



Housing Services

QUALITY STANDARDS PROGRAM

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

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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 support 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
- Provide Training
- 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. For information on housing services for children, please visit <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

The Quality Standards Program ensures clients of Kern Behavioral Health and Recovery Services (KernBHRS) are housed in a safe, appropriate facility that supports recovery. Housing is especially critical for people who have behavioral health conditions. Their ability to benefit from treatment is severely compromised without stable, quality housing. Without mental health, substance use treatment and related support services, it is difficult for them to gain access to and remain in 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.

Who Must Obtain a KernBHRS Quality Standards Program Certificate?

1. Any Housing Provider operating in the County of Kern that receives County referrals or funds must be approved by the Housing Services Team and have a valid certificate of recognition on file.
2. The Quality Standards Program Certificate is a voluntary process for housing facilities that receive referrals or funding from Kern Behavioral Health and Recovery Services.
3. The Quality Standards Program process does not prohibit an individual or business from operating a housing facility that is not approved by KernBHRS. Only Facilities that have successfully completed the Quality Standards Program process will receive referrals from KernBHRS.
4. The Quality Standards Program 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?

Application information may be obtained by contacting Kern Behavioral Health and Recovery Services at HousingServices@kernbhers.org. Monthly orientations are held to review the application process. The Provider's application consists of the following items:

- Housing Provider Application
- All materials stated in the Quality Standards Program document
- Orientation attendance
- KernBHRS facility site visit
- Signed documents in the Appendix

MINIMUM OPERATIONAL REQUIREMENTS

Each facility will complete the following before a Quality Standards Program site visit is conducted.

Housing Provider Requirements

1. Each facility must meet the Quality Standards Program for every residence.
2. Housing providers must allow Kern Behavioral Health and Recovery Services Housing staff to inspect the facility with or without notice, to ensure Quality Standards Program are maintained. KernBHRS staff will provide identification prior to entering the facility.
3. The Facility must post the Quality Standards Program certificate where it may be seen by anyone entering the facility.

Management Responsibility

1. The person in charge of the facility will be clearly identified. This person is responsible for the maintenance and safety of the building. If the facility manager designates responsibility to another individual, lines of authority will be clearly defined.
2. At least one representative of the Facility must attend all quarterly training coordinated through the KernBHRS Housing Services Team.
3. The Director/Administrator will notify KernBHRS Housing Staff within twenty-four (24) hours, of any changes in its facility staff, or of any circumstances that would affect its standing as a Behavioral Health Housing Provider.

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 building and resident safety; maintaining records, collecting fees (if applicable), registering and ensuring individuals check in and out, and to maintain house rules. Other staff may be available, such as food service, groundskeepers, etc.
3. All staff must be trained in procedures to be followed when a resident may show signs of a mental health crisis.
4. Prior to employment, all personnel will pass a criminal justice background check.

Facility Compliance with Codes and Permits

Each facility must ensure the following conditions are met:

1. Fill out your portion of the "Zoning Conformance" form.
2. Take the form to be completed by the appropriate city or county Planning Department.
3. Have all required city or county permits.

4. Meet fire safety standards, including those listing occupancy limits, smoke detectors, carbon monoxide detectors and the emergency exit plan.
5. **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.**

Fire and Health Standards - Health and Safety Code, Chapter 2; 17920.3

1. There will be no smoking inside the building, by staff, residents or visitors.
2. Smoking materials will be disposed of safely in appropriate containers.
3. Living and sleeping areas are free of clutter and clothing is in closets and dressers.
4. Smoke detectors, fire extinguishers and carbon monoxide detectors are 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 are clearly marked and easily accessible.
6. Fire drills from sleeping areas are conducted and listed in a master log.
7. Emergency exit routes are clearly posted.
8. The kitchen and dining areas are to be kept clean.
9. Food is stored in sealed containers in the refrigerator(s).
10. The refrigerator(s) is kept clean inside and out.
11. Stove(s) and oven(s) are kept clean and free of grease.
12. The dining room can seat the number of residents in the facility.
13. Kitchen garbage is taken out daily to prevent health hazards.
14. There is adequate hot water for dishwashing and bathing.
15. Bathrooms are kept clean daily.
16. Bathrooms are free of mold, grime, and stains.
17. The home is free of cockroach, bed bug and rodent infestation.
18. Buildings are properly maintained and clean inside and outside.
19. **SLE ONLY** - Daily Entry and Exit Log: 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.

