EXHIBIT A(Sub-Exhibit A)-SCOPE OF WORK (SOW):
FULL SERVICE PARTNERSHIP (FSP) – ASSERTIVE COMMUNITY TREATMENT (ACT)

Contractor Name	Account NameContractor Legal Name

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

Full Service Partnership (FSP) – Assertive Community Treatment (ACT) Team

i. Service Provision (July 1, 2026 – June 30, 2027)
ii. Performance Improvement Activities Related to Quality Incentive Pilot Program (Performance Improvement Activities, July 1, 2027 – June 30, 2028)

Additional Specifications
Program Name - Add Specs

II. CONTRACTED SERVICES

Outreach and Engagement

Outpatient Services

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

Other Contracted Services[1]

- Individual Placement Support (IPS) Supported Employment
- Alameda County Behavioral Health Department (ACBHD) Substitute Payee Program
- Client Support Expenditures

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

Performance Improvement Activities

Additional Specifications
Contracted Services - Add Specs

III. PROGRAM INFORMATION AND REQUIREMENTS

[1] Contractor shall comply with standard ACBHD requirements for Other Contracted Services as described in Section VI. Additional Requirements.

A. Program Goals

Contractor shall provide services to accomplish the following goals:

i. Improve the ability of clients to achieve and maintain an optimal level of functioning and recovery;
ii. Improve the ability of clients to secure and maintain stable permanent housing in the least restrictive and most integrated living situation appropriate to meet their needs and preferences;
iii. Reduce criminal justice involvement and recidivism;
iv. Reduce client hospitalizations and utilization of emergency health care services for mental health and physical health issues;
v. Ensure that clients obtain and maintain enrollment in health insurance and other public benefits programs for which they are eligible;
vi. Connect clients with ongoing primary healthcare services and coordinate healthcare services with clients' primary care providers;
vii. Increase educational and/or vocational attainment among clients;
viii. Help clients to increase their monthly income and financial assets;
ix. Increase client participation in meaningful activities;
x. Decrease social isolation among clients; and
xi. Assist and empower clients to transition into the least intensive level of service appropriate to meet their needs.

Performance Improvement Activities

Contractor shall provide Performance Improvement Activities to accomplish the following goals:

i. Improve client access to care;
ii. Increase quality;
iii. Improve outcomes;
iv. Ensure program accountability; and
v. Increase program efficiencies.

Additional Specifications
Program Goals - Add Specs

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Service Provision

Clients shall be individuals at high risk of re-hospitalization due to mental health issues who could live in the community if comprehensive services and concentrated supports were available to accommodate their needs. Clients may include individuals who are homeless or at risk of homelessness, have been involved in the criminal justice system, 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. Contractor shall provide services to individuals who are sex offenders. Contractor shall provide services to adults who have been referred

through the Community Assistance, Recovery and Empowerment (CARE) Court process.

Performance Improvement Activities
Not applicable.

Additional Specifications
Service Groups - Add Specs

2. **Referral Process to Program**

Service Provision
Contractor shall only receive referrals through ACBHD Acute Crisis Care and Evaluation for System-wide Services (ACCESS). ACCESS shall oversee and approve each referral to Contractor based on program eligibility set forth by the County. Clients may contact ACCESS to request services as can others, including but not limited to, family members, behavioral health care providers, primary care providers, psychiatric hospitals, and CARE Court. Any referrals for residents of the City of Berkeley shall be authorized for services by ACBHD.

Upon receiving a referral from ACCESS, Contractor shall provide assertive outreach to include a minimum of 15 outreach and engagement attempts to secure enrollment in Contractor's program within 90 days of referral. Upon agreeing to services, the client is enrolled with the FSP – ACT team. If a referred client declines to participate in treatment no fewer than three times and/or does not engage in treatment within 90 days of referral, Contractor shall review the information collected during outreach attempts to determine if a different level of care or service location would best serve the client and contact ACCESS to collaborate on next steps. Contractor shall be responsible for outreach and care coordination for the client until the client is closed and/or re-assigned to other services.

Performance Improvement Activities
Not applicable.

