

City of Albuquerque

Request for Proposals ADDENDUM #1

Solicitation Number: RFP2005-030-SV
“Program Evaluation Services”



Proposal Due Date: 9 June 2005 – 4:00 PM (MDT)
The time and date proposals are due shall be strictly observed.

City of Albuquerque
Department of Finance and Administrative Services
Purchasing Division
06/01/05

The purpose of this first addendum is to amend the Scope of Services as presented in the Request for Proposals and identify the contracts as described in the introduction as follows:

The purpose of this solicitation is to engage consultants to conduct an evaluation of the service outcomes of the ACT program operating under contract by the University of New Mexico Hospitals, the Child and Adolescent Early Intervention Program operated by Youth Development, Inc., the Adolescent Day Treatment Program operated by Hogares, Inc., and the Housing First program, operated by the Mental Health Housing Coalition. Copies of the first year contracts with these providers, including the scope of services, are included as Attachment A.

Please amend as follows:

Scope of Services:

1) **Page 14, Part 3, Scope of Services – Section 1: This is the only scope of services intended to be performed for this Request for Proposals {RFP} Please delete the following:**
- Section 1. The title of this section should read

**Part 3
SCOPE OF SERVICES**

2) **The first year contracts were added to the Scope of Services, Part 3, Page 15 through 37, identified as “Detailed Scope of Services – Section 2” through “Detailed Scope of Services – Section 5”: Please remove pages 15 through 37 and replace them with Attachment A, as they are not intended to be the scope of services for this RFP, but contain the scope of services for the contracts you will be evaluating.**

3) **I have attached Attachment A and identified each program as requested.**

Please incorporate any changes in this Addendum in the original RFP Document. Sign and return this Addendum with your RFP response.

If I can be of further assistance regarding this process, please call me at (505) 768-3341 or e-mail svescovi@cabq.gov
Thank you for your interest in this project.

Sincerely,

Addendum Acknowledged:

Sandra Vescovi,
Contract Section Supervisor
DFA, Purchasing Division

(Company Name)

(Printed Name and Title)

Signature

(Date)

Attachment: “Attachment A”

Copy: Ronn D. Jones, Purchasing Officer
Valorie Vigil, Director, Family and Community Services Department
City Clerk
File: RFP05-030-SV

ATTACHMENT A
Copies of the First Year Contracts

ACT

Scope of Services:

The Contractor shall perform the services set out in below in a satisfactory and proper manner as determined by the City.

1. Hours of Operation: The Assertive Community Treatment (ACT) team shall be available to participants seven days a week, 24 hours a day, and be regularly accessible to those who work or who are involved in other scheduled vocational or rehabilitative services during the daytime hours. The contractor may utilize a split staff assignment schedule to achieve this coverage.

2. Crisis Intervention (Rapid Access): The ACT team shall have primary responsibility for crisis response and will be the first contact for after-hours crisis calls. The ACT team will operate a continuous after-hours on-call system with staff that is experienced in the program and skilled in crisis intervention procedures and must have the capacity to respond rapidly to emergencies, both in person and by telephone. To ensure direct access to the ACT program, program participants must be given a phone list with the responsible ACT staff to contact after hours.

3. Eligibility

3.1 The ACT team will serve persons who have a severe and persistent mental illness listed in the diagnostic nomenclature (current diagnosis per DSM IV) that seriously impairs their functioning in the community and who also have continuous high service needs that are not being effectively met in more traditional service settings, with priority given to people with schizophrenia and other psychotic disorders (e.g. schizo-affective disorder, bipolar disorder, and/or major or chronic depression).

3.2 The serious functional impairment of participants must be demonstrated by at least one of the following conditions:

- Inability to consistently perform practical daily living tasks required for basic adult functioning in the community without significant support or assistance from others such as friends, family, or relatives
- Inability to be consistently employed at a self-sustaining level or inability to consistently carry out the homemaker role
- Inability to maintain a safe living situation (e.g. repeated evictions or loss of housing)

3.3 The continuous high service needs of participants must be demonstrated by one or more of the following conditions:

- Inability to participate or succeed in traditional, office-based services or case management
- High use of acute psychiatric hospitals (two hospitalizations within one year or one hospitalization of 60 days or more)
- High use of psychiatric emergency or crisis services
- Persistent severe major symptoms (e.g. affective, psychotic, suicidal, or significant impulse control issues)
- Coexisting substance abuse disorder (duration greater than 6 months)

- Current high risk or recent history of criminal justice involvement
- Inability to meet basic survival needs, homeless, or at imminent risk of becoming homeless
- Residing in an inpatient bed or community residence but clinically assessed to be able to live in a more independent setting if intensive community services are provided
- Currently living independently but clinically assessed to be at immediate risk of requiring a more restrictive living situation without intensive community services.

4. Admission Process

4.1 Admission to ACT shall be managed through Points of Referral designated by the City of Albuquerque. Referral sources will submit requests for ACT services to the designated Points of Referral. The designated Points of Referral will refer persons to ACT on a standard referral form developed or approved by the City of Albuquerque. The ACT team must keep a record of the number of admissions and the total number of referrals from each of the Points of Referral.

