



## SALISH BH-ASO POLICIES AND PROCEDURES

**Policy Name:** Behavioral Health Housing Program

**Policy Number:** CL210

**Effective Date:** 7/1/2021

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**Reviewed Date:**

**Executive Board Approval Dates:** 3/18/2022; 6/21/2024

### PURPOSE:

To establish standardized procedures regarding the utilization of behavioral health housing funds by Salish Behavioral Health Administrative Services Organization (SBH-ASO) subcontractors.

### POLICY:

SBH-ASO exercises responsibility over contracted funds for the purpose of assisting individuals in securing Permanent Supportive Housing (PSH) within and throughout the Salish Region. The SBH-ASO is the primary contact for any housing program related questions or concerns.

### Definitions:

**Housing and Recovery through Peer Services (HARPS) (HCA):** The HARPS program provides housing-related peer services and Bridge subsidies to individuals with behavioral health disorders who are homeless or at risk of becoming homeless with priority given to Individuals exiting treatment facilities.

**Bridge subsidy:** HARPS Bridge subsidies are short-term funding to help reduce barriers and increase access to housing for individuals with behavioral health disorders.

**SUD subsidy:** HARPS SUD subsidies are short-term funding to help reduce barriers and increase access to housing for individuals with substance use disorders.

**Community Behavioral Health Rental Assistance (CBRA) (Commerce):** Housing subsidies provided by the Department of Commerce for individuals with behavioral health and long-term

housing needs in accordance with the CBRA Guidelines.

Governor's Housing and Homeless Initiative (HCA): The Governor's Housing and Homeless Initiative is a bridge subsidy program intended to reduce instances where an individual leaves a state operated behavioral or private behavioral health facility directly into homelessness. Contractors must prioritize this funding for individuals being discharged from state operated behavioral health facilities.

**Procedure:**

**Housing Program Facilitation:**

Housing Program subcontractors shall have policies and procedures outlining:

1. The purpose of program-specific rental subsidies and how those subsidies can be used.
  - a. HARPS Bridge subsidy (GFS)
  - b. HARPS SUD subsidy (GFS-SUD)
  - c. CBRA (Dept. of Commerce) subsidy
  - d. Governor's Housing and Homeless Initiative subsidy
2. Program eligibility criteria
  - a. Program-specific eligibility verification
  - b. Priority populations as identified by program
  - c. Required documentation to verify eligibility
    - i. Screening
    - ii. Risk Assessment
    - iii. Verification of behavioral health diagnosis
    - iv. Verification of risk of homelessness
3. Housing program support principles
  - a. Permanent Supported Housing (PSH)
  - b. Landlord outreach
  - c. Privacy requirements as identified in the contract

**HOUSING AND RECOVERY THROUGH PEER SUPPORTS (HARPS)**

**1. HARPS Housing Bridge Subsidy:**

- a. SBH-ASO administers short-term Bridge subsidies intended for individuals with serious mental illness or substance use disorders. Housing subsidies are encouraged to be available to priority populations as follows:
    - i. Individuals who are not eligible for Medicaid services through the Foundational Community Supports supportive housing program and who are experiencing a serious mental health, substance use, or co-occurring disorders (mental health and substance use disorder)
    - ii. Individuals who are released from or at risk of entering:
      1. Psychiatric inpatient settings
      2. Substance use treatment inpatient settings
3. Who are homeless, or at risk of becoming homeless
    - a. Broad definition of homeless (couch surfing included)

- b. SBH-ASO administers SUD specific Bridge subsidy funds to serve individuals with substance use disorders. SUD specific funds are to be exhausted prior to use of Bridge subsidies for the SUD population. Housing subsidies are encouraged to be available to Individuals in the region that meet eligibility as priority populations.

