APPENDIX A
STATEMENT OF WORK FOR
CRISIS RESIDENTIAL TREATMENT PROGRAMS

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CRISIS RESIDENTIAL TREATMENT PROGRAMS

1.0 SCOPE OF WORK

Crisis Residential Treatment Programs (CRTP) are short-term, intensive residential programs that provide recovery-oriented, intensive and supportive services to individuals 18 years of age and older, in a safe and therapeutic, home-like setting. CRTPs provide services 24 hours per day, 7 days per week (24/7). CRTPs have a maximum bed capacity of 16 individuals per site. While the average length of stay in CRTPs is 10-14 days, an individual's maximum stay shall not exceed 30 days. CRTPs serve as an alternative to hospitalization, reduce the psychiatric inpatient days of individuals, and may serve as a resource for individuals who might otherwise be incarcerated without the appropriate community services. CRTPs are licensed by the California Department of Social Services (CDSS) as Social Rehabilitation Programs, with the mental health program component certified by the California Department of Health Care Services (DHCS), and are Medi-Cal certified.

CRTPs are centrally accessed through the Los Angeles County (County or LAC) Department of Mental Health (DMH) Intensive Care Division (ICD). County Hospital Psychiatric Emergency Services (PES) and inpatient treatment teams work collaboratively with DMH ICD liaisons to identify potential referrals to CRTPs. Urgent Care Centers (UCCs) refer individuals directly to DMH's ICD for authorization.

2.0 ADDITION AND/OR DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS

2.1 All changes must be made in accordance with the Contract, Sub-paragraph 8.1 - Amendments.

3.0 QUALITY CONTROL

The Contractor shall establish and utilize a comprehensive Quality Control Plan (Plan) to assure the County a consistently high level of service throughout the term of the Contract. The Plan shall be submitted to the County Contract Project Monitor for review. The Plan shall include, but may not be limited to the following:

3.1 Method of monitoring to ensure that Contract requirements are being met.

3.2 A record of all inspections, audits, reviews, etc. conducted by the Contractor.

- Any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to the County upon request.

3.3 Evaluation Tools: Contractor shall provide individuals and their families a tool by which to evaluate the services rendered by the CRTP. Contractor shall ensure the tool addresses the performance of the CRTP and the satisfaction of the

individuals and, when appropriate, their families. Contractor shall make this tool and related information available to County upon request.

3.4 Data Collection

3.4.1 Contractor shall develop measurement and tracking mechanisms to collect and report data on a monthly basis (or as otherwise indicate) as follows:

a) Available beds/slots (daily);
b) The number of clients who were referred;
c) The number of clients who were refused;
d) The number of clients whose admission is delayed for 4 hours or more pending more information;
e) The average length of time to respond to referrals;
f) The number of clients who were accepted within 4 hours of referral;
g) The number of clients discharged; and
h) The number of clients receiving substance use services.

3.4.2 Contractor acknowledges that DMH is transitioning to a bed management system. Contractor shall provide bed capacity information in real time or at least on a daily basis to DMH's Intensive Care Division (ICD) Director or designee. Contractor also acknowledges that DMH utilizes Los Angeles Network for Enhanced Services (LANES) as a Health Information Exchange network and agrees to provide admission history and physical, and medication list within 24 hours of discharge to accepting facility upon transfer. The discharge summary will be provided within seven days.

3.4.3 Record Keeping: Contractor shall keep a record of services that were provided, as well as the dates, agendas, sign-in sheets, and minutes of all CRTP and Subcontractor staff meetings.

4.0 QUALITY ASSURANCE PLAN

The County will evaluate the Contractor's performance under this Contract using the quality assurance procedures as defined in the Contract, Paragraph 8.15, County's Quality Assurance Plan.

4.1 Monthly Meetings

Contractor is required to attend meetings as requested by DMH.

4.2 Contract Discrepancy Report (Service Exhibit 1 of Appendix C)

Verbal notification of a Contract discrepancy will be made to the Contractor's Contract Project Monitor as soon as possible whenever a Contract discrepancy is identified. The problem shall be resolved within a time period mutually agreed upon by the County and the Contractor.

