

EXHIBIT A – PROGRAM REQUIREMENTS (A-P): SUBSTANCE USE DISORDER (SUD) RECOVERY RESIDENCE

I. Program Name

Substance Use Disorder (SUD) Recovery Residence

II. Contracted Services¹

SUD Recovery Residence

III. Program Information and Requirements

A. Program Goals

Contractor shall provide services to assist clients in accomplishing the following goals:

- i. Establish and maintain recovery from substance use and attain stabilization, increase self-sufficiency, and improve quality of life;
- ii. Adopt a voluntarily-maintained lifestyle characterized by sobriety, personal health, and **personal responsibility**; and
- iii. Maintain responsibly-managed and value-focused operations while decreasing other system care costs (e.g. reduce homelessness, utilization of crisis services, incarceration and criminal justice recidivism associated with substance use).

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Contractor shall provide room and board to individuals who are receiving SUD outpatient, intensive outpatient, or recovery support services through ACBH-contracted programs.

Contractor shall make it a priority to serve Alameda County residents who are:

- i. Eligible for Medi-Cal in Alameda County or indigent with no other payor source;
- ii. Pregnant women;
- iii. Intravenous drug users;
- iv. Involved with the criminal justice system;²
- v. Transition Age Youth (TAY) defined as young adults, ages 18 to 24;
- vi. Black/African American;
- vii. Latino/**Latin(x)**; and/or
- viii. Asian.

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

² Criminal justice is a term that is inclusive of systems such as the Collaborative Courts, Jails/Prisons, Probation and Juvenile Justice.

2. Referral Process to Program

For purposes of serving clients under this contract, Contractor shall only accept referrals from the Substance Use Access and Referral Helpline (the Helpline) and a more limited group of designated ACBH-approved referral sources.³

Contractor shall have the capacity to accept three-way calls with the designated ACBH-approved referral sources. Through the three-way call:

- i. Contractor may build rapport with the client and discuss program structure and expectations.
- ii. Contractor may not conduct additional screening/assessment of client that is duplicative of the screening/assessment conducted by these ACBH-approved referral sources;
- iii. Contractor shall offer an intake appointment on the three-way call. The intake appointment shall be scheduled to occur within ten days of the initiation of the three-way call.⁴
- iv. Upon successful completion of the three-way call, Contractor shall maintain contact with the client for any intake appointment reminders and/or engagement needed.

If a three-way call cannot be guaranteed during regular business hours, Contractor shall supply a schedule of standing intake appointment blocks to the Helpline so that eligible callers can be scheduled for an intake appointment at the time of their initial call to the Helpline.

Contractor shall not request that referral sources share potential client screenings for review prior to scheduling an intake appointment. Referral documentation will be received by Contractor via Sharefile from the referral source/portal.

For individuals who contact Contractor directly seeking access into Contractor's recovery residence program, Contractor shall provide contact information and assist the individuals in calling the Helpline for point of entry screening and referrals into the SUD treatment system, which may include referral to the recovery residence program if appropriate.

Contractor shall contact the referral source/portal with information on any of the following situations within 12 hours of occurrence:

- i. Client does not arrive to scheduled intake appointment; and/or
- ii. Client has rescheduled intake appointment.

Contractor shall upload their daily bed census spreadsheet every weekday by 10 a.m. to Sharefile. With 30 day notice, Contractor shall migrate communication regarding bed availability to an alternate ACBH-identified online portal.

³ Other designated ACBH-approved referral sources include Cherry Hill, Forensic Substance Use Case Management (FSCM, formerly Criminal Justice Case Management), and the Alameda County Collaborative Court Services/Drug Court.

⁴ If not possible to schedule the intake appointment within ten days of initiation of the three-way call, Contractor shall document the reason(s) for the delay.

