

## **LAKE COUNTY ADAMHS BOARD**

### **FY20 SERVICE SPECIFICATIONS**

Note: A Proposer must submit one Program Summary for each service proposed. A Proposer must provide a complete narrative program description in response to the Service Specifications *ONLY* if there has been a substantial change in the program. If no change has occurred, Provider shall indicate in the narrative that no change in program description has occurred since RFP2019.

In the provision of service for SFY2020, Proposer(s) must demonstrate compliance with all requirements as outlined in the **Ohio Department of Medicaid Provider Requirements and Reimbursement Manual**, including but not limited to:

- 1) Provider Enrollment, Rendering Provider, Supervisor Requirements, Authorization Requirements
- 2) Mental Health and SUD service requirements and claims billing information

### **MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES**

#### **EVALUATION & MANAGEMENT**

Must comply with applicable state certification standard.

Special Conditions:

- 1) Proposer(s) shall describe provision of service including:
  - a. E/M Office Visits
  - b. E/M Home Visits
  - c. Prolonged Visits
  - d. Psychiatric Diagnostic Evaluations (including Interactive Complexity)
  - e. Medications Administered by Medical Personnel
- 2) Proposer(s) shall specify how increasing demands for service are managed and how accessibility to this service will be measured.
- 3) Proposer(s) shall establish policies and procedures regarding frequency of visits and shall describe how this will be monitored.
- 4) Proposer(s) shall describe how face to face time between treating physician and the consumer/family will be measured and compared to established standards.
- 5) Proposer(s) shall describe how integration for dual diagnosis consumers shall be achieved.
- 6) Proposer(s) shall describe how psychiatric consultation time with clinicians and community psychiatric supportive treatment workers is monitored.
- 7) Proposer(s) shall describe how management of Central Pharmacy shall be achieved. Proposer(s) shall comply with Lake County ADAMHS Board Central Pharmacy Policy and Procedure. Proposer(s) shall describe how Central Pharmacy is used as the last resort for medication provision and how this shall be monitored. In addition, Proposer(s) shall describe how medication inventory shall be managed and how discrepancies in inventory are reported and resolved.
- 8) Proposer(s) shall describe how management and administration of injectable medications shall be accomplished and describe how medication compliance may be achieved and monitored.

- 9) Proposer(s) shall describe how health histories are managed and integrated into a holistic process in assessing each consumer's needs.
- 10) Proposer(s) shall describe the process for ensuring continuity of medical care during transition from inpatient to outpatient status or from outpatient to inpatient status.
- 11) Proposer(s) shall describe requirements for system home visits, synthesis with system residential facilities, and other system community outreach programs and how monitoring shall be completed.
- 12) Proposer(s) shall describe how the management of all laboratory testing will be accomplished, how it will be monitored, and how non-compliance will be identified and resolved.
- 13) Proposer(s) shall describe the roles of nurses in providing consultation, triage, development of continuing education programs, and community outreach as related to the Pharmacological Management Service. If other nursing roles are utilized, Proposer(s) shall describe.
- 14) This service, when provided, must be under the direction of a licensed physician or other qualified medical personnel as defined by State Law. In addition, agency staff shall routinely observe consumer's behavior related to medications and report to the physician or licensed and qualified nursing personnel any complications arising out of a consumer's medication management.

### **PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL**

Must comply with applicable state certification standard.

Special Conditions:

- 1) Proposer(s) must submit policies/procedures that demonstrate the following:
  - a) How identification and sociodemographic information shall be collected, stored and retrieved with Board's mental health information system;
  - b) How appropriate assessment information shall be collected, stored and retrieved, and;
  - c) How DSM diagnostic information shall be collected, stored, retrieved and shared with other providers to the consumer and how confidentiality will be maintained.
- 2) Proposer(s) must submit job qualifications and descriptions of staff which are consistent with applicable Administrative Code.
- 3) Proposer(s) shall specify how the consumer will be involved in receiving services identified in the Individual Service Plan following the psychiatric diagnostic evaluation without medical service.
- 4) Proposer(s) shall specify how the provider will make necessary arrangements for services needed for the consumer following the psychiatric diagnostic evaluation without medical service.

### **PSYCHOTHERAPY FOR CRISIS**

Must comply with applicable state certification standard.

Special Conditions for **Community Based Crisis Services**:

- 1) Proposer(s) shall specify how monitoring of service delivery to consumers in their natural environment or in an agency shall be accomplished in collaboration with the Board Quality Improvement monitoring process.
- 2) Proposer(s) shall specify how outcomes indicators will be developed and implemented in collaboration with the Board evaluation process.
- 3) For crisis intervention services provided outside the Lake Hospitals Emergency Department, Proposer(s) shall establish criteria for waiting times for crisis intervention services. When guidelines are exceeded, Proposer(s) shall implement clinical record review, and shall incorporate findings (in aggregate form) into annual Quality Improvement reports.

