

## **PART D – STATEMENT OF WORK (SOW) FOR WELLNESS CENTERS**

### **1.0 INTRODUCTION**

#### **1.1 OVERVIEW**

Wellness Centers are a component of Los Angeles County's Mental Health Services Act (MHSA) Community Services and Supports (CSS) Plan. As such, they are subject to State and County rules and regulations, and federal guidelines and standards. In operating these programs, Proposers will be required to abide by federal, State and County policies, statutes and regulations, generally defined throughout this RFS as "Applicable DMH Policies and Regulations."

Wellness Centers, managed by professional staff, with at least 50% mental health consumer staffing, serve mental health clients and provide client-run services with adjunctive professional support, emphasizing activities geared toward wellness, recovery, healthy living and community integration. These services are geared primarily, although not exclusively, toward clients at higher stages of recovery. These Centers may be co-located in a mental health outpatient center, located in a multi-service center or free-standing in the community.

#### **1.2 HEADINGS AND DEFINITIONS**

The headings herein contained are for convenience and reference only and are not intended to define the scope of any provision thereof. The words as used herein shall be construed to have the meanings described in this section, unless otherwise apparent from the context in which they are used.

#### **1.3 SCOPE OF WORK**

Proposer shall explain how it will meet the expectations as detailed in general in this RFS and more specifically in this Statement of Work (SOW). Proposer shall explain how its plan will meet the specific needs of individuals on their path to achieving and sustaining wellness and recovery. The Proposer shall ensure that all services furnished meet the language needs and are oriented to the diversity of participants in the Service Area. These programs will be located throughout Los Angeles County.

#### 1.4 OUTCOMES FOR WELLNESS CENTERS

The Los Angeles County CSS Plan identifies the following outcomes for adult programs funded through the Mental Health Services Act:

1. Meaningful use of time and capabilities, including employment, vocational training, education and social and community activities
2. Safe and adequate housing.
3. A network of supportive relationships.
4. Timely access to needed help, including in times of crisis.
5. Reduction in incarcerations.
6. Reduction in the use of involuntary services, including institutionalized care.
7. Improving physical health.

#### 1.5 STAFFING

Proposer shall ensure that staffing conforms to that outlined in 1.1 above and that the following staff and volunteer requirements are met:

- 1.5.1 Criminal Clearances: Proposer shall ensure that criminal clearances and background checks have been conducted for all Proposer's staff and volunteers as well as all Subcontractor staff, prior to beginning and continuing work under any resulting Contract. The cost of such criminal clearances and background checks is the responsibility of the Proposer whether or not the Proposer or Subcontractor's staff pass or fail the background and criminal clearance investigations.
- 1.5.2 Language Ability: Proposer's personnel, as well as all Subcontractor staff who are performing services under this Contract, shall be able to read, write, speak, and understand English in order to conduct business with County. In addition to having competency in English, Proposer shall ensure there is a sufficient number of bilingual staff to meet the language needs of the community served.
- 1.5.3 Service Delivery: Proposer shall ensure all staff and volunteers providing services in Wellness Centers are able to provide services in a manner that effectively responds to differences in cultural beliefs, behaviors and learning, and communication styles within the community Proposer proposes to provide services.
- 1.5.4 Driver's License: Proposer shall maintain copies of current driver's licenses, including current copies of proof of auto insurance of staff providing transportation on an as-needed basis to clients.