Food Service

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

1. The Admission orientation includes the scheduled times for each meal and dining rules.
2. A menu is posted in a location available to all residents.
3. Employed individuals will receive lunches suitable for consumption at their work sites.

4. Residents who will be absent at meal time may request a meal be reserved and eat it when they return.

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

1. Resident access to the kitchen and cooking areas at all reasonable times.
2. Meal preparation policies will be posted in the kitchen area and included in the Admission orientation.
3. Provide locked dry food storage containers and/or cabinets to reduce borrowing or theft of another's food.
4. Personal food items are labeled and are accessible only to the owner of the item.
5. Residents using the kitchen will make sure to leave the kitchen clean, and cover food before storing.
6. Kitchen facilities must provide cooking and storage space to meet the needs of the home and the residents.

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.

1. Thermostats will be set no lower than 68 degrees and no higher than 77 degrees.
2. Facility staff will watch for signs of heat stress disorders in residents which include the following: heat stroke, heat exhaustion, heat cramps, heat collapse or fainting, heat rash, and heat fatigue.

Living Space

1. Each resident will have his or her own bed on a bed frame and located in a bedroom.
2. The bedrooms will not be overcrowded and must not be used for any other purpose.
3. Bedrooms will include a designated closet and dresser space for each resident.
4. Bathrooms will be conveniently located and provide adequate facilities for hygiene and privacy for each resident.
5. The bathrooms will be clean, provide privacy and contain adequate soap for both bathing and handwashing.
6. Bathrooms are 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 that is available to all residents and guests for meetings and house events such as parties, holidays and celebrations.

Security

1. All exterior doors and windows will open and close and have working locks.
2. Visitors to the facility will sign in and out using their full names.
3. Staff in charge of the facility will 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 resident's personal possessions and decorations, indicating residents feel welcome.
3. Daily access to three (3) nutritious meals plus snacks using the recommendations 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, from the residence or from other sources
5. Smoking and non-smoking areas
6. Quiet areas
7. Adequate personal space for privacy
8. Security of property
9. Visiting areas

POLICY AND PROCEDURES MANUAL

The Policy and Procedures Manual must contain the following items. Additional requirements can be found under the 'type' of the facility in the Specialization Section.

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.
 - a. The neighboring residences are advised of the facility's complaint procedure.
 - b. One person is assigned to handle neighborhood complaints in a positive manner.
 - c. The facility addresses the problem immediately to avoid recurrence.
 - d. The complainant is encouraged to contact KernBHRS Housing Services if the problem has not been resolved by the facility.
 - e. Staff and residents display an attitude reflecting their desires to be productive members of the community.
 - f. Staff and residents only use the backyard for outside activities, such as socializing and smoking: not the front yard.
 - g. 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.
 - h. Staff and residents do not borrow money or items from neighbors.
 - i. Staff and residents do not use loud, abusive, or vulgar language in or around the facility.

Prescribed Medication

Each facility will have a written policy regarding the use and storage (if applicable) of a resident's prescribed medications. Medications must be properly secured. This does not apply to those medications, such as asthma inhalers, which require immediate access.

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

Pest Control

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

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

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 organization 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 Work Place Policy
8. Non-Discrimination Procedure
 - a. A written prohibition against sexual harassment
 - b. A written prohibition against discrimination in the provision of services
9. A written prohibition against the inappropriate use of prescribed medications at the facility
10. A written prohibition against personal and financial conflicts of interest
11. 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.
12. 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.

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 sobriety, prior recovery, and source of referral are appropriate.