Special Conditions for **Emergency Department Based Crisis Services:**

In order to be considered, a proposal for this service must meet the following specifications when providing crisis intervention services in the setting of the Emergency Department:

- 1) Must serve all indigent Lake County residents who are in need of crisis intervention service;
- 2) Must ensure that consumer does not have any other type of insurance and must ensure that Board Beds are made available *only* to Lake County residents who are indigent.
- 3) Upon request the Assessment Team will provide a list to the ADAMHS Board of all Board Bed placements including name, date of birth, residency and insurance information.
- 4) Must provide service within a reasonable response time so that each consumer should not wait longer than 60 minutes from the time that the MH crisis intervention is requested;
- 5) Must provide determination of the need for alternatives to inpatient hospitalization which are available to divert persons to community resources;
- 6) Must provide for appropriate interagency linkages and service agreements;
- 7) Shall submit documentation illustrating that all staff providing the service have received crisis intervention training;
- 8) Must comply with the "Protocol for Utilizing the Pre-Hospital Screening Team in Lake Health Emergency Departments".
- 9) For consumers receiving PHS service and referred to board beds:
  - a) Assessment Team will secure appropriate "Release of Information" in order to share information outlined below.
  - b) Child/Adolescent – Assessment Team will inform system's largest non-Medicaid child/adolescent service provider within 24 hours of placement.
  - c) Adult/Senior – Assessment Team will inform Community Crisis Intervention service provider within 24 hours of placement.
  - d) Clients pink slipped to emergency room by police, residential treatment facility (Willoughby Place, Madison Place, North Coast House) or Project Hope – Assessment Team will attempt to obtain a signed release of information which will enable assessment team to notify the agency/department who initiated the pink slip within 24 hours of assessment regarding the outcome of the assessment.
- 10) Other Mental Health Services – Psychiatric Oversight -- Proposer shall ensure that consultation with a psychiatrist shall be available 24 hours a day/7 days a week.

- 11) Provider shall administer the after-hours/ weekend/holiday Victim Advocate Program. This partnership between the Lake County ADAMHS Board and the Lake County Prosecutor's office is set up to ensure the continuation of vital services to victims and their families 24/7.

## **BEHAVIORAL HEALTH LIAISON PROGRAM**

Special Conditions:

The Board intends to contract with Provider(s) to provide the Behavioral Health Liaison Program in compliance with BH Liaison program description. Proposer(s) shall describe the formal protocol which includes the following programs:

- 1) Forensic Monitor
- 2) Hospital Liaison
- 3) Opiate Recovery Transition Program
- 4) Criminal Justice Diversion
- 5) Probate Monitor
- 6) State Opiate Response (SOR) Oversight

## **PSYCHOTHERAPY SERVICES**

Must comply with applicable state certification standard.

Special Conditions:

- 1) Proposer(s) shall demonstrate compliance with:
    - a. Individual Psychotherapy
    - b. Family Psychotherapy
    - c. Group Psychotherapy
  - 2) Proposer(s) shall describe application of different treatment modes, and utilization of Interactive Complexity.
  - 3) Proposer(s) shall provide job qualifications and descriptions which are consistent with applicable Administrative Code for staff providing counseling/treatment services.
  - 4) Proposer(s) may provide this counseling service through another organization. If the Proposer(s) plans to provide counseling service or intends to contract with another organization, all of the provisions found in the Board's Request for Proposal for counseling services must be met.
  - 5) Proposer(s) shall demonstrate ongoing staff training in the more advanced therapeutic models.
  - 6) Proposer(s) shall provide evidence that all BH Counseling and Therapy staff have received training in the areas of advanced therapeutic models on an ongoing basis.
  - 7) Proposer(s) shall establish guidelines for maximum numbers of therapy sessions, consistent with advanced therapeutic models. When guidelines are exceeded, Proposer(s) shall implement a clinical record review, and shall incorporate findings (in aggregate form) into annual Quality Improvement reports.
-

## **MENTAL HEALTH SERVICES**

### **COMMUNITY SERVICES**

Must comply with applicable state certification standard.