- 1.5.5 Driving Record: Proposer shall maintain copies of driver's Department of Motor Vehicles (DMV) printouts for all Proposer's drivers providing service under this Contract. Reports shall be available to DMH on request. County reserves the option of doing a DMV check on Proposer's drivers once a year.
- 1.5.6 Education and Experience: Proposer shall be responsible for securing and maintaining staff who meet the minimum qualifications below and who possess sufficient experience and expertise required to provide services required in this SOW. Proposer shall obtain written verification for staff with foreign degrees that the degrees are recognized as meeting established standards and requirements of an accrediting agency authorized by the U.S. Secretary of Education.
- 1.5.7 Staff Training: Proposer shall provide orientation to all staff, interns, and volunteers providing services within the Wellness Centers prior to their beginning service and shall complete training within thirty (30) business days from their start date.
- 1.5.8 Documentation: Proposer shall maintain documentation in the personnel files of all staff, interns, and volunteers. This documentation shall include: (1) all training hours and topics; (2) copies of resumes, degrees, and professional licenses; and (3) current criminal clearances.
- 1.5.9 Rosters: Proposer shall provide DMH, at the beginning of each Contract term and within 30 days of any staff change(s), a roster of all staff that includes: (1) name and positions; (2) work schedule; and (3) fax and telephone numbers.
- 1.5.10 Changes in Staffing: Proposer shall advise DMH in writing of any change(s) in Proposer's key personnel at least twenty-four (24) hours before proposed change(s), including name and qualifications of new personnel. Proposer shall ensure that no interruption of services occurs as a result of the change in personnel.

## 1.6 ADMINISTRATIVE TASKS

- 1.6.1 Record Keeping: Proposer shall keep a record of services that were provided, as well as the dates, agendas, sign-in sheets, and minutes of all Wellness/Client-Run Center Proposer and Subcontractor meetings.
- 1.6.2 Evaluation Tools: Proposer shall provide the clients and families with a tool by which to evaluate the services rendered by Wellness Centers. Proposer shall make this information available to DMH upon request. Proposer shall ensure the tool addresses the performance of the Proposer.

- 1.6.3 Data Entry: Proposer shall be responsible for collecting and entering any data required by DMH. Proposer shall ensure the data is entered electronically at network sites and downloaded at the DMH centralized database (Integrated System).
- 1.6.4 Days/Hours of Operation: Wellness Centers shall be open at a minimum Monday through Friday, from 9:00 A.M. until 5:00 P.M. Weekend and extended hours programming shall be offered as deemed necessary and feasible and desired by clients. In addition, Proposer's Project Manager or County approved alternate shall have full authority to act for Proposer on all matters relating to the daily operation of the Contract, and shall be available during the County's regular business hours of Monday through Friday, from 9:00 A.M. until 5:00 P.M., to respond to County inquiries and to discuss problem areas.
- 1.6.5 Computer and Information Technology Requirements: Proposer shall acquire a computer system, within 30 days of commencement of the Contract with sufficient hardware and software and an agreement for its on-site maintenance for the entire term of this agreement to comply with the terms of the contract.
- 1.6.6 Cooperation: Proposer shall work cooperatively with DMH Information Technology Services staff and any contracted program evaluator, if applicable. Proposer shall provide data entry staff to process electronic/fully automated invoices for DMH web-based Integrated System (IS) implemented by DMH. Proposer shall electronically invoice County on a monthly basis.

## **1.7 SERVICE DELIVERY SITE (S)**

Services shall be delivered at the service delivery sites listed in the Contract. Proposer shall request approval from the DMH Program Manager in writing a minimum of thirty (30) days before terminating services at any of the location(s) listed on its Contract and/or before commencing services at any other location(s) not previously approved in writing by the DMH Program Manager. All service delivery sites listed on the Proposer's contract shall be operational within 30 days of the commencement of the Contract.

## **2.0 WELLNESS CENTERS**

### **2.1 OVERVIEW**

Wellness Centers are designed to offer options to clients who no longer need the intensive services offered by the Full Service Partnership (FSP) programs or

traditional adult outpatient services and who are ready to take increasing responsibility for their own wellness and recovery.