4.2 Admission decisions will be made via the ACT Team; however, persons meeting the admission criteria can not be denied services for other reasons, unless approved in writing by the City of Albuquerque.

4.3 The number of admissions per month to slowly fill the capacity of the ACT team shall be determined by the team's clinical judgment. However, the ACT team may not admit more than 6 persons per month unless approved in writing by the City of Albuquerque.

4.4 An admission decision must be made as quickly as possible, but in all cases the decision must be made within seven consecutive days of the receipt of the initial referral. At admission, an initial plan must be completed to address the program participant's immediate needs.

4.5 Upon the decision to admit an individual to the ACT program, a screening and admission note shall be written. This note will include the following factors:

- The reason(s) for referral;
- Immediate clinical and other service needs for the recipient to attain or maintain stability;
- Admission diagnoses (Axis I and Axis II).

4.6 When an admission is not indicated, notation shall be made of the following:

- The reason(s) for not admitting;
- The disposition of the case; and
- Any referrals or recommendations made to the referring agency, as appropriate.

4.7 The program participant's decision not to take medication shall not be a sufficient reason for denying admission to an ACT program.

5. Discharge Process

5.1 ACT program participants shall be served on a time-unlimited basis.

5.2 ACT program participants meeting any of the following criteria may be discharged:

- Individuals who demonstrate, over a period of time, an ability to function in major life roles (i.e., work, social, and/or self-care) without significant assistance;
- Individuals who move outside the geographic area of the ACT team's responsibility. The ACT team must attempt to arrange for transfer of mental health service responsibility to an appropriate provider and maintain contact with the recipient until the provider and the recipient are engaged in this new service arrangement. Documentation of these efforts must be made in the individual's discharge plan or the progress notes;
- Individuals who need a medical nursing home placement, as determined by a physician;
- Individuals who have shown little gain under the ACT model over an extended period (>2 years) and who are being safely maintained in a residential setting without deterioration;
- Individuals who are hospitalized or locally incarcerated for three months or longer. However, an appropriate provision must be made for these individuals to return to the ACT program upon their release from the hospital or jail; Individuals who request discharge despite the team's best repeated efforts to engage them in service planning. (Special care must be taken in this situation to arrange alternative treatment when the program participant has a history of suicide, assault, or forensic involvement);
- Individuals who are lost to follow-up for a period of greater than 3 months after persistent efforts to locate them, including following all local policies and procedures related to reporting individuals as "missing persons." This usually includes working with the local police department's missing persons unit.

5.3 For all persons discharged from ACT to another service provider within the Bernalillo County area, there must be a three-month transfer period during which former ACT participants who do not adjust well to their new program may voluntarily return to the ACT program. During this period, the ACT team is expected to maintain contact with the new provider and to support the new provider's role in the person's recovery and illness management goals.

5.4 Notification must be made to a designee within Bernalillo County for persons being discharged to other programs who were referred from the courts.

5.5 The decision not to take medication shall not be a sufficient reason for discharging an individual from an ACT program.

6. Service Intensity

6.1 The ACT team must establish and maintain the capacity to provide the frequency and duration of staff-to-program participant contact required by each recipient's individualized service plan. The ACT team must maintain the capacity to titrate contacts (increase and decrease contacts based upon daily knowledge of the program participant's clinical need) with a goal of maximizing independence. The team must maintain the capacity to provide multiple contacts to persons in high need and a rapid

response to early signs of relapse. The nature and intensity of ACT services shall be adjusted as needed through the process of daily team meetings.

6.2 The ACT team must maintain the capacity to provide support and skills development services to program participant's significant others/collaterals. Collateral contacts may include family, friends, landlords, or employers consistent with the service plan.

6.3 The ACT team psychiatrists must have scheduling flexibility and, when needed, see program participants on a weekly basis.

6.4 The ACT team must maintain the capacity to provide services via group modalities when such modalities are clinically appropriate to meet participant needs (i.e., for program participants with substance abuse disorders, for family psycho-education, and wellness self-management services).

7. Program Staffing

7.1 Staff Requirements: General

- In regards to services provided through the ACT Intensive model for 68 program participants, the contractor's staffing must consist of at least 7.5 clinical staff and .68 psychiatrist (counted in the staff to program participant ratio), 1 support staff, and .5 administrative team leader time.
- The ACT Intensive clinical staff-to-program participant ratio must not exceed 1 clinical staff to 8.3 program participants
- Services provided under the integrated Intensive and Step-Down models shall require 8.5 clinical staff and 1 psychiatrist (counted in the staff to program participant ratio), 1 support staff, and .5 administrative team leader time.
- The clinical staff to program participant ratio for the integrated Intensive and Step-Down ACT program cannot exceed 1 clinical staff to 10 program participants
- Team staffing shall be multi-disciplinary.
- At least 60% of the total clinical staff shall be professional.
- At least 60% of the clinical staff shall be full-time.