Special Conditions:

- 1) Proposer(s) shall demonstrate provision of Community Services within the following categories:
  - a. Therapeutic Behavioral Services (TBS)
  - b. RN and LPN Nursing Services
  - c. Psychosocial Rehabilitation (PSR)
  - d. Community Psychiatric Supportive Treatment (CPST)
- 2) It shall be the responsibilities of the CS agencies to offer CS services to all severely mentally disabled consumers when clinically appropriate.
- 3) Proposer(s) shall describe how all CS Services will be coordinated with other behavioral health services.
- 4) Proposer(s) shall identify and provide documentation as to how they will coordinate future planning service provision and ongoing system of care development with other Lake County behavioral health organizations.

Other:

As applicable, service may be provided as Individual or Group.

### **MENTAL HEALTH DAY TREATMENT**

Must comply with applicable state certification standard.

Special Conditions:

The Mental Health Day Treatment shall consist of an integrated, coordinated, and comprehensive psychosocial rehabilitation program designed to meet the needs of the participating clients on a continuous, regularly scheduled basis. In order to be considered, a proposal for this service must meet the following specifications:

- 1) Must contain a statement of the program's purpose and philosophy which emphasizes and describes how consumer empowerment and self-determination, agency and consumer responsibilities and accountabilities, and partnership with consumers, the ADAMHS system, and external entities shall be accomplished.
- 2) Must list program goals, objectives and measurable outcome indicators.
- 3) Proposer must describe a program which emphasizes the recovery values.
- 4) Must have established policies/procedures for the provision of consumer involvement and decision-making within the program structure and scheduling process.
- 5) Must have established policies for proper food handling, preparation, cleanliness and storage which meet local Health Department regulations.
- 6) Must have established infection control policies which meet local Health Department regulations and Center for Disease Control Guidelines.
- 7) Must have established policies/procedures in coordination with the Community Service agencies including how service authorization through approval of a team

consisting of a Community Service Worker, staff, and other service providers in collaboration with the Adult CCO shall be accomplished. Any consumer refusing service of a Community Service Worker shall not be excluded from consideration for use of the Mental Health Day Treatment. Proposer shall describe the mechanisms for insuring that consumers with or without Community Service Workers are provided with other appropriate services while participating in the program and upon discharge from the program.

- 8) Proposer shall demonstrate admission, discharge, and continued stay criteria which reflect goal-focused and clinical criteria as basis for decision making.
- 9) Proposer shall describe how consumer goal attainment shall be accomplished which promotes consumer accomplishments, success, and movement (where clinically relevant) elsewhere in the system or outside the ADAMHS system. At least annually, proposer shall report results attained and future planning including clinical programming, future size of the service and intrasystem and intersystem developments/plans.
- 10) At a minimum, Proposer shall describe how consumer satisfaction, program evaluation, focus groups, quality improvement, and outcome measures shall be accomplished.
- 11) Proposer shall describe how collaborative initiative with other service providers/agencies will be accomplished.
- 12) At least 90% of the service units shall go to severely mentally disabled persons with a recent hospital history or who are at substantial risk of prospective hospitalization.

### **MENTAL HEALTH INPATIENT PSYCHIATRIC SERVICE**

Must comply with the applicable state certification standard.

Additional Specifications:

- 1) Must be available 24-hours per day, 7-days per week when admission is requested.
- 2) Must designate a psychiatrist who will manage the client's care from admission through discharge.
- 3) Must provide a bed on the most appropriate unit which meets the client's individual needs.
- 4) Must be locally accessible in order to maintain continuity with local agencies and client's family/support system.
- 5) Must provide interdisciplinary care including:
  - a) assessment of the physical/mental condition of the client
  - b) other clinical/social assessment as appropriate
  - c) clinical and supportive treatment during hospitalization
  - d) discharge planning in coordination with local community agencies
- 6) Must provide cooperation and assistance in coordination with appropriate interagency/health provider linkages.
- 7) Must provide demographic, treatment, discharge planning, interagency linkages and other information upon request to the Board.

Special Conditions:

- 1) Proposer(s) shall demonstrate collaborative arrangements with any adult service provider through coordination with community psychiatric supportive treatment services.

