

EXHIBIT A – PROGRAM REQUIREMENTS (A-P): SERVICE TEAM

I. Program Name

Service Team

II. Contracted Services¹

Outreach and Engagement

Outpatient Services

- Mental Health Services
- Case Management/Brokerage
- Crisis Intervention
- Medication Support

Other Contracted Services²

- ACBH Substitute Payee Program

Medi-Cal Requirements Apply

III. Program Information and Requirements

A. Program Goals

Contractor shall provide services to accomplish the following goals:

- i. Assist clients in attaining a level of autonomy within the community of their choosing;
- ii. Reduce the impact that mental health issues have on the ability of clients to achieve and maintain an optimal level of functioning and recovery;
- iii. Assist clients in finding and maintaining meaningful roles in activities, education, vocation, and/or volunteer work;
- iv. Increase community connections among clients;
- v. Promote fiscal/benefits stability among clients;
- vi. Support clients in maintaining basic needs including but not limited to housing, food, utilities, and clothing;
- vii. Increase and support client choice around appropriate housing;
- viii. Reduce client utilization of hospitalization and emergency services; and
- ix. Assist and empower clients to transition into the least intensive and most independent level of service appropriate for their need, such as a Wellness Center or primary care.

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.

² Contractor shall comply with standard ACBH requirements for Other Contracted Services as described in Section VI. Additional Requirements.

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Contractor shall serve adults with serious mental illness resulting in an impairment of their ability to manage activities of daily life. Clients may include individuals who **have histories of trauma**, who are homeless or at risk of homelessness, who have co-occurring substance use and/or physical health disorders, who are undocumented, who have limited English proficiency, **and/or who have past or present forensic involvement**. Contractor shall serve individuals who are sex offenders.

2. Referral Process to Program

Clients must be approved by ACBH Acute Crisis Care and Evaluation for System-wide Services (ACCESS) for services. Referrals to ACCESS can come from sources including but not limited to family members, behavioral health care providers, primary care providers, and psychiatric hospitals. Clients may also self-refer to ACCESS.

3. Program Eligibility

Contractor shall only serve individuals who:

- i. Are Alameda County residents and/or have Alameda County Medi-Cal;
- ii. Are eligible for services under an ACBH-approved insurance plan, as defined by ACBH at <http://www.acbhcs.org/providers/Access/access.htm>;
- iii. Have had contact with a crisis stabilization unit (CSU), psychiatric hospital, crisis services, subacute facilities, and/or jail in the past two years;
- iv. 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>; and
- v. Have been referred and approved for services by ACCESS.

4. Limitations of Service

Not applicable.

C. Program Description

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

1. Program Design

Upon referral from ACCESS, Contractor shall conduct community outreach and attempt to engage each client in outpatient services. Contractor shall encourage referred clients to sign on to become a member of Contractor's Service Team.

Contractor shall perform a face-to-face assessment within seven calendar days of any client discharge from an acute care setting and shall actively collaborate with facility staff around discharge planning and placement.

Contractor shall provide the following outpatient services: mental health services (i.e., assessment, collateral, interactive complexity, plan development, rehabilitation, and therapy), case management/brokerage, crisis intervention, and medication support. Contractor shall provide services that are strength-based, individualized for each client, and responsive to the needs of clients.

Contractor shall work with collaborative courts and Adult Forensic Behavioral Health (AFBH), and this shall include providing necessary reports and engaging these partners to participate in discharge planning.

Contractor shall coordinate care and discharge planning with other mental health and substance use disorder treatment providers, including those that provide inpatient, residential, forensic, medication, crisis, and outpatient services. Contractor shall make referrals and shall follow-up with external service providers to ensure continuity of care. Contractor shall also provide linkage and referral to the following services:

- i. Wellness Centers;
- ii. Educational, vocational, and housing resources;
- iii. The ACBH Pool of Consumer Champions (POCC) and other programs operated by and for mental health consumers; and
- iv. Primary care services.

Contractor has the option to participate in telepsychiatry services and/or the Medically Indigent Adult Financial Rewards Program. Contractor shall contact the ACBH Office of the Medical Director for more information.

Contractor shall attend weekly Behavioral Health Care Coordination meetings, as well as monthly Adult/Older Adult Outpatient Provider Meetings and quarterly meetings about program and contract status issues.

2. Discharge Criteria and Process

Contractor shall assess a client for discharge from Contractor's Service Team when:

- i. Contractor is unable to locate the client for a period of 90 days or client refuses treatment for a period of 90 days despite attempts by Contractor to contact and engage the client;
- ii. Client is in a restrictive environment (e.g., jail or inpatient long-term facility, etc.) for six months or longer;
- iii. Client no longer meets service necessity for a Service Team;
- iv. Client has been assessed as having achieved clinical stability and readiness to transition to a lower level of care, such as a Wellness Center, primary care services, or medication support and/or treatment; and/or

- v. Client has not accessed any crisis, acute care, or jail services in the last six months.³

Contractor shall assess clients for referral to Full Service Partnership (FSP) programs under the following conditions:

- i. After extensive clinical interventions, it is determined that the level of service intensity offered through a Service Team may not be sufficient to successfully engage and support the client in treatment and that the client would likely benefit from a higher-intensity service; and
- ii. The client meets the criteria for the particular FSP program to which they are being referred.

Contractor may request and receive prior approval on a case-by-case basis from the ACBH Adult and Older Adult System of Care Director or their designee to utilize other criteria for assessing clients for discharge in relation to complex client needs.