The County Contract Project Monitor will determine whether a formal Contract Discrepancy Report shall be issued. Upon receipt of this document, the Contractor

is required to respond in writing to the County Contract Project Monitor within five workdays, acknowledging the reported discrepancies, or, presenting contrary evidence. A plan for correction of all deficiencies identified in the Contract Discrepancy Report shall be submitted to the County Contract Project Monitor within 10 workdays of the receipt of a formal Contract Discrepancy Report.

4.3 County Observations

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to this Contract at any time during normal business hours. However, these personnel may not unreasonably interfere with the Contractor's performance.

5.0 UTILIZATION REVIEW

DMH will implement quarterly utilization review, including implementing a standardized decision support tool, InterQual. Authorization and certification of admission and continued stay shall include a review of the client's concrete progress towards their treatment goals and timely documentation of such on a regular basis. DMH reserves the right to deny authorization and certification for treatment upon failure to receive requisite documentation with 72 hours of monthly due date as indicated on the Certification form (Attachment II).

6.0 RESPONSIBILITIES

The County's and the Contractor's responsibilities are as follows:

COUNTY

6.1 Personnel

The County will administer the Contract according to the Contract, Paragraph 6.0, Administration of Contract - County. Specific duties will include:

6.1.1 Monitoring the Contractor's performance in the daily operation of this Contract.

6.1.2 Providing direction to the Contractor in areas relating to policy, information and procedural requirements.

6.1.3 Preparing Amendments in accordance with the Contract, Sub-paragraph 8.1 - Amendments.

6.2 Furnished Items

Refer to Service Exhibit 4 (LAC Lease Contract) of Appendix C for all County furnished items.

CONTRACTOR

6.3 CRTP Manager

6.3.1 Contractor shall provide a full-time CRTP Manager or designated alternate. County must have access to the CRTP Manager during regular business hours. Contractor shall provide a telephone number where the CRTP Manager may be reached.

6.3.2 CRTP Manager shall act as a central point of contact with the County.

6.3.4 CRTP Manager/alternate shall have full authority to act for Contractor on all matters relating to the daily operation of the Contract. CRTP Manager/alternate shall be able to effectively communicate in English, both orally and in writing.

6.4 General Staffing Requirements

Contractor shall assign a sufficient number of employees to perform the required work. At least one employee on site shall be authorized to act forContractor in every detail and must speak and understand English.

6.4.1 Contractor shall be required to background check their employees as set forth in sub-paragraph 7.5 – Background and Security Investigations, of the Contract.

6.4.2 Linguistic and Cultural Capacity: Any staff performing services under the Contract shall be able to read, write, speak, and understand English in order to conduct business with County. Additionally, Contractor shall ensure there is a sufficient number of ethnically and linguistically diverse staff to meet the cultural and language needs of the community served. Staff shall include professionals, paraprofessionals, and persons withlived experience.

6.4.3 Driver's License: Contractor shall maintain copies of current drivers' licenses, including current copies of proof of auto insurance, of staff providing transportation for individuals.

6.4.4 Driving Record: Contractor shall maintain copies of driver's Department of Motor Vehicles (DMV) printouts for all of Contractor's drivers providing services under this Contract. Reports shall be available to County upon request. County reserves the right to conduct a DMV check on Contractor's drivers.

6.4.5 Experience: Contractor shall be responsible for securing and maintaining staff that have sufficient experience and expertise necessary to provide the services required under this Contract. Contractor shall obtain written verification from a credential assessment agency(ies) with the official power and authority to carry out degree equivalency evaluation for staff

with foreign degrees that the degrees are recognized as meeting established standards and requirements of an accrediting agency authorized by the U.S. Secretary of Education.

6.4.6 Documentation: Contractor shall maintain documentation in the personnel files of all professional and paraprofessional staff, interns, and volunteers of: (1) all training hours and topics; (2) copies of résumés, degrees, and professional licenses; and (3) current criminal clearances.