Additional Specifications
Referral Process to Program - Add Specs

3. **Program Eligibility**

Service Provision
Contractor shall only serve clients who:

i. Are Alameda County residents and/or have Alameda County Medi-Cal;
ii. Require, as a result of a serious mental illness, consistent and persistent engagement to deliver necessary services;
iii. Have been referred and approved for assignment by ACCESS; and
iv. Are eligible for services under an ACBHD-approved insurance plan, as defined by ACBHD at https://bhcsproviders.acgov.org/providers/Access/access.htm or have been referred by CARE Court regardless of insurance plan.

In limited situations, and under a case-by-case basis, clients who do not meet all Program Eligibility criteria may be accepted into the program with prior-authorization from the appropriate ACBHD System of Care Director or their designee.

Performance Improvement Activities
Not applicable.

Additional Specifications
Program Eligibility - Add Specs

4. **Limitations of Service**
   Not applicable.

Additional Specifications
Limitations of Service - Add Specs

C. **Program Description**
Contractor shall maintain programmatic services at or above the following minimum levels:

1. **Program Design**
   Service Provision
   Contractor shall deliver a FSP - ACT program or programs using the basic tenets and guiding principles of the Behavioral Health Services Act (BHSA). Contractor shall provide a full range of mental health and non-mental health services and supports necessary to advance the client's goals and achieve outcomes that support the client's recovery, wellness, and resilience. Contractor shall provide services with rehabilitative value based on each client's strengths-based individual care plan that is created in collaboration with the client.

   Contractor shall operate their program or programs using fidelity to the ACT evidence-based practice. Contractor shall operate a self-contained mental health program made up of multidisciplinary mental health staff, maintaining a 1:10 ratio (mental health staff to clients), who work as a team to provide the majority of treatment, rehabilitation, and support services that clients need to achieve their goals.

   Contractor shall operate a shared caseload model where the client and their families work with all members of the team and where the team delegates the resources of staff members each day to meet the needs of the clients and their family members. As such, the FSP - ACT team shall serve as the Single Point of Responsibility (SPR) and are managed by the whole team or by an individual treatment team. The SPR shall provide continuity of care for the client and shall facilitate the development of a strong working relationship.

   Contractor shall utilize other evidence-based practices such as Motivational Interviewing and Wellness Management and Recovery.

Contractor shall provide services in a welcoming environment using trauma-informed practices to ensure the understanding of the neurological, biological, psychological, and social effects of trauma, as well as the prevalence of these experiences in each client.

Contractor shall have a "whatever it takes" philosophy to helping clients achieve their treatment goals while promoting wellness and recovery. This practice includes, but is not limited to, a "no-fail" approach to initial engagement, outreach, and service delivery where clients are consistently encouraged to join the program and are not discharged if they are not progressing with their treatment goals based on Contractor's pre-set expectations.

Contractor shall provide services and supports as identified in the care plan. The range of services and supports shall include but are not limited to the following:

i. Outreach and Engagement: Contractor shall work to engage clients referred to their program and encourage them to participate in treatment and become a member of Contractor's FSP – ACT team. Contractor shall conduct outreach, engagement, and enrollment activities for newly referred clients, including within the last 30-60 days prior to a referred client's planned discharge from an acute or subacute facility. Contractor shall use stage-based treatment interventions to engage clients and facilitate motivation and action towards recovery and toward an increased readiness to participate in appropriate services. Contractor shall inform clients that they can join at any time.
ii. Outpatient Services: Contractor shall provide mental health services (i.e., assessment, evaluation, plan development, collateral, family engagement,[2] peer support services, individual and group therapy, individual and group rehabilitation, peer support services, and interactive complexity), case management/brokerage, crisis intervention, and medication support.
iii. Integrated Treatment of Mental Health and Substance Use Disorder and/or other Co-Occurring Conditions:[3] Contractor's services shall include treatment for clients who have a substance use disorder or other co-occurring disorder such that services are integrated into their mental health services.
iv. Family Education Support and Services: Contractor shall provide education and training for family members with whom clients are connected, and work with clients to support the possibility of seeking re-connection with additional family members when it is deemed beneficial to achieving their goals.
v. Service Linkage: Contractor's case management and rehabilitation services shall include assisting clients in linking with primary health care, establishing and maintaining benefits, and accessing immediate, short-term, and permanent housing. Contractor shall provide Housing Navigation[4] services. Contractor shall, as appropriate, link clients to the Alameda County, Housing and Homeless Services (AC

[2] Family engagement is an umbrella term that includes family therapy, collateral family therapy, collateral family groups, multi-family groups, collateral caregiver, and any other new codes specified by ACBHD.
[3] TMACT-Protocol-Part-I-1.0rev3_2018_final-posted.pdf
[4] Contractor shall provide Housing Navigation in accordance with the published ACBHD Core Tasks Checklists located on the ACBHD website at: https://bhcsproviders.acgov.org/providers/network/cbos.htm (listed under "Provider Resources/Housing").