- c. Relevant information regarding each resident's treatment plan, goals and objectives, 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.
2. 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.
 3. 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.

Payment and Schedule of Fees

1. A written policy regarding fee payments, advanced fee payment, late payments, payment plans, and refunds.
2. A written policy regarding fee payments; the receipts for payments will include the resident 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. The sliding fee scale schedule is in the policy, but not published.
5. 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.
6. A facility will not charge a resident more than the actual cost to the facility for supplies and staff time.
7. Individuals are notified at Intake what items are included and which items the resident must provide.

KERNBHRS HOUSING PROVIDER APPLICATION

Applications are reviewed to ensure all conditions meet or exceed the minimal conditions described in the Quality Standards Program. 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 information on the application
5. The Probation Department or other recognized 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.

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

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. Dies, 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

Quality Standards Program Certificate

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

Renewal of Certificate

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

Denial of Renewal Certificate

Housing Services may not renew a Quality Standards Program certificate for any of the following reasons:

1. The Facility application indicates non-compliance with the Quality Standards Program.
2. The applicant fails to remedy any identified deficiency(ies).
3. The Probation Department, Sheriff's Office or other recognized 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

If Housing Services denies a renewal 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 of reconsideration.
5. Notice of the applicant's right to appeal.

To appeal a denial, file a "Request for Reconsideration" with Housing Services within ten (10) business days of the notice. The Housing Services Team is not responsible for the non-receipt of the request for reconsideration.

1. Housing Services will schedule a meeting, within thirty (30) days of receiving a Request for Reconsideration where the applicant may present support documentation and witnesses.
2. Within ten (10) business days after the reconsideration meeting, Housing Services will send a notice, supporting, modifying, or reversing the decision.
3. After the reconsideration meeting, Housing Services decision will become final, unless the applicant files an appeal.
4. Any individual or facility has the right to appeal any Plan of Correction imposed.
5. If a plan of correction notice will be implemented, Housing Services will provide the Facility written notice of the Plan of Correction and of the extent of the Corrective Action Plan. The notification will include a copy of the appeal procedures.
6. Before 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 public, staff or residents.
7. If the Facility appeals the corrective action notice, the appeal must be in writing and will be received by the Housing Unit within fifteen (15) business days of the date of the plan of correction notice.
8. If a Plan of Correction is appealed fifteen (15) business days from the day of notification, Housing Services will schedule a meeting with community partners if necessary.

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 Quality Standards Program or to investigate a complaint. Renewals and other meetings will be by appointment.

1. 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 Quality Standards Program are maintained.
2. The Facility will provide a copy of the current Business License and Conditional Use Permit upon request by the Department.
3. 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 regulative authority.
4. After the monitoring inspection is complete, Housing Services will prepare a written report for the Facility Director. A copy will be maintained in the Housing Services files.
5. If the inspection reveals deficiencies, a written Notice of Deficiency listing all deficits will be mailed to the Facility Director within fifteen (15) business days. The notice of deficiency will specify:
 - a. The page numbers of the Quality Standards Program or code section of each statute or regulation violation;
 - b. Any expected corrections for each deficiency
 - c. The date by which corrections will be completed
 - d. Procedure for appeal according to Page 14 of the Quality Standards Program
6. The Director or designee must provide Housing Services with a written response within ten (10) 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.
7. 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 a) protects the safety of the community, staff, and residents, and b) 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 Quality Standards Program:

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

Right to Appeal 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. Before 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 public, staff or residents.
3. If the Facility appeals the corrective action notice, the appeal must be in writing and will be received by the Housing Unit within fifteen (15) business days of the date of the Plan of Correction notice.
4. If a Plan of Correction is appealed fifteen (15) business days from the day of notification, Housing Services will hold a meeting with community partners if necessary.

Failure to Execute a Plan of Correction

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

SOBER LIVING ENVIRONMENTS

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

1. Regular meetings between the persons served and program personnel
2. Opportunities to participate in activities typically found in a home, such as cooking, housekeeping, gardening, and social interaction

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.