6.4.7 Rosters: Contractor shall provide County, at the beginning of each fiscal year and within 30 days of any staff change(s), a roster of all staff that includes: (1) name and positions; (2) work schedules; and (3) facsimile and telephone numbers.

6.4.8 Changes: Contractor shall advise the County in writing of any change(s) in Contractor's key personnel, consisting of management and the CRTP Manager, at least 24 hours before proposed change(s), including names and qualifications of new personnel. Contractor shall ensure that no interruption of services occurs as a result of the change in personnel.

6.5 <u>CRTP Staffing Pattern</u>

Contractor shall ensure that the CRTP staffing patterns meet or exceed the minimum requirements for qualified staff and staffing ratios, as specified in the CCR Title 9, including but not limited to, Section 531 and any additional staffing requirements identified in this service exhibit. Contractor, Subcontractor(s), and any business affiliate(s) hired to complete a task(s) in this Contract, shall ensure that the following staff and volunteer requirements are met:

6.5.1 CRTP staff shall include a consulting psychiatrist, other professionals, paraprofessionals, and peer support/advocates.

6.5.2 CRTPs shall maintain a staffing pattern that requires a minimum of two staff on duty 24/7, with a peak staffing ratio of one staff to every one point six (1.6) individuals during the hours of 8:00 a.m. to 6:00 p.m. daily.

6.5.3 CRTPs shall maintain a licensed clinician available on site during normal business hours and on-call at all times.

6.5.4 CRTPs shall maintain a family nurse practitioner, under the supervision of the consulting psychiatrist, on site three to four days per week to provide medication assessment/support services, including administration of prescribed medications in an emergency, basic physical healthcare and education, and staff training.

6.5.5 CRTPs shall have a policy for physician accessibility during and after normal business hours to ensure adequate coverage for individual care.

6.5.6 CRTPs shall have the capacity for flexible staffing above the required

minimum based on individualized needs of the individuals.

6.5.7 The CRTP Manager and consulting psychiatrist may provide additional coverage when they are on site.

6.6 Identification Badges

6.6.1 Contractor shall ensure their employees are appropriately identified as set forth in sub-paragraph 7.4 – Contractor's Staff Identification, of the Contract.

6.7 Materials and Equipment

Except for County-issued items in Service Exhibit 4 (LAC Lease Contract) of Appendix C, the purchase of all materials/equipment to provide the needed services is the responsibility of the Contractor. Contractor shall use materials and equipment that are safe for the environment and safe for use by employees.

6.8 Training

6.8.1 Contractor shall provide training programs for all new employees and continuing in-service training for all employees that ensures their continued development in all areas required for licensure.

6.8.2 All employees shall be trained in their assigned tasks and in the safe handling of equipment. All equipment shall be checked daily for safety. All employees must wear safety and protective gear according to OSHA standards.

6.8.3 Contractor shall provide orientation to all professional and paraprofessional staff, interns and volunteers providing CRTP services prior to their beginning service and shall complete initial training within 30 business days from their start date. Training shall continue throughout an employee's provision of services.

6.9 Contractor's Service Site

6.9.1 CRTP services shall only be provided on the premises identified in the Contract, Service Exhibit 3 - Delivery Site Listing - of Appendix C.

6.8.2 Contractor shall maintain an administrative office with a telephone in the company's name where Contractor conducts business. The office shall be staffed during the hours of 8 a.m. to 5 p.m., Monday through Friday, by at least one employee who can respond to inquiries which may be received about the Contractor's performance of the Contract. When the office is closed, an answering service shall be provided to receive calls and take messages. The Contractor shall respond to calls received by the answering service within 24 hours of receipt of the call.

7.0 HOURS/DAY OF WORK

CRTP services shall be provided 24 hours per day, seven days per week and 365 days per year (24/7/365).

