
4. To understand any treatment to which you are agreeing ("informed consent"). To be involved in decisions regarding your treatment and to be involved in planning for both your treatment and discharge, to know the name of the person in charge of your treatment.
5. To participate in the development of your service plan that it is appropriate to your individual needs and goals and sensitive to your cultural background that will be reviewed at intervals throughout your treatment.
6. To choose someone to help with care choices. If you feel more comfortable bringing a friend, relative, or representative with you unless it interferes with your treatment.
7. To receive considerate, courteous and respectful care from staff.
8. To receive complete information in language you can understand which includes assistance in interpretation if you are non-English speaking.
9. To be free from exploitation in program activities.
10. To be informed of any experimental, research, or educational activities that are involved in your treatment. To have the right to refuse to participate (or withdraw consent and discontinue participation) without this resulting in denial or alteration or needed services.
11. To know the names, titles and professions of the staff you speak to and from whom you receive services or information.
12. To access your program records and personal information (demographics, residential, date of birth, social security number and veteran status) consistent with the requirements of federal and state law.
13. To reintegrate with your family to the extent consistent with health and safety with the understanding that all household members will be subject to the same responsibilities pertaining to the lease, rent and income contribution to the household.

14. To have your identity and information kept confidential consistent with federal and state law including the exceptions there to as spelled out in the Notice of Privacy provided to you and as more fully set out in the policies and procedures.
15. To expect reasonable continuity of care including discharge planning within the limits of the resources and staffing of the county and its partnering providers. Should transfer or discharge become necessary, you will be given reasonable advance notice, except in emergency situations.
16. To voice complaints and grievances to the Community Connections Supportive Housing Program Manager, the County Housing Department, and/or the contract service provider without fear of reprisal.
17. To examine and receive a full explanation of any changes made in the program regarding your rent portion or participation requirements.
18. To reasonable modifications if you have a physical disability and reasonable accommodation for any disability consistent with the requirements of federal and state law.

Client Responsibilities

1. Calling the case manager or therapist if you cannot attend a scheduled session, meeting or activity.
2. Calling the case manager if you need assistance in complying with requirements of the court, or pretrial or probation officers.
3. Calling the case manager or therapist letting them know if a crisis or emergency situation exists.
4. Letting the contract case management service provider know if you do not plan to return for services.
5. Refraining from any violent or aggressive behavior towards county or agency staff or any others.
6. Refraining from any illegal activity in your housing or on program property and not allowing others to engage in illegal activity in your housing or on program property.
7. Following the client rules and policies of the contract case management services provider.
8. Every client is encouraged to participate fully in all aspects of treatment including actively assisting in creating a treatment plan with a case worker at least every 90 days.
9. Following all terms and conditions of the lease entered into between the client and landlord.
10. Allowing only persons who are on the lease entered into between the client landlord to live on the premises.
11. Making all rent payments as prescribed by the lease agreement and notifying housing staff and the landlord immediately if payments are late.
12. Notify the service provider and housing provider of any changes in status such as earned income, benefits, childcare expenses, insurance premiums, household composition, lease violation, or any other pertinent information.
13. Allow the contracted case manager for Community Connections into your apartment on a monthly basis to ensure the living conditions are safe and habitable.

Grievance Policy and Procedure

Grievance procedure from housing and the contracted case manager will be provided to the client upon acceptance to the program. The housing grievance procedure is as follows.

In the event that you feel your rights have been violated, or you have a complaint about staff or procedures, you have the right to file a grievance. You have a right to do this without retribution from Program, Provider or Housing staff. Filing a grievance gives you a chance to present your views of the particular situations.

A grievance means a complaint about a violation, misinterpretation, or inconsistent application of policies, state laws or federal statutes. Grievances must be filed within 15 days of the act that gave rise to the grievance. Grievances resulting from continuing or repeated activities can be filed at any time.

