

**EXHIBIT A(Sub-Exhibit A)-SCOPE OF WORK (SOW):
SUBSTANCE USE DISORDER (SUD) RECOVERY RESIDENCE**

Contractor Name	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

Substance Use Disorder (SUD) Recovery Residence

Additional Specifications Program Name - Add Specs
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II. CONTRACTED SERVICES

SUD Recovery Residence

Additional Specifications Contracted Services - Add Specs

III. PROGRAM INFORMATION AND REQUIREMENTS

A. Program Goals

Contractor shall provide services to assist clients in accomplishing the following goals:

- i. Establish and maintain recovery from substance use and attain stabilization, increase self-sufficiency, and improve quality of life; and
- ii. Adopt a voluntarily maintained lifestyle characterized by sobriety, personal health, and personal responsibility.

Contractor shall ensure operational effectiveness and efficiency as follows:

- i. Contractor shall provide services to maintain responsibly-managed and value-focused operations while decreasing other system care costs (e.g., reduce homelessness, utilization of crisis services, incarceration and criminal justice recidivism associated with substance use, etc.).

Additional Specifications Program Goals - Add Specs

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Contractor shall provide room and board to individuals who are participating in SUD treatment services through an Alameda County Behavioral Health Department (ACBHD)-contracted outpatient treatment program.¹

Contractor shall make it a priority to serve Alameda County residents who are:

- i. Pregnant women;
- ii. Intravenous drug users; and/or
- iii. Involved with the criminal justice system.²

Contractor shall provide services to clients in accordance with the applicable ACBHD Standards of Care for Transition-Age Youth (TAY) and Older Adults, as well as the Race and Ethnic Priority Population SUD Practice Standards for programs that specialize in serving African American, Asian/Pacific Islander (API), and Latinx clients.

Additional Specifications Service Groups - Add Specs
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2. Referral Process to Program

Contractor shall only accept referrals from the Substance Use Access and Referral Helpline (the Helpline) and a more limited group of designated ACBHD-approved referral sources.³

Contractor shall have the capacity to accept three-way calls with the designated ACBHD-approved referral sources. Through the three-way call:

- i. Contractor may build rapport with the client and discuss program structure and expectations.
- ii. Contractor may not conduct additional screening/assessment of client that is duplicative of the screening/assessment conducted by these ACBHD-approved referral sources.
- iii. Contractor shall offer an intake appointment on the three-way call, and the intake appointment shall be scheduled to occur within ten days of the initiation of the three-way call. Upon successful completion of the call, Contractor shall maintain contact with the client for any intake appointment reminders and/or engagement needed.

If a three-way call cannot be guaranteed during regular business hours, Contractor shall supply a schedule of standing intake appointment blocks to the Helpline so that eligible callers can be scheduled for an intake appointment at the time of their initial call to the Helpline.

¹ For the purposes of this Scope of Work, ACBHD-contracted outpatient treatment programs include outpatient, intensive outpatient and opioid treatment programs.

² Criminal justice is a term that is inclusive of systems such as the Collaborative Courts, Jails/Prisons, Probation and Juvenile Justice.

³ Other designated ACBHD-approved referral sources include Cherry Hill, Forensic Substance Use Case Management (FSCM), and the Alameda County Collaborative Court Services/Drug Court.

Contractor shall not request that referral sources share potential client screenings for review prior to scheduling an intake appointment. Referral documentation shall be received by Contractor through ShareFile from the referral source/portal.

For individuals who contact Contractor directly seeking access into Contractor's recovery residence program, Contractor shall provide contact information and assist the individuals in calling the Helpline for point of entry screening and referrals into the SUD treatment system, which may include referral to the recovery residence program if appropriate.

Contractor shall contact the referral source/portal with information on any of the following situations within 12 hours of occurrence:

- i. Client does not arrive to scheduled intake appointment; and/or
- ii. Client has rescheduled intake appointment.