## **2.2 DEFINITION OF WELLNESS CENTERS**

As outlined in the Department's MHSA CSS Plan and Part D, Section 1.1 above, Wellness Centers promote both recovery and sustained wellness through an emphasis on pro-active behavior, preventative strategies, and self-responsibility. Wellness Centers have the following components:

- Self-help groups
- Peer support services, including Wellness Recovery Action Planning
- Integrated substance abuse and mental health services and supports
- Option to provide social and recreational activities
- Healthy living services, including health management activities
- Medication support services
- Linkages to:
  - Mental health services
  - Vocational/employment services
  - Housing services
  - Primary care health care services
- Option to provide the above linkage services in-house
- Linkage with the Service Area Navigators, Residential and Bridging services, Jail Transition and Linkage services, Housing Specialists and the full array of local mental health services should clients require more intensive mental health services.

## **2.3 WELLNESS CENTERS PROVIDER OPTIONS**

Providers who meet the mandatory minimum requirements specified in this RFS Part A, Section 4.0 are encouraged to develop adult Wellness Centers, including all components outlined in Part D, Section 2.2 above. In addition, Wellness Centers shall be staffed by adjunctive professionals and at least 50% clients in recovery who are able to provide the core services listed in Part D, Section 2.2.

## **2.4 REQUIRED EXPERIENCE AND CAPACITY FOR WELLNESS CENTERS**

Consistent with the mandatory minimum requirements in this RFS, Part A, Section 4.0 above, an agency must demonstrate specific capacity related to providing services in a Wellness Center as follows.

1. Demonstrated capacity to provide client-driven, strength and recovery-focused services, involving families whenever possible.
2. Demonstrated commitment to hire ethnically and linguistically diverse staff that is reflective of the community to be served and utilization of integrated services with ethnic specific community based organizations.
3. Demonstrated ability in hiring consumers according to their abilities and job qualifications. Inclusion of consumers and family members also involves ensuring that they have an opportunity to participate in the evaluation of services provided.
4. Demonstrated record of effective collaboration with community partners such as self-help organizations, faith-based organizations, County departments and others.
5. Demonstrated record of accomplishment in starting up new programs in a timely and effective manner.
6. Demonstrated record of fiscal stability.
7. Demonstrated ability to meet the demands of County and State audit standards.
8. Demonstrated ability to meet quality of care standards (e.g., staffing, certification, Quality Assurance capability).
9. Adequate agency infrastructure and program capacity.
10. Ability to effectively and quickly link clients to additional and more intensive services, should the need arise.
11. Ability to provide comprehensive training and ongoing support for all staff providing services.
12. For any services billed to Medi-Cal or Medicare, the program must be Medi-Cal certified, including employing a qualifying Head of Service, and have staffing and services that meet State and County regulations.

### **3.0 POPULATION TO BE SERVED**

#### **3.1 PRIORITY POPULATIONS**

Wellness Centers shall target their services toward:

- Adults with a serious mental illness, with primary emphasis on ages 26-59 who are in advanced stages of recovery.
- Mental health clients who, due to their level of recovery, are ready for and desire self-directed care.

- Emphasis will be placed on developing Centers for unserved and/or underserved ethnic minority populations and in geographic areas where client-run services are not proportionate to the need.

#### **4.0 SERVICE TASKS TO ACHIEVE OUTCOMES**

##### **4.1 COMMITMENTS REQUIRED OF WELLNESS CENTER PROVIDERS**

Providers must make the following commitments specific to the Wellness Center.

- 4.1.1 A commitment to provide recovery and wellness services to individuals who meet the priority population criteria as specified in Section 3.1.
- 4.1.2 Any decision not to provide Wellness Center services for a potential client who has been referred to the Center and who meets the priority population criteria shall be made collaboratively by Contractor (and/or subcontractors), DMH, the individual, and where possible and when appropriate, the family. Under these circumstances, DMH and Contractor together will commit to support the client receiving appropriate care by transferring or linking the client to the needed service(s).
- 4.1.3 A commitment to client and family-driven services and supports that promote inclusion of family members when at all possible and appropriate.
- 4.1.4 A commitment to partner with clients and families where at all possible and appropriate, to identify the needs and preferences of the client as the foundation for the plan that will promote the individual's recovery and wellness.
- 4.1.5 A commitment to developing and utilizing community partnerships to facilitate community reintegration for clients.
- 4.1.6 A commitment to hire ethnically and linguistically diverse staff reflective of the community to be served.
- 4.1.7 A commitment to hire staff fully cross-trained in mental health and substance abuse issues.
- 4.1.8 A commitment to hire staff with experience reflective of the clients being served.
- 4.1.9 A commitment to assisting clients in identifying and applying for all appropriate types of community financial and social supports.

