



ALCOHOL, DRUG & MENTAL HEALTH SERVICES



1404 Franklin Street, Ste. 200
Oakland, CA 94612
(510) 891-8928 / FAX 1 (877) 341-5867

**To: Alameda County Behavioral Health Care Services (ACBHCS)
Mental Health Level I and II Service Team Providers**

From: ACBHCS Housing Services Office (HSO)

Date: February 2016

**RE: Procedures for ACBHCS Referrals to Casa Maria Interim Housing
Casa Maria - 2280 San Pablo Avenue, Oakland, CA (510) 899-4200**

Program Overview:

The HSO collaborates with Building Opportunities for Self Sufficiency (BOSS) to provide emergency/interim housing up to six (6) months at **Casa Maria** for ACBHCS clients who meet HUD Definition of Homelessness and are being served by an Alameda County Funded **Level I** or **Level II Service Team**.

Casa Maria, located at 2280 San Pablo Avenue in Oakland, is a three-story shared housing setting that is smoke, drug and alcohol-free. The building can accommodate up to 26 single residents. There is a wheelchair accessible unit on the ground floor that may house two individuals. There are two upper floors, with four units per floor. Each of these units has two bedrooms and a kitchenette. The smaller bedroom accommodates one resident and larger bedroom is for two residents. Floors are designated by men and women and there are dedicated spaces for transition age youth (TAY), 18 – 25 years old. Casa Maria will provide one meal, dinner, to residents.

The Casa Maria program staff will not provide transportation, mental health or case management services. *Mental health treatment, transportation and supporting the resident to obtain permanent housing are the responsibility of the Level I or Level II Service Provider.*

Residency Cost:

There is a **six (6) month limit** for residency at Casa Maria. Occupants of shared bedrooms pay no rent for the first three (3) months of residency. Occupants in the single bedroom pay \$250/month during the first three (3) months. During the final three (3) months of stay both residents of single and shared bedrooms pay \$250/month. A security deposit may be requested during the intake process regardless of the room type.

Before making a referral, please complete the following:

- Please confirm the facility has an opening by contacting the HSO at (510) 891-8928.
- Verify that the consumer meets the HUD definition of Homelessness described at the endnotes.
- Help the applicant obtain a TB test. It is not required prior to acceptance, but will be required as soon as possible after entering Casa Maria.
- Obtain a Release of Information (ROI) from the consumer to share information with HSO and Casa Maria staff. The referral will not be processed without the authorization from the client authorizing you to send federally protected information to the Housing Services Office and Casa Maria.
- Make sure the consumer understands the location, housing structure, requirements and services of the facility before making a referral. If approved, the applicant will be required to complete paperwork acknowledging the program's requirements and expectations.
- Ensure that the client has an appropriate supply of medications and a clear method for obtaining refills.
- Confirm that the client is able to care for themselves (e.g. dress, hygiene, meals, medications, etc.).
- Ensure the client has transportation to the facility.



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REFERRAL PROCEDURES for referring clients to Casa Maria:

1. Confirm the facility has an opening by contacting the HSO at (510) 891-8928 or Casa Maria at (510) 899-4200.
2. Complete the Casa Maria Interim Housing Referral Form in its entirety, and gather the supporting paperwork to include in the referral: 1) Release of Information; 2) TB Test Verification, if possible.
3. Fax the BHCS emergency housing referral form and other requested information to HSO staff at (877) 341-5867. HSO staff will review the faxed referral and determine initial eligibility for the referral. Please note that incomplete referrals will not be processed.
4. HSO staff will notify the referring Level I or Level II provider if their referral has been approved and will forward the referral to Casa Maria.
5. Casa Maria staff will contact the referring provider to let them know when and if a client can be accepted at the site. The intake process must be scheduled with the Case Manager and applicant.
6. Follow up with HSO staff to inform the office of any cancellations or changes.

HUD Definition of Homelessness

A person is considered homeless only when he/she resides in one of the places described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).
- In an emergency shelter.
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and lacks resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. *For example*, a person being discharged from prison after more than 30 days is eligible **ONLY IF** no subsequent residence has been identified and the person does not have money, family or friends to provide housing.
- Is fleeing a domestic violence housing situation and no subsequent residence has been identified and lacks the resources and support networks needed to obtain housing.

