



DEPARTMENT OF
MENTAL HEALTH

Mental Health Department
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HHS #9
5/11/99

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Mental Health Department

Martha Paine, Director of General Fund
Financial Services, SCVHHS *MP*

Submitted by: Allan Rawland, Director *AR*
Mental Health Department

April 28, 1999

TO: Board of Supervisors

FROM: Robert Sillen, Executive Director *R. Sillen*
Santa Clara Valley Health and Hospital System

SUBJECT: **MENTAL HEALTH-APPROVAL OF FY1998-99 CONTRACT
AMENDMENT WITH ALLIANCE FOR COMMUNITY CARE TO:
1) ADD NEW CUSTODY INTENSIVE ALTERNATIVES
PROGRAM, AND 2) AUGMENT EXISTING CRISIS
RESIDENTIAL PROGRAM**

RECOMMENDED ACTION

1. Approve the Department's recommendation to award funding to Alliance for Community Care for the provision of the Custody Intensive Alternatives Program.
2. Authorize the Chairperson of the Board of Supervisors to execute the attached FY1998-99 amendment with Alliance for Community Care to implement the new Custody Intensive Alternative Program and to expand the Crisis Residential Programs for the period of May 1, 1999, through June 30, 1999.

Original
ORIGINAL

MAY 11 1999

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FISCAL IMPLICATIONS

This action will result in no impact on the General Fund. Funds for this contract amendment are included in the approved Fiscal Year 1998-99 budget for the Department. This amendment adds \$526,498 to Alliance for Community Care's FY1998-99 contract, increasing the maximum financial obligation from \$14,257,871 to \$14,784,369, of which \$133,527 is expected to be Medi-Cal/Federal Financial Participation (FFP).

The following fiscal summary table describes the changes implemented by the proposed amendment:

ALLIANCE FOR COMMUNITY CARE	CURRENT FY1998-99 CONTRACT MAXIMUM	AMENDMENT AMOUNT		REVISED FY1998-99 CONTRACT MAXIMUM
		General Fund	Medi-Cal/FFP	
Custody Intensive Alternatives	\$0	services \$124,034 start up <u>\$134,750</u> Total \$258,784	\$76,445	\$335,229
Crisis Residential	\$2,871,135	\$134,187	\$57,082	\$3,062,404
Other Programs	\$11,386,736	\$0	\$0	\$11,386,736
TOTAL	\$14,257,871	\$392,971	\$133,527	\$14,784,369

* Startup period is April 1, 1999, through May 31, 1999

CONTRACT HISTORY

Alliance for Community Care was formed in 1997 with the merger of three non-profit community agencies: Community Companions, Miramonte Mental Health and Avenues to Mental Health, who together have many years of experience providing mental health services. The Mental Health Department has had an ongoing contract for more than ten years with the three agencies which comprise the Alliance for Community Care organization.

On September 29, 1998, the Board of Supervisors directed the County Executive to provide a comprehensive plan and protocol for program and contract monitoring and evaluation to include, where possible and as appropriate, specific performance indicators (process and outcomes) which will demonstrate the effectiveness of department programs and services at improving the well-being of the consumers we serve. The Mental Health Department is planning to bring the plan for the Board's review in May.

The contract includes language implementing the Board's Contracting Principles policy. This is a Type II contract. Alliance for Community Care has submitted the required materials which are deemed to be complete and are retained by the Mental Health Department.

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REASON FOR RECOMMENDATION

Board approval is requested to approve the Department's recommendation to award contract funds to this provider for the provision of the **new Custody Intensive Alternatives Program**. The Board authorized this funding during the FY 1998-99 County Budget process. An RFP process was utilized and the Department concurs with the review panel's recommendation to award the program to this agency.

Approval is also requested to increase this provider's **current Crisis Residential Program** to implement another critical component of the Department's FY1998-99 Redesign/Reinvestment Plan. This action will provide additional alternatives to admission to acute care facilities, as well as an alternative to lengthened hospital/Institute for Mental Disease (IMD) stay. It will increase available service capacity from 44 beds to 50, and will increase crisis residential program staffing to adequately manage the severity of mental illness symptoms of clients referred to the program. This proposal also includes funds to cover Medi-Cal revenue shortfalls due to significant changes in Medi-Cal eligibility in the clients who utilize the program.

Board approval is requested to amend the current provider contract to include the two program components described above.

BACKGROUND

Custody Intensive Alternatives Program

This program concept was developed through an interdepartmental and community planning process to address the need to provide community based culturally competent services for mentally ill adult individuals involved in the criminal justice system. The program objective is to offer treatment alternatives to incarceration and to decrease, over time, jail bed day use by mentally ill individuals; and to decrease recidivism of these individuals into the criminal justice system.

The Custody Intensive Alternative program has specific process and outcome measurements that will be monitored by the Mental Health Department with regular oversight by the Jail Diversion Task Force (composed of representatives from the County Executive Office, Mental Health Department, Drug and Alcohol Program, Department of Corrections, Sheriff Department, Pretrial Services, Public Defender, Courts, District Attorney, Mental Health Board, Alliance for the Mentally Ill (AMI), Probation Department, Public Guardian, and consumer and family members).

The program includes three distinct intensive alternative services; the **Intensive Community Case Management Team** will provide 24 hour/7 days per week case management, therapy, medication monitoring, money management and integrated dual diagnosis treatment to mental health and substance abuse clients; the **Structured Day Program** will operate five days per week, including one weekend day, to develop social skills and daily living skills for integrated dual diagnosis clients; and the **Transitional Residential Program** will include eight dedicated beds to be occupied by individuals over a 6-9 month period, which will hopefully decrease, over time, the jail bed day use by mentally ill clients. When completely operational, the **Intensive**

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utilization by reinvesting existing financial resources in a continuum of community-based residential, case management and treatment services.

The program specific outcome measures for this two- month contract modification are:

1. Establish a new baseline for average length of stay.
2. Establish a new baseline for % admitted from an institution compared to % discharged to the community.
3. Establish a new baseline for % successfully diverted from hospitalization (i.e., community admit, community discharge).

The Department plans to use the data gathered from the last two months of this fiscal year to assist in setting the performance expectations for the same services for the next fiscal year. Crisis residential contracts are monitored monthly regarding units of service provided versus units of service contracted. Programs are monitored every six months regarding appropriateness of clients served based on contracted agreement and Mental Health Rehabilitation Option requirements

Alliance for Community Care is the only provider that has a contract with the Department to provide crisis residential services in Santa Clara County. In accordance with the community planning process recommendations to expand this service component through the existing provider, on December 18, 1998, Alliance was contacted requested to submit a proposal as the sole source provider. On January 22, 1999 and March 1, 1999 the Department met with Alliance to review the proposal, and we have determined the new program will meet the goals set forth by the Redesign/Reinvestment Plan.

CONSEQUENCES OF NEGATIVE ACTION

Failure to approve this action will prevent the Mental Health Department from implementing the Custody Intensive Alternatives Program which offers alternative treatment programs to mentally ill criminal justice clients and from offering a short term crisis residential services as an alternative of lower level of care for State Hospital and IMD services.

STEPS FOLLOWING APPROVAL

Clerk of the Board: Return two conformed copies of the contract amendment and transmittal to the Mental Health Department via SCVHHS.

cc: K. Roberts, M. Hiland, Mental Health Board, J. Doyle (Contractor's Association)

**THIRD AMENDMENT TO AGREEMENT FOR MENTAL HEALTH SERVICES,
DATED JUNE 24, 1998, BETWEEN COUNTY OF SANTA CLARA AND
ALLIANCE FOR COMMUNITY CARE**

This is the Third AMENDMENT to the Agreement for Mental Health Services between the County of Santa Clara (COUNTY) and Alliance For Community Care (PROVIDER), dated June 24, 1998, and recently amended on April 27, 1999 (Second Amendment). The purpose of this Amendment is to: increase the County's maximum financial obligation under the Agreement for Fiscal Year 1998-99; add additional services (Custody Intensive Alternatives Program, Crisis Residential Services) to the scope of work; and add the attached Exhibits A, B, and B-1 which are incorporated by this reference.

IT IS AGREED:

1. **Exhibit A:** For Fiscal Year 1998-99, the attached Exhibit A for the Custody Intensive Alternatives Program: Reporting Unit Grouping (RUG) #1 (Reporting Unit (RU) 83146), RUG #3 (RU 83624), RUG #7 (RU 83894); and the attached Exhibit A for the Crisis Residential Services: RUG #2 (RU 43021, 83211, 83011, and 83221) are added to the Agreement. The attached Exhibit A for the Crisis Residential Program replaces the existing Exhibit A for such services. Provider agrees to supply the services described in the attached Exhibits A, in addition to the services set forth in the Agreement dated June 24, 1998, and subsequently amended.
2. **Exhibit B:** The attached Exhibit B Summary Page replaces the Exhibit B Summary Page which is attached to the Agreement dated June 24, 1998, and subsequent amendments. The attached Exhibit B and B-1-Estimate of Program Financial Data for Custody Intensive Alternatives Program is added to the existing Exhibit B. The attached Exhibit B for Crisis Residential Program replaces the existing Exhibit B for said program.
3. **OBLIGATION OF PROVIDER:** The following is added to subparagraph 1.1 Services and Standards in the Agreement dated June 24, 1998, as amended:
"Provider shall provide Custody Intensive Alternatives Program Services from May 1, 1999, through June 30, 1999. For Fiscal Year 1998-99, County shall pay Provider up to \$134,750 for start-up costs incurred after April 1, 1999, for the line items identified in Exhibit B-1. The Provider shall be paid in accordance with the budget in Exhibit B-1. Transfer of expenditure amounts less than 15% among the line items in Exhibit B-1 is permitted; larger transfer amounts shall require written approval from the Department Director. Purchases made after May 30, 1999, shall not be compensated."
4. **COMPENSATION AND BILLINGS:** The following is added as subparagraph 2.8.2 in section 2.8 on Provider Claims for Compensation in the Agreement dated June 24, 1998, as amended :
"(a) For start-up costs incurred in support of the services for the Custody Intensive Alternatives Program described in the attached Exhibit A, Reporting Unit Grouping (RUG) #1 (Reporting Unit (RU) 83146), RUG #3 (RU 83624), and RUG #7 (RU 83894), Provider shall be reimbursed in accordance with the line items identified in Exhibit B-1. Provider shall complete an invoice no more than once a month using the format attached to Exhibit B-1 and return the invoice to the Department to obtain reimbursement."