- 4.1.10 A commitment to collect specific outcome data as required by the conditions of the State and County plans, this includes collecting outcome data to assess the provider's program design and implementation and make mid-course corrections as necessary to insure the achievement of positive client and program outcomes.

#### **4.2 SERVICE TASKS TO ACHIEVE OUTCOMES**

- 4.2.1 Proposer shall develop wellness/recovery plans that are individualized, with the full participation and engagement of the client and family members where possible and appropriate.
- 4.2.2 Proposer shall employ multiple strategies for helping individuals develop ways to meaningfully engage their time, including providing or linking to education, employment, and/or a range of social, recreational, faith-based, family, or other culturally relevant activities based on clients' preferences.
- 4.2.3 Proposer shall ensure that qualified staff, including licensed mental health professionals when appropriate, provides services and supports that adequately meet the needs of each client and family, and meet or exceed the services specified in Proposer's program statement.
- 4.2.4 Proposer shall not discriminate against individuals with a mental illness who have co-occurring disorders, including individuals with physical health problems, low levels of literacy, substance abuse issues, or other issues.

#### **4.3 SERVICES REQUIRED TO BE PROVIDED TO ADULTS IN WELLNESS CENTERS**

Proposer shall provide the following services for Adults for Centers under this SOW.

- 4.3.1 Medication Evaluation and Support – Physicians, Nurses and/or Nurse Practitioners that evaluate each client's need for psychiatric medication, and administer medications, monitoring clients' status as appropriate, according to their scope of practice. Medication evaluation and support services include prescribing, educating/informing, administering, dispensing and monitoring of psychiatric medications necessary to alleviate the symptoms of mental illness which are provided by a staff person, within the scope of practice of his/her profession.
- 4.3.2 Physical Health Screening Interface and Referrals - Initial health screening conducted by appropriately trained clinical staff to establish a baseline determination of general health status that includes past and current physical and psychiatric conditions and treatment including:



- 4.3.2.1 Assessment of access to / utilization of health care providers.
- 4.3.2.2 Assessment of risk factors.
- 4.3.2.3 Assessment of sleep habits, appetite / diet, exercise.
- 4.3.2.4 History of medical screening for high risk medical disorders and routine screening tests.
- 4.3.2.5 Measurements of vital signs.
- 4.3.2.6 Referral for screening/diagnostic laboratory testing as clinically indicated.
- 4.3.3 Self Help And Peer Support Services – Group and individual services led by peers that function to support clients in their movement toward recovery and transition to more independent community living. These services should include Wellness Recovery Action Planning.
- 4.3.4 Healthy Living Activities- Peer-led and professionally supported individual and group services geared toward health education and maintenance.
- 4.3.5 Stage-based services and support for clients with co-occurring disorders - Peer-led and professionally supported individual and group services for clients with co-occurring disorders, focusing on relapse prevention and maintaining recovery.
- 4.3.6 Access to Physical Health Care – This includes assisting both insured and uninsured clients with accessing physical health care so that their needs for treatment, including preventative care, are addressed in a timely manner.
- 4.3.7 Linkage to:
  - 4.3.7.1 Employment Services – These services focus on clients who desire to participate in the workforce and/or those who wish to pursue meaningful volunteer activities and may include occupational therapy assessment and interventions, and job development and coaching.
  - 4.3.7.2 Transportation Services – These services are geared toward developing approaches for clients to acquire resources and skills to independently arrange for their own transportation.
  - 4.3.7.3 Housing Services – These services assist clients to find transitional or permanent housing. Services may include, but are not limited to, helping individuals find suitable housing; assisting individuals in negotiating with landlords; helping clients obtain financial aid to cover rental costs and security deposits;

and referring clients to community legal agencies for assistance if applicable.