- 2) Proposer(s) shall specify how consumers, CS workers, families (where appropriate), and other community providers, will be involved in the determination for inpatient services. Proposer(s) shall describe how admission, treatment and discharge planning will involve community providers, CS worker, the consumer, family (when appropriate) or significant others.
  - 3) Proposer(s) shall specify how monitoring of inpatient bed utilization shall be accomplished by the service team (Chief Clinical Officer, CS worker, therapist, and significant others) in collaboration with the Board's Quality Improvement monitoring process.
  - 4) Proposer(s) shall specify how inpatient care will be individualized to meet the needs of each consumer. The inpatient treatment plan shall remain congruent with the individualized service plan developed by the community service provider and consumer (when a community provider has been providing service prior to hospitalization.) Proposer(s) shall identify how consumers in an inpatient facility in need of service from community providers will be referred for services prior to discharge. Referrals and linkages shall be done as early as possible after hospital admission and documentation shall be completed to support and monitor these efforts. All identified referrals and linkages should be completed at least forty-eight hours before discharge from inpatient care.
  - 5) Proposer(s) shall specify how inpatient admissions will be approved by the Crisis Intervention Service Provider (as certified by the state and authorized by the Lake County ADAMHS Board) and notification to the community psychiatric supportive treatment worker or other provider and the Alcohol, Drug Addiction and Mental Health Services Board Director of Quality and Clinical Operations will occur.
- 

### **SUBSTANCE USE DISORDER SERVICES**

Provider(s) must demonstrate compliance with the American Society of Addiction Medicine (ASAM) criteria as the standard of measure for guiding treatment for individual with SUD conditions.

### **OUTPATIENT TREATMENT**

Must comply with applicable state rule.

Special Conditions:

- 1) Proposer(s) shall describe provision of service including:
  - a. SUD Assessment
  - b. SUD Peer Recovery Support
  - c. Individual Counseling
  - d. Group Counseling
  - e. SUD Case Management
  - f. SUD Urine Drug Screening
  - g. SUD RN and LPN Nursing Services

### **RESIDENTIAL**

Must comply with applicable state rule.

Special Conditions:

- 1) Proposer(s) shall describe provision of service including:
  - a. Intensive Outpatient Level of Care Group Counseling
  - b. Partial Hospitalization (PH) Level of Care Group Counseling
  - c. SUD Withdrawal Management with Extended On Site Monitoring
  - d. Clinically Managed Low-Intensity Residential Treatment
  - e. Clinically Managed Residential Withdrawal Management
  - f. Clinically Managed Population-Specific High Intensity Residential Treatment
  - g. Clinical Managed High Intensity Residential Treatment
  - h. Medically Monitored Intensive Inpatient Treatment (Adults) and Medically Monitored High-Intensity Inpatient Services (Adolescent)
  - i. Medically Monitored Inpatient Withdrawal Management

Special Conditions:

The following additional requirements apply to the “*Jail Treatment Program*”:

- 1) This grant will contribute to the funding of a certified chemical dependency treatment team to provide services to consumers incarcerated on a range within the Lake County Jail. Referrals into this program will be through the Lake County Common Pleas and Municipal Court Judges. To be considered for treatment, adults will have been committed to service sentences of 45 days or longer for misdemeanors or felonies of the third or fourth degree. Treatment will be provided during the last 30 days of incarceration for Lake County offenders who are chemically dependent as determined by assessment of the treatment team.
- 2) Funding for the treatment team is contingent upon the continued success of the Jail Treatment Program to provide services to referrals from the Municipal Courts who are eligible for Indigent Drivers Treatment Fund reimbursement.
- 3) The program will work closely with other Lake County ADA service providers.
- 4) This program will be provided in close cooperation with the Lake County Sheriff and the Lake County Commissioners.

Special Conditions:

The following additional requirements apply to the *residential/housing programs*:

- 1) As applicable, Proposer(s) shall be certain that their program description details the array of services provided in the residential treatment program.
- 2) In describing the staffing pattern, Proposer(s) shall address the issue of availability of staff to respond to crises.
- 3) Proposer(s) shall demonstrate that a majority of Lake County dollars will be used to purchase services for Lake County residents.
- 4) Proposer(s) may include provision of Supportive Housing/Room and Board (Other Support Service)

**RESIDENTIAL, WITHDRAWAL MANAGEMENT, AND INPATIENT SUBSTANCE USE DISORDER**

Must comply with applicable State Rule.



Special Conditions:

The Board intends to contract with Provider(s) to provide Ambulatory Detox and Medication Assisted Treatment. Proposer(s) shall describe the formal protocol for this program. The proposer(s) program shall:

- 1) Be designed to serve adults with opiate use disorder and/or alcohol use disorder.
- 2) Describe how services will be coordinated with outpatient treatment and track compliance with on-going outpatient treatment.
- 3) Evaluate the effectiveness of this program and track percentage of patients that are drug free after six months of injections.

**WITHDRAWAL MANAGEMENT AND INPATIENT SUBSTANCE USE DISORDER SERVICES**

The Board intends to contract with Provider(s) for sub-acute detox services. Services shall be provided to individuals with Severe Opiate Use Disorder and/or alcohol use disorder. Inpatient treatment will include the medical management of chemical dependency (detoxification). The primary focus of program will be to medically transition patients through detoxification with peer support and group therapy, successful coping skills, individual treatment planning, and goals. Group and individual counseling and patient and family psychoeducation will be provided.

