

EXHIBIT A – PROGRAM REQUIREMENTS (A-P): CRISIS RESIDENTIAL TREATMENT (CRT)

I. Program Name

Crisis Residential Treatment (CRT)

II. Contracted Services¹

CRT

Medi-Cal Requirements Apply

III. Program Information and Requirements

A. Program Goals

Contractor shall provide services to accomplish the following goals:

- i. Reduce episodes of and length of stay for psychiatric hospitalization by providing an alternative community-based program;
- ii. Assist clients in achieving and maintaining an improved level of functioning and recovery upon discharge to the community;
- iii. Enable clients to receive care in the least-restrictive setting that meets their individual psychosocial needs; and
- iv. Support clients' quick and successful return to the community with reduced reliance on acute care facilities.

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Contractor shall provide services to adults living with serious mental illness who are experiencing a crisis. Contractor shall serve individuals who are sex offenders.

2. Referral Process to Program

Contractor shall accept referrals from ACBH Acute Crisis Care and Evaluation for System-Wide Services (ACCESS), mobile crisis teams, crisis stabilization units, psychiatric hospitals, crisis services, or mental health case management teams.

3. Program Eligibility

Contractor shall only serve individuals who:

- i. Are Alameda County residents who have or are eligible for Alameda County Medi-Cal or HealthPAC;
- ii. Are 18 years of age or older;

¹ See all requirements specified in the Exhibit A-1: Standard Requirements, Exhibit A-Scope of Work (Ex A-SOW), and other Exhibits attached to this Agreement.

- iii. Meet specialty mental health criteria with impairments in the moderate to severe range per the ACBH Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary, which can be referenced online at <http://www.acbhcs.org/providers/network/CBOs.htm>;
- iv. Are assessed by the CRT as individuals who would benefit from CRT services.

Within 24 hours of admission, Contractor shall submit an initial authorization request to ACBH. Contractor shall submit a continuation authorization request to ACBH at least five business days prior to the expiration of a current authorization.

4. Limitations of Service

Duration of services for CRT clients shall be limited to an average of 14 days. Contractor must receive prior approval from the ACBH Critical Care Manager for stays exceeding 14 days and from the ACBH Adult and Older Adult System of Care Director or their designee for stays longer than 28 days. Transition-Age-Youth up to 25 years of age may stay up to 30 days without prior approval, and Contractor must receive prior approval from the ACBH Adult and Older Adult System of Care Director or their designee for longer stays.

C. Program Description

Contractor shall maintain programmatic services at or above the following minimum levels:

1. Program Design

Contractor shall provide a community-based and home-like environment. Contractor shall use evidence-based practices such as Trauma-Informed Care and Motivational Interviewing.

Contractor shall maintain capacity and staffing for daily client admission.

Contractor shall provide a CRT that includes, but is not limited to, the following components:

- i. Crisis intervention;
- ii. Individualized assessment and treatment plan based on the client's needs, goals, and strengths;
- iii. Medical screening;
- iv. Biopsychosocial assessment and psychiatric and medication evaluation and treatment;
- v. Medication management;
- vi. Case management services,² including linkages for clients to additional services as needed such as:
 - a. Primary care and medical homes;

² Clients affiliated with Full Service Partnerships, Services Teams, or other case management teams shall receive case management services from that team.

- b. Appropriate community services, including care coordination, brokerage, and linkage to services;
- c. Linkage to housing resources:
 - i. Coordinated Entry System applications;
 - ii. Transitional housing; and/or
 - iii. Board and care or independent living;
- vii. Benefits advocacy and/or Medi-Cal reinstatement via utilization of ACBH Health Information Technicians;
- viii. Referrals to the Substance Use Access and Referral Helpline;
- ix. Peer support;
- x. Individual and group therapy and rehabilitation;
- xi. Group activities (e.g., recovery groups, house meetings, Seeking Safety, substance use education, discharge planning groups, etc.);
- xii. Recreational activities and leisure skills training, including music and art therapy;
- xiii. Training and education in health, including nutrition and physical activity;
- xiv. Education in household maintenance and financial management;
- xv. Education in independent living skills;
- xvi. Comprehensive discharge planning that addresses the client's needs for continued recovery; and
- xvii. Other appropriate activities as needed or as requested by clients.