Additional Specifications Referral Process to Program - Add Specs

3. Program Eligibility

Contractor shall only serve clients who:

- i. Are Alameda County residents;
- ii. Are 18 years of age and older;
- iii. Have been referred through an approved referral source;
- iv. Are enrolled and actively participating in an ACBHD-contracted SUD outpatient treatment program; and
- v. Are not under the care of a physician for active tuberculosis.

Additional Specifications Program Eligibility - Add Specs

4. Limitations of Service

Clients shall be eligible for a maximum of no more than six months (180 days) of service across any ACBHD contracted recovery residence provider in a one-year (365-day) period.

Contractor shall review the Recovery Residence Length of Stay Daily Report to track client's remaining available days in recovery residence program and engagement in outpatient treatment services.

Contractor must request length of stay extension from ACBHD Operational Lead for SUD recovery residence services or their designee via the ACBHD-approved form if a client is expected to require more than 180 days of recovery residence service. This form must be submitted to ACBHD at least ten business days before the client's length of stay expires.

Additional Specifications

C. Program Description

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

1. Program Design

Contractor shall provide Level II, managed recovery residence in accordance with National Alliance of Recovery Residence standards.⁴ Contractor shall provide clients with food and shelter in a self-governed, supervised, home-like setting. Contractor's recovery residence shall allow space for residents to provide each other with peer recovery support within a staff-monitored structure.

At their first visit, Contractor shall perform an intake and orientation for each new client referred to the recovery residence. Contractor shall ensure that each client agrees to abstain from alcohol and other drug use and to comply with other house rules while living in the recovery residence.

While living in the recovery residence, clients shall concurrently participate in an ACBHD-contracted SUD outpatient treatment program. No later than three days after intake and at least every other week for the duration of the client's stay at the recovery residence, Contractor shall make contact with the SUD program from which the client is receiving treatment. Contractor shall communicate with that program about client attendance and program adherence, and partner with that program on any housing-related care coordination services, with the goal of discharging client from the County-contracted recovery residence program when safe housing is secured for the client.

Contractor's House Manager shall:

- i. Document minutes of weekly house meetings;
- ii. Ensure clients are actively participating in SUD outpatient treatment;
- iii. Conduct random drug screening in accordance with ACBHD Guidelines;
- iv. Plan and implement chore schedules;
- v. Facilitate weekly house meetings;
- vi. Administer morning and evening bed checks; and
- vii. Begin to assist the client in developing financial management skills and to encourage the client to obtain gainful employment and start a savings account.

Contractor shall not provide any structured SUD treatment or treatment-like activities at the recovery residence facility. Contractor shall hold house meetings to discuss house operation and management issues.

Contractor shall utilize the ACBHD Bed Availability Survey to convey timely status of ACBHD-contracted beds (i.e., bed on hold for intake, bed occupied, or bed open). Contractor shall adhere to guidelines provided by the ACBHD Operational Lead for

⁴ https://narronline.org/wp-content/uploads/2018/11/NARR_Standard_V.3.0_release_11-2018.pdf

SUD Recovery Residence Services or their designee regarding the use of the ACBHD Bed Availability Survey.

Contractor shall have policy and procedures in areas including, but not limited to: client intake; client admission and readmission criteria that addresses use or misuse of alcohol/drugs, physical health status, social psychological problems, procedures for how the program addresses clients who do not meet admission criteria; drug screening/testing per ACBHD Guidelines that includes procedures to protect against falsification and/or contamination of client urinalysis samples; resident responsibilities; managing client relapse; emergency/crisis situations; medication safety, storage and management; schedules; meetings; conflict resolution; housing of transgender individuals; and smoking. All policies and procedures shall be submitted to the ACBHD Operational Lead for SUD recovery residence services or their designee within three months of the contract start date and shall work with ACBHD to address any identified concerns within six months of the contract start date. Contractor shall ensure that emergency/crisis policies and procedures are prominently posted.