7.2 Staff Requirements: Core Competencies

- At hire, all clinical staff on an ACT team must have experience in providing direct services related to the treatment and recovery of persons with a serious mental illness.
- Staff must be selected consistent with the ACT core operating principles.
- All staff must complete ACT core training as designated by the City of Albuquerque.
- Within 2 years of team start-up, all staff must demonstrate basic core competencies in designated areas of practice, including the Assertive Community Treatment core processes, motivational counseling, wellness management, social skills training, integrated mental health and substance abuse treatment, supported employment, family psycho education, and wellness self-management. Monitoring team compliance of these core competencies will be done by the City

of Albuquerque in conjunction with the administration of the DACTS scale and other evaluation measures including tracking of staff participation in training.

- Within two years of operation, ACT staff must have advanced competencies in integrated treatment for dual disorder (mental health and substance abuse) treatment, supportive employment, and family educational services. The goal is to have at least two staff per competency with advanced skills in each area. In determining compliance with this standard one staff member can only be credited with advanced skills in only two competency areas.

7.3 Staff Roles and Organization

- The ACT team must employ a Team Leader who shall be a full-time staff member who directs and supervises staff activities, leads team organizational and service planning meetings, provides direction to staff regarding individual cases, conducts side-by-side contacts with staff, and regularly conducts individual supervision meetings. Once the team is mature, the team leader will provide 50% time to direct patient services as a member of the clinical staff and 50% time to administrative and supervisory duties. At startup the team leader may spend more time in administrative duties. The minimum qualifications of the team leader shall include:
 - a. Possession of a masters degree, or higher, in social work, psychology, rehabilitation counseling, psychiatric nursing or a related field, and appropriate licensure required to meet the criteria of a provider under the New Mexico Medicaid;
 - b. Meet the supervisory requirements for licensed masters level social workers, licensed Psychology Associate, and/or licensed counselor as defined by the State of New Mexico Medicaid program; and
- The ACT team must include a Psychiatrist who is currently licensed as a physician by the State of New Mexico and certified, or be eligible to be certified, by the American Board of Psychiatry and Neurology. The psychiatrist, in conjunction with the team leader, shall have overall clinical responsibility for monitoring recipient treatment and staff delivery of clinical services; shall direct the overall quality improvement program of the ACT team; and provide psychiatric assessment and treatment, clinical supervision, education and training of the team and overall supervision of medication services. The psychiatrist should have training and skills appropriate to delivery of these services through the ACT model. The ACT team psychiatrist shall have admitting privileges at UNM Psychiatric Center.
- The ACT team must employ a registered nurse responsible for conducting mental health assessments, assessing physical health needs, making appropriate referrals to community physicians, providing daily management and administration of medication in conjunction with the psychiatrist, providing a range of treatment, rehabilitation; and, support services.
- The ACT must employ a Program Assistant as a non-clinical staff member responsible for managing medical records, operating and coordinating the

management information system, maintaining accounting and budget records for recipient and program expenditures, and performing reception activities (e.g. triaging calls and coordinating communication between the clinical staff and program participants).

- The ACT must employ clinical staff members who, in addition to performing routine team duties, have lead responsibility for integrating dual-recovery treatment with the tasks of other team members. Competency must be demonstrated by at least 1 year of training and/or experience in integrated mental health and substance abuse assessment and treatment. At least two members of the team should have attained such competency within one year of start up.
- The ACT must employ clinical staff members who, in addition to performing routine team duties, have lead responsibility for integrating vocational goals and services with the tasks of all team members. These staff members provide needed assistance through all phases of the vocational service. Competency must be demonstrated by at least 1 year of training and/or experience in job finding, employment counseling, or vocational rehabilitation. At least two members of the team must have attained such a competency within one year of start up.
- The ACT team must employ clinical staff members who, in addition to performing routine team duties, have lead responsibility for integrating family goals and services with the tasks of all team members and for providing family psycho education groups. Competency must be demonstrated by at least 1 year of training and/or experience in family psycho education and/or other family support services. At least two staff should have attained competencies in psycho-education and family support services within one year of start up.
- The ACT team must assign one or more clinical staff members to function as a service coordinator with responsibility for chart documentation with a specific number of clients. All staff members with the exception of the psychiatrist, the team leader, and the head nurse may be assigned this responsibility. The primary duties of a service coordinator are: writing the service plan developed by the program participant and the team; insuring immediate revisions to the service plan as the program participant's needs change; and ensuring that all required documentation is in the person's chart in accordance with required time frames.
- ACT team is required to employ at least one peer specialist to serve as a role model, to educate recipients about self-help techniques and self-help group processes, to teach effective coping strategies based on personal experience, to teach symptom management and relapse prevention skills, to assist in clarifying rehabilitation and recovery goals including the provision of wellness management curriculum, and assist in the development of community support systems and networks.

8. Team Approach

8.1 Team Treatment. The ACT team must use a team approach to treatment, not an individual treatment model. To the greatest extent possible, ACT program participants must be supported by the collective team and not one or two individuals

on the team. Although program participants can and will often form a special bond with some individual team member, all members of the team must see all of the ACT recipients.