3. Program Eligibility

Contractor shall only serve clients who:

- i. Are Alameda County residents;
- ii. Are 18 years of age and older;
- iii. Have been referred through the referral process stated above;
- iv. Are also enrolled in and attending SUD outpatient, intensive outpatient or recovery support services through an ACBH-contracted program; and
- v. Are not under the care of a physician for active tuberculosis.

4. Limitations of Service

Clients shall be eligible for a maximum of no more than six months (180 days) of total recovery residence services across any contracted recovery residence provider in a one-year (or 365-day) period.

Contractor shall review the Recovery Residence Length of Stay Daily Report to track client's remaining available days in recovery residence program and engagement in outpatient services.

Contractor must request length of stay extension from ACBH Operational Lead for SUD Recovery Residence Services via the ACBH-approved form sent by encrypted email if a client is expected to require more than 180 days of recovery residence service. This form must be submitted to ACBH at least ten business days before the client's length of stay expires.

C. Program Description

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

1. Program Design

Contractor shall provide recovery residence services in accordance with Level II National Association of Recovery Residence Standards.⁵ Contractor shall provide clients with food and shelter in a self-governed, supervised, home-like setting. Contractor's recovery residence shall allow space for residents to provide each other with peer recovery support within a staff-monitored structure.

At their first visit, Contractor shall perform an intake and orientation for each new client referred to the recovery residence. Contractor shall ensure that each client agrees to abstain from alcohol and other drug use and to comply with other house rules while living in the recovery residence.

While living in the recovery residence, clients shall concurrently attend SUD outpatient, intensive outpatient, or recovery support services through an ACBH-contracted program. No later than three days after intake and at least every other week for the duration of the client's stay at the recovery residence, Contractor shall

⁵ <https://narronline.org/wp-content/uploads/2014/02/NARR-Standards-20110920.pdf>; pg. 2

make contact with the SUD outpatient, intensive outpatient, or recovery support services provider from which the client is receiving treatment. Contractor shall communicate with that program about client attendance and program adherence, and partner with that program on any housing-related case management services, with the goal of discharging client from the county-contracted recovery residence program when safe housing is identified for the client.

Contractor's House Manager shall:

- i. Document minutes of weekly house meetings;
- ii. Ensure clients are concurrently attending SUD outpatient, intensive outpatient, or recovery support services;
- iii. Conduct random drug screening in accordance with the ACBH Practice Guidelines;
- iv. Plan and implement chore schedules;
- v. Facilitate weekly house meetings;
- vi. Administer morning and evening bed checks; and
- vii. Begin to assist the client in developing financial management skills and to encourage the client to obtain gainful employment and start a savings account.

Contractor shall not provide any structured SUD treatment or treatment-like activities at the recovery residence facility. Contractor shall hold house meetings to discuss house operation and management issues, although no part of this meeting shall involve SUD treatment or treatment-like activity.

With 30 day notice from ACBH, Contractor shall utilize the county-created bed availability application, to convey timely bed status of ACBH-contracted beds (bed on hold for intake, bed occupied, bed open). Contractor shall adhere to guidelines provided by ACBH Operational Lead for SUD Recovery Residence Services regarding the use of the bed availability application, and attend trainings provided by ACBH at least 15 days before Contractor is required to implement and utilize the bed availability application.

Contractor shall have policy and procedures in areas including, but not limited to: client intake; client admission and readmission criteria that addresses use or abuse of alcohol/drugs, physical health status, social psychological problems, procedures for how the program addresses clients who do not meet admission criteria; drug screening/testing per DMC-ODS Practice Guidelines which includes procedure to protect against falsification and/or contamination of client urinalysis samples; resident responsibilities; managing client relapse; emergency/crisis situations; medication safety, storage and management; schedules; meetings; conflict resolution; housing of transgender individuals; and smoking. All policies and procedures shall be submitted to ACBH Operational Lead for SUD Recovery Residence Services within three months of the contract start date, and shall work with ACBH to address any identified concerns within six months of the contract

start date. Contractor shall ensure that emergency/crisis policies and procedures are prominently posted.