Health H&H) Home Stretch unit for permanent supportive housing (PSH) and subsidized permanent housing opportunities.

vi. Client Supports: Contractor shall provide temporary goods and services such as food, clothing, hygiene kits, utilities, emergency housing, and furniture as appropriate when such items are critical to overall client treatment success. Contractor shall also provide funding for public transportation or direct transportation, as needed, to advance the client's goals and achieve outcomes that support the client's recovery, wellness, and resilience.

Contractor shall be responsible for overseeing and coordinating client care and discharge planning with partner providers including, but not limited to, emergency departments, CSUs, psychiatric emergency services, Mobile Crisis, urgent medication programs, sub-acute facilities, medical and psychiatric hospitals, Adult Forensic Behavioral Health (AFBH), Santa Rita Jail, substance use disorder (SUD) detoxification and treatment programs, inpatient and residential facilities, housing providers, family members, ACBHD transition of care staff, care management, managed care plans, primary care providers, or when contacted by other partner providers.

Contractor shall return incoming phone calls to clients and their providers in a timely fashion (i.e., within 24 business hours).

Contractor shall work with collaborative courts, CARE Court, AFBH, Behavioral Health Court and/or the Juvenile Justice Center/Guidance Clinic, and this shall include providing necessary reports and engaging these partners to participate in discharge planning.

Contractor has the option to participate in the Medically Indigent Adult Financial Rewards (MIA) Program. Contractor shall contact the ACBHD Office of the Medical Director for more information.

Contractor shall support clients with SUD needs to complete an ASAM assessment, as appropriate.

Contractor shall implement and maintain a structured Medication-Assisted Treatment (MAT) program to support clients with co-occurring substance use disorders, in alignment with evidence-based practices and ACBHD guidance.

Contractor shall work with clients to enroll individuals with stimulus use disorders into a formal Contingency Management program to support clients with co-occurring substance use disorders in alignment with evidenced based practices.

Contractor shall maintain a MAA claim plan and conduct outreach and engagement in a way that maximizes revenue generation through MAA.

Contractor shall participate in weekly Acute Care Coordination Meetings and monthly Adult/Older Adult Outpatient Provider Meetings. Contractor shall participate in monthly multidisciplinary team meetings and discharge planning conferences with acute and subacute facilities for shared clients. Contractor shall also participate in other care coordination meetings and regular program and contract status meetings, as requested, by the appropriate ACBHD System of Care Director or their designee.

For Transition Age Youth (TAY)-specific programs, Contractor shall attend bi-monthly Transition Age Team (TAT) meetings.

Contractor shall participate monthly, or as-needed, in a utilization management process to discuss step-down and step-up coordination with ACBHD System of Care Director or their designee to ensure appropriate service intensity and resource allocation for enrolled clients.

As requested by ACBHD, Contractor shall provide data on the number and percentage of client intakes, discharges, and referrals to other programs.

CARE Court

For CARE Court clients, Contractor shall provide the services and supports described above as identified in the CARE Agreement/CARE Plan. Contractor shall encourage collaboration with the client and all other client supports, monitor progress, and work with the court to revise the CARE Agreement/CARE Plan, as needed. Contractor shall support the client with adhering to the Court approved CARE Agreement/CARE Plan.

Contractor shall partner with the client through the court processes and requirements for up to one year or until they graduate from CARE Court services and are released by the Court. At the eleventh month, the Court will determine if the individual is either ready to graduate or if the individual may benefit from receiving continued services under CARE Court and be reappointed to the program for up to one additional year.

Contractor shall report to the Court at least every 60 days to provide updates on progress and/or status of the individual, e.g., change in condition, housing status, or other relevant items included in the CARE Agreement/CARE Plan. The Court may request status review hearings at alternative intervals, set by the Court and at their discretion.