8.2 Team Communication

- Team meetings must normally be held a minimum of five times per week to facilitate frequent communication among team members about recipient progress and to help the team make rapid adjustments to meet recipient needs. These meetings should enable all team members to be familiar with the recipient's current status. The Team meetings should be short (about 45 minutes to not more than one hour) and include the following discussions:
 - a. Review of every program participant on the caseload;
 - b. Review of the status of each program participant to be seen on the day of the meeting;
 - c. Updates on contacts that occurred the day before; and
 - d. Updates and revisions to the daily staff assignment schedule.
- The ACT team must maintain and utilize specific organizational processes that further communications among team members and facilitate a proactive approach to program participant needs. The City of Albuquerque will provide training for team members in an appropriate communication and organization structure

9. Assessment and Service Planning

9.1 Under the supervision of the team leader and the psychiatrist the ACT team must develop a person-centered plan in partnership with each program participant that addresses all needs for services and supports for the participant. This includes services provided directly by the ACT team as well as services provided via natural community resources.

9.2 Documentation of immediate needs shall be completed within 7 days of receipt of a referral. This documentation must address: (1) safety/dangerousness; (2) food; (3) clothing; (4) shelter; and (5) medical needs. If the individual is not admitted or is awaiting assignment to an ACT program, a written recommendation for alternative services must be forwarded to the referral source within 7 days.

9.3 A data summary form provided by the City of Albuquerque shall be completed within 40 days of admission of all ACT participants.

9.4 A comprehensive assessment of each program participant's needs shall be completed within 40 days of admission. This includes the following components:

- Psychiatric history includes mental status and diagnosis:
 - a. Illness history (historical time line from age of onset of mental illness);
 - b. Current functioning; Service use within the last 12 months;
 - c. Past and current medication treatments and doses;
 - d. Symptoms and severity;
 - e. Dangerous behaviors/suicide risk;
 - f. Rationale for prescriptions and side effects;
 - g. Previous prescriber's information (medication history);

- h. Hospitalizations and other treatments; and
- i. Legal status.
- Program participant’s strengths are across major domains:
 - a. Housing;
 - b. Family and/or social supports;
 - c. Education and employment;
 - d. Finances;
 - e. Leisure and recreational;
 - f. Community living skills (e.g. transportation); and
 - g. Use of natural resources.
- Psychosocial adjustment
 - a. Family functioning;
 - b. Living arrangement;
 - c. Friendship and romantic relationship;
 - d. Leisure time and interests;
 - e. Legal system involvement;
 - f. Cultural and religious beliefs; and
 - g. Preferred language
- Substance Use. The substance use assessment must be a five-step process which includes specific goals, instruments, and strategies as outlined in Mueser et al, 2003 (Integrated Treatment for Dual Disorders: A Guide to Effective practice). The required instruments include the Dartmouth Assessment of Lifestyle Instrument (DALI), the Addiction Severity Index (ASI), the Clinicians Alcohol Use Scale, the Clinician Substance Use Scale, the functional assessment Interview, Drug/alcohol time-line, the functional analysis summary and Payoff Matrix, and the Stage of Substance Abuse Treatment Scale (SATS-R).

9.5 As part of the assessment and planning process, the ACT team must provide each participant choices including, but not limited to, the following:

- Treatment goals that are consistent with the purpose and intent of the ACT program;
- Life goals, including educational, vocational, residential, social, or recreational pursuits;
- Skills and resources needed to achieve goals;
- Interest in self-help, advocacy, and empowerment activities; and
- Discontinuing services at any time.

9.6 The ACT team must prepare a comprehensive service plan within 40 days of admission that includes specific objectives and services necessary to facilitate stabilization in the community. The service plan must be culturally relevant, responsive to program participant preferences and choices and shall include the following components:

- The program participant ‘s designated mental illness diagnosis;
- The signature of the physician and the team leader involved in the treatment;
- The program participant ‘s signature (refusals must be documented);
- Plans to address all psychiatric conditions;

- The program participant’s treatment goals, objectives (including target dates), preferred treatment approaches, and related services;
- The program participant’s educational, vocational, social, wellness management, residential or recreational goals, associated concrete and measurable objectives, and related services;
- When psychopharmacological treatment is used, a specific service plan including identification of target symptoms, medication, doses, and strategies to monitor and promote commitment to medication must be used;
- A crisis/relapse prevention plan including an advance directive; and
- An integrated substance abuse and mental health service plan for program participants with co-occurring disorders. This plan includes the following: (1) input of all staff involved in treatment of the recipient; (2) involvement of the program participant and others of the program participant’s choice; and (3) planned use of service dollars.