House Rules

The rules of the house must be clearly defined. Optional rules will depend on the needs of the program participants, 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 with the exception of medication as prescribed by a physician.
2. No substances will 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.

Male and Female Sober Living Environment Facilities

Single-gender facilities are required. If facilities are apartment complexes, only one gender per unit is allowed.

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
 - c. 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 may have a house manager or director who resides at the facility or use shifts for staff to cover the 24/7 requirement.
2. At least one supervisory staff member will be present on the facility grounds at any time a program participant is present.
3. During each day, all residents will be actively involved in treatment, education, employment, looking for work, 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 the management and program staff or 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. 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.
3. All residents may 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.
4. Positive drug tests of residents will be reported immediately to the referring criminal justice agency in accordance with the requirement of the referring agency.
5. Drug testing standards will 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.
6. SLE providers will have a written policy identifying how many positive tests are allowed before discharge. This information will be contained in the agency's intake agreement or resident handbook.
7. SLE providers will 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 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. 24-hour non-medical care and supervision
2. Public transportation if available will be within walking distance of the facility.
3. Neighborhood amenities such as parks, shopping, and entertainment will be available within one (1) mile of the site.
4. All house rules, fees, and other policies should be posted and signed by each resident upon admission.
5. If there is no on-site staff available, you must provide 24/7 access via phone number to Supervisor in case of emergency or other issues related to residents.
6. 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 FACILITIES AND RESIDENTIAL CARE FOR THE ELDERLY

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

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 State of California Health and Human Services Agency, Department of Social Services. The license will be posted in a prominent, publicly accessible location in the facility.
2. Provide a copy of 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 Health and Human Services Agency, 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 regulative 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.

Definitions

These definitions apply to terms used in the Quality Standards Program 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 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 Quality Standards Program 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 Quality Standards Program.

COMMUNITY-BASED ORGANIZATIONS COMMITTEE (CBO): A collaboration of partners including: Probation, Sheriff, and divisions within KernBHRS. The committee monitors the safety and Quality Standards Program 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 Quality Standards Program 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 Quality Standards Program due to a violation of the Quality Standards Program.

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 Quality Standards Program 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 Quality Standards Program.

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.

INTERIM FUNDING: Funds limited to Clients who are open to the Kern Behavioral Health and Recovery Services system and who are presumed eligible for SSI.

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.

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.

QUALITY STANDARDS PROGRAM CERTIFICATE: The certificate awarded to a participating facility that has met the Quality Standards Program 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 Quality Standards Program. 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 Quality Standards Program.

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 Quality Standards Program, during which the facility may not receive any referrals from KernBHRS. Residents of the facility prior to the suspension may remain in the facility.

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 attached are forms required to be signed by the Facility Administrator and returned to Housing Services

- Acknowledgment of receipt of current Quality Standards Program
- Ethics Agreement
- Quality Guidelines Intention
- Zoning Conformance City of Bakersfield
- Zoning Conformance County of Kern
- Unusual Occurrence Report
- Site Visit Tool



ACKNOWLEDGMENT 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 Ethic 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 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: _____



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)

Providers Name Facility Name

Facility Address: _____
Number Street City Zip

Type of Housing _____ Capacity _____ ZONE: _____

Is Facility Licensed in State of CA? ___ YES ___ NO ___ N/A

If so, 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 868-7562
Kern Behavioral Health & Recovery Services



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)

Providers Name Facility Name

Facility Address: _____
Number Street City Zip

Type of Housing _____ Capacity _____ ZONE: _____

Is Facility Licensed in State of CA? ___ YES ___ NO ___ N/A

If so, 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 868-7562
Kern Behavioral Health & Recovery Services



Kern Behavioral Health & Recovery Services- Unusual Occurrence Report
Email Completed Form to: HousingServices@kernbhrs.org

1) Date of Report: ____

2) Incident Date and Time: ____ Date and Time known to Agency: ____

3) Who was involved (Check all that apply): FACILITY STAFF FACILITY RESIDENT
VISITOR

