EXHIBIT A(x)-SCOPE OF WORK (SOW):
FULL SERVICE PARTNERSHIP (FSP) – TRANSITION AGE YOUTH (TAY), ADULT, OLDER ADULT AND/OR FORENSIC

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

Transition Age Youth (TAY), Adult, Older Adult, and/or Forensic Full Service Partnership (FSP)

i. Service Provision (July 1, 2023 – June 30, 2024)
ii. Performance Improvement Activities Related to Quality Incentive Pilot Program (Performance Improvement Activities, July 1, 2024 – June 30, 2025)

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 and Support (IPS) Supported Employment
- Alameda County Behavioral Health Care Services (ACBH) 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

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

III. PROGRAM INFORMATION AND 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 those 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 serve individuals who are sex offenders.

Performance Improvement Activities
Not applicable.

Additional Specifications
Service Groups - Add Specs

2. Referral Process to Program

Service Provision
Contractor shall receive referrals through ACBH 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. Any referrals for residents of the City of Berkeley shall be authorized for services by ACBH.

Upon receiving a referral from ACCESS, Contractor shall provide assertive outreach to secure treatment engagement. If the individual does not engage in treatment within six months despite these assertive outreach attempts, Contractor shall contact ACCESS to collaborate on next steps.

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. Have, as a result of a serious mental illness, significant functional impairment in one or more major areas of functioning (e.g., interpersonal relations, emotional, vocational, educational, or self-care);
iii. Have been referred and approved for assignment by ACCESS; and
iv. Are eligible for services under an ACBH-approved insurance plan, as defined by ACBH at http://www.acbhcs.org/providers/Access/access.htm.

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 program or programs using the basic tenets and guiding principles of the Mental Health Services Act (MHSA). 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 treatment plan that is created in collaboration with the client.

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 team shall serve as the Single Point of Responsibility (SPR) and the FSP caseloads are managed by the whole team or by an individual treatment team. The SPR shall provide continuity for the client and shall facilitate the development of a strong working relationship.

Contractor shall implement their program or programs using high fidelity to the Assertive Community Treatment (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 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 treatment 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. Contractor shall engage referred clients through the stages of change and toward an increased readiness to participate in appropriate services, and 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] individual and group therapy, individual and group rehabilitation, and interactive complexity), case management/brokerage, crisis intervention, and medication support.
iii. Integrated Co-Occurring Services: 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[3] services. Contractor shall, as appropriate, link clients to the Health Care Services Agency's centralized provider for Housing Subsidy Management.
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 work with collaborative courts, Adult Forensic Behavioral Health (AFBH) 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 shall maintain a MAA claim plan, and conduct outreach and engagement in a way that maximizes revenue generation through MAA.

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[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 ACBH.

[3] Contractor shall provide Housing Navigation in accordance with the published ACBH Core Tasks Checklists located on the ACBH website at: http://www.acbhcs.org/providers/network/cbos.htm (listed under "Provider Resources/Housing").

Contractor shall participate in weekly Behavioral Health Care Coordination meetings, as well as monthly Adult/Older Adult Outpatient Provider Meetings and quarterly meetings about program and contract status issues.

For TAY-specific programs, Contractor shall attend bi-weekly Transition Assessment Team (TAT) meetings.

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

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 ACBH programs or services.

With 30-day notice from ACBH, Contractor may provide Medi-Cal Peer Support Services by a Certified Peer and/or Family Support Specialist.[4]

Additional Specifications
Program Design - Add Specs

2. Discharge Criteria and Process

Service Provision
Contractor's discharge process shall include:

i. Discharge planning that begins at intake;
ii. Regular reassessment of client functioning, attainment of treatment goals, level of treatment needs, discharge criteria, and discharge plan; and
iii. Discharge according to the client's discharge plan that, when possible, includes placement in a less intensive level of mental health service appropriate to the client's needs, additional referrals to community resources for the client to utilize after discharge, and a discharge summary.

ACCESS shall oversee and approve each discharge based on criteria set forth by the County. 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.

Contractor shall work with the client, family, and ACCESS to ensure continuity of care through discharge planning, referrals, transitions, and supportive transitions to other service providers and community supports.

[4] 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.

Contractor shall work to proactively outreach and engage clients enrolled under the FSP Program Code, known as the "P" code. Once engaged, clients are also opened to the FSP Team Code, known as "T" code.

For FSP's, Contractor shall adhere to the following regarding client closure to the FSP program:

A. P-Coded Clients who were previously opened to the FSP Team Code should be closed no sooner than six months after referral if (all must apply):
   1. There have been no FSP billing episodes for a consecutive six month period;
   2. There have been no acute, sub-acute, crisis or jail episodes in the system for the prior six month period; and
   3. The client is not on the sub-payee program.