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All other terms and conditions of the Agreement dated June 24, 1998, and amended twice, shall remain in full force and effect, except to the extent that such terms and conditions may be inconsistent with the terms and conditions of this Amendment.

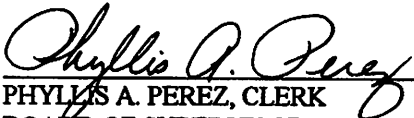
IN WITNESS WHEREOF, the parties have executed this Amendment as of the date below.

COUNTY

Date: MAY 11 1999


CHAIRPERSON, BOARD OF SUPERVISORS
PETE McHUGH

Attest:


PHYLLIS A. PEREZ, CLERK
BOARD OF SUPERVISORS

Approve as to Form and Legality:

 4/29/99
DEPUTY COUNTY COUNSEL DATE

PROVIDER

Date: _____


EXECUTIVE DIRECTOR
ALLIANCE FOR COMMUNITY CARE



2nd Modification
March 4, 1999

Exhibit A: Reporting Unit Grouping #2

FY 1998-99

**Provider Name: Alliance for Community
Care**

**Address: 438 N. White Road
San Jose, CA 95127**

Reporting Unit #: 83211

Telephone: (408) 261-7135; x219

Contact Person: Vonza Thompson

Program Title: Goveia/Zeller Center

Telephone: (408) 259-0760

**Program Address: 436 N. White Road
San Jose, CA 95127**

Program Types: Crisis Residential

I. DESCRIPTION OF SERVICES/INTENT & GOALS:

A1. System-Wide Program Intent and Goals:

1. To provide diversion of individuals from admission to psychiatric hospitalization;
2. To enable individuals to be discharged earlier than would otherwise be possible from BAP;
3. To assist individuals return to the community from IMDs.

A2. Additional Provider Specific Program Intent and Goals: None

B. Description of Services and Treatment Methods:

Adult crisis residential services provide therapeutic services in a 24-hour residential treatment program as an alternative to hospitalization or institutionalization for individuals who do not present medical complications requiring nursing care as they are assisted in the stabilization of acute psychiatric symptoms. Individuals in crisis residential settings are supported in their efforts to restore, maintain and apply methods which eliminate or manage psychiatric symptoms, develop interpersonal and independent living

skills, and access community support systems. These programs are provided consistent with Title 19, Community Care Licensing, State Department of Mental Health Social Rehabilitation certificates and MediCal Rehabilitation Option regulations. This is a structured all-inclusive program with services available seven days a week. Service activities include assessment, evaluation, plan development, rehabilitation, collateral and crisis intervention. Services will be provided based on individuals assessed needs.

The Crisis Residential programs, SubAcute Residential Treatment (SART); Goveia/Zeller, Litteral House and Casa San Antonio share services of staff specifically charged with assisting individuals discharge effectively from the programs. These staff assist any ongoing Service Provider (e.g., Service Team) if the individual is open to another service. They research and initiate actions and help the individual secure benefits and housing. They provide the individual, family and Service Provider, as appropriate, with guidance in following through with lengthy benefits procedures. They are available for post-discharge consultation to help stabilize housing.

Clients must be ambulatory and free of communicable disease.

II. POPULATION SERVED

1. ACTIVE CASELOAD AND LENGTH OF SERVICE

	<u>Target</u>
a. Active Caseload:	14
b. Length of Service:	20 days
c. Annualized Capacity:	252

2. ETHNIC PROFILE

	<u>Target %</u>
White	72
Hispanic	11
Asian	7
African-American	8
American Indian	1
Other	1

3.	<u>AGE</u>	Target %
	0-17	0
	18-59	96
	60+	4

This service is also available to clients who are open to the Older Adult Division and authorized to this service level by OA Division Director or designee with these limitations: 1) no more than two individuals may be served at any one time in any of ALLIANCE crisis residential programs; 2) the Older Adult Division and ALLIANCE must agree that the service is appropriate and the individual can be effectively and safely served in the program at the time of referral; 3) the Older Adult Division assumes responsibility for transportation to off-site planned appointments and out placement. All emergency appointments are the responsibility of ALLIANCE.

4.	<u>SERVICE REGION</u>	Target %
	North	5
	South	0
	East	85
	West	10
	Other	0

5. DIAGNOSTIC SPECTRUM/INCLUSIONARY CRITERIA

Crisis residential program will provide services to seriously mentally ill clients whose level of functioning, symptoms, and psychiatric history necessitate service intervention in order to maintain clients in community settings to help clients achieve agreed upon desired outcomes and achieve a sense of their own power and ability to positively influence their own lives. The diagnostic spectrum includes schizophrenia and other psychotic disorders, major depression, major affective disorders, post-traumatic stress disorder, and the dual diagnosed (mental health, developmental disability or drug and alcohol related diagnosis).

All clients must have an Axis I (DSMIV) diagnosis (majority of clients diagnosed as having schizophrenia, schizoaffective disorder, major depression or bipolar disorder).

III. PROGRAM PERFORMANCE STANDARDS:

A. Referrals:

This service typically admits individuals referred by a Service Team, Inpatient Unit, ACCESS or other County designated referral services. Program provides 24-hour admissions for all ALLIANCE crisis residential programs.

Priority access to available space will be given EPS and then to other referral sources including Inpatient or Authorization Units and Service Teams.

The service will admit only those individuals who meet the criteria for this service type established by the Department of Mental Health certification standards and the Department of Social Services licensing standards. ALLIANCE reserves the right to refuse admission of an individual who, in the opinion of ALLIANCE cannot be safely or effectively served.

Individuals accepted into this program must have a history of frequent recent use of 24-hour acute, IMD, ACCESS or EPS services and be able to benefit from this level of service to increase their level of functioning and to address the deficiencies in functioning that affect their ability to maintain community life.

In specific instances the County may request services for an individual who does not have one of the identified diagnoses or a significant history of use of Intensive Services, but who is currently requiring a significant level of services from ACCESS, EPS or BAP. The provider shall review these referrals on a case by case basis and accept such referrals if, in good faith, provider determines service could be effective.

Alliances' ability to achieve the target established in Section II is directly related to the level and type of referrals received from County Mental Health. The Agency will not be held to these targets if the referral pattern from County Mental Health Division vary significantly from the proposed service populations targets, particularly as they relate to ethnic and racial populations and severity levels.

B. Assessments:

This program is certified as a short-term crisis residential program by the State Department of Mental Health. Consistent with Section 532 of Title 9, California Code of Regulations, Individuals admitted to Crisis Residential

Treatment Services must receive a mental health and medical assessment, including a screening for medical complications which may contribute to his/her disability, within three days prior to or after admission.

C. Hours of Operation:

1. System-Wide Requirements:

Crisis residential services are provided 24 hours per day, seven days per week.

2. Specific Hours of Operation Plan:

This service is in operation 24 hours per day, seven days per week. In addition to on site staff there is 24 hour on call professional and psychiatric staff. Changes to this plan shall be submitted to the Division Director for approval prior to implementation.

D. Service Intensity:

All services will be provided in accordance with rehabilitation services coordinated care requirements. Service activities include assessment, Evaluation, Plan Development, Rehabilitation and Collateral. The program focus is on the client's recovery from the acute phase of mental illness, achievement of improved functional mental health and development of the life management skills and necessary financial, social and mental health support required for stable community living. As most of these clients suffer from persistent mental illness with recurrent acute crisis, particular attention is given to identifying each client's precursors to hospitalization in order to prevent or decrease future hospitalizations.

The treatment staff at the residential treatment site will work collaboratively with the Mental Health System Service Teams that coordinate services for individuals to utilize this service to improve the individual's community functioning. Both this service provider and the Mental Health System Service Team will assist each individual to transition from this intensive service as soon as he/she has the stability necessary to function adequately in a lesser level of care.

E. Discharge:

This service is time limited by regulation to three months. Any length of stay beyond one month requires justification documented in the clinical chart.

This service is targeted to enable individuals to progress towards a less restrictive level of care.

The provider may discharge any individual if Provider determines that he or she cannot be safely served by the program and/or if the individual represents a danger to other individuals receiving program services. If Provider determines that services provided at the residential site are not effective in meeting the goals agreed upon for this service, Provider will confer with the individual's Service Team to revise service goals or to effectuate discharge.

Residents may also be discharged for the following reasons: (1) death of resident; (2) upon refusal of resident to comply with the treatment program; (3) upon resident's unilateral decision to leave the facility; (4) whenever continued service would violate Title 9 or Title 22 regulations for this service type.

F. Administrative Participation:

A suitable representative of the Agency shall attend regularly scheduled meetings, training sessions, seminars or other meetings as scheduled by the Director of Mental Health or his/her designee. This includes monthly Adult/Older Adult System of Care meeting.

IV. STAFFING REQUIREMENTS

A. Minimum Staffing Requirements:

Staffing shall be provided at least at the minimum licensing requirements as set forth in Title IX, Title XIX, Title XXII and MediCal regulations, where applicable.