Performance Improvement Activities

Contractor shall expend all payments earned through the Quality Incentive Pilot Program in areas related to the improvement of the provision of ACBHD programs or services.

Additional Specifications
Program Design - Add Specs

2. Discharge Criteria and Process

Service Provision

Contractor's discharge process shall include:

i. Ongoing reassessment of client functioning, level of treatment needs, attainment of treatment goals, criteria for discharge, and the discharge plan;
ii. Review of clients who have met treatment goals with the appropriate ACBHD System of Care Director or designee;
iii. Discharge according to the client's discharge plan; and
iv. When possible, placement in a less intensive level of mental health service appropriate to the client's needs, referrals to community resources for the client to utilize post discharge, and a discharge summary.

Contractor shall assess a client for discharge 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 client and efforts to engage the client;
ii. Client is in a restrictive environment (e.g., jail or inpatient long-term facility, etc.) for a period that exceeds 90 days;
iii. Client no longer meets service necessity for FSP - ACT team services;
iv. Client has been assessed as having achieved clinical stability and readiness to transition to a lower level of care; and/or
v. Client has not accessed any crisis, acute care, or jail services in the last 90 days.[5]

For any clients closed to services due to being in a restrictive environment for a period that exceeds 90 days, Contractor shall reopen the client to services within 30-60 days prior to planned discharge from facility or setting and participate in discharge planning and multidisciplinary team conferences. Contractor shall perform a face-to-face assessment within seven calendar days of client's discharge from an acute care setting. Contractor shall assist the facility with identifying discharge placement, transportation, and a follow-up appointment with a prescriber within 14 days following discharge.

The appropriate ACBHD System of Care Director or their designee shall oversee and approve client discharge based on criteria set forth by the County. Contractor shall adhere to the ACBHD FSP Client Closure procedure. Providers shall justify ongoing service necessity for FSP level of care on an annual basis as part of their Clinical Quality Review Team approval process and clinical review by the appropriate System of Care.

Contractor shall work with the client, applicable family members/support persons (at client's discretion), the appropriate System of Care, collaborative courts, CARE Courts, Behavioral Health Court, medical professionals, AFBH, and/or ACCESS to ensure continuity of care through discharge planning, referrals, transitions, and supportive transitions to other service providers and community supports and a self-determined path to recovery and self-sufficiency.

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

Contractor shall request and receive prior written approval from the appropriate ACBHD System of Care Director or their designee on a case-by-case basis to utilize alternative criteria for assessing clients with complex needs for discharge.

ACBHD reserves the right to call a case conference to review a case, and to elevate differences of opinion to ACBHD and Contractor leadership, or request mediation.

Performance Improvement Activities
Not applicable.

Additional Specifications
Discharge Criteria and Proc - Add Specs

3. **Hours of Operation**
   Contractor shall maintain the following hours of operation:

Hours of Operation - Add Specs

Performance Improvement Activities
Not applicable.

4. **Service Delivery Sites**
   Contractor shall provide services at the following location(s):

Service Delivery Sites - Add Specs

Contractor shall also provide services in community settings where clients are located.

Performance Improvement Activities
Not applicable.

D. Minimum Staffing Qualifications
Contractor shall maintain the following minimum direct service positions:[6,7]

Minimum Staffing Qual - Add Specs

Performance Improvement Activities
Not applicable.

IV. CONTRACT DELIVERABLES AND REQUIREMENTS

A. Process Objectives
Service Provision

[6] The positions shall be maintained at the specified level or higher of direct FTE staff.
[7] Clinician includes Licensed or Unlicensed Licensed Practitioner of the Healing Arts (LPHA) or Mental Health Graduate Trainee/Student.

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

Process Objectives - Add Specs

Metrics below have been identified for tracking and monitoring purposes:

Process Measure[8]	**Data Source**
Number of new clients enrolled	ACBHD Billing System
Number of clients open to program point-in-time, at the time of the report	ACBHD Billing System
Number of clients closed and reason for closure	ACBHD Billing System
Number of hours of service provided by service modality	ACBHD Billing System
Number of clients with no SSI/SSDI who are linked to advocacy programs	ACBHD Billing System, ACBHD advocacy database
Percent of services provided that are field-based	ACBHD Billing System

Performance Improvement Activities
Not applicable.