9.7 The comprehensive service plan of each participant must be reviewed and updated no less often than every 6 months and whenever it is clinically necessary or the participant’s goals change. The update must address the following items:

- Assessment of the progress of the program participant in regard to the mutually agreed upon goals in the service plan;
- Changes in program participant status;
- Adjustment of goals, time periods for achievement, intervention strategies, or initiation of discharge planning, as appropriate; and
- An outcome assessment in a format provided by the City of Albuquerque that tracks program participant changes on key areas initially recorded in the baseline assessment

9.8 Client Service plan meetings shall be regularly scheduled each week. These meetings shall be used to complete an average of two or three client six-month treatment plan reviews and to make adjustments to the service plans of program participant who are experiencing difficulties. The treatment plan update must be conducted with the program participant present if at all possible. The psychiatrist must be present. All other team members should also be present unless compelling reasons prevent them from attending. If other team members are absent, provision must be made to integrate their input into this planning process.

9.9 The program participant’s active involvement in service planning and approval of the service plan must be documented by the program participant’s signature. Reasons for non-participation shall also be documented in the case record. The program participant’s involvement in service planning and approval of the plan may be accomplished in a small meeting with the team leader and the primary contact person. Updated plans shall be signed by the program participant.

9.10 Service contacts are documented in the progress notes. Such notes shall identify the particular services provided and specify their relationship to a particular goal or objective documented in the service plan. The progress note shall contain the date and location of contact and be signed by the person who provided the service.

9.11 Wrap-around dollars spent and their related treatment objectives are

documented in progress notes or on a separate form which is maintained in the program participant's clinical record.

10. Case Records

10.1 A complete case record shall be maintained for all program participants in accordance with recognized and acceptable principles of record keeping:

- Case record entries shall be made in non-erasable ink or typewritten and shall be legible;
- Case records shall be periodically reviewed for quality and completeness;
- All entries in case records shall be dated and signed by appropriate staff; and
- A secure copy of records may be stored in an electronic –based form provided HIPAA Standards are met.

10.2 The case record shall be available to all staff of the ACT Program who are participating in the treatment of the recipient and shall include the following information:

- Program participant identifying information and history;
- Pre-admission screening notes, as appropriate;
- Diagnoses;
- Assessment of the Program participant's psychiatric, physical, social, and/or rehabilitation needs and desires;
- Reports of all mental and physical diagnostic exams, assessments, tests, and consultations;
- The service plan with specific recovery based, program participant driven, goal and objectives. For program participants not yet considering the need for change in their behaviors (pre-contemplation stage), the goals and objectives of the service plan can focus on relationship building between the team and the program participant, addressing basic needs met, creating program participant hope in the presence and future, and creating dissonance between the program participant's hopes and current destructive life activities/patterns. The service plan must show that the program participant is a partner in his/her journey towards recovery;
- Record and date of all on-site and off-site face-to-face contacts with the recipient, the type of service provided, and the duration and location of contact;
- Dated progress notes which relate to goals and objectives of treatment;
- Dated progress notes which relate to significant events and/or untoward incidents; Periodic service plan reviews;
- Dated and signed records of all medications prescribed;
- Medication interaction/compatibility;
- Recipient's progress in taking medications and opinions regarding the impact of this medication;
- Duration of medication treatment;
- Referrals to other programs and services;
- Consent forms;
- Record of contacts with collaterals;
- Wrap-around service dollar expenditures documented in the clinical record either in progress notes or on a separate form;
- Program participant preferences and choices; and

- Discharge Documentation including:
 - a. The reasons for discharge,
 - b. The program participant’s status and condition at discharge,
 - c. A written final evaluation or summary of the Program participant’s progress toward the goals set forth in the services plan,
 - d. A plan developed in conjunction with the Program participant for treatment after discharge and for follow-up,
 - e. The signature of the Program participant’s primary service coordinator, team leader, and psychiatrist,
 - f. The signature of the recipient, or justification as to why not, if possible,
 - g. Written documentation of the ineffectiveness of the ACT model of treatment, if relevant, and
 - h. A discharge summary: A discharge summary is transmitted to the receiving program prior to the arrival of the Program participant. When circumstances interfere with a timely transmittal of the discharge summary, notation shall be made in the record of the reason for delay. In such circumstances, a copy of all clinical documentation is forwarded to the receiving program, as appropriate, prior to the arrival of the Program participant.

11. Quality Assurance and Improvement Process

11.1 Leadership on the ACT team shall be provided through the direction of the psychiatrist and the team leader and will include the following procedures: (1) daily reviews, during the course of the daily team meeting, of the program participants’ progress in meeting service plan objectives and barriers to achieving outcomes and program participant choices; and (2) planned meetings to update the service plan. When progress is not being made, outside consultation will be obtained from as appropriate sources and documented in the medical record.

11.2 The treatment team will collaboratively develop a process to systematically monitor, analyze, and improve its performance in assisting program participants to achieve their treatment outcomes. This will include the development of a quality improvement plan consistent with the mission and values of the treatment program. The plan will include the following items:

- A data collection process that provides information relevant to specific treatment outcomes;
- An analysis of program participant progress to identify outcome trends;
- A verification of service provision and quality that supports goal attainment;
- An identification of service provision and treatment which needs improvement;
- Corrective action/process improvement plans specific to the results of the analysis

11.3 Data analysis shall be conducted by the team to identify trends, verify goal achievement and service quality, and identify areas of improvements and the impact of corrective actions:

- Programs will analyze core outcomes at 6-month intervals consistent with the required assessment and service planning process; and
- The analysis will be used as a bench measure for teams to review their progress in achieving core outcomes and to make decisions regarding the improvement of organizational performance.