- 4.3.7.4 Education Opportunities – These services link clients with opportunities to continue their education at whatever educational level is appropriate for the client.
- 4.3.7.5 Mental Health Services- Should the need arise for more intensive mental health services, timely linkage should be provided to local mental health resources.
- 4.3.8 Crisis Management – These services assist clients in learning how to self-manage crisis, as well how to utilize / access clinical services at the level of Crisis Intervention when necessary.
- 4.3.9 Coordination of Services with Service Area Administrative Supports – Involvement and utilization of the Service Area Navigator team and other relevant resources in the coordination of client flow and access to Wellness Centers and other community-based services for clients at the highest levels of recovery.
- 4.3.10 Culturally And Linguistically Appropriate Services – Services delivered by staff that have similar cultural and linguistic backgrounds to those of the client population(s) being served. Service providers shall understand and utilize the strengths of culture in service delivery and incorporate the languages and cultures of their clients into the services that provide the most effective outcomes.
- 4.3.11 Community Partnerships – These are formal or informal arrangements with an array of community-based organizations and collaboratives that meet regularly to promote clients’ well-being and community reintegration of adults.
- 4.3.12 Community Engagement/Siting Strategies - Proposer must demonstrate the ability to engage a local community to garner support for the proposed service.

## 5.0 CAPACITY BUILDING OF COMMUNITY-BASED ORGANIZATIONS

- 5.1 DMH recognizes there are many community-based providers that have contributed to the Los Angeles County CSS and Wellness / Client-Run Center planning efforts. These providers have expressed a desire to provide CSS services, but currently do not meet the requirements specified in the Request for Service Qualifications. These small to mid-size organizations are a potential resource to meet the County’s long-term need for mental health services.

- 5.2 Proposers are encouraged to collaborate with and form partnerships with community-based organizations that have the capacity to provide a range of wellness and recovery services and supports. Proposers are further encouraged to subcontract with organizations based in ethnic specific communities, underserved communities, and focal population areas that can provide the diverse range of services required for the Wellness Centers. A number of former Subcontractors have gone on to become independent DMH providers as a result of the experienced gained through mentoring and capacity building with DMH providers. Future funding will build on these capacity building efforts, resulting in expanded system capacity to meet the unserved and underserved ethnic and focal populations.

## **6.0 QUALITY ASSURANCE AND DATA COLLECTION**

### **6.1 QUALITY ASSURANCE**

- 6.1.1 The Proposer shall establish and utilize a comprehensive Quality Assurance Plan to ensure the required services are provided at a consistently high level of service throughout the term of the Contract. The Plan shall be submitted to DMH for review and approval. The Plan shall be effective on the Contract start date and shall be updated and re-submitted for DMH approval as changes occur.
- 6.1.2 The plan shall include an identified monitoring system covering all the services listed in this RFS and SOW. The system of monitoring to ensure that contract requirements are being met shall include:
- 6.1.2.1 Activities to be monitored, frequency of monitoring, samples of forms to be used in monitoring, title/level and qualifications of personnel performing monitoring functions.
  - 6.1.2.2 Ensuring the services, deliverables, and requirements defined in the contract are being provided at or above the level of quality agreed upon by the County and the Proposer.
  - 6.1.2.3 Assuring that professional staff rendering services under the contract has the necessary prerequisites.
  - 6.1.2.4 Identifying and preventing deficiencies in the quality of service before the level of performance becomes unacceptable.
  - 6.1.2.5 Taking any corrective action, if needed, including a commitment to provide to the County upon request a record of all inspections, the corrective action taken, the time the problem is first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action.