B. Quality/Impact Objectives

Service Provision
Contractor shall achieve a minimum 80 percent fidelity score on a scale approved by ACBHD for ACT which shall include but not be limited to the following criteria:

i. Percent of clients who received a minimum of four visits per month;
ii. Percent of clients open to program at no more than the specified ratio of 10 clients per team member point-in-time; and
iii. Percent of program staff turnover in the last two years.

Contractor shall provide services toward achieving the following quality objective:

Quality Measure	**Data Source**
Percent of clients reporting "strongly agree" or "agree" to the statement "I like the services that I received here" on the Consumer Perception Survey	85%

Performance Improvement Activities
To be eligible for payment through the Quality Incentive Pilot Program in one or more of the following areas, Contractor must provide and enter services that demonstrate to ACBHD that they have achieved the quality benchmarks as specified below for a given area on an annual basis:

[8] Measures shall be reported for the total population, as well as by ethnicity, race, language, gender, and sexual orientation.

Quality Measures	Quality Objectives	
	Full Incentive (100%)	Partial Incentive (50%)
Measure #1: Percent of clients provided an in-person or video medication visit or medication assessment within 14 calendar days of a qualifying event[9]	50%	35%
Measure #2a: Percent of clients who receive an average of 70 minutes of face-to-face visits per week during the fiscal year (new and existing clients) [10]	65%	45%
Measure #2b: Percent of clients who receive an average of 1.8 face-to-face visits per week during the fiscal year (new and existing clients)[11]	40%	20%
Measure #3: Percent of clients who had a visit with a primary care provider during the fiscal year[12]	75%	50%
Measure #4: Percent of clients with a reduction in John George Psychiatric Hospital Crisis Stabilization Unit (CSU) or psychiatric inpatient services, or an emergency department visit for mental illness[13]	80%	65%

Additional Specifications
Quality Objectives - Add Specs

V. REPORTING AND EVALUATION REQUIREMENTS

Service Provision

Contractor shall input data for each client as follows: Partnership Assessment Form (PAF) at intake, into the Three-Month Assessment (3M) Update quarterly, and into the Key Event Tracking (KET) at each change in client status for any of the indicators included in KET.

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[9] Low denominator threshold of 20. Funding rolls to Measure #3 if low denominator threshold is not reached. A qualifying event includes discharge from an acute psychiatric inpatient hospitalization, Institution for Mental Disease (IMD)/Mental Health Rehabilitation Center (MHRC)/subacute, Crisis Residential Treatment (CRT), and/or jail if the client if has been in jail for 5 days or more.

[10] Low denominator threshold of 25. Funding rolls to Measure #3 if low denominator threshold is not reached. Excludes out of community days in the denominator if subacute, county jail, or psychiatric hospitalization. For the purposes of this Measure, face-to-face only counts face-to-face contacts with clients; it does not count phone calls, telehealth visits, or contacts with collaterals or family members.

[11] Low denominator threshold of 25. Funding rolls to Measure #3 if low denominator threshold is not reached. Excludes out of community days in the denominator if subacute, county jail, or psychiatric hospitalization. For the purposes of this Measure, face-to-face only counts face-to-face contacts with clients; it does not count phone calls, telehealth visits, or contacts with collaterals or family members.

[12] Low denominator threshold of 20. Visits with FSP nursing staff do not apply. Applies to clients who completed at least six consecutive months in the FSP during the 12-month reporting period. Excludes clients if out of community (in inpatient or jail) for six or more months during the initial fiscal year of this Agreement.

[13] Low denominator threshold of 15. Funding rolls to Measure #3 if low denominator threshold is not reached. Clients must have had at least one qualifying event in the past fiscal year and have completed 12 consecutive months in the FSP program (six of which must be in the initial fiscal year of this Agreement). Calculates percentage of clients with a reduction in the identified categories when comparing unduplicated days from the 12 months prior to this Agreement to the 12-months in the initial fiscal year of this Agreement. Excludes clients if out of community for six or more months during the current fiscal year or the prior fiscal year.

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 ACBHD Finance Office Specialist Clerk by the 15th of the month for the prior month's activities.