4) Alleged Victim Name(s): Do not put Victim's name, we will call you to confirm name of victim

5) Was there an Alleged Perpetrator? YES/NO ____ If Yes, what is the relationship to victim: ____

6) Was there a witness (if applicable): YES/NO ____

7) Location of Incident: ____

8) Reporting Agency Name & Address: ____

9) Name of Person Reporting: ____

9) Type of Incident: (check all appropriate categories)

- | | |
|--|---|
| <input type="checkbox"/> Death, Other than Suicide | <input type="checkbox"/> Alleged Exploitation |
| <input type="checkbox"/> Death, Suspected or known Suicide | <input type="checkbox"/> Alleged Neglect |
| <input type="checkbox"/> Suicide Attempt requiring Emergency Medical Treatment (EMT) | <input type="checkbox"/> Alleged Verbal/Psychological Abuse |
| <input type="checkbox"/> Intentional Injury (Not Suicide Attempt) requiring EMT | <input type="checkbox"/> Rights Violation |
| <input type="checkbox"/> Client Injured Staff/another Resident/Visitor at Site | <input type="checkbox"/> Theft/Fire |
| <input type="checkbox"/> Injury Not Intentional (Known or Unknown Cause) | <input type="checkbox"/> Media Interest |
| <input type="checkbox"/> Alleged Physical/Sexual Abuse | <input type="checkbox"/> Property Loss |
| <input type="checkbox"/> Alleged Physical/Sexual Assault | <input type="checkbox"/> Contraband |
| <input type="checkbox"/> Sexual Contact | <input type="checkbox"/> Criminal Activity |
| <input type="checkbox"/> Overdose | <input type="checkbox"/> Medical Emergency |
| <input type="checkbox"/> Other... Explain: ____ | |

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					
SLE							AB109	QS Initial	
R & B							KBHRS	Quarterly	
ARF							Probation	Complaint	
RCFE							Self	Other	
							Other	Renewal	

SITE REVIEW

Minimum Operational Requirements (page 4) The Behavioral Health Housing Facility includes the following components:	YES	NO	NA
1. 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.			
2. Documented regular meetings between program personnel and residents.			
3. Opportunities for residents to participate in life skills activities such as cooking, housekeeping, and gardening.			
4. The facility has a living room area with adequate space for residents to assemble for social and/or other group activities.			
5. Each resident has adequate personal space for privacy and security of personal property.			
6. The facility displays evidence of residents' personal possessions and decorations.			
7. The residents have access to adequate nutritious meals and snacks.			
8. The residents have access to community, cultural, recreational and spiritual activities.			
COMMENTS:			

Fire and Health Standards (page 5) The following minimum fire and health requirements are followed at all times:	YES	NO	NA
1. There will be no smoking inside the building, by staff, residents or visitors.			
2. Smoking materials will be disposed of safely in appropriate containers.			
3. Living and sleeping areas are free of clutter and clothing is in closets and dressers.			
4. Smoke detectors, fire extinguishers and carbon-monoxide detectors are installed according to fire marshal regulations and requirements.			
5. Exit doors are clearly marked and easily accessible.			
6. Fire drills from sleeping areas are conducted and listed in a master log.			
7. Emergency exit routes are clearly posted.			
8. The kitchen and dining areas are to be kept clean.			
9. Food is stored in sealed containers in the refrigerator(s).			
10. The refrigerator(s) is kept clean inside and out.			
11. Stove(s) and oven(s) are kept clean and free of grease.			
12. The dining room can seat the number of residents in the facility.			
13. Kitchen garbage is taken out daily to prevent health hazards.			
14. There is adequate hot water for dishwashing and bathing.			
15. Bathrooms are kept clean daily.			

