

**EXHIBIT A(Sub-Exhibit A)-SCOPE OF WORK (SOW):**

**FULL SERVICE PARTNERSHIP (FSP) – INTENSIVE CASE MANAGEMENT (ICM)**

<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**

Full Service Partnership (FSP) – Intensive Case Management (ICM) Team, formerly referred to as Service Team

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

Outreach and Engagement

Outpatient Services:

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

Other Contracted Services<sup>1</sup>

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

Medi-Cal Requirements Apply

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

**A. Program Goals**

- i. Contractor shall provide services to accomplish the following goals: Improve the ability of clients to achieve and maintain an optimal level of functioning and recovery;

<sup>1</sup> Contractor shall comply with standard ACBHD requirements for Other Contracted Services as described in Section VI. Additional Requirements.

- ii. Assist clients to attain a level of autonomy within the community of their choosing, including but not limited to, housing, healthcare, and social connections;
- iii. 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;
- iv. Reduce criminal justice involvement and recidivism;
- v. Reduce client hospitalizations and utilization of emergency health care services for mental health and physical health issues;
- vi. Ensure that clients obtain and maintain enrollment in health insurance and other public benefits programs for which they are eligible;
- vii. Connect clients with ongoing primary healthcare services and coordinate healthcare services with clients' primary care providers;
- viii. Assist clients in finding and maintaining meaningful roles in activities, education, vocation, and/or volunteer work;
- ix. Help clients to increase their monthly income and financial assets;
  - x. Increase community and social connections; and
  - xi. Assist and empower clients to transition into the least intensive and most independent level of service appropriate for their need.

**Additional Specifications**

Program Goals - Add Specs

**B. Target Population**

Contractor shall provide services to the following populations:

**1. Service Groups**

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.

**Additional Specifications**

Service Groups - Add Specs

**2. Referral Process to Program**

Contractor shall only receive referrals through ACBHD Acute Crisis Care and Evaluation for Systemwide 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.

Upon receiving a referral from ACCESS, Contractor shall provide assertive outreach to include a minimum of eight outreach and engagement attempts to secure enrollment in Contractor's program within 90 days of the referral. Upon agreeing to services, the client is enrolled with the FSP – ICM 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 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 reassigned to other services.

**Additional Specifications**

Referral Process to Program - Add Specs

**3. Program Eligibility**

Contractor shall only serve individuals who:

- i. Are Alameda County residents and/or have Alameda County Medi-Cal;
- ii. Have had contact with a Crisis Stabilization Unit (CSU), psychiatric hospital, crisis service, subacute facility, and/or jail in the past two years;
- iii. Meet service necessity for Specialty Mental Health Services as defined by the California Department of Health Care Services (DHCS) with impairments in the moderate to severe range;
- iv. Have been referred and approved for services by ACCESS; and
- v. 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.

**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

Contractor shall deliver a FSP - ICM program using the basic tenets and guiding principles of the Behavioral Health Services Act (BHSA). 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 a self-contained mental health program made up of multidisciplinary mental health staff, maintaining a 1:25 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 generally provide clients with up to weekly contacts, as needed, to support recovery. In limited circumstances, Contractor may engage with clients more frequently when clinically indicated.

In addition to ICM, Contractor shall utilize other evidence-based practices such as Motivational Interviewing and Wellness Management and Recovery.

Contractor shall conduct outreach, engagement, and enrollment activities for newly referred clients.

Contractor shall provide the following outpatient services: mental health services (i.e., assessment, evaluation, plan development, collateral, family engagement;<sup>2</sup> peer support services, individual and group therapy, individual and group rehabilitation, and interactive complexity), case management/brokerage, crisis intervention, and medication support. Contractor shall provide services that are strength-based, individualized for each client, and responsive to the needs of clients.

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.

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<sup>2</sup> 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.