Contractor shall submit an Annual Behavioral Health Services Act (BHSA) report on an ACBHD-provided template that includes Contractor's progress, successes, and challenges in achieving the Contract Deliverables and Requirements. Reports shall be labeled in accordance with the established naming convention and shall be uploaded to the ACBHD ShareFile within 30 days from the end of each fiscal year.

Contractor shall participate and assist in ACBHD's efforts to collect and track data to establish and refine benchmarks. These benchmarks shall be set as performance expectations in future fiscal years.

CARE Court

Contractor shall submit reports throughout the CARE Act process including, but not limited to assessments, status updates, and CARE Act Data collection and reporting[14], as required by the Court and DHCS.

Contractor shall supply CARE court data on a monthly basis. Contractor shall utilize the Electronic Health Record (EHR) and electronic data collection and claiming system approved by Alameda County Health Information Systems (IS), currently Clinicians Gateway (CG)-Smart Care (SC), for the CARE Agreement/Plan, court status update form and graduation form.

Performance Improvement Activities

Contractor shall report all expenditures of funds related to the Quality Incentive Pilot Program on cost reports.

Additional Specifications
Reporting And Eval Req - Add Specs

VI. ADDITIONAL REQUIREMENTS

Additional Specifications
Additional Requirements - Add Specs

Contractor shall comply with any emerging requirements specified by DHCS.

IPS Supported Employment

Contractor shall implement the evidenced based practice, IPS, for individuals who have expressed interest in pursuing competitive employment and/or education, regardless of their employment or educational readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.

[14] CARE Act Data Flowchart - CARE Act Resource Center (care-act.org)

Contractor's designated IPS Staff shall provide the evidence-based practice of IPS and Supported Employment in line with the eight IPS Practice Principles and the 25 Fidelity Standards.[15] IPS Supported Employment includes educational and/or vocational training components only when coupled with a concurrent or future employment goal or career aspiration. Contractor shall assign one of the following three distinct IPS Service enrollment statuses to each participant enrolled in IPS:

1. Employment Only
2. Employment and Education
3. Education Only

Contractor shall participate in fidelity review site visits at least annually as determined by the ACBHD Vocational Services Division, and develop and implement a Fidelity Action Plan.

Contractor's IPS Employment Specialist(s) shall attend and actively participate in monthly IPS Learning Collaborative workshops facilitated by ACBHD Vocational Services.

Contractor shall implement a program structure that fully integrates the roles of IPS Staff into the mental health treatment services team.

Upon referral to the IPS service, Contractor's IPS Staff shall conduct all phases of supported employment and/or support with educational or vocational training services. The phases of supported employment include intake, engagement, assessment (i.e., career profile, job search plan), job development, job placement, job shadowing/follow-along support, and step down to less intensive support as needed.

Support with educational or vocational training services shall include educational needs assessment, selection of school/training programs related to the client's interests and academic aptitudes, enrollment support, liaison with academic staff, help with access to financial support, access to internships and apprenticeships.

A qualified Educational Training Program shall assist the client in achieving a milestone such as a High School Diploma, a High School Equivalency certificate (GED/HiSET), or a certificate, degree or credential.

Contractor shall discontinue IPS supported education services if the educational or vocational program also provides Career/Vocational Counseling, Career Exploration services, or other supportive services that duplicate components of IPS services. Clients shall step down from IPS services and transitioned to the Contractor's Multi-Disciplinary team to maintain enrollment in these programs as needed. Requests for exceptions shall be submitted to the ACBHD Vocational Services for review and approval.

A qualified Vocational Training Program must be delivered by a provider that is approved by the Federal, State or a Local workforce agency[16], and shall:

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[15] https://ipsworks.org/
IPS Fidelity Scale: https://ipsworks.org/wp-content/uploads/2017/08/IPS-Fidelity-Scale-Eng1.pdf

[16] See California Eligible Training Provider List (ETPL) for examples:

- Demonstrate a clear link to competitive jobs in the respective field of training;
- Provide industry-recognized credentials;
- Have a structured curriculum with measurable outcomes; and
- Be aligned with local workforce needs.

Vocational Training Programs shall assist the client in achieving a milestone through a recognized postsecondary credential such as an industry-recognized certification, certificate of completion, a license, or successfully completed phase of certification.

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 provide clients with guidance, training and/or support with wage reporting as needed to the relative agencies administering means-tested benefits or entitlements. Contractor shall help clients access additional support and benefits for which they may be eligible through the California Department of Rehabilitation.