16. Bathrooms are free of mold, grime, and stains.			
17. The home is free of cockroach, bed bug and rodent infestation.			
18. Buildings are properly maintained and clean inside and outside.			
19. The bathrooms are clean, provide privacy and contain adequate soap and toilet paper.			
COMMENTS:			

Kitchen Facilities (page 5)	YES	NO	NA
1. Kitchen facilities or services are available for the residents.			
2. Residents are provided with a copy of a food preparation and service policy if meals are not included in the program fees. The policy includes, at a minimum, the following:			
• The kitchen is kept clean and food shall be properly stored.			
• Kitchen facilities provide cooking and storage space to meet the needs of the residents.			
• There is adequate seating in the dining area for all residents.			
COMMENTS:			

Living Space (page 6)	YES	NO	NA
The facility provides comfortable living space for residents.			
1. Each resident has his or her own bed on a bed frame and located in a bedroom.			
2. The bedrooms are not overcrowded and must not be used for any other purpose.			
3. Bedrooms include a designated closet and dresser space for each resident.			
4. Bathrooms are conveniently located and provide adequate facilities for hygiene and privacy for each resident.			
5. A community living area is available to all residents and guests for meetings and house events such as parties, holidays and celebrations.			
COMMENTS:			

Security (page 6)	YES	NO	NA
The facility maintains proper security, including at a minimum:			
1. All exterior doors and windows will open and close and have working locks.			
2. SLE ONLY - Visitors to the facility will sign in and out using their full names.			
3. Staff in charge of the facility are easily identified.			
COMMENTS:			

Resident Files (page 9)	YES	NO	NA
Resident files are maintained in the following manner:			
1. All files are kept in a locked cabinet.			
2. Each resident has a single file and the contents are not commingled with another resident's file.			
3. Access to the files is limited to the Director and other specified personnel who must access the files.			
4. Ensure that files contain all elements outlined in Policy and Procedure Manual. (Administrative Review D).			
5. SLE ONLY - The resident's medication list and dosage amount:			
a. 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.			

b. 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.			
COMMENTS:			

Visitation Rules (page 15) The facility has a visitation policy that includes, at a minimum, the following safeguards:	YES	NO	NA
1. Visitors leave the facility no later than 10:00 p.m.			
2. Designated visiting areas are located in the common living areas of the facility.			
3. All staff, residents, and visitors shall be clean and sober while on the premises.			
4. Visitors are not to be left alone in the facility at any time.			
5. LICENSED FACILITIES ONLY - 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. Regulations regarding children visiting the facility include:			
• Specific hours for visits.			
• The type of supervision required.			
• Restriction of children to the common areas.			
COMMENTS:			

Resident Log - SLE ONLY (page 5) The facility maintains a continuing record of all residents as they enter and exit the facility.	YES	NO	NA
• Logs are retained for at least one year after the last entry.			
• Logs include in and out records of the date, time, destination, and resident's name for each entrance to and exit from the facility.			
COMMENTS:			

Drug and Alcohol Testing - SLE ONLY (page 17)	YES	NO	NA
1. The facility conducts random drug testing.			
2. Testing occurs at intake and no less frequently than one time per month.			
3. A testing log is maintained in a master file.			
4. All testing results are maintained in the residents' files.			
5. Positive tests are reported immediately to the probation officer, parole agent or to the courts.			
6. Residents sign acknowledgement of drug testing standards at the time of their intake appointment.			
7. The policy states how many positive tests are allowed before a resident is discharged from the program.			
8. A relapse policy specifies the criteria for re-entry to the program.			
COMMENTS:			

ADMINISTRATIVE REVIEW – COMPLETE BEFORE SITE VISIT

Conditional Use Permit, Fire Inspection, Business License, Insurance - Request Documents for Proof (page 4)	YES	NO	NA
1. Zoning Conformance form confirms that the facility and proposed use complies with all applicable zoning and land use regulations			
2. Applicant has completed and provided documentation of a Fire Inspection			

