

EXHIBIT A – PROGRAM REQUIREMENTS (A-P): HOUSING SUPPORT PROGRAM (HSP)

I. Program Name

Housing Support Program (HSP)

II. Contracted Services¹

Contractor shall provide the following HSP Level of Levels of Care and contracted service and/or supports as approved/included in their Exhibit A-Scope of Work (Ex A-SOW):

- Level 1: Basic Board and Care
- Level 2: Basic Board and Care AND 1 support or service
- Level 3: Basic Board and Care AND at least 2 supports and/or services

Contractor shall provide the following HSP contracted services and/or supports on an as needed basis as approved/included in their Exhibit A-Scope of Work (Ex A-SOW):

- Activities of Daily Living (ADL)/ Instrumental ADL (IADL) Support
- Injection medication administration
- Physically accessible or non-ambulatory designated beds
- Transitional Age Youth (TAY), ages 18 to 24, specific programming and environment

III. Program Information and Requirements

A. Program Goals

Contractor shall provide services to help clients accomplish the following goals:

- Reduce severity of mental health symptoms;
- Improve daily functioning;
- Improve overall health status;
- Obtain/maintain housing stability;
- Increase community connections/social networks;
- Reduce tobacco use;
- Obtain needed mental health, substance use, and primary care services;
- Meet care and supervision needs;
- Engage in community and wellness activities;
- Link with ACBH contracted Individualized Place and Support (IPS) education and employment services; and
- Move to more integrated and independent housing settings appropriate to meet their needs and goals.

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.

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Contractor shall provide services to adults, 18 and over, with serious mental illness (SMI).

2. Referral Process to Program

Contractor shall accept referrals from ACBH Housing Services Office (HSO) based on the appropriate HSP Level of Care as determined by client needs and upon approval from HSO.

The HSO shall review and approve clients requiring additional HSP Level/s of Care program supports and/or services based on a formal written request from the Contractor utilizing an HSO approved template. This request shall include a description of the additional supports the Contractor shall provide to the client/s.

3. Program Eligibility

Clients must be referred/approved by the HSO and meet service necessity for the applicable HSP Level/s of Care as indicated below.

HSP Levels of Care	Client Needs
1: Basic Board and Care	Individuals requiring care and supervision and additional basic services.
2: Basic Board and Care and ONE Service or Support	Individuals requiring care and supervision services, basic services, and/or additional supports. Specifically, individuals that require ONE of the services and/or supports identified under Section II. Contracted Services.
3: Basic Board and Care and TWO or more Services or Supports	Individuals requiring care and supervision services, basic services, and additional support services. Specifically, individuals that require TWO or MORE of the services and/or supports identified under Section II. Contracted Services.

4. Limitations of Service

Contractor shall consider all referrals from the County and shall work with their designated HSP liaison to accommodate new referrals into vacant County-designated beds. Contractor shall document in writing to the HSP liaison their specific reasons for refusing any County referral.

C. Program Description

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

1. Program Design

Contractor shall provide HSP services, which shall include additional supportive, supervisory, and rehabilitative services as described below in addition to care and supervision requirements established and monitored by California Department of Social Services, Community Care Licensing Division (CCLD).

Contractor shall:

1. Participate in the County's monthly HSP training and support activities.
2. Maintain individual client records in accordance with CCLD and County requirements.²
3. Allow access to the facility by County, County-Contracted, and State staff for client assessment, monitoring, record review, consultation, and additional on-site supportive programming for residents.
4. Provide services that are individualized, client-centered, and consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers as outlined in the Mental Health Services Act (MHSA).³
5. Maintain the capacity to meet the specialized needs of clients served including Transitional Age Youth, (TAY), adults, and older adults with serious mental illness, as identified by the County and in the facility's program plan.

Contracted services shall include, but shall not be limited to, all of the following components, as specified in each client's Service Plan:

1. At time of entry, conducting care coordination treatment planning meeting. Include psychiatrist, medical provider and case/care manager, home operator/staff, and client.
2. Coordinating referrals and access to employment, social, educational, and recreational supports for clients.

² In addition to CCLD requirements, the County requires that all client records maintained at the facility contain, at a minimum, the following names and contact information for each of the residents residing in County-designated beds: a) Current health insurance and health insurance plan; b) Current primary care medical provider; c) Current psychiatrist, when applicable; d) Current case manager/service coordinator; e) Current pharmacy; f) Current emergency contact(s). In addition, the County requires that all client files for residents in County-designated beds contain a copy of an updated treatment plan on each resident developed collaboratively with their case manager/service provider. At a minimum, this plan must be updated on an annual basis and for significant life events that impact the resident.

³ These key recovery concepts include: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.