To file a grievance/complaint:

1. Contact the contract case manager about the grievance/complaint. If they are unavailable or you do not feel you can discuss your grievance with your case manager, you must make your complaint to the Community Connections Supportive Housing Program Manager. If you are unable to do this or feel that your grievance/complaint was not handled to your satisfaction you may proceed to the next step and file your grievance with the County Department of Behavioral Health Services
2. Please submit your grievance/complaint in writing to the Supportive Housing Program Manager. She/he must respond to your grievance within five business days of receiving it in writing. If the issue is not resolved to your satisfaction you may proceed to the next step. If you receive no acceptable resolution you may express your grievance to the Bernalillo County Division of Public Safety, Adult Reform Coordinator.

Depending on the nature of the grievance the case manager or the Supportive Housing Program Manager may direct the grievance to provider staff, housing staff or program staff. The relevant staff will participate in seeking a resolution of the grievance.

Appendix 1:

ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (ADL)

Checklist for Activities of Daily Living
The activities of daily living checklist can be used to keep track of the important daily tasks. The checklist should be prepared with columns that indicate whether the person in question has to perform those activities independently or with some help.

Activities	Independent	Help Needed	Completely Dependent	Not Applicable
Bathing				
Grooming				
Dressing				
Bowel/Bladder Control				
Oral Hygiene				
Walking				
Mobility & Transportation				
Eating				
Climbing Stairs				
Meal Planning & Cooking				
Errand Running				
Using the Phone				
Managing Medications				
Doing Laundry				
Household chores				
Money Management				
Driving				

The activities of daily living checklist presented above group together the necessary activities.

NOTE: To be eligible for admission to the program, a client must be completely independent.

Appendix 2:

Client File Structure

Sections are numbered from front to back (Section 1 is the front-most section of the file). Within the sections, numbering goes from top to bottom (.1 is the top-most document in the section)

Section 1 Housing entry

Application:
Intake form
1.1 signed & dated by client and case manager
1.2 Homeless Risk Assessment if available
1.3 Homeless Certification
1.3.1.1 Documentation matched Intake Form
1.3.1.2 Disability Eligibility Confirmation
1.4 Housing participation Contract
1.4.1.1 Signed & Dated by client and housing staff
1.5 Crime and drug free contract
1.5.1.1 Signed & dated by client and housing staff
1.6 Privacy paperwork and HMIS consent form

Section 2 Housing Entry

Scattered-site program clients:
1.0 inspection(s)
1.0.1.1 All initial and annual inspections, most recent on top
1.0.1.2 Forms are filled out
1.0.1.3 Signed & dated by inspector
1.1 Lease
1.1.1.1 Signed & dated by client and owner
1.1.1.2 Included pro-rated & rent deposit information
1.2 W-9 for landlord
1.3 Request for lease approval
1.4 Voucher Paperwork

Sequence is repeated after divider sheet for prior addresses, if any

Section 3 Income and Rent

1.1 Rent letter
1.2 Rent Calculation worksheet
1.3 Income paperwork
1.3.1.1 Includes annual income calculation
1.3.1.2 Should be 1 or more of the following:
1.3.1.2.1 Award letter for SS, GA or TANF
1.3.1.2.2 Notarized zero income form
1.3.1.2.3 Income verification form
1.3.1.2.4 Includes company, hours worked, pay rate
1.3.1.2.5 Four consecutive weeks' worth of pay stubs
1.4 Utility allowance sheet OR utilities included sheet

Section 4 Correspondence

In chronological order

2.1 for exited clients only:
2.1.1.1 Documentation checklist of exit paperwork
2.1.1.2 Client account ledger
2.1.1.3 Exit survey
2.1.1.4 Exit notices
2.1.1.4.1 For scattered-site participants
2.1.1.4.2 Notice to landlord
2.1.1.4.3 Notice to client
2.1.1.4.4 Notice from case manager OR from landlord (3 or 7 day)
2.2 Any of the following:
2.2.1.1 Documentation checklist
2.2.1.2 Letters to/from client
2.2.1.3 Letters to/from landlord
2.2.1.4 Emails to/from case manager regarding client
2.2.1.5 Client account printouts
2.2.1.6 Special inspection of all other correspondence

4.3 Documentation checklist of entry paperwork