B. Additional Staffing Expectations:

In addition to the above licensing requirements, Program staff is expected to possess and be trained in the following background and skills:

- * principles of psychosocial rehabilitation
- * crisis management

C. Projected Staff Listing:

No. of FTE	Type of License/Cert.	Language Capability/ Certified Cultural Competency
1.25	Admin. Assistant II	
.025	Nurse	
1.0	Program Manager, MHRS	African-American
4.0	Clinical Services Specialist, MHRS	African-American (1)
9.5	Mental Health Workers II, BA	Filipino (2), African-American (3), Spanish (.6)
1.0	Clinician, MFCC	
1.5	Operations Assistant II	Vacant (.5); Spanish (1.0)
.17	Operations Manager	Spanish
.3	Psychiatrist	East Indian

a:gvzl8321.1
3/4/99

2nd Modification
March 4, 1999

Exhibit A: Reporting Unit Grouping #2

FY 1998-99

**Provider Name: Alliance for Community
Care**

**Address: 438 N. White Road
San Jose, CA 95127**

Reporting Unit #: 43021

Contact Person: Vonza Thompson

Telephone: (408) 261-7135; x219

Program Title: SubAcute Residential Treatment (SART)

**Program Address: 578 N. Mathilda Avenue Telephone: (408) 746-3919
Sunnyvale, CA 94086**

Program Types: Crisis Residential

I. DESCRIPTION OF SERVICES/INTENT & GOALS:

A1. System-Wide Program Intent and Goals:

1. To provide diversion of individuals from admission to psychiatric hospitalization;
2. To enable individuals to be discharged earlier than would otherwise be possible from BAP;
3. To assist individuals return to the community from IMDs.

A2. Additional Provider Specific Program Intent and Goals: None

B. Description of Services and Treatment Methods:

Adult crisis residential services provide therapeutic services in a 24-hour residential treatment program as an alternative to hospitalization or institution for individuals who do not present medical complications requiring nursing care as they are assisted in the stabilization of acute psychiatric symptoms. Individuals in crisis residential settings are supported in their efforts to restore, maintain and apply methods which eliminate or manage psychiatric systems, develop interpersonal and independent living skills, and

access community support systems. These programs are provided consistent with Title 19, Community Care Licensing, State Department of Mental Health Social Rehabilitation certificates and MediCal Rehabilitation Option regulations. This is a structured all-inclusive program with services available seven days a week. Service activities include assessment, evaluation, plan development, rehabilitation, collateral and crisis intervention. Services will be provided based on individuals assessed needs.

The Crisis Residential programs, SubAcute Residential Treatment (SART); Goveia/Zeller, Litteral House and Casa San Antonio) share services of staff specifically charged with assisting individuals discharge effectively from the programs. These staff assist any ongoing Service Provider (e.g., Service Team) if the individual is open to another service. They research and initiate actions and help the individual secure benefits and housing. They provide the individual, family and Service Provider, as appropriate, with guidance in following through with lengthy benefits procedures. They are available for post-discharge consultation to help stabilize housing.

Clients must be ambulatory and free of communicable disease.

II. POPULATION SERVED

1. ACTIVE CASELOAD AND LENGTH OF SERVICE

Target %

Active Caseload:	15
Length of Service:	40-45 days
Annualized Capacity:	114

2. ETHNIC PROFILE

Target %

White	75
Hispanic	10
Asian	5
African-American	10
American Indian	0
Other	0

3. **AGE**

Target %

0-17

0

18-59

96

60+

4

This service is also available to clients who are open to the Older Adult Division and authorized to this service level by OA Coordinator or designee with these limitations: 1) no more than two individuals may be served at any one time in any of ALLIANCE crisis residential programs; 2) the Older Adult Division and ALLIANCE must agree that the service is appropriate and the individual can be effectively and safely served in the program at the time of referral; 3) the Older Adult Coordinator or designee assumes responsibility for transportation to off-site planned appointments. Transportation regarding out placement and discharges will be the responsibility of crisis residential discharge team. All emergency appointments are the responsibility of ALLIANCE.

4. **SERVICE REGION**

Target%

North

30

South

6

East

50

West

14

Other

0

5. **DIAGNOSTIC SPECTRUM/INCLUSIONARY CRITERIA**

Crisis residential program will provide services to seriously mentally ill clients whose level of functioning, symptoms, and psychiatric history necessitate service intervention in order to maintain clients in community settings to help clients achieve agreed upon desired outcomes and achieve a sense of their own power and ability to positively influence their own lives. The diagnostic spectrum includes schizophrenia and other psychotic disorders, major depression, major affective disorders, post-traumatic stress disorder, and the dual diagnosed (mental health, developmental disability or drug and alcohol related diagnosis).

All clients must have an Axis I (DSMIV) diagnosis (majority of clients diagnosed as having schizophrenia, schizoaffective disorder, major depression or bipolar disorder).

III. PROGRAM PERFORMANCE STANDARDS:

A. Referrals:

This service admits individuals referred by a Service Team, Inpatient Unit, EPS, ACCESS or Authorization Unit.

Priority access to available space will be given to EPS and then to other referral sources including Inpatient or Authorization Units and Service Teams.

The service will admit only those individuals who meet the criteria for this service type established by the Department of Mental Health certification standards and the Department of Social Services licensing standards. Alliance reserves the right to refuse admission of an individual, who in the opinion of Alliance, cannot be safely or effectively served.

Individuals accepted into this program must have a history of frequent recent use of 24-hour acute, or State Hospital, IMD, ACCESS or EPS services and be able to benefit from this level of service to increase their level of functioning and to address the deficiencies in functioning that affect their ability to maintain community life.

In specific instances the County may request services for an individual who does not have one of the identified diagnoses or a significant history of use of Intensive Services, but who is currently requiring a significant level of services from EPS, ACCESS or BAP. The provider shall review these referrals on a case by case basis and accept such referrals if, in good faith, provider determines service could be effective.

Alliances' ability to achieve the target established in Section II is directly related to the level and type of referrals received from the Mental Health Department. The Agency will not be held to these targets if the referral pattern from the Mental Health Department vary significantly from the proposed service population targets, particularly as they relate to ethnic and racial populations and severity levels.

B. Assessments:

This program is certified as a short-term crisis residential program by the State Department of Mental Health. Consistent with Section 532 of Title 9, California Code of Regulations, individuals admitted to Crisis Residential

Treatment Services must receive a mental health and medical assessment, including a screening for medical complications which may contribute to his/her disability, within three days prior to or after admission.

C. Hours of Operation:

1. System-Wide Requirements:

Crisis residential services are provided 24 hours per day, seven days per week.

2. Specific Hours of Operation Plan:

This service is in operation 24 hours per day, seven days per week. In addition to on site staff there is 24 hour on call professional and psychiatric staff. Changes to this plan shall be submitted to the Division Director for approval prior to implementation.

D. Service Intensity:

All services will be provided in accordance with rehabilitation services coordinated care requirements. Service activities include Assessment, Evaluation, Plan Development, Rehabilitation and Collateral. The program focus is on the client's recovery from the acute phase of mental illness, achievement of improved functional mental health and development of the life management skills and necessary financial, social and mental health support required for stable community living. As most of these clients suffer from persistent mental illness with recurrent acute crisis, particular attention is given to identifying each client's precursors to hospitalization in order to prevent or decrease future hospitalizations.

The treatment staff at the residential treatment site will work collaboratively with the Mental Health System Service Teams that coordinate services for individuals to utilize this service to improve the individual's community functioning. Both the Crisis Residential Discharge Team of this program and the Mental Health System Service Team will assist each individual to transition from this intensive service as soon as he/she has the stability necessary to function adequately in a lesser level of care.

E. Discharge:

This service is time limited by regulation to three months. Any length of stay beyond one month requires justification documented in the client chart. This

service is also targeted to enable individuals to progress towards a less restrictive level of care.

The provider may discharge any individual if Provider determines that he or she cannot be safely served by the program and/or if the individual represents a danger to other individuals receiving program services. If Provider determines that services provided at the residential site are not effective in meeting the goals agreed upon for this service, Provider will confer with the individual's Service Team to revise service goals or to effectuate discharge.

Residents may also be discharged for the following reasons: (1) death of resident; (2) upon refusal of resident to comply with the treatment program; (3) upon resident's unilateral decision to leave the facility; (4) whenever continued service would violate Title 9 or Title 22 regulations for this service type.

F. **Administrative Participation:**

A suitable representative of the Agency shall attend regularly scheduled meetings, training sessions, seminars or other meetings as scheduled by the Director of Mental Health or his/her designee. This includes monthly Adult/Older Adult System of Care meetings.

IV. **STAFFING REQUIREMENTS**

A. **Minimum Staffing Requirements:**

Staffing shall be provided at least at the minimum licensing requirements as set forth in Title IX, Title XIX, Title XXII and MediCal regulations, where applicable.

B. **Additional Staffing Expectations:**

In addition to the above licensing requirements, Program staff is expected to possess and be trained in the following background and skills:

- * principles of psychosocial rehabilitation.
- * crisis management

C. Projected Staff Listing:

No. of FTE	Type of License/Cert.	Language Capability/ Certified Cultural Competency
1.25	Admin. Assistant II	
.025	Nurse	
1.0	Program Manager, MHR	Spanish (1)
4.0	Clinical Services Specialist, MHR	Japanese-American (1)
9.5	Mental Health Workers II, BA	Filipino (2), African-American (3), Spanish (.8)
1.0	Clinician, MFCC	
1.5	Operations Assistant II	Vacant
.17	Operations Manager	Spanish
.3	Psychiatrist	East Indian

a:sart4302.1
3/4/99

2nd Modification
March 4, 1999

Exhibit A: Reporting Unit Grouping #2

FY 1998-99

**Provider Name: Alliance for Community
Care**

**Address: 438 N. White Road
San Jose, CA 95127**

Reporting Unit #: 83221

Contact Person: Vonza Thompson

Telephone: (408) 261-7135; x219

Program Title: Casa San Antonio

**Program Address: 201 S. 13th Street
San Jose, CA 95112**

Telephone: (408) 297-0929

Program Types: Crisis Residential

I. DESCRIPTION OF SERVICES/INTENT & GOALS:

A1. System-Wide Program Intent and Goals:

1. To provide diversion of individuals from admission to psychiatric hospitalization;
2. To enable individuals to be discharged earlier than would otherwise be possible from BAP;
3. To assist individuals in their return to the community from IMDs.