11.3 Utilization Review: The ACT team shall maintain a utilization review process to include the team leader, psychiatrist, and other staff trained to perform utilization review.

11.4 Incident Reporting: The ACT team must develop, implement, and monitor an incident management program in accordance with the rules and regulations of the City of Albuquerque and State of New Mexico.

12. ACT Program Site: The ACT team shall establish and maintain program offices that meet the following minimum standards:

- Persons (recipients, staff, and visitors) are safe from undue harm while they are at the program site or traveling to and from the site.
- Persons (recipients, staff, and visitors) with various disabilities have full access to appropriate program areas.
- The program site must have sufficient furnishings, adequate program space, and appropriate program-related equipment for the population served.
- Medications must be stored according to applicable laws to ensure only authorized access.

13. Coordination between ACT and Other Systems

13.1 The ACT team shall develop written agreements for assuring service continuity with other systems of care including the following:

- Emergency service programs;
- State and local psychiatric hospitals;
- the U.S. Social Security Administration;
- the U.S. Veterans Administration;
- the New Mexico Human Services Department;
- Rehabilitation services;
- Housing agencies, including the City of Albuquerque's Housing First program for persons with behavioral health disorders.
- Social Services;
- Vocational and employment services;
- Self-help/Peer-run services;
- Independent living centers;
- Natural community supports, including parenting programs, churches/spiritual centers, and local groups/organizations;
- Local correctional facilities and criminal Justice agencies; and
- The Albuquerque Police Department Crisis Intervention Team.

13.2 The above agreements will address at least the following concerns:

- Cross training with the ACT team and other systems to understand each other's purpose;
- ACT referral procedures and forms; and
- Modifications to each system's intake forms to identify individuals served in these systems who are ACT program participants.

13.3. The ACT team will develop a written protocol with psychiatric inpatient facilities providing:

- That to ensure continuity and coordination of care for ACT program participants who might require hospitalization, the ACT team shall be consulted on emergency room dispositions and hospital admission/discharge decisions involving ACT program participants.
- When a program participant is hospitalized, the ACT team shall take the following steps to coordinate with the clinical staff at the hospital:

- a. Contact the program participant's responsible physician/treatment team to familiarize them with ACT assessment findings and the recipient's community service plan, including medication regimen;
 - b. Provide the program participant with support and hope during the hospitalization period;
 - c. Advocate with landlords and other collaterals in the community to maintain current living arrangements and other appropriate service commitments; and
 - d. Work with the discharge staff and recipient to formulate the program participant's discharge plan.
- The ACT team psychiatrist will have admitting privileges at UNM Psychiatric Center.

13.4. Relationship between ACT and Vocational Services

- The ACT team must develop an understanding of the employment resources available to the general public and be able to help program participants access and use these services to further their employment goals.
- Collaboration must occur among ACT staff and the existing employment resources in the area served by the ACT team including mental health supported Employment Services, State Department of Education, and the Division of Vocational Rehabilitation for Individuals with Disabilities, and private, nonprofit employment assistance groups for the disabled such as Adelante.
- In developing a relationship with a Supported Employment Service, the ACT team will establish a process which integrates the efforts of the employment program staff with the day-to-day functioning of the ACT team.
- For program participants interested in competitive employment, efforts must be made to ensure that program participants understand the impact that earned income can have on public subsidies. The provider can design its own benefit counseling form or utilize independent benefits counseling agencies. However, the benefits analysis from these agencies must be appropriately integrated into the ACT service plan.

13.5 Housing

- The ACT team shall provide assistance and training to participants in finding and retaining, safe, affordable and diverse housing options, including help in linking ACT participants with Housing First, Public Housing, Section 8 Rental Assistance, Shelter Plus Care, and resources available through the Mental Health Housing Coalition.
- The Act team shall provide assistance and training to participants in the negotiating of leases, paying rent, purchasing and repairing household items, and negotiating and developing relationships with landlords.

13.6 Transportation

- The ACT team shall provide training to participants that enables them to access available transportation resources, include Sun Tran and Sun Van services.
- The ACT team may directly provide non-medical transportation services needed to accomplish a treatment objective.