6.1.2.6 Continuing to provide services to the County in the event of a strike or other labor action of the Proposer's employees.

## **6.2 DATA COLLECTION**

Proposer shall have the ability to collect, manage and submit data as directed by DMH to demonstrate client outcomes inclusive of the new guidelines set forth by DMH and the State. Proposer shall work with DMH to develop and implement client profiling and tracking systems which include client characteristics and demographics, collection and reporting of data on the outcomes and objectives, method of monitoring the quality of services provided at the Wellness Centers, and survey instruments. Proposer shall perform data entry to support these activities.

## **7.0 INFORMATION TECHNOLOGY REQUIREMENTS**

### **7.1 FUNCTIONAL REQUIREMENTS**

7.1.1 Proposer shall enroll clients and provide basic clinical and demographic information, services detail, and ongoing assessment and outcomes data, and submit claims for services provided in an electronic form.

7.1.2 Throughout the duration of the contracted services, Proposer shall obtain, certify, submit, and review comprehensive information on client status and the outcomes of the service in accordance with MHSA requirements. Proposer shall comply with all deadlines to be specified by DMH for time-specific processes for the submittal and delivery information. Each provider shall meet certain time-specific processes for the submittal and delivery of information. These include:

7.1.2.1 Claims for reimbursement that shall be submitted timely to avoid penalty, payment delays, or outright denial of a claim.

7.1.2.2 Comprehensive enrollment-time information about the status of the client.

7.1.2.3 Assessment information at enrollment, quarterly assessment updates, and reports of key event indicators during the period of service.

7.1.3 For claims related enrollment, units of service reporting and claiming, Proposer shall submit information to the DMH Integrated System (IS) by one of two methods: Electronic Data Interchange (EDI), which is electronically submitting Health Insurance Portability and Accountability Act (HIPAA) compliant claims transactions, and Direct Data Entry (DDE),

which is entering claims data directly into the IS. EDI is strongly preferred by DMH.

- 7.1.4 Proposer shall provide status and outcomes information by one of the following methods:
  - 7.1.4.1 Proposer shall transmit the information electronically to DMH from provider, billing company, or clearinghouse systems using an XML format that DMH will provide that is substantially similar to what the State requires DMH to submit, or
  - 7.1.4.2 Proposer shall use DDE as above into a web-based DMH Outcomes Measurement System.
- 7.1.5 For both claiming and status and outcomes information, an Internet connection shall be required and, unless Proposer is a very small agency, broadband shall be essential.

## **7.2 PRIVACY AND ELECTRONIC SECURITY**

- 7.2.1 Proposer shall comply with federal and state laws as they apply to protected health information (PHI), individually identifiable health information (IIHI), and electronic information security.
- 7.2.2 Any Proposer that is deemed a "Covered Entity" under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") shall comply with the HIPAA privacy and security regulations independently of any activities or support of DMH or the County of Los Angeles."
- 7.2.3 Any Proposer that is deemed a "Business Associate" of County under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") shall enter into a Business Associate Agreement with the County of Los Angeles to ensure compliance with the privacy and electronic security standards.

## **7.3 TECHNOLOGY REQUIREMENTS**

- 7.3.1 Proposer shall acquire, manage, and maintain its own information technology and systems in order to meet the functional, workflow, and privacy/security requirements listed above. For both claiming and status and outcomes information, an Internet connection shall be required and, unless the provider is a very small agency, broadband shall be essential.
- 7.3.2 A Proposer who elects to connect to DMH systems for DDE shall maintain an Internet Connection and use a Web browser at the level of Internet Explorer 6.0 or better. Neither the Integrated System nor the

Outcomes Measurement System has been tested using a Macintosh, and DDE using a Macintosh, while theoretically possible, is not supported by DMH. The most effective systems for this purpose will be Microsoft Windows-based PCs equipped with Internet Explorer 6.0 or better.