A2. Additional Provider Specific Program Intent and Goals: None

B. Description of Services and Treatment Methods:

Adult crisis residential services provide therapeutic services in a 24-hour residential treatment program as an alternative to hospitalization or institutionalization for individuals experiencing an acute psychiatric episode or crisis, and who do not present medical complications requiring nursing care as they are assisted in the stabilization of acute psychiatric symptoms. Individuals in crisis residential settings are supported, by staff in the

program, in their efforts to restore, maintain and apply methods which eliminate or manage acute psychiatric symptoms, develop interpersonal and independent living skills, and access community support systems. These programs are provided consistent with Title 19, Community Care Licensing, State Department of Mental Health social Rehabilitation certificates and MediCal Rehabilitation Option regulations. Clients must be ambulatory and free of communicable diseases. This is a structured all-inclusive program with services available seven days a week. Service activities include assessment, evaluation, plan development, rehabilitation, collateral and crisis intervention. Services will be provided based on individuals assessed needs.

The Crisis Residential programs, SubAcute Residential Treatment (SART); Goveia/Zeller, Litteral House and Casa San Antonio share services of staff specifically charged with assisting individuals discharge effectively from the programs. These staff assist any ongoing Service Provider (e.g., Service Team) if the individual is open to another service. They research and initiate actions and help the individual secure benefits and housing. They provide the individual, family and Service Provider, as appropriate, with guidance in following through with lengthy benefits procedures. They are available for post-discharge consultation to help stabilize housing.

II. POPULATION SERVED

1. ACTIVE CASELOAD AND LENGTH OF SERVICE

Active Caseload:	9
Length of Service:	20 days
Annualized Capacity:	126

2. ETHNIC PROFILE

	Target %
White	62
Hispanic	15
Asian	10
African-American	10
American Indian	1
Other	2

3. **AGE**

	Target %
0-17	0
18-59	100
60+	0

This service is limited by Community Care Licensing regulation to serving individuals who are 18 to 59 years of age.

4. **SERVICE REGION**

	Target%
North	10
South	2
East	77
West	11
Other	0

5. **DIAGNOSTIC SPECTRUM/INCLUSIONARY CRITERIA**

Crisis residential program will provide services to seriously mentally ill clients whose level of functioning, symptoms, and psychiatric history necessitate service intervention in order to maintain clients in community settings to help clients achieve agreed upon desired outcomes and achieve a sense of their own power and ability to positively influence their own lives. The diagnostic spectrum includes schizophrenia and other psychotic disorders, major depression, major affective disorders, post-traumatic stress disorder, and the dual diagnosed (mental health, developmental disability or drug and alcohol related diagnosis).

All clients must have an Axis I (DSMIV) diagnosis (majority of clients diagnosed as having schizophrenia, schizoaffective disorder, major depression or bipolar disorder).

III. **PROGRAM PERFORMANCE STANDARDS:**

A. **Referrals:**

This service typically admits individuals referred by a Service Team, Inpatient Unit, ACCESS or other County designated referral sources. Zeller Center provides 24 hour admissions for all ALLIANCE crisis residential programs.

Priority access to available space will be given to EPS and then to other referral sources including Inpatient or Authorization Units and Service Teams.

The service will admit only those individuals who meet the criteria for this service type established by the Department of Mental Health certification standards and the Department of Social Services licensing standards. ALLIANCE reserves the right to refuse admission of an individual, who in the opinion of ALLIANCE, cannot be safely or effectively served.

Individuals accepted into this program must have a history of frequent recent use of 24-hour acute, IMD, ACCESS or EPS services and be able to benefit from this level of service to stabilize psychiatric symptoms, to increase their level of functioning and to address the deficiencies in functioning that affect their ability to maintain community life.

In specific instances the County may request services for an individual who does not have one of the identified diagnoses or a significant history of use of Intensive Services, but who is currently requiring a significant level of services from EPS, ACCESS or BAP. The provider shall review these referrals on a case by case basis and accept such referrals if, in good faith, provider determines service could be effective.

Alliances' ability to achieve the target established in Section II is directly related to the level and type of referrals received from County Mental Health. The Agency will not be held to these targets if the referral pattern from County Mental Health Divisions vary significantly from the proposed service population targets.

B. Assessments:

This program is certified as a short-term crisis residential program by the State Department of Mental Health. Consistent with Section 532 of Title 9, California Code of Regulations, Individuals admitted to Crisis Residential Treatment Services must receive a mental health and medical assessment, including a screening for medical complications which may contribute to his/her disability, within three days prior to or after admission.

C. Hours of Operation:

1. System-Wide Requirements:

Crisis residential services are provided 24 hours per day, seven days per week.

2. Specific Hours of Operation Plan:

This service is in operation 24 hours per day, seven days per week. In addition to on site staff there is 24 hour on call professional and psychiatric staff. Changes to this plan shall be submitted to the Division Director for approval prior to implementation.

D. Service Intensity:

All services will be provided in accordance with rehabilitation services coordinated care requirements. Service activities include Assessment, Evaluation, Plan Development, Rehabilitation and Collateral. The program focus is on the client's recovery from the acute phase of mental illness, achievement of improved functional mental health and development of the life management skills and necessary financial, social and mental health support required for stable community living. As most of these clients suffer from persistent mental illness with recurrent acute crisis, particular attention is given to identifying each client's precursors to hospitalization in order to prevent or decrease future hospitalizations.

The treatment staff at the residential treatment site will work collaboratively with the Mental Health System Service Teams. Both this service provider and the Mental Health System Service Team will assist each individual to transition from this intensive service as soon as he/she has the stability necessary to function adequately in a lesser level of care.

E. Discharge:

This service is time limited to three months by regulation. Any length of stay beyond one month requires justification documented in the client chart. This service is targeted to enable individuals to progress towards a less restrictive level of care.

The provider may discharge any individual if Provider determines that he or she cannot be safely served by the program and/or if the individual represents a danger to other individuals receiving program services. If Provider determines that services provided at the residential site are not effective in meeting the goals agreed upon for this service, Provider will confer with the individual's Service Team to revise service goals or to effectuate discharge.

Residents may also be discharged for the following reasons: (1) death of resident; (2) refusal of resident to comply with the treatment program; (3) upon resident's unilateral decision to leave the facility; (4) whenever continued service would violate Title 9 or Title 22 regulations for this service type.

F. Administrative Participation:

A suitable representative of the Agency shall attend regularly scheduled meetings, training sessions, seminars or other meetings as scheduled by the Director of Mental Health or his/her designee. This includes monthly Adult/Older Adult System of Care meetings.

IV. STAFFING REQUIREMENTS

A. Minimum Staffing Requirements:

Staffing shall be provided at least at the minimum licensing requirements as set forth in Title IX, Title XIX, Title XXII and MediCal regulations, where applicable.

B. Additional Staffing Expectations:

In addition to the above licensing requirements, Program staff is expected to possess and be trained in the following background and skills:

- * principles of psychosocial rehabilitation.
- * crisis management

C. Projected Staff Listing:

No. of FTE	Type of License/Cert.	Language Capability/ Certified Cultural Competency
1.0	Program Manager, MHRS	
1.25	Admin. Assistant II	
.025	Nurse	
4.0	Clinical Services	
7.5	Mental Health Worker II, AA	African American (3)
.5	Clinician, LM FCC	Vacant
1.5	Operations Assistant II	

No. of FTE

**Type of
License/Cert.**

**Language Capability/
Certified Cultural
Competency**

**.16
.175**

**Operations Manager
Psychiatrist**

Spanish

**a:casa8322.1
3/4/99**

2nd Modification
March 4, 1999

Exhibit A: Reporting Unit Grouping #2

FY 1998-99

**Provider Name: Alliance for Community
Care**

**Address: 438 N. White Road
San Jose, CA 95127**

Reporting Unit #: 83011

Contact Person: Vonza Thompson

Telephone: (408) 261-7135; x219

Program Title: Litteral House

**Program Address: 96 S. 14th Street
San Jose, CA 95112**

Telephone: (408) 998-3293

Program Types: Crisis Residential

I. DESCRIPTION OF SERVICES/INTENT & GOALS:

A1. System-Wide Program Intent and Goals:

1. To provide diversion of individuals from admission to psychiatric hospitalization;
2. To enable individuals to be discharged earlier than would otherwise be possible from BAP;
3. To assist individuals in their return to the community from IMDs.

A2. Additional Provider Specific Program Intent and Goals: None

B. Description of Services and Treatment Methods:

Adult crisis residential services provide therapeutic services in a 24-hour residential treatment program as an alternative to hospitalization or institutionalization for individuals who do not present medical complications requiring nursing care as they are assisted in the stabilization of acute psychiatric symptoms. Individuals in crisis residential settings are supported in their efforts to restore, maintain and apply methods which eliminate or

manage acute psychiatric symptoms, develop interpersonal and independent living skills, and access community support systems. These programs are provided consistent with Title 19, Community Care Licensing. State Department of Mental Health Social Rehabilitation certificates and MediCal Rehabilitation Option regulations. This is a structured all-inclusive program with services available seven days a week. Service activities include assessment, evaluation, plan development, rehabilitation, collateral and crisis intervention. Services will be provided based on individuals assessed needs.

The Crisis Residential programs, SubAcute Residential Treatment (SART); Goveia/Zeller, Litteral House and Casa San Antonio share services of staff specifically charged with assisting individuals discharge effectively from the programs. These staff assist any ongoing Service Provider (e.g., Service Team) if the individual is open to another service. They research and initiate actions and help the individual secure benefits and housing. They provide the individual, family and Service Provider, as appropriate, with guidance in following through with lengthy benefits procedures. They are available for post-discharge consultation to help stabilize housing.

Clients must be ambulatory and free of communicable disease.

II. POPULATION SERVED

1. ACTIVE CASELOAD AND LENGTH OF SERVICE

Target

a. Active Caseload:	12
b. Length of Service:	20 days
c. Annualized Capacity:	134

2. ETHNIC PROFILE

Target %

White	67
Hispanic	14
Asian	8
African-American	10
American Indian	1
Other	0

3.	<u>AGE</u>	Target %
	0-17	0
	18-59	100
	60+	0

This service is limited by Community Care Licensing regulation to serving individuals who are 18 to 59 years of age.