An interdisciplinary team comprised of an addictionologist, nurses, registered dietitian, discharge planners, and licensed chemical dependency counselors/therapists, activities therapists, and mental health workers will provide assessment and treatment planning for each patient

---

**RECOVERY ORIENTED SYSTEM OF CARE SERVICES**

**BEHAVIORAL HEALTH HOTLINE SERVICE**

Must comply with applicable state certification standard.

Special Conditions:

Proposals for this service must meet the following specifications:

- 1) Must be provided in a reasonable time;
- 2) Hotline numbers must be publicized and promoted in the community;
- 3) Must be available and accessible to all Lake County residents;
- 4) Must have established policies/procedures for the provision of and/or coordination with face-to-face assessment service and circumstances under which face-to-face contact is required;
- 5) Must have established arrangements for outreach into the community;
- 6) Must have established policies/procedures for use of and coordination with community medical services and other community service providers;
- 7) Must have established back-up crisis assistance consultation by qualified mental health professionals;

- 8) Must be accessible to hearing impaired persons;
- 9) All volunteers or professionals manning the 24-hour telephone hotline must be formally trained;
- 10) Must document all telephone contacts and their disposition.

**Function of Service:**

Assessment of the crisis situation and related problems of the person in crisis; provision of immediate over-the-phone assistance to a person in crisis; recommend and effect a disposition which may include referral for face-to-face assessment or for other community services; prompt screening of calls, and provision, as appropriate, of information, referral or immediate counseling to assist the caller in resolving the crisis.

**LAKE COUNTY 211**

Supplemental Behavioral Health Services

**HOUSING & RELATED SERVICES**

Proposer(s) shall specify housing programs to be provided. All programs shall comply with the Lake County ADAMHS Board Housing Plan.

**Special Conditions:**

- 1) Proposer(s) shall describe provision of service including:
  - a. Housing Subsidies/Emergency Housing Vouchers (subsidized housing)
  - b. Time-limited Housing Vouchers for individuals with opiate use disorder
  - c. Housing Support Services (Supplemental Behavioral Health Services)
  - d. Project for the Assistance in Transition from Homelessness/PATH (Supplemental Behavioral Health Services)
  - e. Shelter Plus Care (Supplemental Behavioral Health Services)
  - f. Property Acquisition and Management (Supplemental Behavioral Health Services)
- 2) Proposer(s) shall demonstrate compliance with the following state requirements for all applicable programs:
  - a. Program Guidelines
  - b. Program Assurances
  - c. Housing Outcomes Performance Evaluation (HOPE)
  - d. Budget Guidelines
- 3) The U.S. Department of Housing and Urban Development requirements are applicable to the following program(s):
  - a. Shelter Plus Care
- 4) Additional identifying characteristics of "Housing-as-Housing" Services include:
  - a. No "admission criteria" or mental health assessment measures are utilized that would prioritize the consumer's functional skills or behavioral attitudes over the need for housing.
  - b. Occupancy is based on the need for decent, stable, affordable housing, agreement by the prospective tenant to comply with the terms of the lease of sublease, and agreement by the landlord/lessor to rent the unit to the prospective tenant.

- c. There is a lease or sublease signed only by the consumer tenant and the landlord/lessor. The terms of the lease or sublease with the consumer include only those requirements which would be utilized in a standard rental agreement between a landlord and a non-mental health consumer. All leases and sub-leases must comply with the provisions of landlord-tenant law as specified in the Ohio Revised Code.
- d. The terms of the lease or sublease comprise the whole of the requirements and conditions for occupancy and continued tenancy. No additional oral or written requirements are imposed or enacted. In particular, there is no continuing requirement to accept or participate in other mental health services in order to continue to live in the housing. If the terms of the lease are complied with, tenancy is on-going, regardless of need for participation in other mental health services.
- e. Choice about having a roommate and selection of a roommate is made solely by the consumer, and there is no screening, monitoring or regulation imposed concerning tenant guests and visitors, other than that which may be part of a standard lease.
- f. There is no provision of a meal or meals, either individually or as congregate dining, by the landlord/lessor as an inherent part of the living arrangement.

### **RESIDENTIAL FACILITY**

Must comply with applicable state certification standard and rules on Licensure for Residential Facilities.