8.0 WORK SCHEDULES

8.1 Upon LAC-DMH's request, Contractor shall submit staff work schedules within five business days. Said work schedules shall be set on an annual calendar identifying all the required on-going maintenance tasks and task frequencies. The schedules shall list the time frames by day of the week, morning, and afternoon the tasks will be performed.

8.2 Upon LAC-DMH's request, Contractor shall submit revised staff work schedules when actual performance differs substantially from planned performance. Said revisions shall be submitted to LAC-DMH for review and approval within five working days prior to scheduled time for work.

9.0 UNSCHEDULED WORK

9.1 LAC-DMH may authorize the Contractor to perform unscheduled work, including, but not limited to, repairs and replacements when the need for such work arises out of extraordinary incidents such as vandalism, acts of God, and third party negligence, or to add to, modify, or refurbish existing facilities.

9.2 Prior to performing any unscheduled work, the Contractor shall prepare and submit a written description of the work with an estimate of labor and materials. If the unscheduled work exceeds the Contractor's estimate, LAC-DMH must approve the excess cost. In any case, no unscheduled work shall commence without written authorization from LAC-DMH.

9.3 When a condition exists wherein there is imminent danger of injury to the public or damage to property, Contractor shall contact LAC-DMH for approval before beginning the work. A written estimate shall be sent within24 hours for approval. Contractor shall submit an invoice to LAC-DMH within five working days after completion of the work.

9.4 All unscheduled work shall commence on an established, specified date. Contractor shall proceed diligently to complete said work within the time allotted.

9.5 The County reserves the right to perform unscheduled work itself, or assign the work to another Contractor.

10.0 SPECIFIC PROGRAM AND WORK REQUIREMENTS

10.1 <u>Target Population</u>

Contractor shall deliver services to adults 18 years of age and older with mental illness, including, but not limited to individuals with co-occurring substance use disorders who may be incarcerated due to the alleged commission of low level

offenses, the incipience of which may be the result of, or associated with, their mental illness (hereafter referred to as individuals); and meet one of the following criteria:

10.1.1 Are in a County Hospital PES with significant psychiatric symptoms and have been determined by the PES treatment staff, in collaboration with DMH ICD, to be appropriate for a CRTP; or

10.1.2 Are in an acute inpatient setting and have stabilized within days or hours of being on the inpatient unit and the inpatient treatment team working in collaboration with DMH ICD has determined the individual to be appropriate for clinical treatment at a CRTP level of care; or

10.1.3 Are in a UCC and at risk of being placed in a higher level of care and have been determined by the UCC treatment team in collaboration with DMH ICD to be appropriate for a CRTP level of care.

NOTE: This list is not exhaustive of the individuals that may be served at a CRTP and DMH ICD will ultimately decide what populations are appropriate for CRTP services.

10.2 Program Requirements

Contractor, in the provision of all CRTP services, shall comply with all CRTP requirements.

10.2.1 Certification and Licensing

10.2.1.1 Contractor shall obtain and maintain licensure as a Social Rehabilitation Facility by the CDSS, as set forth in the California Code of Regulations (CCR) Title22, Division 6, Chapter 2 for the CRTP.

10.2.1.2 Contractor shall obtain and maintain certification by DHCS as a Short-Term Crisis Residential Treatment Program, as set forth in Welfare and Institutions Code (WIC), Sections 5670, 5670.5 and 5671 and CCRTitle 9, Division 1, Chapter 3, Article 3.5.

10.2.1.3 Contractor shall obtain and maintain Medi-Cal certification by the DHCS within seven days of the initiation of services. If Contractor does not meet this timeline and an extension has not been granted, DMH may pursue remedies, including termination of contract and repayment of any expended contract funds.

10.2.2 Referrals and Admissions

10.2.2.1 Contractor shall accept ALL referrals from DMH ICD.

10.2.2.2 Contractor shall accept ALL referrals from a County Hospital PES, an acute inpatient unit, or a UCC, when these individuals are clinically appropriate and medically clear for CRTP level of care as authorized by DMH ICD.