The following do NOT meet the HUD definition of Homeless:

- Persons living in housing, even though they are paying an excessive amount for their housing, the housing is substandard and in need of repair, or the housing is crowded.
- Persons living with relatives or friends.
- Persons staying in a motel, including a pay by the week motel.
- Persons living in a Board and Care, Adult Congregate Living Facility, or similar place.
- Persons being discharged from an institution that is required to provide or arrange housing upon release.
- Wards of the State, although youth in foster care may receive needed supportive services which supplements, but does not substitute for, the state's assistance.



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CASA MARIA Interim Housing Referral Form & Instructions

- Please confirm the emergency housing site has an opening by contacting HSO at (510) 891-8928.
- Obtain a Release of Information (ROI) from the consumer to share information with Casa Maria and HSO staff. The referral form will NOT be processed without a release of information that includes BOTH of these parties. Include the fully completed ROI with this referral.
- Complete this form in its entirety with the applicant.
- Obtain a TB test and include the documentation/results with the referral.
- Make sure the consumer understands the location, housing structure, requirements and services of the facility before making a referral. If approved, the applicant will be required to complete paperwork at Casa Maria acknowledging the housing requirements and expectations.
- Ensure the consumer has an appropriate supply of medications and a clear method for obtaining refills.
- Confirm the consumer is able to care for themselves (e.g. dress, hygiene, meals, medications, etc.).
- Ensure the consumer has transportation to the facility.
- Ensure the client has a follow up mental health appointment.
- Include the client's service follow-up plan with this fully completed referral.
- Include the client's psychosocial history documentation (assessment, treatment plan, notes, medication logs, etc.)
- Fax the fully completed referral form, Release of Information form, TB Test verification, client's service plan, and client's psychosocial history documentation to HSO for processing to 1 (877) 341-5867.**

Referring Service Provider/Case Manager: _____

Referring Service Team or Program: _____

Referring Service Provider Phone Number: _____

Referring Service Provider E-mail Address: _____

CLIENT PROFILE AND HOUSEHOLD INFORMATION

First: _____ Middle: _____ Last: _____ Suffix: _____

What is your social security number? _____ - _____ - _____

- Full SSN reported Partial SSN Reported Don't know or don't have SSN Refused

What is your date of birth? ____ / ____ / ____ (____ / ____ / ____)

- Full DOB reported Approximate or Partial DOB Reported Don't Know Refused

What is your gender?

- Female Male Transgender Male to Female Transgender Female to Male
- Other Don't Know Refused

What type of household do you have?

- Single Adult, no children Female single parent Male single parent Couple with no children
- Two parent family with children Couple (*parent and friend*) and child/ren Foster parent(s) and child/ren Grandparent(s) and child/ren
- Non-custodial caregiver(s) Other Specify: _____

Are you the head of household? No Yes If NO, Name of Head of Household: _____

A) How many children do you have under the age of 18? _____

B) How many of those children (*under the age of 18*) are currently living with you? _____

C) How many of those children (*under the age of 18*) are NOT currently living with you? _____

What is your race?

- American Indian or Alaska Native
 White
 Hispanic or Latino?:
 Asian
 Don't Know
 Non-Hispanic/Latino
 Black or African-American
 Refused
 Hispanic/Latino
 Native Hawaiian or Other Pacific Islander
 Don't Know

And your additional race? (if applicable and differs from above answer)

- American Indian or Alaska Native
 White
 Hispanic or Latino?:
 Asian
 Don't Know
 Non-Hispanic/Latino
 Black or African-American
 Refused
 Hispanic/Latino
 Native Hawaiian or Other Pacific Islander
 Don't Know

Have you ever served on active duty in the Armed Forces of the United States?

- No
 Yes
 Don't Know
 Refused

Do you have any medical insurance?

- No
 Yes

INCOME AND NON-CASH BENEFITS

Have you received money from any of these sources in the last month and what was the amount from each? Check all that apply

- Alimony or other spousal support \$ _____
 Child support \$ _____
 Earned Income \$ _____
 General Assistance (GA) \$ _____
 Pension from a former job \$ _____
 Private disability insurance \$ _____
 Veteran's pension \$ _____
 Veteran's disability payment \$ _____
 Social Security (retirement income) \$ _____
 Social Security Disability Income (SSDI) \$ _____
 Supplemental Security Income or SSI \$ _____
 (TANF) Temporary Assistance for Needy Families \$ _____
 Unemployment Insurance \$ _____
 Worker's compensation \$ _____
 Other source \$ _____
 No financial resources \$ 0.00

Do you participate in any of the following non-cash benefit programs? Check all that apply.

