

**EXHIBIT A(x)-SCOPE OF WORK (SOW):  
CRISIS RESIDENTIAL TREATMENT (CRT)**

<b>Contractor Name</b>	Account NameContractor Legal Name
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*See Applicable Exhibit A Documents. Any additional specifications or variations in contracted service requirements applicable to this Exhibit A-SOW shall be contained herein.*

**I. PROGRAM NAME**

Crisis Residential Treatment (CRT)

<b>Additional Specifications</b> Program Name - Add Specs
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**II. CONTRACTED SERVICES**

CRT

Medi-Cal Requirements Apply

<b>Additional Specifications</b> Contracted Services - Add Specs
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**III. PROGRAM INFORMATION AND REQUIREMENTS**

**A. Program Goals**

Contractor shall provide services to accomplish the following goals:

- i. Reduce episodes of and length of stay for psychiatric hospitalization by providing connections to an alternative community-based program;
- ii. Assist clients in achieving and maintaining an improved level of functioning and recovery upon discharge to the community;
- iii. Enable clients to receive care in the least-restrictive setting that meets their individual psychosocial needs; and
- iv. Support clients' quick and successful return to the community with reduced reliance on acute care facilities.

<b>Additional Specifications</b> Program Goals - Add Specs
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**B. Target Population**

Contractor shall provide services to the following populations:

**1. Service Groups**

Contractor shall provide services to adults living with serious mental illness (SMI) who are experiencing a crisis. Contractor shall serve individuals who are sex

offenders.

<b>Additional Specifications</b> Service Groups - Add Specs
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**2. Referral Process to Program**

Contractor shall accept referrals from Alameda County Behavioral Health Care Services (ACBH) Acute Crisis Care and Evaluation for System-Wide Services (ACCESS).

For referrals from mobile crisis teams, crisis stabilization units (CSUs), psychiatric hospitals, crisis services, Adult Forensic Behavioral Health (AFBH), Collaborative Courts, or mental health case management teams, Contractor shall submit an initial authorization request to ACBH Utilization Management within 24 hours of admission.

<b>Additional Specifications</b> Referral Process to Program - Add Specs
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**3. Program Eligibility**

Contractor shall only serve individuals who:

- i. Are Alameda County residents who have or are eligible for Alameda County Medi-Cal or HealthPAC;
- ii. Are 18 years of age or older;
- iii. Meet service necessity for specialty mental health services as defined by the California Department of Health Care Services (DHCS);
- iv. Are assessed by the CRT as individuals who would benefit from CRT services.

<b>Additional Specifications</b> Program Eligibility - Add Specs
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**4. Limitations of Service**

ACBH Utilization Management (UM) shall approve duration of services for CRT clients based on client need and shall be limited to an average of 14 days. Contractor shall make a request in writing to ACBH UM or their designee 48 hours prior to the expiration of the current approval for approval to extend services up to or exceeding 14 days. Contractor shall receive written approval from either the ACBH Crisis System of Care Director, Adult and Older Adult System of Care Director, or their designee for requested stays longer than 28 days.

<b>Additional Specifications</b> Limitations of Service - Add Specs
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## C. Program Description

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

### 1. Program Design

Contractor shall provide services in a community-based and home-like environment. Contractor shall use evidence-based practices such as Trauma-Informed Care and Motivational Interviewing.

Contractor shall maintain capacity and staffing for daily client admission.

Contractor shall provide a CRT that includes, but is not limited to, the following components:

- i. Crisis intervention;
- ii. Individualized assessment and treatment plan based on the client's needs, goals, and strengths;
- iii. Medical screening;
- iv. Biopsychosocial assessment;
- v. **Psychiatric** and medication evaluation and treatment;
- vi. Medication management;
- vii. Case management services,<sup>1</sup> including linkages to additional services as needed such as:
  - a. Primary care and medical homes;
  - b. Appropriate community services, including care coordination, brokerage, and linkage to services;
  - c. Linkage to housing resources:
    - i. Coordinated Entry System **Assessments**;
    - ii. Transitional housing; and/or
    - iii. Board and care or independent living;
- viii. Benefits advocacy and/or Medi-Cal reinstatement via utilization of ACBH Health Information Technicians;
- ix. Referrals to the Substance Use Access and Referral Helpline;
- x. Peer support **services**;
- xi. Individual and group therapy and rehabilitation;
- xii. Group activities (e.g., recovery groups, house meetings, Seeking Safety, substance use education, discharge planning groups, etc.);
- xiii. Recreational activities and leisure skills training, including music and art therapy;
- xiv. Training and education in health, including nutrition and physical activity;
- xv. Education in household maintenance and financial management;
- xvi. Education in independent living skills;
- xvii. Comprehensive discharge planning that addresses the client's needs for continued recovery; and
- xviii. Other appropriate activities as needed or requested by the client.