14. Rights of Program Participants: ACT Program participants are entitled to the rights defined in this section. The contractor shall administer the program in a manner that assures the protection of these rights:

- Program participants have the right to an individualized service plan which they form in partnership with the provider.
- Program participants have the right to all information about services so they can make choices that fit their recovery.
- Participation in treatment in Albuquerque ACT is voluntary and program participants are presumed to have the capacity to consent to such treatment.
- Program participants shall be assured access to their clinical records consistent with the State of New Mexico rules and regulations.
- Program participants have the right to receive services in such a manner as to assure non-discrimination.
- Program participants have the right to be treated in a way that acknowledges and respects their cultural environment.
- Program participants have the right to a maximum amount of privacy consistent with the effective delivery of services.
- Program participants have the right to freedom from abuse and mistreatment by employees.
- Program participants have the right to be informed of the provider's grievance policies and procedures and to initiate any question, complaint, or objection accordingly. Grievances and complaints will be addressed fully without reprisal from the provider.
- The central goal of an individual service plan is to formulate goals and services that the program participant chooses. The recipient will not be penalized or terminated from the program for choices with which the provider does not agree.
- A provider of service shall provide a notice of program participant's rights to each program participant upon admission to an ACT Program. Whenever possible, the rights will be discussed and explained in the program participant's primary language. Such notice shall be provided in writing and posted in a conspicuous location easily accessible to the public. The notice shall include the address and telephone number of the nearest office of the Protection and Advocacy for Mentally Ill Individuals Program, the nearest chapter of the Alliance for the Mentally Ill, and the City of Albuquerque Department of Family Services and Community Services.
- Respect for recipient's dignity and personal integrity is the cornerstone of the provider's care and treatment.

15. Representative Payee Services: For program participants with a representative payee, the service plan must include a step-by-step strategy for achieving independence in this area. The 6-month service plan reviews should assess the program participant's progress towards elimination of the need for representative payee services.

16. Number of Participants:

16.1 Capacity: The contractor will plan and implement the ACT team with the objective that at maturity the capacity for participants enrolled in ACT intensive shall be 68 persons, enrolled in a manner specified in 4.3 above, and capacity in ACT step-

down shall be 24 persons.

16.2 Average Monthly Enrollment: The number of participants actually enrolled for ACT services shall be at least 96% of capacity in ACT intensive and 92% of capacity in ACT step-down.

16.3 Enrollment Plan: No later than 60 days after the effective date of this agreement, the contractor shall provide to the City an enrollment plan indicating growth in capacity and anticipated actual enrollment for the subsequent 12 month period.

HOGARES

2. Scope of Services:

- A. The Contractor shall perform the following services (hereinafter referred to as the "Services") in a satisfactory and proper manner as determined by the City and within the financial resources provided by the latter:
- (1) The Contractor will provide a fully comprehensive day treatment program using evidence-based practices to ensure the highest quality treatment services for a minimum of forty (40) youth (13 to 18 years of age) and their families:
 - a) The Contractor will procure MET/CBT5 Series (Motivational Enhancement Treatment/Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Session Series) training for all staff prior to the implementation of the evidence-based model.
 - b) A minimum of forty (40) youth and their families will participate in day treatment program, including substance abuse treatment services, based on the MET/CBT5 Series (Motivational Enhancement Treatment/Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Session Series), educational and other support services.
 - c) Thirty-two (32) youth will meet substance abuse treatment goals (32 of 40=80%),
 - d) Twenty-eight (28) youth will demonstrate improved academic performance as measured by the Steck-Vaughn, GED completion and/or grade level completion (28 of 40=70%)
 - e) Thirty-four (34) youth will participate in an education or vocation program or be employed at the time of discharge (34 of 40=85%),
 - f) Thirty-six (36) youth will have improved client functioning as demonstrated by the grouped CFARS measurements (36 of 40=90%).
 - (2) The Contractor will adhere to *the Motivational Enhancement Therapy/Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Sessions Manual* to ensure fidelity to the treatment model.
 - (3) The Contractor shall abide by the Department of Family and Community Service's *Albuquerque Minimum Standards for Substance Abuse Treatment Services*, Revised, September 2002, as amended.
 - (4) The Contractor will be required to submit client outcome data on a monthly basis as per the Client Outcome Reporting Form, (Exhibit B, Client Outcome Reporting Form which is attached hereto and incorporated herein).
 - (5) The Contractor will cooperate with any City, State or Federal program evaluation efforts by providing requested information on Services delivered.
 - (6) The Contractor is required to attend any City-sponsored training, including agency management and clinical supervision staff.
 - (7) The Contractor will provide clients with a Confidentiality

Statement and

obtain any current necessary release(s) of information which

are consistent with Federal Rules and Regulations 42 CFR Part 2, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Standards for Privacy of Individually Identifiable Health Information, 45 CFR Sections 160 and 164, and any other requirements for release of related information collected by the Contractor.

- (8) The Contractor will adhere to the State of New Mexico Substance Abuse Counselor Act (Chapter 61, Laws of 1996, HB 790): Article 9A of the New Mexico Counseling and Therapy Practice Board.
- (9) The Contractor will not employ any person or volunteer to provide Services under this Agreement who is registered as a sex offender in any United States' jurisdiction or who has a criminal background unacceptable to the City as described in the *Administrative Requirements for Contracts Awarded Under the City of Albuquerque, Department of Family and Community Services, Social Services Program*, as amended. The Contractor will ensure that all its employees and volunteers have been screened for prior criminal behavior or registration as a sex offender in any U.S. state, through the application process, criminal background and reference checks, fingerprinting, and interviews. If required by the City, the Contractor will obtain a Criminal Records Clearance Letter issued by the State of New Mexico Prevention and Intervention Division of the New Mexico Children, Youth and Families Department for all such individuals.