- Supplemental Nutrition Assistance Program (SNAP)
 Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
 Other TANF/CALWORKS -funded services
 MediCAL health insurance program (MEDICAID)
 Veteran's Administration (VA) Medical Services
 Section 8, public housing, or other rental assistance
 MEDICARE health insurance program
 TANF/CalWORKS Child Care services
 Temporary rental assistance
 Healthy Families Insurance Program (SCHIP)
 TANF/CalWORKS transportation services
 Other source

Total monthly income \$ _____00

DISABILITY sub-assessment

Which of these are true for you? Check all that apply.

- I have a physical disability (long-term and limits my ability to get around, work, or live on my own)
 I have a developmental disability
 I have a chronic health condition
 I have HIV/AIDS
 I have a mental health problem such as serious depression, serious anxiety, hallucinations, violent behavior or thoughts of suicide
 I am a survivor of domestic violence
 I have a problem with alcohol that has lasted for a long time and limits my ability to get around, work, or live on my own
 I have a problem with drugs that has lasted for a long time and limits my ability to get around, work, or live on my own
 I have a problem with both alcohol and drugs that has lasted for a long time and limits my ability to get around, work, or live on my own
 Within the past 3 months
 3 to 6 months ago
 From 6 months of 12 months ago
 More than a year ago
 Don't know
 Refused

HOUSING HISTORY

How much of the last year have you been homeless, without permanent housing?

(Include time in shelter, but not time in jail or prison. If "None" write "0" in the " ___ days" field)

___ days ___ weeks ___ months ___ year

How many times in the last 3 years have you been homeless, without permanent housing?

- First time 2 to 3 times 4 times or more All of it/entire time None Unknown/refused

Where did you stay last night?

- | | |
|--|---|
| <input type="checkbox"/> Emergency shelter (including hotel, motel, or campground paid for with emergency voucher) | <input type="checkbox"/> Staying or living with a <u>family member</u> |
| <input type="checkbox"/> Place not meant for habitation (e.g., <u>the streets, a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside, etc.</u>) | <input type="checkbox"/> Staying or living with a <u>friend</u> |
| <input type="checkbox"/> Transitional housing for homeless persons | <input type="checkbox"/> Rental by client, with VASH housing subsidy |
| <input type="checkbox"/> Substance abuse treatment facility or detox center | <input type="checkbox"/> <u>RENTAL</u> by client (NO housing subsidy) |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Rental by client, with other (NON-VASH) housing subsidy |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Owned by client WITH housing subsidy |
| <input type="checkbox"/> Hospital (non-psychiatric) | <input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> <u>OWNED</u> by client (NO housing subsidy) |
| <input type="checkbox"/> Hotel or motel paid for <u>without</u> emergency shelter voucher | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Other Specify: _____ | <input type="checkbox"/> Don't Know |
| | <input type="checkbox"/> Refused |

How long have you stayed at that place where you stayed last night?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> One week or less | <input type="checkbox"/> More than one week, but less than one month | <input type="checkbox"/> One to three months | <input type="checkbox"/> More than three months, but less than one year |
| <input type="checkbox"/> One year or longer | <input type="checkbox"/> Don't Know | <input type="checkbox"/> Refused | |

If where you stayed last night was in jail, a substance abuse treatment facility, hospital, psychiatric facility, or foster care setting, were you in a shelter or on the streets prior to going to one of these sites?

- No Yes Don't Know Refused

Are you currently escaping a domestic violence situation?

- No Yes Don't Know Refused

Is client HUD Homeless? No Yes (Note: HUD Homeless = Highlighted answer above)

What is the zip code AND City or County of the apartment, room, or house of your last permanent address, where you lived for 90 days or more?

Zip Code: _____ OR Full or partial zip code Don't know Refused

City (if within Alameda County) or County: _____

What is this person's current housing status? (Note: HUD Homeless = Literally Homeless)

- | | | |
|---|---|--|
| <input type="checkbox"/> Literally homeless | <input type="checkbox"/> Housed and at <u>imminent risk</u> of losing housing | <input type="checkbox"/> Housed and <u>at risk</u> of losing housing |
| <input type="checkbox"/> Stably housed | <input type="checkbox"/> Don't Know | <input type="checkbox"/> Refused |

Is client HUD chronically homeless? No Yes