

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

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

Crisis Residential Treatment (CRT)

Additional Specifications Program Name - Add Specs
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II. CONTRACTED SERVICES

CRT

Medi-Cal Requirements Apply

Additional Specifications Contracted Services - Add Specs

III. PROGRAM INFORMATION AND REQUIREMENTS

A. Program Goals

Contractor shall provide services to accomplish the following goals:

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

Additional Specifications Program Goals - Add Specs

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

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

Additional Specifications
Service Groups - Add Specs

2. Referral Process to Program

Contractor shall accept referrals from Alameda County Behavioral Health Care Services (ACBH) Acute Crisis Care and Evaluation for System-Wide Services (ACCESS), mobile crisis teams, crisis stabilization units, psychiatric hospitals, crisis services, Adult Forensic Behavioral Health (AFBH), Collaborative Courts, or mental health case management teams.

Additional Specifications
Referral Process to Program - Add Specs

3. Program Eligibility

Contractor shall only serve individuals who:

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

Within 24 hours of admission, Contractor shall submit an initial authorization request to ACBH. Contractor shall submit a continuation authorization request to ACBH at least five business days prior to the expiration of a current authorization.

Additional Specifications
Program Eligibility - Add Specs

4. Limitations of Service

Duration of services for CRT clients shall be limited to an average of 14 days. Contractor shall receive prior approval from the ACBH Critical Care Manager or their designee for stays exceeding 14 days and from the ACBH Adult and Older Adult System of Care Director or their designee for stays longer than 28 days.

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

Contractor shall maintain capacity and staffing for daily client admission.

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

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

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

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

With 30-day notice from ACBH, Contractor may provide Medi-Cal Peer Support Services by a Certified Peer and/or Family Support Specialist.²

Additional Specifications

Program Design - Add Specs

2. Discharge Criteria and Process

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

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

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

Additional Specifications

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 maintain valid:

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

D. Minimum Staffing Qualifications

Contractor shall maintain the following minimum direct service positions:^{3,4}

Minimum Staffing Qual - Add Specs

² Peer Support is a peer to peer or caregiver to caregiver approach to supporting clients and their families around behavioral health issues. Peer support services offer hope, guidance, advocacy, and camaraderie for clients and their families. Medi-Cal Peer Support Services are offered by Certified Peer and Family Peer Support Specialist who maintain current certification by CalMHSA.

³ The positions shall be maintained at the specified level or higher of direct FTE staff.

⁴ Clinician includes Licensed or Unlicensed Licensed Practitioner of the Healing Arts (LPHA) or Mental Health Graduate Trainee/Student.

Contractor shall meet all regulatory requirements concerning staffing for CRT operation, and maintain sufficient staffing to implement the activities specified in this Exhibit A-SOW.

IV. CONTRACT DELIVERABLES AND REQUIREMENTS

A. Process Objectives

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

Process Objectives - Add Specs

B. Quality Objectives

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of clients admitted who choose to stay for at least three days and receive services	80% or greater
Percent of clients who agree or strongly agree to overall satisfaction statements (items 1, 2, and 3) on the Mental Health Statistics Improvement Program (MHSIP) consumer survey ⁵	80% or greater
Percent of clients who agree or strongly agree to the cultural/ethnic sensitivity statement (item 18) on the MHSIP	80% or greater

Additional Specifications

Quality Objectives - Add Specs

C. Impact Objectives

Contractor shall provide services toward achieving the following impact objectives:

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

Impact Measure	Impact Objective
Percent of clients who agree or strongly agree with the MHSIP statement: "I deal more effectively with daily problems"	60% or greater
Percent of clients on the ACBH list of frequent users of high-cost services who had a decrease in psychiatric emergency,	30% or greater

⁵ <https://www.dhcs.ca.gov/formsandpubs/mhccy/infonotice12-02enclosure1.pdf>

Impact Measure	Impact Objective
psychiatric hospital, or jail admissions in the 12 months after exit from the program as compared to the 12 months prior to their entry into the program	

Additional Specifications Impact Objectives - Add Specs

V. REPORTING AND EVALUATION REQUIREMENTS

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

Monthly

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

Referral Data:

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

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

Quarterly

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

Quarter	Dates Covered in Report	Due Date
1 st	July 1 – September 30	October 31 st

2 nd	October 1 – December 31	January 31 st
3 rd	January 1 – March 31	April 30 th
4 th /Annual	April 1 – June 30	July 31 st

Contractor shall use information from the MHSIP survey for continuous quality improvement of services and program delivery. Contractor shall ensure that 50 percent of current clients complete the surveys at each required administration.

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

No additional requirements.

Additional Specifications Additional Requirements - Add Specs