For the purposes of this SOW, "Medically Clear" for admission shall be defined as clients who meet the criteria in Attachment I (Medical Clearance). Contractor shall work with referring institutions to efficiently accept and transfer clients to appropriate levels of care. Any disputes regarding "medical clearance" shall be resolved by doctor-to-doctor consultation between the referring institution and the Contractor.

10.2.2.3 Contractor shall accept ALL referrals by local law enforcement as authorized by DMH ICD.

10.2.2.4 Contractor shall admit ALL referred individuals between the hours of 8:00 a.m. to 5:00 p.m., seven days per week.

10.2.2.5 When available, Contractor shall reserve one bed at each facility each morning by 10 am daily exclusively for the use of appropriate referrals from the DMH ICD.

10.2.2.6 Contractor shall provide intake appointments within four hours of the individual's admission or, if afterhours, by noon on the next day.

10.2.2.7 If/when Contractor declines to admit a referral by DMH ICD, the Contractor shall notify DMH ICD inwriting and detail the reason(s) for the rejection within 24 hours of receiving the referral. The final decision not to admit will be made collaboratively between Contractor, DMH ICD, the conservator, and where possible and appropriate, the family.

10.2.2.8 Contractor shall adhere to DMH policy andprocedures regarding admissions and discharges from CRTPs, risk management, and participation in quality improvement activities.

10.2.3 Basic Service Requirements

10.2.3.1 Contractor shall provide a safe and home-like environment with adequate light, toilet and bathing facilities, hot and cold water, toiletries, and a change of laundered bedding at least once per week to a maximum of 16 individuals per site.

10.2.3.2 Contractor shall provide at least three balanced and complete meals each day as well as two nutritious snacks per day.

10.2.3.3 Contractor shall provide 24-hour supervision of all individuals by properly trained personnel. Such supervision shall include, but is not limited to,personal assistance in such matters as eating,personal hygiene, dressing and undressing, and taking of prescribed medications.

10.2.3.4 Contractor shall provide each individual with activities that encourage socialization and recreation within the program and the general community, and which link individuals to non-mental health community resources which are available after leaving the program.

10.2.3.5 Contractor shall establish, maintain and comply with policies and procedures for responding to suicide risks, threats, acts of violence, and refusal to participate in treatment.

10.2.3.6 Contractor shall establish, maintain and follow a “no discrimination” policy for individuals with a mental illness who have co-occurring disorders, including individuals with physical health problems, developmental delays, low literacy, substance use or other issues, who can safely reside in a CRTP.

10.2.3.7 Contractor shall collaborate with other departments or entities (e.g., Regional Center, County Department of Health Services) in order to ensure individuals’access to needed services.

10.2.3.8 Contractor shall establish relationships, whether formal or informal, with other community agencies and/or resources that serve individuals to promote individuals’ well-being and assist in achieving individuals’ goals.

10.3 CRTP Services

Contractor shall provide and claim for CRTP services that are allowed under Mode 05, Service Function Codes (SFC) 40-49. Contractor shall provide CRTP services directly as follows:

10.3.1 Assessment and Mental Health Services: Assessment refers to an analysis of the history and current status of mental, emotional or behavioral disorder. Mental Health Services refers to individual and group therapies and interventions designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency. Contractor designs, supports and implements services that are client and family-driven, when appropriate, and strength-focused.

10.3.2 Individualized Treatment Plan: Each individual served shall participate in the development of an individualized plan, focused on recovery and wellness principles. This plan shall include activities and services that will reduce unnecessary hospitalizations and promote community re-integration.

10.3.3 Culturally and Linguistically Appropriate Services: These are services delivered by professional and paraprofessional staff with similar cultural and linguistic backgrounds to those of the population(s) being served. Service providers shall understand and utilize the strengths of culture in service delivery and incorporate the languages and cultures of their clients into the services that provide the most effective outcomes.

10.3.4 Medication Evaluation and Support: These are services provided by physicians and nurses to evaluate an individual's need for psychiatric medication and administration, as well as monitoring clients' status when appropriate. Medication Evaluation and Support Services are provided by staff who prescribe, administer, dispense, and monitor the psychiatric medications necessary to alleviate the symptoms of mental illness.