B. P-Coded clients who were never open to the FSP Team Code should be closed no sooner than 90 days after referral if (all must apply):
   1. There have been no acute, sub-acute, crisis or jail episodes in the system for 90 days of the original date of opening; and
   2. The client is not on the sub-payee program.

C. T-Coded clients, should be closed no sooner than 90 days after unsuccessful documented outreach attempts if (all must apply):
   1. There have been no FSP billing episodes for a consecutive 90 day period;
   2. There have been no acute, sub-acute, crisis, or jail episodes during the consecutive 90 day period; and
   3. The client is not on the sub-payee program.

Contractor may make exceptions on a case-by-case basis upon prior written approval of the appropriate ACBH System of Care Director or their designee.

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:[5,6]

Minimum Staffing Qual - Add Specs

Contractor's peer staff shall comply with any emerging peer support specialist certification requirements from Department of Health Care Services (DHCS) or ACBH in relation to California Senate Bill 803 in order to continue providing peer services.

Performance Improvement Activities
Not applicable.

IV. CONTRACT DELIVERABLES AND REQUIREMENTS

A. **Process Objectives**

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

Process Objectives - Add Specs

With 30-day notice from ACBH, Contractor may be required to adopt a new and/or different billing/procedure code(s) for peer staff and for Medi-Cal reimbursement.

Metrics below have been identified for tracking and monitoring purposes:

Process Measure[7]	**Data Source**
Number of new clients enrolled	ACBH Billing System
Number of clients open to program point-in-time, at the time of the report	ACBH Billing System
Number of clients closed and reason for closure	ACBH Billing System
Number of hours of service provided by service modality	ACBH Billing System

[5] The positions shall be maintained at the specified level or higher of direct FTE staff.
[6] Clinician includes Licensed or Unlicensed Licensed Practitioner of the Healing Arts (LPHA) or Mental Health Graduate Trainee/Student.
[7] Measures shall be reported for the total population, as well as by ethnicity, race, language, gender, and sexual orientation.

Process Measure[7]	Data Source
Number of clients with no SSI/SSDI who are linked to advocacy programs	ACBH Billing System, ACBH advocacy database
Percent of services provided that are field-based	ACBH Billing System

Performance Improvement Activities
Not applicable.

B. **Quality/Impact Objectives**

Service Provision
Contractor shall achieve a minimum 80 percent fidelity score equivalent to "good" on a scale approved by ACBH for ACT highlighting:

i. Percent of clients who received a minimum of four visits per month;
ii. Percent of clients open to program 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 Mental Health Statistics Improvement Program (MHSIP) 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 ACBH that they have achieved the quality benchmarks as specified below for a given area on an annual basis:

Quality Measures	Quality Objectives	
	Full Incentive (100%)	Partial Incentive (50%)
Measure #1: Percent of clients who receive a face-to-face FSP visit within seven calendar days of a qualifying event[1]	70%	55%
Measure #2: Percent of clients who receive an average of four or more face-to-face FSP visits per	80%	65%

[1] Low denominator threshold of 20. Funding rolls to Measure #2 if low denominator threshold is not reached. Face-to-face visit includes individual therapy and medication support only. 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, and/or Adult Forensic Behavioral Health. For reference, Measure #1 aligns with the Healthcare Effectiveness Data and Information Set (HEDIS)® measure, "Follow-up after hospitalization for mental illness" (FUH) within seven days of discharge.

Quality Measures	Quality Objectives	
	Full Incentive (100%)	Partial Incentive (50%)
month during the fiscal year (new and existing clients)[2]		
Measure #3: Percent of clients who had a visit with a primary care provider during the fiscal year[3]	75%	50%
Measure #4: Percent of clients with a reduction in John George Psychiatric Hospital Crisis Stabilization Unit (CSU) or inpatient services[4]	80%	65%

Additional Specifications
Quality Objectives - Add Specs

V. REPORTING AND EVALUATION REQUIREMENTS

Service Provision

Contractor shall input data for each client into the 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 participate and assist in ACBH's efforts to collect and track data to establish and refine benchmarks. These benchmarks shall be set as performance expectations in future fiscal years.

Contractor shall submit an Annual Plan Update to meet the requirements of MHSA. The Plan shall be submitted to the MHSA Coordinator within 30 days of receiving the Plan template.

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

[2] Low denominator threshold of 30.

[3] Low denominator threshold of 20. Funding rolls to Measure #2 if low denominator threshold is not reached. Visits with FSP nursing staff do not apply. Applies to clients who completed at least six consecutive months during the 12-month reporting period. Excludes clients if out of community (in inpatient or jail) for six or more months during the current fiscal year.