7.3.3 A Proposer who elects to submit internally generated electronic information to DMH shall use Secure Internet File Transfer protocol to do so. DMH will provide the XML specifications for the outcomes data. Claiming, remittance advice, enrollment, eligibility, and other financial transactions shall comply with the HIPAA standard for transactions and code sets. The applicable trading partner agreements and specifications are available at the DMH web site and will be provided at the time the Agreement is executed. DMH does not maintain and will not support a private network of any kind.

7.3.4 Proposer shall be solely responsible for complying with all applicable state and federal regulations affecting the maintenance and transmittal of electronic information.

## **8.0 SUBCONTRACTOR (S)**

8.1 If Proposer intends to employ a Subcontractor(s) to perform some of the services described in this SOW, the transmittal letter shall clearly indicate the other agency(ies) involved, and Proposer shall describe the role of the Subcontractor. A statement from all Subcontractors indicating their willingness to work with the Proposer and the intent to sign a formal agreement between/among the parties shall be submitted with the signature of the person authorized to bind the subcontracting organization.

8.2 A Proposer that has been selected for funding shall obtain prior written approval from DMH in order to enter into a particular subcontract and all requests shall be in writing. Proposer shall remain responsible for any and all performance required of it under the Contract.

8.3 All Subcontracting Agreements shall be required for County review and become the official record to be included in DMH's Contract file after award of the Contract, if any.

8.4 The role that the Subcontractor will play in the Wellness Center must be fully described in the proposal narrative.

## **9.0 PERFORMANCE-BASED CRITERIA**

### **9.1 CRITERIA**

9.1.1 The Contract shall include six (6) Performance-based Criteria that shall measure the Proposer's performance related to program and operational

measures and are indicative of quality mental health services. These criteria are consistent with the MHSA and the CSS Plan. These measures assess the agency’s ability to provide the mandated services as well as the operation’s ability to monitor the quality of services.

9.1.2 Proposer shall provide processes for systematically involving families, key stakeholders, and direct service staff in defining, selecting, and measuring quality indicators at the program and community levels. Should there be a change in federal, State and/or County policies/regulations, DMH, at its sole discretion, will advise Proposer of the revised Performance-based Criteria with 30-days notice.

9.1.3 The Performance-based Criteria are as follows:

PERFORMANCE BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
1. Agency has ethnic parity of staff to clients	Staff Roster	Ethnic staff in direct percentage to the percent of ethnic minority clients to be served.
2. Agency has linguistic capability sufficient to meet the needs of clients to be served	Review of staffing pattern and personnel records	Linguistic capability in direct percentage to the percent of non-English speaking clients to be served
3. Agency has paid staff who are consumers.	Negotiation package and staff roster	Fifty (50) % or more of staff are consumers.
4. Agency provides services or has the availability of services for clients with co-occurring substance abuse disorders.	IS report on clients who have substance abuse diagnosis, sample review of records and/or activity calendars, and review of staff training and qualifications.	60% of clients served have a history of co-occurring substance abuse disorders and have access to services that address these co-occurring disorders.
5. Agency provides clients with self-help and peer support services.	Sample review of records and/or activity calendars.	100% of clients will receive self-help and peer support services.
6. Agency serves uninsured and clients who are benefit eligible but do not have benefits at the time of admission.	IS reports	10-30% of clients will be uninsured.

## 9.2 REQUIRED DOCUMENTS

Proposer shall demonstrate in writing how the services impact the performance targets. Proposer shall maintain, at a minimum, the following documents that indicate whether performance targets have been reached:

- 9.2.1 Required statistical reports related to the Proposer's services.
- 9.2.2 Required documents such as licenses, certification, etc. related to the services.
- 9.2.3 Training schedules and curriculums.
- 9.2.4 Documentation in client records of activities related to performance targets.