10.3.5 Evidence-based and Emerging Effective Practice Models: Evidence-based practices are interventions and there is consistent empirical evidence showing that these interventions are effective in improving client outcomes. Emerging effective practices include those promising and emerging service delivery practice models thathave the potential to become evidence-based practices over timeas they are further documented and researched. These practices shall form the basis of the services provided by the Contractor.

10.3.6 24/7 Assessment and Crisis Services: These are services rendered to, or on behalf of, a client for a condition that requires a timelier response than a regularly scheduled visit. Contractor shall work collaboratively with DMH Psychiatric Mobile Response Team or Service Area (SA) Mobile Crisis Teams to provide crisis response as necessary, before law enforcement intervenes or involuntary assessment at a County hospital PES or UCC is required.

10.3.7 Co-Occurring Services: These are services for individuals with a primary diagnosis of mental illness who have co-occurring disorders such as substance use, physical health difficulties, cognitive disorders and developmental disabilities. This includes individual and group interventions.

10.3.8 Self Help and Family Support Groups: These are services for clients and family members/conservators to develop an on-going support network, provide information on recovery-based practices, and support clients' transition to living independently in the community, including, but is not limited to peer support and advocacy groups.

10.3.9 Case Management and Linkage: These services are consistent with the Medicaid/Medicare definition for Targeted Case Management: services that assist a client to access needed medical, education, social, pre-vocational, vocational, rehabilitative,or other community services. Multidisciplinary staff provides

linkage and transition to necessary community supports, based on assessments conducted at the time of admission to the program.

10.3.10 Transportation Services: Transportation to agency referrals while in the program or to housing at the time of discharge by means of bus fare/pass, Contractor's passenger vanpool, or private vendor when needed. These services also support the development of clients' independent use of transportation resources.

10.3.11 Housing Placement Services: These services assist clients to access emergency, transitional, temporary, and permanent housing. Services may include ensuring that individuals are placedin the least restrictive housing possible and preferred by the client, family, or conservator upon discharge from the program.

10.3.12 Physical Health Care Services: Basic physical health assessment, including assessment of symptoms related to co-occurring mental health and substance use disorders. This includes arrangements to ensure rapid access to emergency medical care for individuals in a health crisis, and referrals to ensure follow-up treatment so that their needs for treatment, including preventative care, are addressed in a timely manner.

10.3.13 Benefits Establishment and Services to the Uninsured: These are services designed to assess individuals' financial status, identify all benefits to which they may be entitled (e.g., Medicaid, Medicare) and perform all actions with or on behalf of clients who do not have entitlements, insurance, or income at the time of admission to ensure entitlements and/or low-cost or no-cost services for which they may qualify are established while clients receive services.

10.3.14 Representative Payee and Money Management: These are services for individuals without conservatorships who have been determined to be unable or unwilling to manage their financial resources, including banking, bill-paying and budgeting services.

10.3.15 Education, Pre-vocational and Employment Services: These are services that assist clients with access and linkage to educational, prevocational and employment opportunities.

10.3.16 Independent Living Skills: These are services that teach individual independent living skills.

10.3.17 Discharge Planning and Linkage: These are services provided to clients to ensure linkage and engagement with mental health services and supports in the community on discharge from the program.

10.4 Time Limit and Discharges from CRTP Services

10.4.1 The anticipated length of stay of an individual in the CRTP is 10-14 days. However, consistent with CCR, Title 9, Division 1, Chapter 3, Section 531 (a)(1), the individual's planned length of stay in the CRTP shall be in accordance with the individual's assessed needs, but shall not exceed 30 days, unless circumstances require a longer length of stay to ensure successful completion of the treatment plan and appropriate referral period. Any stay by the individual at the CRTP beyond the initial 30 days must be pre- authorized by DMH ICD. In no event shall the length of stayexceed three months.