3. Supporting and coordinating with outside resources to conduct services onsite to better connect clients to needed information and services. This may include support groups, educational events, workshops, trainings, etc. provided by external providers or agencies to take place in the home.
4. Organizing onsite social events for clients.
5. Providing or arranging transportation to meet the client's mental health needs and for participation in planned programs.
6. Encouraging the client to take increasing responsibility for the client's own treatment by supporting self-established goals and the use of support and treatment through individual and group supports.
7. Encouraging the client's use of public transportation, use of leisure time in a constructive manner, and maintenance of adequate hygiene and grooming.
8. Assisting the client to learn social relationship skills, such as communication with others and the appropriate expression of feelings.
9. Participating with County and County-Contracted staff in meetings in the facility.
10. Assisting the client in developing skills of budgeting, personal shopping, monetary transactions, menu planning, and shopping for, and the preparation of, basic meals with the goal of supporting clients to move toward greater living independence over time.
11. Assisting the client in becoming responsible for self-medication, as prescribed by the treating physician.
12. Providing close supervision of, and intensive interactions with, clients who require the management of difficult behavioral problems, consistent with the client's service plan.

In collaboration with County and County-contracted service providers, contracted services shall also include supporting and encouraging the client to:

1. Identify and secure more independent living arrangements over time through a variety of strategies including, but not limited to, supporting affordable housing applications, cultivating relationships with potential housemates, and fostering the development of community living skills.
2. Pursue educational and employment opportunities.

3. Increase their financial independence and personal assets.
4. Address substance use disorders including, but not limited to, nicotine and alcohol dependence.

Providers of contracted services understand and agree to the following policies specific to Alameda County:

1. ACBH will review requests for clients requiring HSP (Levels 2 and 3) additional supports and services and approve, as appropriate.
2. Sites serving clients with limited mobility must demonstrate non-ambulatory certification and/or approval from CCLD for non-ambulatory beds.
3. Providers approved to provide TAY specific programming, shall provide age appropriate programming which may include providing education workshops, youth-focused recreational opportunities, linking TAY with appropriate outside supports, etc.
4. Providers serving clients needing injections, must maintain appropriate staffing and supervision.
5. Providers serving clients requiring a higher level of staffing to meet functional needs must maintain appropriate staffing and equipment to help with daily hygiene needs, transportation, toileting, etc.
6. Providers serving clients at risk for increased self-harm or harm to others must maintain appropriate staffing and support to meet their needs in collaboration with ACBH and its contracted providers.
7. Providers will be required to only utilize medical doctors in good standing with the Medical Board. Medical doctors providing services to HSP Providers must not be on probation or under any current disciplinary actions.
8. Providers will be required to only utilize pharmacies in good standing with the California Board of Pharmacy. Pharmacies providing services to HSP Providers must not be on probation or under any current disciplinary actions.

2. Discharge Criteria and Process

Clients must be discharged according to CCLD regulations. Contractor shall contact the HSO as soon as they have concerns about the need to potentially discharge a client. Contractor, HSO staff, and client's service providers will work together to coordinate client discharges from the facility.

3. Hours of Operation

Contractor shall maintain the following hours of operation for HSP clients:
24 hours per day; seven days per week, 365 days per year.

4. Service Delivery Sites

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

In addition to fire clearance, Contractor shall maintain valid Adult Residential Facility (ARF) or Residential Care Facilities for the Elderly (RCFE) Licensing by the CCLD.

ACBH reserves the right to review and verify Contractor's current CCLD licensure with Contractor and/or State, on at least an annual basis, as well as request information on any violations, penalties, and/or citations. ACBH may request a plan of correction from Contractor for any unresolved citations and/or repeat violations. Contract renewal shall be deemed on the basis of Contractor's timely resolution of said plan of correction and/or Contractor's overall performance.

D. Minimum Staffing Qualifications

No additional requirements.

IV. Contract Deliverables and Requirements

A. Process Objectives

Contractor shall provide the services, as described in the Program Description, to eligible clients.

B. Quality Objectives

Contractor shall obtain and document a minimum of 20 hours of training per year for supervisory staff in relevant mental health programming provided by or approved by the County.

C. Impact Objectives

Contractor shall work collaboratively with ACBH to develop performance measures around impact of services.

V. Reporting and Evaluation Requirements

Contractor shall provide, at a minimum, weekly verbal and monthly written vacancy updates to their designated HSP liaison. Written vacancy updates on a County-provided template will be due to their designated HSP liaison on the 5th of each month.

Contractor shall participate in the County's data collection and reporting via the completion and submission of a quarterly report, using an ACBH approved template, to their designated HSP liaison within 30 days of the end of a quarter.

Contractor shall notify ACBH of any CCLD citations facility/contractor receives within 30 days and provide documentation that citation/s have been resolved.

VI. Additional Requirements

No additional requirements.