Contractor shall make referrals and shall follow-up with external service providers to ensure continuity of care. Contractor shall also provide linkage and referral to the following services:

- i. Peer, educational, wellness, vocational, and housing resources; and
- ii. Primary care services.

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 American Society of Addiction Medicine (ASAM) assessment, as appropriate.

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

Contractor shall work with clients to enroll individuals with stimulant 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 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 ACBHD System of Care Director or their designee.

Contractor shall participate, as requested by ACBHD, 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 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 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

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.

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

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.) that exceeds 90 days;
- iii. Client no longer meets service necessity for a FSP – ICM 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.<sup>3</sup>

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.

Contractor shall assess clients for referral to Full Service Partnership (FSP) – Assertive Community Treatment (ACT) programs under the following conditions:

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<sup>3</sup> As described in the "Guidelines for Opening and Closing Reporting Units for Service Teams and FSPs."

- i. After extensive clinical interventions, it is determined that the level of service intensity offered through a **FSP – ICM team** may not be sufficient to successfully engage and support the client in treatment and that the client would likely benefit from a higher-intensity service; and
- ii. The client meets the criteria for the particular **FSP – ACT** program to which they are being referred.

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 and social supports and a self-determined path to recovery and self-sufficiency.

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.

**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

**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.

**D. Minimum Staffing Qualifications**

Contractor shall maintain an average monthly caseload of **25** clients per direct Full-Time Equivalent (FTE) **mental health staff**.

Contractor shall maintain the following minimum direct service positions:<sup>4,5</sup>

Minimum Staffing Qual - Add Specs
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#### 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 achieve the following quality objectives:

Quality Measure	Quality Objective
Percent of clients who receive at least <b>two</b> face-to-face visits per month	At least 85%
Percent of clients who had an appointment with a primary care provider during the reporting period <sup>6</sup>	At least 75%

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of discharges <b>which included</b> a face-to-face visit with the client and/or their caregiver within seven days of discharge from a hospital for a mental health diagnosis, an Institution for Mental Disease (IMD), CSU other than Amber House, a psychiatric health facility, and/or AFBH.	At least 75%
Percent of clients provided a medication visit and assessment within 14 days of discharge from a qualifying event. <sup>7</sup>	At least 70%
Percent of current clients who complete the Consumer Perception Survey form at each required administration.	At least 50%

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

<sup>4</sup> The positions shall be maintained at the specified level or higher of direct FTE staff.

<sup>5</sup> Clinician includes Licensed or Unlicensed Licensed Practitioner of the Healing Arts (LPHA) or Mental Health Graduate Trainee/Student.

<sup>6</sup> Applies to clients who completed at least six consecutive months during the 12-month reporting period.

<sup>7</sup> A qualifying event includes discharge from: a hospital for a mental health diagnosis, an Institution for Mental Disease, CSU other than Amber House, a psychiatric health facility, Santa Rita Jail, and/or an emergency department visit for mental illness.

Contractor shall provide services toward achieving the following impact objective among eligible clients who have been in the program for 12 months or longer:

Impact Measure	Impact Objective
Percent of eligible clients who had a decrease in crisis services, admissions to a hospital for a mental health diagnosis, an IMD, CSU other than Amber House, a psychiatric health facility, and/or AFBH in their most recent 12 months in the program as compared to the 12 months prior to their entry into the program.	At least 70%

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

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.

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 including, but not limited to, assessments, status updates, and CARE Act Data collection and reporting<sup>8</sup> throughout the CARE Act process, as required by the Court and DHCS.

Contractor shall supply CARE court data on a monthly basis. Contractor shall utilize Clinicians Gateway (CG)-Smart Care (SC) for the CARE Agreement/Plan, court status update form and graduation form.

<b>Additional Specifications</b> Reporting And Eval Req - Add Specs
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<sup>8</sup> [CARE Act Data Flowchart - CARE Act Resource Center \(care-act.org\)](http://care-act.org)

## VI. ADDITIONAL REQUIREMENTS

### Additional Specifications

Additional Requirements - Add Specs

Contractor shall comply with any emerging requirements specified by DHCS.