10.4.2 Contractor shall ensure that prior to the individual's discharge the individual is linked to Mental Health Services Act (MHSA), Full Service Partnerships (FSP), or other mental health providers that will address mental health services and supports, housing, education, and employment on an ongoing basis.

10.4.3 Contractor shall notify DMH ICD immediately when Contractor determines that residing in the CRTP is no longer a viable option for the individual. Contractor and DMH ICD shall work collaboratively to ensure that the individual is referred to the level ofcare that meets the individual's specific needs.

11.0 GREEN INITIATIVES

11.1 Contractor shall use reasonable efforts to initiate "green" practices for environmental and energy conservation benefits.

11.2 Contractor shall notify County's Project Manager of Contractor's new green initiatives prior to the contract commencement.

12.0 CRTP OUTCOMES, PERFORMANCE MEASURES AND PERFORMANCE REQUIREMENTS SUMMARY

12.1 CRTP Outcomes

Contractor shall ensure the CRTP is designed to produce the following outcomes for individuals served by CRTPs. This list is not exhaustive and may be subject to change:

12.1.1 Reduced utilization of UCCs, hospital psychiatric emergency rooms, inpatient units, and a reduction in incarceration;

12.1.2 At least 75% of individuals who complete treatment with the CRTP shall not be readmitted within 30 days or return to a County or community hospital emergency department;

12.1.3 Reduced law enforcement involvement on mental health crisis calls, contacts, custodies and/or transports for assessment;

12.1.4 Improvement in participation rates in outpatient mental health services, case management services, supportive residential programs and intensive services programs; and

12.1.5 Satisfaction (when appropriate) with the crisis residential services received as expressed by individuals within the program and their family members.

12.2 Performance Measures

12.2.1 Contractor shall ensure CRTP operations are aligned with the 9 Performance-based Criteria identified in Appendix C - Service Exhibit 2 (Performance-Requirements Summary Chart). These measures assess the Contractor's ability to provide the services, as well as the ability to monitor the quality of services.

12.2.2 Contractor shall maintain processes for systematically involving families, key stakeholders, and direct service staff in defining, selecting, and measuring quality indicators at the program and community levels. Should there be a change in federal, Stateand/or County policies/regulations, DMH will advise the Contractor of the

revised Performance-based Criteria with 30 days' advance notice.

12.2.3 Contractor shall demonstrate that 100% of the admissions into the reserved beds were diversions from acute inpatient psychiatric hospitals, referrals from mental health urgent cares, or step-downs from acute inpatient settings.

DMH Medical Clearance (All Levels)

Patient Information

Name: _____

DOB:_____

SSN: _____

Core Items (within past year unless otherwise noted)

- ❑ **Medical History & Physical Examination**
  - ❑ Unremarkable
  - ❑ Allergies: _____
  - ❑ Positive Findings:
    _____
    _____
    _____
    _____
    - ❑ Medicine/Sub-Specialty Consultation & Treatment
- ❑ **Comprehensive Psychiatric Evaluation**
  - ❑ DSM-V Diagnosis:
    _____
- ❑ **Active Medical & Psychiatric Medication List**
  - ❑ Medication Compliant
- ❑ **Labs / Drug Screen (CBC, Chem panel, LFTs, TSH, HgA1C)**
  - ❑ Unremarkable
  - ❑ Positive Findings:
    _____
    _____
    _____
    _____
    - ❑ Medicine/Sub-Specialty Consultation & Treatment
- ❑ **RPR-VDRL (if applicable)**
  - ❑ Negative
  - ❑ Positive
    - ❑ Medicine/Sub-Specialty Consultation & Treatment
- ❑ **Pregnancy Test (if applicable)**
  - ❑ Negative
  - ❑ Positive
    - ❑ OB/GYN Consultation

PPD / Chest X-Ray / QuatiFERON-TB Gold (within 30 days)