Contractor shall maintain collaborations and close working relationships, when relevant to the needs of a specific client, with systems including, but not limited to, the following:

- i. SUD treatment providers in the DMC-ODS continuum of care;
- ii. ACBH-designated referral and care navigation sources for SUD, including the Helpline and Cherry Hill; and
- iii. Criminal Justice Systems and partners.

Additional Requirements for AB109 Clients

Contractor shall actively coordinate with Alameda County AB109-contracted Forensic Substance Use Case Management (FSCM, formerly Criminal Justice Case Management) and Alameda County Deputy Probation Officers (DPO) for case planning purposes at all stages of a client's treatment and in client transitions between levels of care. Contractor shall confirm with FSCM when the client has been admitted to the program.

2. Discharge Criteria and Process

Contractor shall discharge a client when Contractor, the client, the Helpline, and ACBH-contracted SUD outpatient, intensive outpatient, or recovery support services provider:

- i. Determine that the client's assessed need indicates a change in level of care placement;
- ii. Determine that the client has achieved financial self-sufficiency and is ready to obtain housing independent of the recovery residence;
- iii. Find that the client has stopped participating in concurrent treatment; or
- iv. Find that the client has met their maximum recovery residence length of stay.

3. Hours of Operation

Contractor shall maintain the following hours of operation:

- 24 hours per day, seven days per week.

Contractor shall have the capacity to accept three-way calls with designated ACBH-approved referral sources during regular intake hours. Contractor shall maintain regular intake hours as specified in the 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.

Contractor shall obtain written approval from ACBH through the ACBH Program Contract Manager prior to implementing any changes in service delivery sites.

D. Minimum Staffing Qualifications

Contractor shall maintain at least 1.0 Full-Time Equivalent (FTE) House Manager at each recovery residence, who can be a Peer Specialist, SUD Counselor, or a Licensed Practitioner of the Healing Arts (LPHA). The cost of the House Manager may be prorated and applied proportionally for the percentage of the bed capacity purchased through this ACBH contract.

Contractor shall document supervision of House Manager and other program staff which shall be reflected in the programs' organizational chart and budget.

Contractor shall ensure that 24-hour on-site supervision is maintained at the recovery residence(s) to support and promote recovery and prevent relapse.

IV. Contract Deliverables and Requirements

- A. Process Objectives** See Applicable Exhibit A Documents.
Contractor shall deliver units of service as specified in Exhibit A-SOW.

Contractor shall provide services toward achieving the following process objective:

| Process Measure | Process Objective |
|--|-------------------|
| Percent of prorated contracted units of service provided monthly | 80% – 100% |

- B. Quality Objectives**
Contractor shall provide services toward achieving the following quality objectives:

| Quality Measures | Quality Objectives |
|--|--------------------|
| Percent of clients who receive at least one outpatient, intensive outpatient or recovery support service per week while residing in recovery residence | At least 95% |

Contractor shall work collaboratively with ACBH to develop additional quality benchmarks in the following areas: timeliness of services and client satisfaction.

- C. Impact Objectives**
Contractor shall provide services toward achieving the following impact objectives:

| Impact Measures | Impact Objectives |
|---|-------------------|
| Percent of clients who are discharged from the recovery residence program having successful program completion ⁶ | At least 40% |

⁶ As defined as client securing employment and safe housing at the close of their episode in the recovery residence program.

| Impact Measures | Impact Objectives |
|--|-------------------|
| Percent of clients who are no longer “homeless” according CalOMS discharge data at time of discharge from the recovery residence program | At least 95% |

V. Reporting and Evaluation Requirements

No additional requirements.

VI. Additional Requirements

Contractor shall comply with all requirements under Senate Bill 1228 and Assembly Bill 919.

Contractor shall comply with any emerging requirements specified by DHCS.