4.	<u>SERVICE REGION</u>	Target %
	North	20
	South	5
	East	60
	West	15
	Other	0

5. **DIAGNOSTIC SPECTRUM/INCLUSIONARY CRITERIA**

Crisis residential program will provide services to seriously mentally ill clients whose level of functioning, symptoms, and psychiatric history necessitate service intervention in order to maintain clients in community settings to help clients achieve agreed upon desired outcomes and achieve a sense of their own power and ability to positively influence their own lives. The diagnostic spectrum includes schizophrenia and other psychotic disorders, major depression, major affective disorders, post-traumatic stress disorder, and the dual diagnosed (mental health, developmental disability or drug and alcohol related diagnosis).

All clients must have an Axis I (DSMIV) diagnosis (majority of clients diagnosed as having schizophrenia, schizoaffective disorder, major depression or bipolar disorder).

III. **PROGRAM PERFORMANCE STANDARDS:**

A. **Referrals:**

This service typically admits individuals referred by a Service Team, Inpatient Unit, ACCESS or other County designated referral services. Zeller Center provides 24 hour admissions for all Alliance for Community Care crisis residential programs.

Priority access to available space will be given to EPS and then to other referral sources including Inpatient or Authorization Units and Service Teams.

The service will admit only those individuals who meet the criteria for this service type established by the Department of Mental Health certification standards and the Department of Social Services licensing standards. Alliance for Community Care reserves the right to refuse admission of an individual, who in the opinion of Alliance for Community Care cannot be safely or effectively served.

Individuals accepted into this program must have a history of frequent recent use of 24-hour acute, IMD or EPS services and be able to benefit from this level of service to stabilize psychiatric symptoms, increase their level of functioning and to address the deficiencies in functioning that affect their ability to maintain community life.

In specific instances the County may request services for an individual who does not have one of the identified diagnoses or a significant history of use of Intensive Services, but who is currently requiring a significant level of services from EPS or BAP. The provider shall review these referrals on a case by case basis and accept such referrals if, in good faith, provider determines service could be effective.

Alliances' ability to achieve the target established in Section II is directly related to the level and type of referrals received by County Mental Health. The Agency will not be held to these targets if the referral pattern varies significantly from the proposed service population targets.

B. Assessments:

This program is certified as a short-term crisis residential program by the State Department of Mental Health. Consistent with Section 532 of Title 9, California Code of Regulations, Individuals admitted to Crisis Residential Treatment Services must receive a mental health and medical assessment, including a screening for medical complications which may contribute to his/her disability, within three days prior to or after admission.

C. Hours of Operation:

1. System-Wide Requirements:

Crisis residential services are provided 24 hours per day, seven days per week.

2. Specific Hours of Operation Plan:

This service is in operation 24 hours per day, seven days per week. In addition to on site staff there is 24 hour on call professional and psychiatric staff. Changes to this plan shall be submitted to the Division Director for approval prior to implementation.

D. Service Intensity:

All services will be provided in accordance with rehabilitation services coordinated care requirements. Service activities include Assessment, Evaluation, Plan Development, Rehabilitation and Collateral. The program focus is on the client's recovery from the acute phase of mental illness, achievement of improved functional mental health and development of the life management skills and necessary financial, social and mental health support required for stable community living. As most of these clients suffer from persistent mental illness with recurrent acute crisis, particular attention is given to identifying each client's precursors to hospitalization in order to prevent or decrease future hospitalizations.

The treatment staff at the residential treatment site will work collaboratively with the Mental Health System Service Teams. Both this service provider and the Mental Health System Service Team will assist each individual to transition from this intensive service as soon as he/she has the stability necessary to function adequately in a lesser level of care.

E. Discharge:

This service is time limited three months by regulation. Any length of stay beyond one month requires justification documented in the clinical chart. This service is targeted to enable individuals to progress towards a less restrictive level of care.

The provider may discharge any individual if Provider determines that he or she cannot be safely served by the program and/or if the individual represents a danger to other individuals receiving program services. If Provider determines that services provided at the residential site are not

effective in meeting the goals agreed upon for this service, Provider will confer with the individual's Service Team to revise service goals or effectuate discharge.

Residents may also be discharged for the following reasons: (1) death of resident; (2) upon refusal of resident to comply with the treatment program; (3) upon resident's unilateral decision to leave the facility; (4) whenever continued service would violate Title 9 or Title 22 regulations for this service type.

F. Administrative Participation:

A suitable representative of the Agency shall attend regularly scheduled meetings, training sessions, seminars or other meetings as scheduled by the Director of Mental Health or his/her designee. This includes monthly Adult/Older Adult System of Care meetings.

IV. STAFFING REQUIREMENTS

A. Minimum Staffing Requirements:

Staffing shall be provided at least at the minimum licensing requirements as set forth in Title IX, Title XIX, Title XXII and MediCal regulations, where applicable.

B. Additional Staffing Expectations:

In addition to the above licensing requirements, Program staff is expected to possess and be trained in the following background and skills:

- * knowledge and skills in the principles of psychosocial rehabilitation.

C. Projected Staff Listing:

No. of FTE	Type of License/Cert.	Language Capability/ Certified Cultural Competency
1.0	Program Manager, MHRS	
1.25	Admin. Assistant II	
.025	Nurse	
4.0	Clinical Services	

No. of FTE	Type of License/Cert.	Language Capability/ Certified Cultural Competency
7.5	Mental Health Worker II, AA	Spanish (2), Vietnamese (1)
1.5	Operations Assistant II	
.16	Operations Manager	Spanish
.175	Psychiatrist	

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3/4/99

Exhibit A: Reporting Unit Grouping # 7

FY 1998-99

**Provider Name: Alliance for Community
Care**

**Address: 438 N. White Road
San Jose, CA 95127**

Reporting Unit #: 83894

Contact Person: Vonza Thompson

Telephone: (408) 261-7135

Program Title: Alliance - Alameda - IAP Day Rehabilitation

**Program Address: 2001 The Alameda
San Jose, CA 95126**

Telephone: (408) 261-7777

Program Type: Day Rehabilitative - Full Day Program (Adult & Older Adult)

I. DESCRIPTION OF SERVICE/INTENT & GOALS

A1. Program Intent and Goals:

This service is one of five components of the Intensive Alternative Program (IA). The IAP was developed for specified misdemeanor and non-serious felony offenders who carry a psychiatric diagnosis of major mental illness. Its purpose is to divert appropriately identified inmates from the criminal/correctional system into the mental health system, where supervised community services can more effectively treat mental illness.

A.2 Additional Provider Specific Program Intent and Goals:

The IAP Day Rehabilitation program is designed to serve clients who are open to the IAP Intensive Community Case Management Treatment Team (ICCMT) and who need this service to develop the skills and resources to live in the community and to avoid legal problems.

Alliance will provide the following information:

- The number of individuals who have been diverted from incarceration.
- The increase in level of functioning as measured by the Functional Assessment Scale (FAS).

- The number of individuals who received alcohol and substance abuse services from this service or to whom these services are arranged compared to the number who were assessed to be in need of these services.
- Utilization management, including age, ethnicity, language and culture of clients served.
- The number of individuals who "failed" and a summary of the reasons.
- The length of time between referral and the time client begins service, average and range.
- Length of stay.
- Number and types of units of service provided by the program.

B. Description of Services and Treatment Methods:

Day rehabilitation services are organized and structured full day programs which provide services for a distinct group of individuals operating under the Coordinated Services guidelines.

IAP Day Rehabilitation services are intended to serve individuals who require assistance to learn the skills and develop the supports to live effectively in the community and not commit violations of the law.

Services will include, but are not limited to, Assessment, Evaluation, Plan Development, Psychotherapy, Rehabilitation and Collateral to meet individual needs, focusing on developing financial, social and mental health stability to increase community tenure and significantly reduce need for hospitalization.

II. POPULATION SERVED:

**A. ACTIVE CASELOAD AND
LENGTH OF SERVICE**

Active Caseload:	15
Length of Service:	3-4 months
Total Clients Served/Year:	60

B. ETHNIC PROFILE Target %

White	50
Hispanic	16
Asian	9
Black	25
American Indian	1
Other or Missing	2

C. AGE Target %

0-17	0
18-59	59
60+	1

D. SERVICE REGION Target %

North	15
South	8
East	60
West	17

E. DIAGNOSTIC SPECTRUM/INCLUSIONARY CRITERIA

Day rehabilitation services will focus on seriously mentally ill clients whose level of functioning, symptoms, and psychiatric history necessitate service intervention in order to maintain clients in community settings and in order to help clients to achieve agreed upon desired outcomes and to achieve a sense of their own power and ability to positively influence their own lives. The diagnostic spectrum includes schizophrenia and other psychotic disorders, major depression, major affective disorders, post-traumatic stress disorder, and the dual diagnosed (mental health, developmental disability or drug and alcohol related diagnosis).

III. PERFORMANCE STANDARDS

A. Referrals:

The Day Rehabilitation program will accept clients referred jointly by the Discharge Planner and ICCMT. Admission will require Coordination Plan approval for this planned service from the ICCMT.

Alliance's ability to achieve the targets established in Section II is dependent on the level and type of referrals received from the IAP Discharge Planner. The agency will not be held to these targets if the referral pattern from the Discharge Planner varies significantly from the proposed service population, particularly in relation to ethnic and racial characteristics of referrals.

B. Assessments:

Day rehabilitation providers will complete an assessment for each client that indicates impairments in functioning and targets those activities necessary to improve level of functioning.

Provider will assess all clients at intake, using the Functional Assessment Scale. Additionally, clients will be re-assessed at discharge and/or at six month intervals, as applicable.

C. HOURS OF OPERATION

1. System-Wide Requirements:

Full day rehabilitation program is expected to provide more than four (4) hours of structured programming every day program operates.

2. Specific Hours of Operation Plan:

Monday through Saturday: 1:00 p.m. through 6:00 p.m.

Changes to this plan shall be submitted to the Division Director for approval prior to implementation.