Special Conditions:

- 1) Proposer(s) shall be certain that their service description details the array of integrated services and service providers that will be involved in the residential treatment program/services.
- 2) Any person receiving residential treatment services shall be approved for programming by the community psychiatric supportive treatment agencies and the residential manager. Decisions regarding the admission or discharge of an individual shall be implemented in a collaborative and integrated manner with Community Service staff and Residential staff. There shall be joint staffing/service plan development with the community psychiatric supportive treatment agencies. The ultimate decision regarding admissions and discharges rests with the operator of the licensed residential facility.
- 3) Services for individuals needing crisis intervention shall be provided by the Community Service agency's crisis intervention workers in collaboration with other service providers.
- 4) Proposer shall ensure that all applicants who do not have a current Community Service worker are offered one and shall demonstrate documentation of the offer and the results. Refusal of Community Services shall not preclude admission of a consumer to any residential facility.
- 5) Proposer(s) shall describe capacity for the following levels of placement:
  - a) Level 1: Interim services whose length of service/stay shall not exceed five (5) days;
  - b) Level 2: Acute services whose length of service/stay shall not exceed fourteen (14) days;
  - c) Level 3: Transitional services whose length of service/stay shall not exceed two months; and

- d) Level 4: Long-term Transitional services, whose length of service/stay shall not exceed twenty-four (24) months.
- 6) Agencies providing levels 1, 2, and 3 shall not restrict access to residential services based on dual diagnosis. Proposer(s) shall integrate dual diagnosis treatment in their program and describe what treatment options will be available on and off site for consumers who are dually diagnosed.
- 7) Agencies providing levels 1, 2, and 3 shall have no less than two beds in their residential facility for homeless consumers with mental illness.
- 8) Lengths of service/stay for each service level may be expanded when according to clinical needs and agreed upon collaboratively by the Community Service Team and the Residential Manager, and approved by the Lake County ADAMHS Board.
- 9) For Level 1, 2 and 3 placement, review of consumers in the facility shall be completed at least every seven (7) days by the community psychiatric supportive treatment worker and the residential manager.
- 10) For Level 4 placement, review of consumers in the facility shall be completed at least every ninety (90) days by the community service worker and the residential manager.
- 11) When admission or continued stay services cannot be provided, all efforts to meet the consumer's needs shall be documented, a cluster quality review process shall occur prior to any action being taken, results of the quality review process shall be documented and facilitated in coordination with the consumer, community service worker, and residential staff.
- 12) All service provision (where possible) shall be community oriented so that out-of-housing service provision (social, recreational, clinical, educational, special programming, housing preparation, etc.) is given highest priority and preferred.
- 13) Services provided in-residence shall be based upon individual service plans developed collaboratively with the client, significant other (when applicable), residential staff, community service worker, primary case worker and other pertinent professionals. When house rules conflict with an individual's service plan, the individual service plan will reflect the problem and its resolutions to meet individual client's needs.
- 14) Proposer(s) must maintain licensure status for residential services/facilities.
- 15) Consumers shall be eligible for residential treatment services unless:
  - a) Individual is mentally ill and dangerous to self/others as defined by Ohio Revised Code.
  - b) Individual has medical needs which indicate a nursing home/hospital level of care.
  - c) Individual who is actively and/or imminently violent in a physical manner.
  - d) Priority for services shall be given to severely mentally disabled adults who can not live independently in housing with support and wrap around services.

### **PEER RUN ORGANIZATION**

Must comply with applicable state certification standard.

Special Conditions:

- 1) All services shall be provided by an independent organization of mental health consumers, operated by mental health consumers, and under the direction of a board of trustees composed of mental health consumers. Such independent organization may subcontract with other agencies which do not necessarily have to be consumer-operated, but ultimate fiscal and policy authority must reside with the consumer organization.

- 2) Proposer(s) shall describe all programs to be provided within the Consumer Operated Service.

### **PEER RECOVERY**

(Supplemental Behavioral Health Services)

### **NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)**

(Supplemental Behavioral Health Services)

### **ADVOCACY**

(Supplemental Behavioral Health Services)

Proposer(s) shall offer anonymous trauma informed counseling services for survivors of sexual violence. The sessions shall address issues which have arisen from the experience of sexual violence/assault.

### **TRANSPORTATION SERVICE**

(Supplemental Behavioral Health Services)

### **EMPLOYMENT**

Must comply with applicable state certification standard.

