

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

I. Program Name

Wellness Centers

II. Contracted Services¹

Outreach and Engagement

Peer Support and Wellness Services

Outpatient Services

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

Individual Placement and Support (IPS) Supported Employment²

Medi-Cal and Federal Funding Requirements Apply

III. Program Information and Requirements

A. Program Goals

Contractor shall provide services to accomplish the following goals:

- 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

- Provide a welcoming entry point for individuals who are unserved or underserved by the mental health system;
- 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;
- Use proven curricula that support the acquisition of the knowledge and skills required for clients to reach their recovery goals, which may include:
 - Obtaining and retaining employment;
 - Obtaining and retaining housing;
 - Establishing a mutual support network;
 - Participating in recreational activities;

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 IPS as described in Section IV. Additional Requirements.

- Connecting with other behavioral health services, if appropriate; and/or
- Sustaining living in the community, rather than in institutional settings; and
- Provide culturally- and ethnically-relevant program activities.

Additional Goals for Outpatient Services

- 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
- 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 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:

- Are Alameda County residents;
- Are 18 years of age or older; and
- Are experiencing mental health issues.

Outreach and Engagement/Peer Support and Wellness Services

Contractor shall serve clients who:

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

Outpatient Services

Contractor shall only serve clients who:

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

- Consumer and family participation and involvement;
- Accessible programs and services;
- Addressing age-specific needs;

- Culturally-relevant programs and services;
- Community partnerships; and
- 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:

- Social skills training;
- Peer-led support groups;
- Seeking Safety groups;
- Social/recreational activities;
- Educational support;
- Spiritual support;
- Field trips;
- Resource referrals;
- Individual peer support;
- Housing support;
- Peer leadership activities;
- Partners in Change Outcomes Management Systems;
- Motivational Interviewing;
- Wellness Management and Recovery; and
- 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 Medi-Cal Administrative Activities (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 12 hours of outpatient services for a period of time not to exceed six 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.

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 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 ³	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, to the ACBH Finance Office Specialist Clerk by the 15th of the month for the prior month’s activities.

Contractor shall submit a Quarterly Program Report to the ACBH Program Contract Manager that contains utilization data, as well as a narrative describing the Contractor’s progress in achieving the Contract Deliverables and Requirements. Contractor’s fourth Quarterly Program Report shall serve as an Annual Program Report and shall summarize Contractor’s progress in achieving the Quality and Impact Objectives. The report shall be submitted in accordance with the following schedule:

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

³ Based on the MHSIP instrument

Outpatient Services

Contractor shall submit a Monthly Program Report in the ACBH-provided template to the ACBH Program Contract Manager no later than the 30th of the following month.

VI. Additional Requirements

A. IPS Supported Employment

Contractor shall work with individuals who have expressed interest and motivation in pursuing competitive employment, regardless of their employment readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.

Contractor's designated IPS Staff shall provide the evidence-based practice of IPS Supported Employment in line with the eight Practice Principles and the 25 Fidelity Standards.⁴ Contractor shall implement a model that fully integrates the roles of IPS Staff into the mental health treatment services team.

When a client is discharged by the mental health treatment team, they shall also be discharged from IPS Services. Otherwise, discharge from IPS services shall occur when the client reports stability and/or satisfaction with their job, and/or when there no longer appears to be a need for regular follow-along supports from the Employment Specialist.

Contractor shall also discharge a client from IPS services when the client indicates they are no longer interested in obtaining employment or have disengaged from services for 90 days or longer. For these situations, Contractor shall document assertive outreach attempts to reengage the client prior to discharge. When possible, discharge planning shall involve collaboration between the IPS Staff, the client, and the client's mental health treatment team.

Additional IPS Provisions for this Program

Upon referral to the program, Contractor's IPS Staff shall work with the client to conduct intake, complete a career profile, and develop an Employment Plan. Contractor shall offer specialized benefits planning to clients upon referral to the program, when starting a new job, and thereafter when there are changes to work hours and/or pay. Contractor shall help clients access additional support and benefits for which they may be eligible through the California Department of Rehabilitation. Employment Plans shall be updated as conditions change, but at least semi-annually. Employment Plans shall also be updated should the client not have attained employment within 90 days of intake.

Contractor's IPS Staff and/or clients shall engage in their first face-to-face contact with an employer within 30 days of referral. Contractor's staff shall continue to provide job development, including face-to-face employer contacts, until job placement is achieved. After job placement, Contractor's staff shall provide follow-along supports

⁴ <https://ipsworks.org/>

IPS Fidelity Scale: <https://ipsworks.org/wp-content/uploads/2017/08/IPS-Fidelity-Scale-Eng1.pdf>

on an ongoing basis, as determined by individual client needs. Contractor's staff shall provide reassessment when a client ends a job and periodically as needed.

Contractor shall provide services toward achieving the following quality objective:

- Contractor shall achieve a minimum 80 percent fidelity or a score of 100, which is equivalent to "good" on the Supported Employment Fidelity Scale.

Contractor shall provide services toward achieving the following impact objective:

- A 30 percent competitive employment placement rate, with an average of at least one job placement per month.

Contractor shall submit quarterly IPS outcome data to the ACBH IPS Trainer and IPS Center at Rockville Institute (Westat), and participate in fidelity review site visits with the ACBH Vocational Services.