#### 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.<sup>9</sup>

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;

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<sup>9</sup> <https://bhcsproviders.acgov.org/providers/Subpayee/subpayee.htm>

- 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:<sup>10</sup>

- 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.

### **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.

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.<sup>11</sup> 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

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<sup>10</sup> <https://bhcsproviders.acgov.org/providers/network/CBOs.htm>

<sup>11</sup> <https://ipsworks.org/>

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

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<sup>12</sup>, and shall:

- 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.

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<sup>12</sup> See California Eligible Training Provider List (ETPL) for examples:  
<https://www.caljobs.ca.gov/vosnet/drills/program/ApprovedPrograms.aspx>

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:

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

<b>Quality Measures</b>	<b>Quality Objectives</b>
Minimum fidelity score which is equivalent to “good” on the Supported Employment Fidelity Scale	80%

<b>Impact Measures</b>	<b>Impact Objectives</b>
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%

Impact Measures	Impact Objectives
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.

**Linkage to IPS and Supported Employment**

Contractor shall collaborate with embedded ACBHD Vocational Services staff and make necessary program adaptations to fully integrate IPS as a standard service array offered to all clients, offering a highly structured evidence-based practice for maximizing competitive and self-sustaining employment and/or education in the community.

Contractor shall participate in IPS fidelity review site visits annually (or as determined by ACBHD Vocational Services). Following the IPS fidelity review, Contractor shall collaborate with the ACBHD Vocational Program to develop and implement an IPS Fidelity Action Plan. Collaboration shall include, but is not limited to the following activities and accommodations:

- ACBHD Employment Specialist shall:
  - Attend the full duration of regularly scheduled client-focused mental health treatment team meetings;
  - Actively participate in treatment team meetings with shared decision-making; and
  - Collaborate with Contractor frequently to discuss employment and education services for existing clients to facilitate new referrals to the ACBHD Vocational Program.
- Contractor shall:
  - Incorporate the ACBHD Employment Specialist into mental health program enrollment/intake process for new clients to learn about available IPS services;
  - Provide the ACBHD Employment Specialist with a workspace as needed, in close proximity to (or shared with) partner mental health treatment team members;
  - Provide input and recommendations to the ACBHD Employment Specialist for development and modification of the clients’ vocational profile, employment/education search, follow-along and transition plans;
  - Collaborate with the ACBHD Employment Specialist and deliver clinical interventions and services targeting clients’ barriers to employment and education; and
  - Collaborate with ACBHD Vocational Program Management and Leadership to ensure IPS services are integrated, problem solve around programmatic issues (such as referral process, or transfer of follow-along to mental health workers), and be a champion for the value of work.

ACBHD Employment Specialist Supervisor shall attend mental health treatment team meetings on a quarterly basis or more frequently as needed.

Contractor shall partner with the ACBHD Vocational Program to provide IPS services toward achieving the following process objectives:

<b>Process Measures</b>	<b>Process Objectives</b>
Number of clients enrolled in IPS services per embedded 1.00 FTE ACBHD Employment Specialist (at any given time)	15-20 clients <sup>13</sup>
Number of IPS clients served annually per embedded 1.00 FTE ACBHD Employment Specialist	30-40 clients <sup>14</sup>

**Client Support Expenditures**

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

- i. Short-term housing assistance (rent, including back pay and security deposit, or hotel vouchers);
- ii. Food;
- iii. Utilities;
- iv. Clothing;
- v. Public transportation vouchers;
- vi. Emergency food gift cards;
- vii. Personal grooming; or
- viii. 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:

- i. \$1,000 for one-time non-housing expense;
- ii. \$3,000 for one-time housing expense; or
- iii. \$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. 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.

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<sup>13</sup> Or, 20% program census, whichever is lower

<sup>14</sup> Or 20% or total annual clients served, whichever is lower