Special Conditions:

- 1) At least 80 percent of the units shall be delivered to consumers who meet the criteria for Severely Mentally Disabled.
- 2) Employment Service shall:
  - a) Be coordinated with local employment services, such as the bureau of Employment Services, Ohio Rehabilitation Service Commission, the business community, and job placement services to secure employment opportunities within the community for persons served;
  - b) Provide or facilitate access to interventions that increase employment options, such as job training and job coaching;
  - c) Provide or ensure access to the most recent information about how employment may affect benefits such as social security income/social security disability insurance;
  - d) Be knowledgeable about future employment opportunities and communicate this information to persons served;
  - e) Involve persons served in establishing job development priorities for the agency;
  - f) Promote coordination among similar providers within the Lake County ADAMHS Board service district, and with agencies and boards of adjacent ADAMHS Board service districts to maximize the rehabilitation opportunities for persons served by the agency; and

- g) Ensure that the service plan is consistent with the principles of a community psychiatric supportive treatment system and promotes peer support and other approaches identified by persons served to achieve their stated goals.

## **PREVENTION**

(Supplemental Behavioral Health Services)

Special Conditions:

- 1) As appropriate, must comply with applicable state certification standard
- 2) Proposer(s) shall demonstrate how prevention services are provided in accordance with at least one of the mandatory strategies:
  - a. Education
  - b. Environmental
  - c. Supporting Strategies
  - d. Community-based Process
  - e. Alternatives
  - f. Information Dissemination
  - g. Problem Identification and Referral
- 3) Proposer(s) shall describe any categories of specialization including but not limited to:
  - a. Services for victims of domestic violence
  - b. Services for children/adolescents/teens
  - c. Services for Families
  - d. Services related to Substance Use Disorders and Gambling Disorders
  - e. Services related to promotion of healthy relationships
  - f. Services for minority populations
- 4) Proposer(s) shall describe the utilization of volunteers within the prevention program

## **WRAP AROUND SERVICES**

(Supplemental Behavioral Health Services)

The Board intends to contract with a Provider to administer this Pass Through Grant for the severely mentally disabled adult consumer. A wrap around intervention is developed and approved by an interdisciplinary team, is community based and includes the delivery of coordinated, highly individualized services based on the specific needs of the consumer and not a particular treatment service model. This particular grant emphasizes the use of nontraditional services. Traditional services should be accessed only when they are tailored to the specific needs of the consumer and not readily available as funded services within the system.

- 1) Target Population and Services. The proposer shall specify a process for determining priorities in the use of wrap around funds. There shall be a case planning process such as clinical cluster.
- 2) Access to funds. While funds will be administered by the Community Psychiatric Supportive Treatment agency, the funds need to be easily accessible in a timely fashion by consumers of all partner agencies. The role of the CPST worker in

gaining access to these funds and monitoring the results of their use should be consistent with the role of the CPST worker. The proposer shall specify at least the following aspects of gaining access to funds: a) the role of the CPST worker, b) the role of the person directing CPST workers, c) the role of clinical cluster, d) the role of the case review/case planning process. Examples should be given of how someone within the agency, in another agency, and in another system would gain access to the funds on behalf of their client. Consumer eligibility is not contingent upon having an assigned Community Psychiatric Supportive Treatment Worker.

- 3) Uses of Flexible Funds. The proposer should describe in as detailed a manner as possible the range of uses of flexible funds the applicant plans. This sections should describe a) examples of how funds have been used effectively, b) ways the applicant anticipates using funds with particular attention to how they are linked to the consumer's service plan, c) a description of the limitations and restrictions on the use of flex funds, and d) the relationship of flex funds to categorical services a consumer may be receiving.
- 4) Management of Funds. The proposer should describe in detail how the applicant will manage the flexible funds within the agency including; a) types of accounts, b) who would have final authority on expenditure of funds, c) description of the paper process for requesting and paying for funds, d) description of the verification process for the use of funds, e) description of any payback policy or procedure.

When the flexible funds are used to purchase items that could be resold, the proposer shall describe procedures that will give the recipient a sense of dignity and work against potential abuses. For example, the recipient might pay back the value of the item over time into a revolving fund, or pay back the value of the item in services.

It is the intention of the Board that flexible funds are used as last resort funding after all other funding resources have been exhausted. The proposer shall describe the processes and mechanisms that shall be put in place to assure that all other sources of funding have been exhausted before flexible funds are used.

- 5) Monitoring and Evaluation. The proposer shall describe how they will attempt to document the impact of the use of flexible funds on the individual and system effectiveness and collaboration. It is the Board's intent to develop strong supporting evidence for the use of flexible funds and their importance to the system.