- ❑ Negative
- ❑ Positive
  - ❑ Medicine/Sub-Specialty Consultation & Treatment

- ❑ **COVID-19 (within 1 week)**
  - ❑ **Vaccinated**
  - ❑ Negative
  - ❑ Positive
    - ❑ Medicine/Sub-Specialty Consultation & Treatment
- ❑ **Forensic History Reviewed**
  - ❑ On Probation
  - ❑ On Parole
  - ❑ Registered Sex Offender
  - ❑ Registered Arsonist
- ❑ **Voluntary**
- ❑ **Lanterman Petris Short (LPS) Act**
  - ❑ Not applicable
  - ❑ LPS Application or LPS Letters
- ❑ **High Elopement Risk**
- ❑ **Assaultive Behavior Risk**

Additional Items (if applicable)

- ❑ **Five (5) Consecutive Inpatient Days of Nursing Progress Notes**
- ❑ **Five (5) Consecutive Acute Inpatient Days of Psychiatry Progress Notes**
- ❑ **One (1) Administrative Inpatient Day of Psychiatry Progress Notes**
  - ❑ **Medication Administration Record (MAR) with PRNs**
    - ❑ No IM PRNs administered in past 5 days
    - ❑ Medication Compliant
  - ❑ **Seclusion & Restraint Record**
    - ❑ No seclusion or restraints applied in past 5 days
- ❑ **Physician's Report Completed**

Comments: _____
_____
_____

Referring Psychiatrist / Medical Provider Information

Name: _____

Signature: _____ **Date:** _____

Contact Number: _____

Physician / Medical Provider Information (if applicable)

Name: _____

Signature: _____ **Date:** _____

Contact Number: _____

State of California Health and Welfare *Department of Health Services*

CERTIFICATION FOR SPECIAL TREATMENT PROGRAM: ☐ **CERTIFICATION** ☐ **RECERTIFICATION**

PART 1 - COMPLETED BY FACILITY

CLIENT'S NAME: **DATE HS-231 COMPLETED:**

CLIENT'S - FACILITY NUMBER: **LEGAL STATUS:** **ADMISSION DATE:**

FACILITY NAME & ADDRESS: **MEDI-CAL IDENTIFICATION NUMER:**

SOCIAL SECURITY NUMBER:

MIS#

PART III - CERTIFICATION BY

☐ Local Mental Health Director

☐ You are authorized to claim payment for Treatment as recommended by you.

☐ Request Denied

FROM:

TO:

A TOTAL OF ☐ **MONTHS**

PART II - COMPLETED BY DESIGNEE: **BIRTHDATE:** **AGE:** **SEX:** ☐ Male ☐ Female **COUNTY:**

*******THE BELOW IS SUPPORTIVE INFORMATION FOR THIS RECOMMENDATION*******

ADMISSION:

EMOTIONAL STATE:

Reason for Hospitalization:

CURRENT BEHAVIORS/ DISCHARGE BARRIERS REQUIRING SNF - IMD LEVEL OF CARE:

Problem #1:
Manifested By:
Current Average Frequency:

Problem #2:
Manifested By:
Current Average Frequency:

Problem #3:
Manifested By:
Current Average Frequency:

SHORT TERM GOALS (< 90 DAYS)

Goal #1:
Goal Average Frequency: ***By the date of:***

Goal #2:
Goal Average Frequency: ***By the date of:***

Goal #3:
Goal Average Frequency: ***By the date of:***

LONG TERM GOALS (> 90 DAYS)

Goal #1:
Goal Average Frequency: ***By the date of:***

Goal #2:
Goal Average Frequency: ***By the date of:***

Goal #3:
Goal Average Frequency: ***By the date of:***

SPECIAL TREATMENT PROGRAM (STP) GOALS

Problem/Goal Focused Groups/Activities:

Average STP/week Participation/Attendance: ***Average STP/week Participation Goal:*** ***By the date of:***

Response to Special Treatment Program:

Response to Incentive Program:

Current Level:
Level Goal:
By the date of:

Designee Signature **Designee Title** **Affiliation** **Date**

Contract Liaison **Contract Liaison Title** **County and Department** **Date**