D. Service Intensity:

Service activities include Assessment, Plan Development, Rehabilitation and Collateral. The program will focus on the individual's development of improved functional mental health and development of the life management skills and necessary financial, social and mental health support required for stable community living.

Day Rehabilitation program staff will work collaboratively with the IAP Discharge Planner, ICCMT and Transitional Residential Service.

E. Discharge:

This service is time limited by intent. Staff will work collaboratively with the ICCMT to discharge individuals appropriately.

F. Administrative Participation:

A suitable representative of the Agency shall attend regularly scheduled meetings, training sessions, seminars or other meetings as scheduled by the Director of Mental Health or his/her designee. This includes monthly Adult/Older Adult System of Care meetings.

IV. STAFFING REQUIREMENTS

A. Minimum Staffing Levels:

Staffing shall be provided at least at the minimum licensing requirements as set forth in Title IX, Title XIX, Title XXII and MediCal regulations where applicable or at such higher level as necessary for some programs.

B. Additional Staffing Expectations:

In addition to the above licensing requirements, Program staff is expected to possess and be trained in the following background and skills:

- * knowledge and skills in the principles of psychosocial rehabilitation;
- * paraprofessional staff are expected to be trained and receive from the Department's Quality Improvement Division paraprofessional certification within the first six months of employment.

C. Projected Staff Listing:

No. of FTE	Type of License/Cert.	Language Capability Certified Cultural Competency
.333	IAP Manager	
.50	Asst Program Manager	
2.0	Clinical Services Specialist, MHRS	
2.0	Mental Health Worker II	
.5	Admin Asst II	
2.0	Mental Health Worker I	

a:dayrehab.iap
3/12/99

Exhibit A: Reporting Unit Grouping #3

FY 1998-99

**Provider Name: Alliance for Community
Care**

**Address: 438 N. White Road
San Jose, CA 95127**

Reporting Unit #: 83624

Contact Person: Vonza Thompson

Telephone: (408) 261-7135, x219

Program Title: IAP Transitional Residential (TR)

**Program Address: 230 N. Morrison Street
San Jose, CA 95126**

Program Types: Adult Transitional Residential

I. DESCRIPTION OF SERVICES/INTENT & GOALS:

A1. System-Wide Program Intent and Goals:

This service is one of five components of the Intensive Alternative Program (IAP). The IAP was developed for specified misdemeanor and non-serious felon offenders who carry a psychiatric diagnosis of major mental illness. Its purpose is to divert appropriately identified inmates from the criminal/correctional system into the mental health system, where supervised community services can more effectively treat mental illness.

A2. Additional-Provider Specific Program Intent and Goals

1. The IAP TR program is designed to serve clients who are open to the IAP Intensive Community Case Management Treatment Team (ICCMT) and who need this service to develop the skills and resources to live in the community and to avoid legal problems.
2. The TR program will participate in evaluation activities as part of the IAP. Alliance will provide the following information:
 - The number of individuals who have been diverted from incarceration.

- The increase in level of functioning as measured by the Functional Assessment Scale (FAS).
- The number of individuals who received alcohol and substance abuse services compared to the number who were assessed to need these services.
- Utilization management, including age, ethnicity, language and culture of clients served.
- The number of individuals who have "failed" and a summary of the reasons.
- The length of time between referral and admission to service, average and range.
- Length of stay.
- Number and types of units of service provided by the program.

B. Description of Services and Treatment Methods:

The TR program provides rehabilitation services in a non-institutional residential setting where individuals are supported in their efforts to restore, maintain and apply interpersonal and independent living skills and access community support systems. Within the therapeutic community there are a range of activities and services for individuals who would be at risk of return to incarceration if they were not in the residential treatment program. The program operates in compliance with Title 19, Title 22 and the MediCal Rehabilitation Option.

Clients must be ambulatory and free of communicable disease.

II. POPULATION SERVED

**1. ACTIVE CASELOAD AND
LENGTH OF SERVICE**

Target

- | | |
|--------------------------------|-------------------|
| a. Active Caseload: | 8 |
| b. Length of Service: | 6-9 months |
| c. Annualized Capacity: | 16 |

2.	<u>ETHNIC PROFILE</u>	Target %
	White	50
	Hispanic	16
	Asian	9
	African-American	25
	American Indian	0
	Other	0
3.	<u>AGE</u>	Target %
	0-17	0
	18-59	94
	60+	6
4.	<u>SERVICE REGION</u>	Target %
	North	10
	South	10
	East	65
	West	15

Because this service is very specialized it is "county-wide". The percent served from each region reflects the historical referral patterns.

5. **DIAGNOSTIC SPECTRUM/INCLUSIONARY CRITERIA**

Adult residential program will provide services to seriously mentally ill clients whose level of functioning, symptoms, and psychiatric history necessitate service intervention in order to maintain clients in community settings and in order to help clients to achieve agreed upon desired outcomes and to achieve a sense of their own power and ability to positively influence their own lives. The diagnostic spectrum includes schizophrenia and other psychotic disorders, major depression, major affective disorders, post-traumatic stress disorder, and the dual diagnosed (mental health, developmental disability or drug and alcohol related diagnosis).

All clients must have an Axis I (DSMIV) diagnosis (majority of clients diagnosed as having schizophrenia, schizoaffective disorder, major depression or bipolar disorder).

III. PROGRAM PERFORMANCE STANDARDS:

A. Referrals:

The TR program will accept clients referred jointly by the Discharge Planner and ICCMT. Admission will require Coordination Plan approval for this planned service from the ICCMT.

Alliance's ability to achieve the targets established in Section II is dependent on the level and type of referrals received from the IAP Discharge Planner. The agency will not be held to these targets if the referral pattern from the Discharge Planner varies significantly from the proposed service population, particularly in relation to ethnic and racial characteristics of referrals.

B. Assessments:

This program is certified as an adult transitional residential program by the State Department of Mental Health. Consistent with Section 532 of Title 9, California Code of Regulations, Individuals admitted to Adult Residential Services must receive a mental health and medical assessment, including a screening for medical complications which may contribute to his/her disability, within 30 days prior to or after admission. The TR program do the required medical and mental health assessments.

C. Hours of Operation:

1. System-Wide Requirements:

Adult residential services are provided 24 hours per day, seven days per week.

2. Specific Hours of Operation Plan:

This service is in operation 24 hours per day, seven days per week. In addition to on site staff there is 24 hour on call professional staff. Changes to this plan shall be submitted to the Division Director for approval prior to implementation.

D. Service Intensity:

Service activities include Assessment, Evaluation, Plan Development, Rehabilitation and Collateral. The program will focus on the individual's development of improved functional mental health and development of the life management skills and necessary financial, social and mental health support required for stable community living.

TR staff will work collaboratively with the IAP Discharge Planner, ICCMT and Day Services.

E. Discharge:

This service is time limited by regulation and by intent. Staff will work collaboratively with the ICCMT to discharge individuals appropriately.

If Provider determines that services provided at the residential site are not effective in meeting the goals agreed upon for this service, Provider will confer with the individual's Service Team to revise service goals or to effectuate discharge.

ALLIANCE may discharge any individual if it determines that they cannot be safely served by the program in compliance with Title 9, and Title 22.

Examples of Title 9 and 22 violations are:

- If client is verbally or physically threatening to staff, other clients or property.
- If client is found with drugs or alcohol in the program.
- If client returns to the program under the influence and client's behavior is problematic.
- If client is found possessing weapons at the program.
- If client violates the conditions of his/her parole, probation or SORP.

If any individual has to be discharged based on violations regarding Title 9, or Title 22 regulations, the Discharge Planner, the appropriate other criminal justice agency staff responsible for individuals care will be contacted assuming that these individual's are available seven (7) days a week; 24-hours a day.

Residents may also be discharged for the following reasons: (1) death of resident; (2) upon refusal of resident to comply with the service plan; (3) upon resident's unilateral decision to leave the facility; (4) whenever continued service would violate Title 9, 19 or Title 22 regulations for this type of service.

F. Administrative Participation:

A suitable representative of the Agency shall attend regularly scheduled meetings, training sessions, seminars or other meetings as scheduled by the Director of Mental Health or his/her designee. This includes monthly Adult/Older Adult System of Care meetings.

IV. STAFFING REQUIREMENTS

A. Minimum Staffing Requirements:

Staffing shall be provided at least at the minimum licensing requirements as set forth in Title IX, Title XIX, Title XXII and MediCal regulations, where applicable.

B. Additional Staffing Expectations:

In addition to the above licensing requirements, Program staff is expected to possess and be trained in the following background and skills:

- * principles of psychosocial rehabilitation;
- * substance abuse treatment

C. Projected Staff Listing:

No. of FTE	Type of License/Cert.	Language Capability/ Certified Cultural Competency
.333	IAP Manager	
.5	Asst Program Manager, MHRS	
1.0	Clinical Services Specialist, MHRS	
2.0	M.H. Worker II	
.5	Operations Asst II	
.25	Psychiatrist	

a:tnsresi.iap
3/18/99

Exhibit A: Reporting Unit Grouping #1

FY 1998-99

**Provider Name: Alliance for Community
Care**

**Address: 438 N. White Road
San Jose, CA 95127**

Reporting Unit #: 83146

Telephone: (408) 261-7135, x219

Contact Person: Vonza Thompson

**Program Title: Intensive Community
Case Management Treatment
Team (ICCMT)**

Program Type: Adult Service Team

**Program Address: 2001 The Alameda
San Jose, CA 95126**

**Telephone: (408) 261-7777
On-Call: 1 (800) 550-6121**

I. DESCRIPTION OF SERVICES/INTENT AND GOALS:

A1. System-Wide Program Intent and Goals:

This service is one of five components of the Intensive Alternative Program (IAP). The IAP was developed for specified misdemeanor and non-serious felony offenders who carry a psychiatric diagnosis of major mental illness. Its purpose is to divert appropriately identified inmates from the criminal/correctional system into the mental health system, where appropriate supervised community services can more effectively treat mental illness.