**2. HARPS Housing Bridge Subsidy Guidelines:** HARPS programs are encouraged to have housing subsidy policies in place to address appeals, denials, and the following guidelines:

- a. The HARPS Bridge subsidy is short-term funding intended to help reduce barriers and increase access to housing. Individuals exiting withdrawal management, inpatient substance use disorder treatment facilities, residential treatment facilities, state hospitals, evaluation and treatment (E&T) facilities, local psychiatric hospitals, and other inpatient behavioral healthcare settings could receive up to 3 months of assistance.
- b. HARPS Bridge subsidies are temporary in nature and should be combined with other funding streams, whenever possible, to leverage resources to assist individuals in obtaining and maintaining a permanent residence. HARPS teams are encouraged to utilize long-term housing subsidies available through the CBRA program.
- c. HARPS Bridge subsidies are estimated at approximately \$2,500 per calendar year.
- d. Allowable expenses for HARPS Bridge subsidy:
  - i. Monthly rent and utilities, and any combination of first and last months' rent for up to three (3) months. Rent may only be paid one month at a time, although rental arrears, pro-rated rent, and last month's rent may be included with the first month's rent payment.
  - ii. Rental and/or utility arrears for up to three months. Rental and/or utility arrears may be paid if the payment enables the household to remain in the housing unit for which the arrears are being paid or move to another unit. The HARPS Bridge subsidy may be used to bring the program participant out of default for the debt and the HARPS Peer Specialist will assist the participant to make payment arrangements to pay off the remaining balances.
  - iii. Security deposits and utility deposits for a household moving into a new unit.
  - iv. Move-in costs including but not limited to deposits and first months' rent associated with housing, including project- or tenant-based housing.
  - v. Application fees, background and credit check fees for rental housing.
  - vi. Lot rent for an RV or manufactured home.
  - vii. Costs of parking spaces when connected to a unit.
  - viii. Landlord incentives (provided there are written policies and/or procedures explaining what constitutes landlord incentives, how they are determined, and who has approval and review responsibilities). Subcontractor policies must be submitted to SBH-ASO for review.
  - ix. Reasonable storage costs.
  - x. Reasonable moving costs such as truck rental and hiring a moving company.

- xi. Hotel/motel expenses for up to 30 days if unsheltered households are actively engaged in a housing search and no other shelter option is available.
- xii. Temporary absences. If a household must be temporarily away from his or her unit, but is expected to return (e.g., participant violates conditions of their DOC supervision and is placed in confinement for 30 days or re-hospitalized), HARPS may pay for the households rent for up to 60 days. While a household is temporarily absent, he or she may continue to receive HARPS services.
- xiii. Rental payments to Oxford houses or Recovery Residences on the Recovery Residence Registry located at [Workbook: Residence/Oxford House Locations \(wa.gov\)](http://Workbook:Residence/OxfordHouseLocations(wa.gov))

### **3. HARPS Housing Service Team Guidelines:**

- a. Housing and Recovery through Peer Services (HARPS) Teams' caseload size.
  - i. The case mix must be such that the HARPS Teams can manage and have the flexibility to provide the intensity of services required for each individual according to Medical Necessity.
  - ii. HARPS Housing Specialists must have the capacity to provide multiple contacts per week with individuals exiting or recently discharged from inpatient behavioral healthcare settings, making changes in a living situation or employment, or having significant ongoing problems maintaining housing. These multiple contacts may be as frequent as two to three times per day, seven days per week, and depend on individual need and a mutually agreed upon plan between individuals and program staff. Many, if not all, staff must share responsibility for addressing the needs of all individuals requiring frequent contact.
- b. HARPS Teams must have the capacity to rapidly increase service intensity and frequency to an individual when his or her status requires it or is requested.
  - i. HARPS Teams must have a response contact time of no later than two (2) calendar days following discharge from a behavioral healthcare inpatient setting, such as an Evaluation & Treatment center, Residential Treatment Center, Withdrawal Management facility, or psychiatric hospital, including state hospitals.
- c. Operating as a continuous supportive housing service, HARPS Teams must have the capability to provide support services related to obtaining and maintaining housing. This will include direct contact with landlords on behalf of the participant. Services must minimally include the following:
  - i. Hospital Liaison Coordination: The SBH-ASO's Hospital Liaison must actively coordinate the transition of individuals from behavioral healthcare inpatient treatment center discharge to the HARPS Team in the community of residence to minimize gaps in outpatient health care and housing.
  - ii. Service Coordination: Service coordination must incorporate and demonstrate basic recovery values. The individual will have choice of his or her housing options, will be expected to take the primary role in developing their personal housing plan, and will play an active role in finding housing and decision-making.
  - iii. Crisis Assessment and Intervention Coordination: Behavioral health crisis assessment and intervention must be available 24-hours per day, seven days per week through the SBH-ASO's Crisis System. Services must be coordinated with

