

## EXHIBIT A – PROGRAM REQUIREMENTS (A-P): WELLNESS CENTERS

### I. Program Name

Wellness Centers

### II. Contracted Services<sup>1</sup>

Outreach and Engagement

Peer Support and Wellness Services

Outpatient Services

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

Medi-Cal and Medi-Cal Administrative Activities (MAA) Requirements Apply

### III. Program Information and Requirements

#### A. Program Goals

Contractor shall provide services to accomplish the following goals:

- i. Enable clients living with serious mental illness (SMI) to function as independently as possible in the community.

#### Additional Goals for Outreach and Engagement/Peer Support and Wellness Services

- i. Provide a welcoming entry point for individuals who are unserved or underserved by the mental health system;
- ii. Provide services in an environment of inclusion and acceptance that are, more often than not, managed and staffed by consumers who provide or arrange for peer support, wellness, and recovery-oriented education;
- iii. Use proven curricula that support the acquisition of the knowledge and skills required for clients to reach their recovery goals, which may include:
  - a. Obtaining and retaining employment;
  - b. Obtaining and retaining housing;
  - c. Establishing a mutual support network;
  - d. Participating in recreational activities;
  - e. Connecting with other behavioral health services, if appropriate; and/or
  - f. Sustaining living in the community, rather than in institutional settings; and

<sup>1</sup> 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.

- g. Provide culturally- and ethnically-relevant program activities.

Additional Goals for Outpatient Services

- i. For clients who have not been connected to behavioral health services, assess client needs and transition clients to an appropriate level of care within the larger behavioral health care system; and
- ii. For clients who are transitioning from specialty behavioral health case management programs such as Service Teams or Full Service Partnerships, provide additional time-limited outpatient services (up to three months) for clients as they practice to more independently maintain their behavioral health and recovery goals, with the option of reconnection with more intensive services if appropriate.

**B. Target Population**

Contractor shall provide services to the following populations:

**1. Service Groups**

Outreach and Engagement/Peer Support and Wellness Services

Contractor shall provide services to adults experiencing mental health challenges. These individuals may or may not be currently enrolled in ACBH specialty mental health programs (e.g., Service Teams, Full Service Partnerships, etc.). Clients may include individuals who are homeless or at risk of homelessness, have co-occurring substance use and/or physical health disorders, frequently use hospitals and other emergency services, are at risk of institutionalization, and/or have limited English proficiency.

Outpatient Services

Contractor shall provide outpatient services to clients of the Wellness Centers who need support beyond what the Peer Support and Wellness Services can provide, but who do not need the intensive program support of a Service Team or Full Service Partnership.

Medication Support

Contractor shall provide services to Alameda County adults who live with mental illness who are in need of medication support services.

**2. Referral Process to Program**

Contractor shall accept referrals from ACBH Acute Crisis Care and Evaluation for System-wide Services (ACCESS), any ACBH-contracted provider, mobile crisis teams (if appropriate), or the community. Clients may self-refer.

**3. Program Eligibility**

All Services

Contractor shall serve clients who:

- i. Are Alameda County residents;
- ii. Are 18 years of age or older; and

- iii. Are experiencing mental health issues.

Outreach and Engagement/Peer Support and Wellness Services

Contractor shall serve clients who:

- i. Are not yet connected to behavioral health services;
- ii. Are in need of additional support beyond that provided by any assigned specialty mental health program; and/or
- iii. Are transitioning from a specialty mental health case management program.

Outpatient Services

Contractor shall only serve clients who:

- i. Do not qualify for or are not enrolled in a specialty mental health service case management program;
- ii. Are eligible for services under an ACBH-approved insurance plan, as defined by ACBH at <http://www.acbhcs.org/providers/Access/access.htm>; and
- iii. Meet criteria to receive specialty mental health services under 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>.

**4. Limitations of Service**

Not applicable.

**C. Program Description**

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

**1. Program Design**

Contractor shall offer peer support and wellness services to all clients, outpatient services to a set of clients, and medication support to another set of clients. Contractor's services shall include a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors and prevent relapse.

Outreach and Engagement/Peer Support and Wellness Services

Contractor shall provide services according to the guiding principles of wellness and recovery:

- i. Consumer and family participation and involvement;
- ii. Accessible programs and services;
- iii. Addressing age-specific needs;
- iv. Culturally-relevant programs and services;
- v. Community partnerships; and
- vi. Accountability and measurable outcomes.