## **SPECIAL POPULATIONS**

### **FORENSIC SERVICES PROGRAM**

The Board intends to contract with a Provider to administer this behavioral health services program for the behavioral health consumer involved with the forensic system. The Forensic Services Program is developed and approved by an interdisciplinary team, is community based and includes the delivery of coordinated, highly individualized services

based on the specific needs of the forensic population. This program shall include the following elements, designed and delivered specifically to meet the needs of the forensic population:

- Jail Diversion Program
- Maximum Security Criminal Justice Intervention
- Anger Management Counseling
- SUD Liaison Program

All services within the Forensic Services Program shall be:

- 1) Provided on a face-to-face basis in the community or jail setting;  
Provided by staff that are qualified according to applicable Administrative Code;
- 2) Responsive to the needs of the forensic services consumers from varied ethnic and cultural backgrounds and persons with disabling conditions;
- 3) Responsive to factors of the forensic consumer's social and physical environment that affect the person's functioning and mental health;
- 4) Conducted for the forensic consumer with appropriate and timely collateral contacts with family or guardian, and/or other agencies or individuals providing services to that forensic consumer, and;
- 5) Provided in an integrated and coordinated manner, allowing for collaboration with Providers of services not identified in the Forensic Services Program. Additionally, the selected Provider shall ensure continuity of care and continuation of existing therapeutic relationships.
- 6) Provided in a manner congruent with the Coordinated Centers of Excellence.
- 7) Provided, when appropriate, in collaboration with Mental Health Court or Drug Court.

All services within the Forensic Services Program shall include:

- 1) A formalized intake process which occurs in a timely and appropriate manner;
- 2) A process for referrals, as appropriate, to crisis intervention and pharmacological management services;
- 3) A formalized discharge plan, and;
- 4) Identified outcomes for each service within the Forensic Services Program.

#### TARGET POPULATION FOR FORENSIC SERVICES

- 1) Lake County Resident
- 2) Existence of Risk Factors, including but not limited to:
  - a) History of incarcerations;
  - b) History of parole violations;
  - c) History of non-compliance with psychiatric treatment;
  - d) History of substance abuse

Special Conditions:

- 1) Proposer(s) shall describe how services in Program will be coordinated with behavioral health services both inside and outside the jail.
- 2) Proposer(s) shall demonstrate how program provides:
  - a) Consultation to municipal courts;



- b) Monitoring of consumers who have been identified and referred for assistance through the forensic system, and;
  - c) Training of mental health and law enforcement agencies to address needs of individuals encountering both systems on a routine basis.
- 3) Proposer(s) shall demonstrate plan to achieve the following outcomes:
    - a) Reduced local jail bed day usage for behavioral health consumers;
    - b) Increased referrals and recommendations for behavioral health services;
    - c) Increase in consumers who follow through with referrals and recommendations;
    - d) Reduced re-arrest rates for persons diverted, and;
    - e) Better coordination between forensic services and behavioral health systems.
  - 4) Proposer(s) shall ensure compliance with all applicable reporting requirements.
  - 5) Proposer(s) shall submit job qualifications and descriptions of staff, and shall specify number of staff to provide service.
  - 6) Proposer(s) shall guarantee that a minimum of 55% of a staff time providing Forensic Programs shall be face-to-face contact with the forensic consumer.

### **SERVICES TARGETED TO CHILDREN/ADOLESCENTS AND THEIR FAMILIES**

The Board intends to purchase services targeted at children/adolescents and their families, previously defined in Service Specifications.

Additional Specifications:

#### **JUVENILE JUSTICE**

The Board intends to contract with Provider(s) to provide behavioral health services in conjunction with the Lake County Juvenile Court Special Docket Program. Services must be in compliance with all applicable certification standards. Provider must be able to track separately services provided to participants in this collaborative program.

#### **RESPIRE AND THERAPEUTIC FOSTER CARE FOR SEDC/A AND FAMILIES**

(Supplemental Behavioral Health Services)

The Board intends to contract with a Provider to administer this Pass Through Grant for Children, Adolescents and their Families.

#### **TRANSITION AGE YOUTH**

Providers will define any specific programming directed toward the care of transition-age youth: Transition-age youth are adolescents and young adults (ages 14-25) who have a diagnosable mental illness that has led to impaired functioning in one or more life domains including housing, education and employment, quality of life functioning and life skills. Treatment provided must include best practices for serving transition-age youth incorporating the principles of recovery, resiliency and cultural competence. The overall care must be youth-guided and family driven.

**ADDITIONAL SPECIAL POPULATION SERVICES**

The Board intends to purchase services targeted at additional special populations. These may include but are not limited to:

- Youth Mentoring Programs
- Volunteer Guardianship Programs
- Kinship Navigator Programs
- LGBTQ Programs