the assigned treatment provider. These services include telephone and face-to-face contact.

- d. Supportive housing services should include the following, as determined by medical necessity:
  - i. Assess housing needs, seek out and explain the housing options in the area, and resources to obtain housing. Educate the individual on factors used by landlords to screen out potential tenants. Mitigate negative screening factors by working with the individual and landlord/property manager to clarify or explain factors that could prevent the individual from obtaining housing. Ongoing support for both the individual and landlord/property manager to resolve any issues that might arise while the individual is occupying the rental.
  - ii. Each HARPS participant will be assigned a Peer Specialist or Housing Specialist who will assist in locating housing and resources to secure housing. The primary responsibilities of the Peer Specialist are to work with the individual to find, obtain and maintain housing to promote recovery, locate and secure resources related to housing and utilities, offer information regarding options and choices in the types of housing and living arrangements, and advocate for the individual's tenancy needs, rights (including ADA Accommodations), and preferences to support housing stability. Service coordination also includes coordination with community resources, including self-help and advocacy organizations that promote recovery.
  - iii. Each participant receiving HARPS services must have an individualized, strengths-based housing plan that includes action steps for when housing related issues occur. As with the treatment planning process, the individual will take the lead role in setting goals and developing the housing plan.
- e. Housing Search and Placement: Includes services or activities designed to assist households in locating, obtaining, and retaining suitable housing. Services or activities may include tenant counseling, assisting households to understand leases, securing utilities, making moving arrangements, representative payee services concerning rent and utilities, and mediation and outreach to property owners related to locating or retaining housing.
- f. Housing Stability: Includes activities for the arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of individuals exiting or at risk of entering inpatient behavioral healthcare settings and helping them obtain housing stability. Services and activities may include developing, securing, and coordinating services including:
  - i. Developing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance.
  - ii. Referrals to Foundational Community Supports (FCS) supportive housing and supported employment services
  - iii. Seeking out and assistance applying for long-term housing subsidies

- iv. Affordable Care Act activities that are specifically linked to the household stability plan
  - v. Activities related to accessing Work Source employment services
  - vi. Referrals to vocational and educational support services such as Division of Vocational Rehabilitation (DVR)
  - vii. Monitoring and evaluating household progress
  - viii. Assuring that households' rights are protected
  - ix. Applying for government benefits and assistance including using the evidence-based practice SSI/SSDI through SSI/SSDI Outreach, Access, and Recovery (SOAR)
- g. Education Services Linkage: Supported education related services are for individuals whose high school, college or vocational education could not start or was interrupted and made educational goals a part of their recovery (treatment) plan. Services include providing support with applying for schooling and financial aid, enrolling, and participating in educational activities, or linking to supported employment/supported education services.
- h. Vocational Services Linkage: These services may include work-related services to help an individual's value, find, and maintain meaningful employment in community-based job sites as well as job development and coordination with employers. These activities should also be part of the individual's recovery (treatment) plan or linkage to supported employment.
- i. Activities of Daily Living Services: Services to support activities of daily living in community-based settings include individualized assessment, problem solving, skills training/practice, sufficient side-by-side assistance and support, modeling, ongoing supervision (e.g., prompts, assignments, monitoring, encouragement), environmental adaptations to assist individual in gaining or using the skills required to access services, and providing direct assistance when necessary to ensure that individuals obtain the basic necessities of daily life.
- j. Social and Community Integration Skills Training: Social and community integration skills training serves to support social/interpersonal relationships and leisure-time skill training. Services may include supportive individual therapy (e.g., problem solving, role-playing, modeling, and support); social-skill teaching and assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and organizing individual and group social and recreational activities to structure individuals' time, increase their social experiences, and provide them with opportunities to practice social skills, build a social support network, and receive feedback and support.
- k. Peer Support Services: These include services to validate individuals' experiences and to inform, guide and encourage individuals to take responsibility for and actively participate in their own recovery, as well as services to help individuals identify, understand, and combat stigma and discrimination against mental illness and develop strategies to reduce individuals' self-imposed stigma. Peer Support and Wellness Recovery Services include:

1. Promote self-determination
  2. Model and teach self-advocacy
  3. Encourage and reinforce choice and decision-making
  4. Introduction and referral to individual self-help programs and advocacy organizations that promote recovery
  5. “Sharing the journey” (a phrase often used to describe individuals’ sharing of their recovery experience with other peers). Utilizing one’s personal experiences as information and a teaching tool about recovery
  6. The Peer Specialist will serve as a consultant to the treatment team to support a culture of recovery in which each individual’s point of view and preferences are recognized, understood, respected and integrated into treatment, rehabilitation, support, vocational and community activities
- I. Substance Use Disorder Treatment Linkage: If clinically indicated, the HARPS team may refer the individual to a DBHR-licensed SUD treatment program.

**4. HARPS Teams will not suggest or provide medication prescription, administration, monitoring and documentation.**

**5. The HARPS Team should work with the treatment team:**

- a. To establish a peer relationship with each participant
- b. To assess an individual's housing needs and provide verbal and written information about housing status.
- c. The community treatment team physician or psychiatric Advanced Registered Nurse Practitioner (ARNP) may review that information with the individual, HARPS Team Members and, as appropriate, with the individual’s family members or significant others
- d. Provide direct observation, available collateral information from the family and significant others as part of the comprehensive assessment.
- e. In collaboration with the individual, assess, discuss, and document the individual's housing needs and behavior in response to medication, monitor and document medication side effects, and review observations with the individual and treatment team

**6. HARPS Team Members must participate in the HARPS monthly administrative conference call hosted by the Health Care Authority.**

**COMMUNITY BEHAVIORAL HEALTH RENTAL ASSISTANCE (CBRA)**

The SBH-ASO receives funds from the Department of Commerce for long-term rental subsidies intended for high-risk individuals with behavioral health conditions and their households.

## **1. Program Eligibility**

- a. Eligibility is limited to adults (and their households) who have a diagnosed behavioral health condition, are eligible for services from an approved long-term support program and demonstrate a need for long-term subsidy (for example, Foundational Community Supports)
- b. Contractors shall commit to prioritizing subsidies for priority populations, identified as individuals who are discharging or needing to discharge from a psychiatric hospital or other psychiatric inpatient setting

## **2. Contractors shall comply with all of the requirements in the most up-to-date version of the [Community Behavioral Health Rental Assistance Program Guidelines](#).**

### **Reporting**

Monthly reports will be submitted to SBH-ASO by the 10<sup>th</sup> of the following month through the SBH-ASO Provider Portal .

1. HCA HARPS Subsidy Log for Bridge (GFS) and SUD (GFS SUD)
  - a. HARPS Participant Log (for HARPS Service Team only)
  - b. Western State Hospital Referrals Report
2. CBRA and Governor's Subsidy Log (HMIS roster with financial information, at minimum)
3. CBRA: Accurate and timely data entry into the Homeless Management Information System (HMIS) database

### **Billing**

Monthly invoices must be submitted by the 10<sup>th</sup> of the following month through the Provider Portal SFT or directly to the SBH-ASO Fiscal Analyst.

Billing must be in accordance with contract budget.