Contractor shall operate the Wellness Centers as a comprehensive, transformational, and accessible service to the identified target population. Contractor shall structure Wellness Centers as natural support for clients to create their own wellness portfolio of groups, classes, and personal connections; mental health, housing, and employment services; and physical and/or psychiatric supports. Rehabilitative services shall focus on group activities geared toward increased community involvement and skill development to increase individual supports and independence.

Contractor's team shall provide regularly-structured and meaningful peer and other support activities and services that may include, but are not limited to:

- i. Social skills training;
- ii. Peer-led support groups;
- iii. Seeking Safety groups;
- iv. Social/recreational activities;
- v. Educational support;
- vi. Spiritual support;
- vii. Field trips;
- viii. Resource referrals;
- ix. Individual peer support;
- x. Housing support;
- xi. Peer leadership activities;
- xii. Partners in Change Outcomes Management Systems;
- xiii. Motivational Interviewing;
- xiv. Wellness Management and Recovery; and
- xv. Other wellness supports.

Contractor shall assist clients who are in need of crisis services or a higher level of care to connect with outpatient services within the Wellness Center, ACCESS, or the Crisis Response Team.

Contractor shall maintain a MAA claim plan, and conduct outreach and engagement in ways that maximize revenue generation through MAA.

#### Outpatient Services

Contractor shall provide a short-term outpatient mental health service option. Contractor's outpatient services shall include mental health services (i.e., assessment, collateral, plan development, and rehabilitation), case management/brokerage, and crisis intervention.

Contractor shall provide an average of **nine** hours of outpatient services for a period of time not to exceed **three** months per client.

Contractor shall provide services with rehabilitative value based on each client's strengths-based individual treatment plan that shall be created in collaboration with the client. Contractor shall not provide outpatient services to clients in Service Teams, Full Service Partnerships, or other mental health case management service programs.

Medication Support

Contractor shall provide clients with prescriptions for medication as needed and as appropriate.

**2. Discharge Criteria and Process**

Outreach and Engagement/Peer Support and Wellness Services

Not applicable.

Outpatient Services

No additional requirements.

Medication Support

Contractor shall meet with clients on a case-by-case and as-needed basis. Contractor shall connect clients to other resources such as County-supported Medication Support Clinics (e.g., Sausal Creek, Pathways to Wellness, etc.) for medication support on an ongoing basis.

**3. Hours of Operation**

Contractor shall maintain the hours as specified in Exhibit A-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 comply with any emerging peer support specialist certification requirements from the Department of Health Care Services (DHCS) or ACBH in relation to California Senate Bill 803 in order to continue providing peer services.

**IV. Contract Deliverables and Requirements**

**A. Process Objectives**

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

With 30-day notice from ACBH, Contractor may be required to adopt new and/or different billing procedure code(s) for peer specialist staff.

**B. Quality Objectives**

Contractor shall provide services toward achieving the following quality objective for clients receiving outpatient services:

Quality Measure	Quality Objective
Percent of clients reporting that they agree or strongly agree with the statement “I like the services that I received here” on the Mental Health Statistics Improvement Program (MHSIP) survey	At least 85%

**C. Impact Objectives**

Contractor shall provide services toward achieving the following impact objective:

Impact Measure	Impact Objective
Percent of clients who answer that they “deal more effectively with daily problems” as a result of the services they receive <sup>2</sup>	At least 50%

**V. Reporting and Evaluation Requirements**

Outreach and Engagement/Peer Support and Wellness Services

Contractor shall use an electronic sign-in system for clients who enter the Wellness Centers. Sign-in shall be optional for clients.

Contractor shall submit MAA logs that detail Contractor’s activities sorted in ascending order by staff and then by date. These reports shall be submitted to the ACBH Finance Office Specialist Clerk by the 15<sup>th</sup> of the month for the prior month’s activities.

Quarterly

Contractor shall submit a Quarterly Program Report 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 <sup>st</sup>	July 1 – September 30	October 31 <sup>st</sup>
2 <sup>nd</sup>	October 1– December 31	January 31 <sup>st</sup>
3 <sup>rd</sup>	January 1 – March 31	April 30 <sup>th</sup>
4 <sup>th</sup> /Annual	April 1 – June 30	July 31 <sup>st</sup>

<sup>2</sup> Based on the MHSIP instrument

**Annually**

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

**VI. Additional Requirements**

No additional requirements.