Contractor shall update Employment and/or Educational search plans as conditions change, but at least semi-annually. Employment search 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 and/or academic staff within 30 days of referral. Contractor's staff shall provide job development, face-to-face employer contacts and collaborative employment search planning until a job placement is made. Upon placement, Contractor shall provide follow-along supports 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.

When a client is discharged by the mental health 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 support from the Contractor IPS Staff.

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 team.

Contractor shall provide IPS services toward achieving the following process, quality and impact objectives:

Process Measures	Process Objectives
Number of clients enrolled in IPS services at any given time per 1.00 FTE Employment Specialist	15-20 clients

https://www.caljobs.ca.gov/vosnet/drills/program/ApprovedPrograms.aspx

Process Measures	Process Objectives
Number of IPS clients served annually per 1.00 FTE Employment Specialist	30-40 clients
Minimum percentage of IPS enrollments are Employment Only or Employment and Education	75%
Maximum percentage of IPS enrollments that are Education Only	25%
Percentage of the Employment Specialist workday that is field based	65%
Number of weekly qualifying job development contacts per 1.00 FTE Employment Specialist	6

Quality Measures	Quality Objectives
Minimum fidelity score which is equivalent to "good" on the Supported Employment Fidelity Scale	80%

Impact Measures	Impact Objectives
Percentage of clients enrolled in IPS Employment Only or Employment and Education services who are employed at any given time	30%
Number of Job Placements per 1.00 FTE Employment Specialist annually	12%
Percentage of clients participating in IPS Education Only or Education and Employment services that are enrolled in and regularly attending Educational or Vocational training programs at any given time	80%
Percentage of clients participating in IPS Education Only or Education and Employment services that complete a significant Educational or Vocational Training program milestone	50%

Contractor shall document IPS outcome data on a quarterly basis using Microsoft SharePoint provided by the ACBHD IPS Trainer.

ACBHD 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 ACBHD Substitute Payee Program by a Clinician, Social Worker, case manager, Personal Services Coordinator, and/or Public Guardian/Conservator.

ACBHD 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 ACBHD Substitute Payee Program; and
ii. Have been approved by the ACBHD Substitute Payee Program.

Contractor shall collaborate with clients and the ACBHD 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 ACBHD Substitute Payee Program.[17]

ACBHD Substitute Payee Program shall include:

i. Submitting transmittal forms to the ACBHD 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 ACBHD Substitute Payee Program services.

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

Contractor shall notify ACBHD Substitute Payee Program:

i. As soon as possible if a client's whereabouts are unknown;
ii. When closing a client to their program;
iii. When transferring a client to a new Substitute Payee Program case manager; and/or
iv. About 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:[18]

i. ACBHD Substitute Payee Program Description;
ii. ACBHD 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 ACBHD Substitute Payee Program within 48 hours of written notice from ACBHD upon termination of ACBHD Substitute Payee Program. Contractor shall return any checks older than 30 days to the ACBHD Substitute Payee Program.

Client Support Expenditures

Client support expenditures ("flex funds") shall be used only for the following purposes:

a. Short-term housing assistance (rent, including back pay and security deposit, or hotel vouchers);

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[17] https://bhcsproviders.acgov.org/providers/Subpayee/subpayee.htm
[18] https://bhcsproviders.acgov.org/providers/network/CBOs.htm

b. Food;
c. Utilities;
d. Clothing
e. Public transportation vouchers;
f. Emergency food gift cards;
g. Personal grooming; and/or
h. Hygiene products.

Contractor shall obtain prior written approval from the appropriate ACBHD System of Care Director or their designee for expenses that fall outside of the categories listed above.

Contractor shall obtain prior written approval from the appropriate ACBHD System of Care Director or their designee for expenses over:

a. $1,000 for one-time non-housing expense;
b. $3,000 for one-time housing expense; or
c. $3,500 per client or family, per year.

Up to $500 of the flex funds may be used for funeral expenses in the event of a death of a beneficiary. In these situations, the funds shall be paid directly to a funeral home, not the family. Contractor shall obtain and submit a receipt for the expenditure to the appropriate ACBHD System of Care Director or their designee.

The purchase of automobiles is not permissible.