ACBH reserves the right to call a case conference to review a case, and to elevate differences of opinion to ACBH and Contractor leadership or mediation.

2. Discharge Criteria and Process

Contractor may arrange for transportation at the time of discharge to the next level of care appropriate to the client's clinical condition and destination.

Contractor shall assist the client with discharge planning by coordinating care with existing providers and supports and/or connect clients with follow-up services as needed.

3. Hours of Operation

Contractor shall maintain the hours as specified in Exhibit A-Scope of Work (SOW).

4. Service Delivery Sites

Contractor shall deliver services at designated service delivery sites as specified in Exhibit A-SOW.

D. Minimum Staffing Qualifications

Contractor shall maintain the direct service staffing as specified in the Exhibit A-SOW. Contractor shall meet all regulatory requirements concerning staffing for CRT operation, and maintain sufficient staffing to implement the activities specified in this Exhibit A.

IV. Contract Deliverables and Requirements

A. Process Objectives

Contractor shall deliver units of service as specified in Exhibit A-SOW.

B. Quality Objectives

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of clients admitted who choose to stay for at least three days and receive services	80% or greater
Percent of clients who agree or strongly agree to overall satisfaction statements (items 1, 2, and 3) on the Mental Health Statistics Improvement Program (MHSIP) consumer survey ³	80% or greater
Percent of clients who agree or strongly agree to the cultural/ethnic sensitivity statement (item 18) on the MHSIP	80% or greater

C. Impact Objectives

Contractor shall provide services toward achieving the following impact objectives:

Impact Measure	Impact Objective
Percent of clients with CSU admissions in the month following exit compared to the month prior to entry	Data to be collected in this year of operation
Percent of clients with hospital emergency department visits in the month following exit compared to the month prior to entry	
Percent of clients who agree or strongly agree with the MHSIP statement: "I deal more effectively with daily problems"	60% or greater
Percent of clients on the ACBH list of frequent users of high-cost services who had a decrease in psychiatric emergency, psychiatric hospital, or jail admissions in the 12 months after exit from the program as compared to the 12 months prior to their entry into the program	30% or greater

V. Reporting and Evaluation Requirements

Contractor shall use Clinician's Gateway or an ACBH-approved electronic health record system for client progress notes. Contractor shall update the Reddinet system with current bed

³ <https://www.dhcs.ca.gov/formsandpubs/mhccy/infonotice12-02enclosure1.pdf>

availability at change of shift daily. Contractor shall maintain staff who are trained in County electronic information system management systems, including InSYST, Clinician's Gateway, and Reddinet.

Monthly

Contractor shall submit a Monthly Program Report on an ACBH-provided template that describes Contractor's progress in achieving the Contract Deliverables and Requirements. Reports shall be labeled in accordance with the established naming convention and shall be uploaded to the ACBH Citrix ShareFile no later than the 10th of the following month. The report shall also be submitted to the ACBH Critical Care Manager.

Quarterly

Contractor shall submit a Quarterly Program Report on an ACBH-provided template that describes Contractor's progress in achieving the Contract Deliverables and Requirements. Reports shall be labeled in accordance with the established naming convention and shall be uploaded to the ACBH Citrix ShareFile according to the following schedule:

Quarter	Dates Covered in Report	Due Date
1 st	July 1 – September 30	October 31 st
2 nd	October 1– December 31	January 31 st
3 rd	January 1 – March 31	April 30 th
4 th /Annual	April 1 – June 30	July 31 st

Contractor shall use information from the MHSIP survey for continuous quality improvement of services and program delivery. Contractor shall ensure that 50 percent of current clients complete the surveys at each required administration.

VI. Additional Requirements

No additional requirements.