Contractor shall complete a discharge form and send it to ACCESS for approval of client discharge from Contractor's Service Team. 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.

3. Hours of Operation

Contractor shall maintain the hours as specified in Exhibit A-Scope of Work (SOW). Contractor shall notify all clients of their after-hours protocol.

4. Service Delivery Sites

Contractor shall deliver services at designated service delivery sites as specified in Exhibit A-SOW. Contractor shall also provide services in community settings where clients are located.

D. Minimum Staffing Qualifications

Contractor shall maintain the direct service staffing as specified in the Exhibit A-SOW. Contractor shall maintain an average monthly caseload of 30 clients per direct Full-Time Equivalent (FTE) Clinician, Case Manager, Mental Health Rehabilitation Specialist, and/or Personal Services Coordinator.

IV. Contract Deliverables and Requirements

A. Process Objectives

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

³ As described in the "Guidelines for Opening and Closing Reporting Units for Service Teams and FSPs."

B. Quality Objectives

Contractor shall achieve the following quality objective:

Quality Measure	Quality Objective
Percent of clients who receive at least one face-to-face visit per month	At least 85%

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of discharges for which Contractor provided a face-to-face visit with the client and/or their caregiver within seven days of that discharge from a crisis stabilization service, hospital for a mental health diagnosis, Institution for Mental Disease, and/or psychiatric health facility	At least 65%
Percent of current clients who complete the Mental Health Statistics Improvement Program (MHSIP) form at each required administration	At least 50%
Percent of clients who had an appointment with a primary care provider during the reporting period ⁴	At least 75%

C. Impact Objectives

Contractor shall provide services toward achieving the following impact objective among eligible clients who have been in the program for 12 months or longer:

Impact Measure	Impact Objective
Percent of eligible clients who had a decrease in CS, PHF, or psychiatric hospital admissions in their most recent 12 months in the program as compared to the 12 months prior to their entry into the program	At least 80%

V. Reporting and Evaluation Requirements

Contractor shall submit an Annual Mental Health Services Act (MHSA) Community Services and Supports (CSS) Report on an ACBH-provided template that collects demographics data in addition to Contractor's progress, successes, and challenges in achieving the Contract Deliverables and Requirements. Reports shall be labeled in accordance with the MHSA Three Year Plan and/or Plan Update established naming

⁴ Applies to clients who completed at least six consecutive months during the 12 month reporting period.

convention and shall be uploaded to the ACBH Citrix ShareFile within 30 days from the end of the contract period.

VI. Additional Requirements

A. ACBH Substitute Payee Program

Contractor shall provide services to accomplish the following goals:

- i. Promote fiscal/benefits stability among clients;
- ii. Support clients in maintaining basic needs including but not limited to housing, food, utilities, and clothing; and
- iii. Coach clients to achieve financial independence.

Clients may be referred to the ACBH Substitute Payee Program by a Clinician, Social Worker, case manager, Personal Services Coordinator, and/or Public Guardian/Conservator.

ACBH Substitute Payee Program shall only accept clients who:

- i. Have an assigned case manager within the referring agency who is trained to work with the ACBH Substitute Payee Program; and
- ii. Have been approved by the ACBH Substitute Payee Program.

Contractor shall collaborate with clients and the ACBH Substitute Payee Program to provide non-clinical Substitute Payee services and coordinate Substitute Payee client care and documentation. Contractor shall comply with all operational guidelines and requirements as set forth by the ACBH Substitute Payee Program.⁵

ACBH Substitute Payee Program shall include:

- i. Submitting transmittal forms to the ACBH Substitute Payee Program for payment requests, budget changes, and address changes;
- ii. Receiving client checks via mail when needed;
- iii. Storing client checks securely in a locked storage space and educating clients about properly securing and safeguarding the checks that are issued to them;
- iv. Disbursing checks to clients when applicable in a timely manner;
- v. Assisting clients in budgeting and managing funds and maintaining benefits; and
- vi. Maintaining a minimum of monthly contact with clients receiving ACBH Substitute Payee Program services.

Contractor shall send a written request to ACBH Substitute Payee Program for approval of client discharge for clients who are assessed by Contractor as meeting criteria for discharge from the ACBH Substitute Payee Program.

⁵ <http://www.acbhcs.org/providers/Subpayee/subpayee.htm>

Contractor shall:

- i. Notify the ACBH Substitute Payee Program as soon as possible if a client's whereabouts are unknown;
- ii. Notify the ACBH Substitute Payee Program when closing a client to their program;
- iii. Notify the ACBH Substitute Payee Program when transferring a client to a new Substitute Payee Program case manager; and/or
- iv. Notify the ACBH Substitute Payee Program of any changes that may affect client's eligibility for benefits and/or benefit amounts, such as incarceration, hospitalization, living arrangement changes, and/or employment status.

Contractor shall provide services in accordance with the following policies:⁶

- i. ACBH Substitute Payee Program Description;
- ii. ACBH Substitute Payee Program Operational Guidelines for Case Managers and Contact Persons; and
- iii. Reporting Responsibilities for Substitute Payee Case Managers and Contact Persons.

Contractor shall return all undistributed client checks to the ACBH Substitute Payee Program within 48 hours of written notice from ACBH upon termination of ACBH Substitute Payee Program. Contractor shall return any checks older than 30 days to the ACBH Substitute Payee Program.

⁶ <http://www.acbhcs.org/providers/network/CBOs.htm>