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<sup>1</sup> Clients affiliated with Full Service Partnerships, Services Teams, or other case management teams shall receive case management services from that team.

ACBH **may request to arrange a case conference** to review a case, and to elevate differences of opinion to ACBH and Contractor leadership, and/or request a mediation.

<b>Additional Specifications</b> Program Design - Add Specs
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**2. Discharge Criteria and Process**

Contractor may arrange for transportation at the time of discharge to the next level of care appropriate to the client's clinical condition, and destination.

Contractor shall assist the client with discharge planning by coordinating care with existing providers and supports and/or connect clients with appropriate follow-up services, as needed.

<b>Additional Specifications</b> Discharge Criteria and Proc - Add Specs
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**3. Hours of Operation**

Contractor shall maintain the following hours of operation:

- Seven days per week, 24 hours per day

<b>Additional Specifications</b> Hours of Operation - Add Specs
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**4. Service Delivery Sites**

Contractor shall provide services at the following location(s):

Service Delivery Sites - Add Specs
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Contractor shall maintain valid:

- i. Short-Term Crisis Residential Program through Social Rehabilitation Facility Certification;
- ii. Social Rehabilitation Facility Licensure through the Department of Social Services Community Care; and
- iii. Department of Health Care Services license and certification.

**D. Minimum Staffing Qualifications**

Contractor shall maintain the following minimum direct service positions:<sup>2,3</sup>

Minimum Staffing Qual - Add Specs
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<sup>2</sup> The positions shall be maintained at the specified level or higher of direct FTE staff.

<sup>3</sup> Clinician includes Licensed or Unlicensed Licensed Practitioner of the Healing Arts (LPHA) or Mental Health Graduate Trainee/Student.

Contractor shall meet all regulatory requirements concerning staffing for CRT operation.

#### IV. CONTRACT DELIVERABLES AND REQUIREMENTS

##### A. Process Objectives

On an annual basis, Contractor shall deliver the following services/deliverables:

Process Objectives - Add Specs
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##### B. Quality Objectives

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of clients admitted who choose to stay for at least three days and receive services	80% or greater

<b>Additional Specifications</b> Quality Objectives - Add Specs
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##### C. Impact Objectives

Contractor shall provide services toward achieving the following impact objectives:

Impact Measure	Impact Objective
Percent of clients with CSU admissions in the month following exit compared to the month prior to entry	Data to be collected in this year of operation
Percent of clients with hospital emergency department visits in the month following exit compared to the month prior to entry	

Impact Measure	Impact Objective
Percent of clients on the ACBH list of frequent users of high-cost services who had a decrease in psychiatric emergency, psychiatric hospital, or jail admissions in the 12 months after exit from the program as compared to the 12 months prior to their entry into the program	30% or greater

<b>Additional Specifications</b> Impact Objectives - Add Specs
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#### V. REPORTING AND EVALUATION REQUIREMENTS

Contractor shall use an ACBH-approved electronic health record system for client progress notes. Contractor shall update the Reddinet system with current bed availability at change of shift daily. Contractor shall maintain staff who are trained in County electronic information and management systems, including Reddinet.

Monthly

Contractor shall submit a Monthly Program Report on an ACBH-provided template that describes the following:

Referral Data:

1. Total number of referrals
2. Referral source
3. Referral outcome
  - o **Accepted:** The client was accepted for admission and admitted to the program.
  - o **Withdrawn:** The referral or client was accepted but did not get admitted. Please include reason for withdrawal (e.g., client no longer interested; client accepted but never made it for admit, etc.).
  - o **Denied:** Please include reason for denial (e.g., risk for violence is too high to manage; during last admit client had X behaviors; client has Medi-Cal from another county, etc.).

Reports shall be labeled in accordance with the established naming convention and shall be uploaded to the ACBH ShareFile no later than the 10th of the following month. The report shall also be submitted to the ACBH Critical Care Manager.

Quarterly

Contractor shall submit a Quarterly Program Report on an ACBH-provided template that describes Contractor’s progress and challenges in achieving the Contract Deliverables and Requirements. Reports shall be labeled in accordance with the ACBH established naming convention and shall be uploaded to the ACBH 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>

<b>Additional Specifications</b> Reporting And Eval Req - Add Specs
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**VI. ADDITIONAL REQUIREMENTS**

No additional requirements.

<b>Additional Specifications</b> Additional Requirements - Add Specs
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