Contractor shall maintain collaborations and close working relationships, when relevant to the needs of a specific client, with systems including, but not limited to, the following:

- i. SUD treatment providers in the DMC-ODS continuum of care;
- ii. ACBHD-designated referral and care navigation sources for SUD, including the Helpline and Cherry Hill; and
- iii. Criminal justice systems and partners.

AB109 Clients

Contractor shall actively coordinate with Forensic Substance Use Case Management (FSCM) and Alameda County Deputy Probation Officers for case planning purposes at all stages of a client's treatment and in client transitions between levels of care. Contractor shall confirm with FSCM when the client has been admitted to the program.

Additional Specifications Program Design - Add Specs
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2. Discharge Criteria and Process

Contractor shall discharge a client when Contractor, the client, the Helpline, and the ACBHD-contracted SUD outpatient treatment provider:

- i. Determine that the client's assessed need indicates a change in level of care placement;
- ii. Determine that the client has achieved financial self-sufficiency and is ready to obtain housing independent of the recovery residence;
- iii. Find that the client has stopped participating in concurrent SUD treatment; or
- iv. Find that the client has met their maximum recovery residence length of stay.

Additional Specifications Discharge Criteria and Proc - Add Specs

3. Hours of Operation

Contractor shall maintain the following hours of operation:

- Seven days per week, 24 hours per day

Contractor shall maintain the following hours for client intake:

Hours of Operation - Add Specs

4. Service Delivery Sites

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

Service Delivery Sites - Add Specs

D. Minimum Staffing Qualifications

Contractor shall maintain at least 1.00 Full-Time Equivalent (FTE) House Manager at each recovery residence, who can be a Certified Peer Specialist, Registered or Certified SUD Counselor, or a Licensed Practitioner of the Healing Arts (LPHA). The cost of the House Manager may be prorated and applied proportionally for the percentage of the bed capacity purchased through this ACBHD contract.

Contractor shall document supervision of House Manager and other program staff that shall be reflected in the programs’ organizational chart and budget.

Contractor shall ensure that 24-hour on-site supervision is maintained at the recovery residence(s).

Additional Specifications
Minimum Staffing Qual - Add Specs

IV. CONTRACT DELIVERABLES AND REQUIREMENTS

A. Process Objectives

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

Process Objectives - Add Specs

Contractor shall provide services toward achieving the following process objective:

Process Measure	Process Objective
Percent of prorated contracted units of service provided monthly.	80% to 100%

B. Quality Objectives

Contractor shall provide services toward achieving the following quality objective:

Quality Measure	Quality Objective
Percent of clients who receive at least one SUD outpatient treatment service per week while residing in the recovery residence.	At least 95%

Contractor shall work collaboratively with ACBHD to develop additional quality benchmarks in the following areas: timeliness of services and client satisfaction.

Additional Specifications Quality Objectives - Add Specs
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C. Impact Objectives

Contractor shall provide services toward achieving the following impact objectives:

Impact Measures	Impact Objectives
Percent of clients who are discharged from the recovery residence program having successful program completion ⁵ .	At least 40%
Percent of clients who are no longer homeless according CalOMS discharge data at time of discharge from the recovery residence program.	At least 95%

Additional Specifications Impact Objectives - Add Specs

V. REPORTING AND EVALUATION REQUIREMENTS

Contractor shall update the ACBHD Bed Availability Survey via Survey Monkey every weekday, Monday – Friday, by 10:00 a.m.

Additional Specifications Reporting And Eval Req - Add Specs
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VI. ADDITIONAL REQUIREMENTS

Contractor shall comply with all requirements under CA Senate Bill 1228 (2018) and CA Assembly Bill 919 (2019).

Additional Specifications Additional Requirements - Add Specs

⁵ As defined as client securing employment and safe housing at the close of their episode in the recovery residence program.