3. Applicant has a current Business License			
4. Applicant has provided proof of Insurance			
COMMENTS:			

Policy and Procedure Manual - GOOD NEIGHBOR (page 8) Facility maintains a policy and procedure manual on site, which is available to staff members. The manual contains, at a minimum, the following components:	YES	NO	NA
1. The facility has a Good Neighbor plan that may be put into effect as soon as the facility opens its doors.			
2. The facility has a written procedure to address neighborhood complaints:			
a. The neighboring residences are advised of the facility's complaint procedure.			
b. One person is assigned to handle neighborhood complaints in a positive manner.			
c. The facility addresses the problem immediately to avoid recurrence.			
d. The complainant is encouraged to contact KernBHRS Housing Services if the problem has not been resolved by the facility.			
e. Staff and residents display an attitude reflecting their desires to be productive members of the community.			
f. Staff and residents only use the backyard for outside activities, such as socializing and smoking: not the front yard.			
g. 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.			
h. Staff and residents do not borrow money or items from neighbors.			
i. Staff and residents do not use loud, abusive, or vulgar language in or around the facility.			
COMMENTS:			

Prescribed Medication (page 8)	YES	NO	NA
1. The facility has a written policy regarding the use and storage of residents' prescribed medications.			
2. Medications are properly secured in a locked cabinet.			
3. The facility does not dispense medication but makes residents' medications available to them.			
4. Medication doses are recorded on the Medication Log, signed by staff and resident.			
COMMENTS:			

Pest Control (page 8) The Facility will have a written pest control policy that includes the following:	YES	NO	NA
1. Checking for bed bugs, lice or scabies or any other general pests upon admission.			
2. The method for controlling bed bug, lice, scabies or other general pests.			
3. The plan to monitor infestation of any kind until the individual/residence is cleared.			
COMMENTS:			

STAFF (page 9) Facility maintains a policy and procedure manual on site, which is available to staff members. The manual contains, at a minimum, the following components:	YES	NO	NA
1. Job descriptions for all staff positions.			
2. A formal staff discharge procedure.			
3. An organization 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 Work Place policy.			
8. Non-Discrimination Procedures.			
9. A written prohibition against sexual harassment.			
10. A written prohibition against discrimination in the provision of services.			
11. A written policy against the inappropriate use of prescribed medications at the facility.			
12. A written policy against personal and financial conflicts of interest.			
13. Each staff member whose duties involve contact with resident's 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 written policy that lists the persons authorized to provide reports, letters, and other correspondence to any Court, County Department or Agency.			
COMMENTS:			

Intake and Admission (page 9) The facility maintains proper security, including at a minimum:	YES	NO	NA
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			
COMMENTS:			

Employee and Procedure Manual - Authorized Personnel (page 8) Facility maintains a policy and procedure manual on site, which is available to staff members. The manual contains, at a minimum, the following components:	YES	NO	NA
1. 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.			
2. 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.			
COMMENTS:			

PAYMENT AND SCHEDULE OF FEES (page 10) Facility maintains a policy and procedure manual on site, which is available to staff members. The manual contains, at a minimum, the following components:	YES	NO	NA
1. A written policy regarding fee payments, advanced fee payment, late payments, payment plans, and refunds.			
2. A written policy regarding the receipts for payments that includes the resident 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. A facility may use the treatment providers completed financial assessment to determine and individual's ability to pay.			
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.	The facility follows all procedures required by the Kern County Department of Human Services to accept a resident's General Assistance rent allowance.			
COMMENTS:				

RESIDENT FILE CONTENTS (page 9)				
Facility maintains a policy and procedure manual on site, which is available to staff members.				
1.	Individual resident files contain, at a minimum, the following:	YES	NO	NA
a.	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.			
b.	The resident's fee payment record, including date and amount of each payment.			
c.	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 program.			
d.	SLE ONLY - Standard form(s) authorizing disclosure of information to the criminal justice agencies.			
e.	SLE ONLY - Copies of all progress reports and all correspondence concerning the resident.			
f.	SLE ONLY - Dates and results of all drug and alcohol tests, and documentation that the results have been sent to the Probation Department.			
COMMENTS:				