A2. Additional Provider Specific Program Intent and Goals:

1. The IAP ICCMT program is designed to serve clients who are referred by the IAP Discharge Planner and who need this service to develop the skills and resources to live in the community and to avoid legal problems.
2. The ICCMT program will participate in evaluation activities as part of the IAP. Alliance will provide the following information:

- The number of individuals who have been diverted from incarceration.
- The increase in level of functioning as measured by the Functional Assessment Scale (FAS).
- The number of individuals who received alcohol and substance abuse services from this services or to whom these services are arranged by this program compared to the number who were assessed to be in need of these services.
- Utilization management, including age, ethnicity, language and culture of clients served.
- The number of individuals who "failed" and a summary of the reasons.
- The length of time between referral and the time client begins service, average and range.
- Length of stay.
- Number and types of units of service provided by the program.

B. Description of Services and Treatment Methods:

The ICCMT program provides outpatient mental health services within the requirements of the MediCal Rehabilitation Option. Available treatment methods include crisis intervention, individual, group, collateral and family services, assessments, evaluations, medication support services, rehabilitation services, case management/brokerage services and money management.

II. POPULATION SERVED:

A. <u>Active Caseload and Length of Service</u>	<u>Target</u>
Active Caseload:	100
Length of Service:	6-9 months
Total Clients Served/Year:	200

B. <u>Ethnic Profile</u>		<u>Target %</u>
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White	50
Hispanic	16
Asian	9
African-American	25
American Indian	0
Other or Missing	0

C.	<u>Age</u>	<u>Target %</u>
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0-17	0
18-59	98
60+	2

D.	<u>Service Region</u>	<u>Target %</u>
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North}
South}
East}
West}

See below

Alliance for Community Care is responsive to individuals' mental health needs 24 hours daily as needed independent on where and how consumers live in the community. Service Teams will follow individuals across regional boundaries, County-wide as needed, consistent with individual choice. The focus of service delivery, however, will be the East and Downtown areas of Santa Clara County.

E. Diagnostic Spectrum/Inclusionary Criteria

ICCMT will provide services to seriously mentally ill clients whose level of functioning, symptoms, and psychiatric history necessitate service intervention in order to maintain clients in community settings, to help clients to achieve agreed upon desired outcomes and to achieve a sense of their own power and ability to positively influence their own lives. The diagnostic spectrum includes schizophrenia and other psychotic disorders, major depression, major affective disorders, post-traumatic stress disorder, and the dual diagnosed (mental health, developmental disability or drug and alcohol related diagnosis).

III. PROGRAM PERFORMANCE STANDARDS:

A. Referrals:

The ICCMT program will accept clients who meet the requirements of the IAP target population and agree to receive IAP services and are referred by the Discharge Planner

Alliance's ability to achieve the targets established in Section II is dependent on the level and type of referrals received from the IAP Discharge Planner. The agency will not be held to these targets if the referral pattern from the Discharge Planner varies significantly from the proposed service population, particularly in relation to ethnic and racial characteristics of referrals.

B. Assessments:

ICCMT will do an initial assessment of each client referred by the County Discharge Planner.

Provider will assess all clients at intake using the Functional Assessment Scale. Additionally, clients will be reassessed at discharge and/or at six month intervals, as applicable.

C. Hours of Operation:

System-wide Standard: The ICCMT is expected to provide 24-hour services to meet the needs of each individual assigned to the Service Team.

D. Service Intensity:

The program will focus on the individual's development of improved functional mental health and development of the life management skills and necessary financial, social and mental health support required for stable community living. Services will be provided in various locations in the community. When an individual is assessed to need additional services he/she will be assessed for admission to the IAP Transitional or Day Service.

E. Discharge:

This service is intended to provide services from about six to nine months. ICCMT staff will work collaboratively with the justice system, client, other mental health services and drug and alcohol services to effectively transfer the individual to less intensive services for continued treatment and support.

F. Administrative Participation:

A suitable representative of the Agency shall attend regularly scheduled meetings, training sessions, seminars or other meetings as scheduled by the Director of Mental Health or his/her designee. This includes monthly Adult/Older Adult System of Care meetings.

IV. STAFFING:

A. Minimum Staffing Requirements:

Staffing shall be provided at least at the minimum licensing requirements as set forth in Title IX, Title XIX, Title XXII and MediCal regulations where applicable or at such higher level as necessary for some programs.

B. Additional Staffing Expectations:

In addition to the above licensing requirements, Program staff is expected to possess and be trained in the following background and skills:

- * knowledge and skills in the principles of psychosocial rehabilitation;
- * paraprofessional staff are expected to be trained and receive from the Department's Quality Improvement Division paraprofessional certification within the first six months of employment;
- * capability of addressing the diverse clients' levels of acculturation and biculturalism;
- * capability of language and cultural competency;
- * knowledge of multicultural experience;
- * knowledge of the local community resources available to the client population, including networking with ethnic community resources to meet the specific needs of the consumer;
- * Capability of strong collaboration/coordination with local providers of health and human services in the community.

C. Projected Staff Listing:

No. Of FTE	Type of License/Cert.	Language Capability/Certified Cultural Competency
.333	IAP Manager	
1.0	Clinician II	
5.0	Clinical Services Spec	
1.0	Mental Health Worker I	

No. Of FTE

**Type of
License/Cert.**

**Language Capability/Certified
Cultural Competency**

**1.0
.50**

**Administrative Asst II
M.D.**

**a:iccm
3/12/99**

AGENCY NAME: ALLIANCE FOR COMMUNITY CARE

FISCAL YEAR 99
July 1, 1998-June 30, 1999

REPORTING UNIT GROUP # 1 ADULT SERVICE TEAM
 REPORTING UNIT GROUP # 2 ADULT CRISIS RESIDENTIAL
 REPORTING UNIT GROUP # 3 ADULT TRANSITIONAL RESIDENTIAL
 REPORTING UNIT GROUP # 5 Mental Health Services-Residential/Housing
 REPORTING UNIT GROUP # 7 ADULT DAY REHABILITATIVE/INTENSIVE
 REPORTING UNIT GROUP # 19 RESIDENTIAL CARE FACILITY

Modification 1: 12/18/98
 Modification 2: 01/25/99
 Modification 3: 03/22/99
 Modification 4: 04/28/99

DIVISION: ADULT

MAXIMUM FINANCIAL OBLIGATION		TOTAL		
FEDERAL MEDI-CAL AMOUNT (Federal Share Only = 51.47 % of Total Medi-Cal Program Costs)		\$5,300,809		
UNSPONSORED AMOUNT (County General Fund)(Un-sponsored Share Only = 100 % of Total)		\$2,137,105		
COUNTY GENERAL FUND MATCHING AMOUNT (Includes State Realignment and State Share of Medi-Cal)		\$4,997,561		
MAXIMUM FINANCIAL OBLIGATION		\$12,435,475		

REPORTING UNIT GROUP # 10 OLDER ADULT SERVICE TEAM

DIVISION: OLDER ADULT

MAXIMUM FINANCIAL OBLIGATION		TOTAL		
FEDERAL MEDI-CAL AMOUNT (Federal Share Only = 51.47 % of Total Medi-Cal Program Costs)		\$571,458		
UNSPONSORED AMOUNT (County General Fund)(Un-sponsored Share Only = 100 % of Total)		\$137,227		
COUNTY GENERAL FUND MATCHING AMOUNT (Includes State Realignment and State Share of Medi-Cal)		\$538,816		
MAXIMUM FINANCIAL OBLIGATION		\$1,247,501		

REPORTING UNIT GROUP # 14 F&C RESIDENTIAL DAY/

DIVISION: FAMILY AND CHILDREN'S

MAXIMUM FINANCIAL OBLIGATION		TOTAL		
FEDERAL MEDI-CAL AMOUNT (Federal Share Only = 51.47 % of Total Medi-Cal Program Costs)		\$566,888		
UNSPONSORED AMOUNT (County General Fund)(Un-sponsored Share Only = 100 % of Total)		\$0		
COUNTY GENERAL FUND MATCHING AMOUNT (Includes State Realignment and State Share of Medi-Cal)		\$466,642		
EPSDT STATE FUNDS		\$67,863		
MAXIMUM FINANCIAL OBLIGATION		\$1,101,393		

TOTAL AGENCY

MAXIMUM FINANCIAL OBLIGATION		TOTAL		
FEDERAL MEDI-CAL AMOUNT (Federal Share Only = 51.47 % of Total Medi-Cal Program Costs)		\$6,439,155		
UNSPONSORED AMOUNT (County General Fund)(Un-sponsored Share Only = 100 % of Total)		\$2,274,332		
COUNTY GENERAL FUND MATCHING AMOUNT (Includes State Realignment and State Share of Medi-Cal)		\$6,003,019		
EPSDT STATE FUNDS		\$67,863		
MAXIMUM FINANCIAL OBLIGATION		\$14,784,369		

Modification 1: \$75,566 of County allocation taken from Donna's Place budget to be used as County base for Zoe House.

Modification 2: 24 Hour CARE augmentation of \$ (3 month 16 bed budget). Start Date 04/99.

Modification 3: Contract amendment to add Custody Intensive Alternatives Programs. Start date of programs 05/01/99 \$ 134,750 start up costs included in summary.
 Startup period April 1, 1999 - May 30, 1999.

Modification 4: Budget Augmentation to increase Crisis Residential Program by 6 beds effective May 1, 1999.