SBHHIO

SCOPE OF SERVICES

- 1.** Enter into subsidiary agreements with agencies providing case management services to eligible persons with serious mental health or substance abuse disorders and to enroll such persons for housing benefits.
- 2.** In conjunction with the case management agency, conduct an assessment of the housing needs of eligible persons.
- 3.** In conjunction with the case management agency, assist eligible persons in locating housing opportunities that best meet their needs and preferences.
- 4.** In conjunction with the case management agency, complete an income determination in compliance with 24 CFR Part 5 for each eligible person obtaining housing assistance. Based on this determination, clients will be required to pay an amount equal to 30% of their income towards the rental cost of their unit. Income determinations will be conducted no less than annually.
- 5.** In conjunction with the case management agency and the client, negotiate and enter into a lease arrangement on behalf of the client with a participating landlord for a period of no less than one year, except in the case of emergency shelter beds or board and care beds in which case the lease may be for as little as one month. Monthly rental costs for assisted units may not exceed rents for comparable units. The amount of damage deposits may be negotiated and may exceed the rates for comparable units if need to induce landlord participation in the program. All damage deposits, however, must be fully refundable, less reasonable costs for actual damages.
- 6.** Assisted renters may be subject to criminal background checks consistent with provisions of the Crime Free Multi Housing Program. However, arrest and conviction for offenses attributable to behavioral disorders may not be used solely as grounds for exclusion from housing rental, in accordance with protocols approved by the City of Albuquerque.
- 6.** Provide for payment to the landlord of an amount equal to the rental rate established in the lease less 30% of the client's income, as established by the income determination, which is paid directly to the landlord.
- 7.** Prior to approval of any lease, except for emergency shelter or board and care beds, conduct an inspection of the living unit to determine that it meets U.S. Department of Housing and Urban Development's Housing Quality Standards. Such inspections will be conducted no less often than every six months, or as needed based on information obtained from the client, the case management agency, or other source. Failure of the landlord to maintain the living unit in compliance with HQS will be grounds for termination of the lease and relocation of the client to another appropriate unit.

- 8.** In conjunction with the case management agency, assist the client in obtaining placement on waiting lists for other housing resources including Section 8, Public Housing, and project-based assistance such as HUD 811, Section 8 Mod Rehab SRO, or other project-based opportunities.
- 9.** Assure continuity in housing assistance to clients regardless of their status with a case management agency.
- 10.** Conduct outreach to owners of rental property to encourage landlords to make units available for rent to program participants.

YDI

2. Scope of Services:

A. The Contractor shall perform the following services (hereinafter referred to as the "Services") in a satisfactory and proper manner as determined by the City and within the financial resources provided by the latter:

(1) The Contractor will provide a comprehensive early intervention and prevention program using evidence-based practices to ensure the quality early intervention services for a minimum of 30 at-risk children and adolescents between 6 and 17 years and their families:

(a) The Contractor will procure the Family Strengthening Series (Brief Strategic Family Therapy Model) (BSFT) training for all appropriate staff prior to the implementation of the evidence-based model.

(b) A minimum of 30 at-risk youth and their families will participate in the early intervention and prevention program based on the BSFT Model.

(2) The evidence-based program will also provide a minimum of 32 family therapy sessions that are focused on home and school behavioral problems, substance abuse and strengthening family relationships.

(3) In conjunction with the early intervention and prevention services, provide case management to 30 families that are in need of supportive services that are offered by YDI or from other community based agencies that will help in keeping the family involved.

(4) Cooperate with any City, State, or Federal program evaluation efforts by providing requested information on Services delivered.

(5) Attend any City-sponsored training, including agency management and clinical supervision of staff.

(6) Provide clients with a Confidentiality Statement and obtain any current necessary release(s) of information which are consistent with Federal Rules and Regulations 42 CFR Part 2, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Standards for Privacy of Individually Identifiable Health Information, 45 CFR Sections 160 and 164, and any other requirements for release of related information collected by the Contractor.

(7) Adhere to the State of New Mexico Substance Abuse Counselor Act (Chapter 61, Laws of 1996, HB 790): Article 9A of the New Mexico Counseling and Therapy Practice Board.

(8) The Contractor will not employ any person or volunteer to provide Services under this Agreement who is registered as a sex offender in any United States' jurisdiction or who

has a criminal background unacceptable to the City as described in the *Administrative Requirements for Contracts Awarded Under the City of Albuquerque, Department of Family and Community Services, Social Services Program*, as amended. The Contractor will ensure that all its employees and volunteers have been screened for prior criminal behavior or registration as a sex offender in any U.S. state, through the application process, criminal background and reference checks, fingerprinting, and interviews. If required by the City, the Contractor will obtain a Criminal Records Clearance Letter issued by the State of New Mexico Prevention and Intervention Division of the New Mexico Children, Youth and Families Dep