[4] Low denominator threshold of 15. Funding rolls to Measure #2 if low denominator threshold is not reached. Clients must have had at least one qualifying event in the past fiscal year (July 2022 to June 2023), and have completed 12 consecutive months in the FSP program (six of which must be in the current fiscal year). Calculates percentage of clients with a reduction in John George Psychiatric Pavilion CSU or inpatient services when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community for six or more months during the current fiscal year or the prior fiscal year.
Example: A client was enrolled in the program from January 1, 2023 to December 31, 2023, and therefore meets the requirements for continuous enrollment (12 continuous months, including six continuous months in the current fiscal year). For the baseline period of July 1, 2022 to June 30, 2023, the client received nine unduplicated days of qualifying services (John George Psychiatric Pavilion CSU or inpatient services). For the measurement period of July 1, 2023 to June 30, 2024, the client received four unduplicated days of qualifying services while enrolled in the FSP program, and three more after leaving the program. To determine whether the client received fewer services in fiscal year 2023-24, ACBH will compare all unduplicated days in fiscal year 2022-23 to fiscal year 2023/24 (9 – 7 = 2).

Contractor shall submit an Annual Mental Health Services Act (MHSA) Community Services and Supports (CSS) Report on an ACBH-provided template that collects demographics data in addition to Contractor's progress, successes, and challenges in achieving the Contract Deliverables and Requirements. Reports shall be labeled in accordance with the MHSA Three Year Plan and/or Plan Update established naming convention and shall be uploaded to the ACBH Citrix ShareFile within 30 days from the end of the contract period.

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

A. IPS Supported Employment

Contractor shall work with individuals who have expressed interest and motivation in pursuing competitive employment, regardless of their employment 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 Supported Employment in line with the eight Practice Principles and the 25 Fidelity Standards.[8] Contractor shall implement a model that fully integrates the roles of IPS Staff into the mental health treatment services team.

When a client is discharged by the mental health treatment 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 supports from the Employment Specialist.

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 treatment team.

Additional IPS Provisions for FSP Programs
The IPS model shall focus on aggressively supporting and placing clients in competitive employment. All aspects of the employment process shall be intensively and individually developed from vocational assessments based on the client's interests, skills, and needs. IPS

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

Staff (Employment Specialists) shall develop relationships with employers to facilitate job placements and to enable follow-along support for the client and employer in order to ensure retention. To promote fidelity to IPS, Contractor shall participate in the Monthly Learning Collaborative and other technical assistance such as Westat online training, individual sessions with IPS trainers, and local conferences and trainings.

Contractor shall provide services toward achieving the following quality objective:

i. A minimum 80 percent fidelity or a score of 100, which is equivalent to "good" on the Supported Employment Fidelity Scale.

Contractor shall provide services toward achieving the following impact objective:

i. A 30 percent competitive employment placement rate, with an average of at least one job placement per month per Employment Specialist.

Contractor shall submit quarterly IPS outcome data to the ACBH IPS Trainer and IPS Center at Rockville Institute (Westat), and participate in fidelity review site visits with ACBH Vocational Services at least annually.

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

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

Contractor shall collaborate with clients and the ACBH 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 ACBH Substitute Payee Program.[9]

ACBH Substitute Payee Program shall include:

i. Submitting transmittal forms to the ACBH 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;

[9] http://www.acbhcs.org/providers/Subpayee/subpayee.htm

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 ACBH Substitute Payee Program services.

Contractor shall send a written request to ACBH Substitute Payee Program for approval of client discharge for clients who are assessed by Contractor as meeting criteria for discharge from the ACBH Substitute Payee Program.
Contractor shall:
i. Notify the ACBH Substitute Payee Program as soon as possible if a client's whereabouts are unknown;
ii. Notify the ACBH Substitute Payee Program when closing a client to their program;
iii. Notify the ACBH Substitute Payee Program when transferring a client to a new Substitute Payee Program case manager; and/or
iv. Notify the ACBH Substitute Payee Program of 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:[10]
i. ACBH Substitute Payee Program Description;
ii. ACBH 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 ACBH Substitute Payee Program within 48 hours of written notice from ACBH upon termination of ACBH Substitute Payee Program. Contractor shall return any checks older than 30 days to the ACBH Substitute Payee Program.

C. **Client Support Expenditures**
Client support expenditures ("flex funds") shall be used only for the following purposes:
i. To Maintain Basic Needs:
   a. Housing (rent, including back pay and security deposit, or hotel vouchers);
   b. Food;
   c. Utilities; or
   d. Clothing.
ii. For Short- and Long-Term Support Services:
   a. Housing assistance;
   b. Public transportation vouchers;
   c. Emergency food gift cards;
   d. Personal grooming; or
   e. Hygiene products.

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

[10] http://www.acbhcs.org/providers/network/CBOs.htm.

shall obtain prior written approval from the same for any non-housing expense over $500 or any housing expense over $2,000 one-time, or over $2,760 per year per client or family. The purchase of automobiles is not permissible.

Additional Specifications
Additional Requirements - Add Specs