EXHIBIT B - ESTIMATE OF PROGRAM FINANCIAL DATA
 REPORTING UNIT GROUPING: #1 ADULT SERVICE TEAMS
 AGENCY NAME: ALLIANCE FOR COMMUNITY CARE

FISCAL YEAR 99
 July 1, 1998-June 30, 1999

SUBMISSION DATE:

04/29/99

REPORTING UNIT	MODE/ SERVICE FUNCTION	SERVICE FUNCTION NAME	PROGRAM NAME	UNITS OF SERVICE	RATE PER UNIT	MEDICAL FFP	BASE COUNTY CONTRIBUTION	REVENUES OTHER THAN FED/ST/CNTY	TOTAL PROGRAM COSTS
83146	15:01-09	Case Management Brokerage	ICCMT/IAP						
		Short-Doyle MediCal/ County match		13,184	\$1.50	\$10,195	\$9,582	\$0	\$19,777
		Un-sponsored		684	\$1.50		\$1,028		\$1,028
		Total Brokerage		13,868		\$10,195	\$10,608	\$0	\$20,803
83146	15:10-19	Mental Health Services	ICCMT/IAP						
	15:30-59	Short-Doyle MediCal/ County match		23,753	\$1.75	\$21,428	\$20,140	\$0	\$41,568
		Un-sponsored		1,233	\$1.75		\$2,157		\$2,157
		Total Mental Health Services		24,986		\$21,428	\$22,297	\$0	\$43,725
83146	15:60-69	Medication Support	ICCMT/IAP						
		Short-Doyle MediCal/ County match		6,997	\$3.57	\$12,877	\$12,102	\$0	\$24,979
		Un-sponsored		363	\$3.57		\$1,296		\$1,296
		Total Medication Support		7,360		\$12,877	\$13,398	\$0	\$26,275
83146	15:70-79	Crisis Intervention	ICCMT/IAP						
		Short-Doyle MediCal/ County match		819	\$2.00	\$844	\$794	\$0	\$1,638
		Un-sponsored		42	\$2.00		\$85		\$85
		Total Crisis Intervention		861		\$844	\$879	\$0	\$1,723
TOTAL ESTIMATE				47,075		\$45,344	\$47,182	\$0	\$92,526

Program start date 05/01/99

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MAXIMUM FINANCIAL OBLIGATION				TOTAL	
FEDERAL MEDI-CAL AMOUNT (Federal Share Only = 51.55 % of Total Program Costs)				\$45,344	
UNSPONSORED AMOUNT (County General Fund)(Un-sponsored Share Only = 100 % of Total)				\$4,564	
COUNTY GENERAL FUND MATCHING AMOUNT (Include State Realignment and State Share of Medi-Cal)				\$42,618	
MAXIMUM FINANCIAL OBLIGATION				\$92,526	Index 4390

Program start date 05/01/99

04/29/99

EXHIBIT B - ESTIMATE OF PROGRAM FINANCIAL DATA
REPORTING UNIT GROUPING: # 7 IAP DAY REHABILITATION
AGENCY NAME: ALLIANCE FOR COMMUNITY CARE

FISCAL YEAR 99
July 1, 1998-June 30, 1999

SUBMISSION DATE: 03/22/99

[illegible]

Program start date 05/01/99

MAXIMUM FINANCIAL OBLIGATION		TOTAL	
FEDERAL MEDI-CAL AMOUNT (Federal Share Only = 51.55 % of Total Medi-Cal Program Costs)		\$17,162	
UNSPONSORED AMOUNT (County General Fund)(Un-sponsored Share Only = 100 % of Total)		\$22,958	
COUNTY GENERAL FUND MATCHING AMOUNT (Includes State Realignment and State Share of Medi-Cal)		\$16,130	
MAXIMUM FINANCIAL OBLIGATION		\$56,250	Index 4390

REPORTING UNIT	MODE/ SERVICE FUNCTION	SERVICE FUNCTION NAME	PROGRAM NAME	UNITS OF SERVICE	RATE PER UNIT	MEDICAL FFP	BASE COUNTY CONTRIBUTION	REVENUES OTHER THAN FED/ST/CNTY	TOTAL PROGRAM COSTS
43021	05:45	Adult Crisis Residential	SART						
		Short-Doyle MediCal/ County match		3,534	\$224.21	\$407,875	\$384,578	\$0	\$792,451
		Un-sponsored		504	\$224.21		\$112,950	\$0	\$112,950
		Total SART		4,038		\$407,875	\$497,528	\$0	\$905,401
83211	05:45	Adult Crisis Residential	Goveia/Zeller						
		Short-Doyle MediCal/ County match		3,144	\$224.21	\$362,840	\$342,114	\$0	\$704,954
		Un-sponsored		895	\$224.21		\$200,584	\$0	\$200,584
		Total Goveia		4,039		\$362,840	\$542,698	\$0	\$905,538
83011	05:45	Adult Crisis Residential	Litteral House						
		Short-Doyle MediCal/ County match		2,482	\$224.21	\$284,138	\$267,907	\$0	\$552,043
		Un-sponsored		681	\$224.21		\$152,814	\$0	\$152,814
		Total Litteral House		3,143		\$284,138	\$420,521	\$0	\$704,657
83221	05:45	Adult Crisis Residential	Casa San Antonio						
		Short-Doyle MediCal/ County match		1,829	\$224.21	\$211,082	\$199,023	\$0	\$410,105
		Un-sponsored		610	\$224.21		\$138,703	\$0	\$138,703
		Total Casa San Antonio		2,439		\$211,082	\$335,726	\$0	\$546,808
TOTAL ESTIMATE				13,669		\$1,265,933	\$1,798,471	\$0	\$3,062,404

Modification 4: Budget Augmentation to increase by 6 beds and increase rates (\$180 to \$224)effective May 1, 1999 (Total Program Costs increase from \$2,871,135 to \$3,062,404).

csn

MAXIMUM FINANCIAL OBLIGATION				TOTAL	
FEDERAL MEDI-CAL AMOUNT (Federal Share Only = 51.47 % of Total Medi-Cal Program Costs)				\$1,265,933	
UNSPONSORED AMOUNT (County General Fund)(Un-sponsored Share Only = 100 % of Total)				\$602,851	
COUNTY GENERAL FUND MATCHING AMOUNT (Includes State Realignment and State Share of Medi-Cal)				\$1,193,620	
MAXIMUM FINANCIAL OBLIGATION				\$3,062,404	Index 4390

Attachment B-1**Custody Intensive Alternatives Program****Intensive Community Case Management Team (RUG #1)****Alliance for Community Care****Budget: One Time Start-Up Costs (April 1, 1999 - May 30, FY 1998-99)**

Operating Expenses:	Costs
7 Workstations/chairs @ \$3,000	\$21,000
Telephone system expansion:	
8 phone lines @ \$50	\$400
8 phones @ \$100	\$800
8 port station card	\$100
Labor	<u>\$200</u>
Subtotal	\$1,500
Information system expansion:	
Data cabling	\$5,000
5 computers @ \$1,700	\$8,500
1 printer @ \$1,500	<u>\$1,500</u>
Subtotal	\$15,000
Carpeting - 242 sq. yds. @ \$15	\$4,000
Training:	
Family Education Foundation	
5 days "START" @ \$1,000	\$5,000
Community Solutions	
1 day (Violence Prevention)	\$1,000
Health Realization	<u>\$1,600</u>
Subtotal	\$7,600
TOTAL OPERATING EXPENSES	<u>\$49,100</u>
TOTAL START-UP COSTS	<u><u>\$49,100</u></u>

Attachment B-1**Custody Intensive Alternatives Program****Structured Day Services Program (RUG #7)****Alliance for Community Care Proposal****Budget: One Time Start-Up Costs (April 1, 1999 - May 30, 1999)****FY1998-99**

Operating Expenses:	Cost
6 work stations @ \$2,400	\$14,400

Telephone system expansion:	
5 phone lines @ \$50 per line	\$250
5 phones at \$100 each	\$500
8 port station card	\$100
Labor	<u>\$200</u>
Subtotal	\$1,050

Information System expansion:	
Data cabling	\$5,000
5 Computers @ \$1,700	\$8,500
1 Printer @ \$1,500	<u>\$1,500</u>
Subtotal	\$15,000

Training:	
Family Education Foundation*	
5 days @ \$1,000	\$5,000
Community Solutions - 1 day	
(VIOLENCE PREVENTION)	\$1,000
Health Realization	<u>\$1,600</u>
Subtotal	\$7,600

Carpeting	
\$15/SQ. YD. X 242 YARDS	\$4,000

Activity chairs/tables	\$1,000
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TOTAL OPERATING EXPENSES	<u>\$43,050</u>
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TOTAL START-UP COSTS	<u><u>\$43,050</u></u>
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Attachment B-1
Custody Intensive Alternatives Program
Transitional Residential Program (RUG #3)
Alliance for Community Care Proposal
Budget: One Time Start-Up Costs (April 1, 1999 - May 30, 1999)
FY1998-99

Operating Expenses:	Costs
Licensing required:	
Basement ceiling	\$5,000
Exterior stairway repair	\$2,000
Interior step/doorway repair	<u>\$2,000</u>
Subtotal	\$9,000
Telephone system replacement w/required intercom capability and desired voicemail system	\$20,000
Furnishings meeting licensing requirements - for six: beds/nightstands/lamps etc. at \$1,000 per person	\$6,000
Training:	
Family Education Foundation* 5 days @ \$1,000	\$5,000
Community solutions - 1 day (VIOLENCE PREVENTION)	\$1,000
Health Realization	<u>\$1,600</u>
Subtotal	\$7,600
TOTAL OPERATING EXPENSES	<u>\$42,600</u>
TOTAL START-UP COSTS	<u><u>\$42,600</u></u>

**Attachment to B-1
Alliance for Community Care
Invoice**

Agency Name: Alliance for Community Care
Billing Address: 438 N. White Road, San Jose, CA 95126
Program Name: Custody Intensive Alternatives Program
Type of Invoice: Monthly

A. Operating Expenses: Amount:

1.	Workstations/chairs	
2.	Phone lines	
3.	Phones	
4.	Port station card	
5.	Labor-phone system	
6.	Data cabling	
7.	Computers	
8.	Printer	
9.	Carpeting	
10.	Training-"START"	
11.	Training-Violence Prevention	
12.	Training-Health Realization	
13.	Licensing (Building Structure)	
14.	Furnishing	
	Subtotal Operating Expenses	

B. Total Invoice:

C. Time Period Covered By This Invoice:

Authorized Signature _____ **Date** _____

Note: Santa Clara County holds the right to audit contractor's files to ensure the accountability of charges. Agency must attach receipts to invoice.

Please submit invoice to:

Department of Mental Health
Attn: F&C
645 S. Bascom Ave., San Jose, CA 95128