GROUP HOMES

A. The Contractor shall provide group home residential services to individuals age eighteen (18) or older who have serious and persistent psychiatric disorders, or co-occurring psychiatric and substance use disorders and who are medically indigent. Medically indigent is defined as having no private or public health care coverage that will pay for the services to be provided by the contractor and no access to, or eligibility for, such coverage. A group home is defined as a set of recovery oriented services provided in a congregate community residence involving multiple individuals that provides residential and rehabilitative services and is staffed 24 hours a day/7 days a week. Individuals in the group home have significant skill deficits in the areas of self-care and independent living as a result of their psychiatric disability and they require a non-hospital, structured and supervised community–based residence. Restraint and seclusion are not provided within these facilities. A written plan of care or initial assessment of the need for services shall be recommended by a physician or other licensed practitioner of the healing arts. Group Homes receive referrals primarily from Local Mental Health Authorities and are intended primarily as a step-down service from in-patient hospitalization.

B. Specifically the Contractor shall:

1. Conduct assessments to help individuals identify and explore personal strengths, and community and recovery resources and supports to enable the individuals to be contributing members of their community;
2. Assist individuals to identify and use personal strengths to develop skills, and identify recovery resources and supports needed for independence and successful community living;
3. Develop individualized rehabilitation plans that address assessed needs in areas such as employment, education, self management skills, relapse prevention, and social skills training, and contain goals identified by the individual. Plans shall provide detailed information on goals, objectives, tasks, and interventions; and identify the individual responsible and time frames for accomplishment;
4. On a daily basis, provide skill building instruction and other rehabilitative activities to increase the individual's independence in accordance with their rehabilitation plans. Such instruction and activity shall include at minimum, but are not limited to the following:
    i. Teaching, coaching and assisting with daily living activities such as personal grooming, meal planning and preparation, shopping, medication compliance, the use of transportation, management of financial resources, use of leisure time, and interpersonal communication;
    ii. Assistance with the development of coping strategies, self-management alternatives, response strategies for substance use triggers, and problem-solving skills;
    iii. Supportive counseling directed at resolving problems related to community living and interpersonal relationships;
    iv. Individualized and group instructions pertaining to the alleviation and management of psychiatric symptoms and substance use disorders;
    v. Orientation to community resources and recovery supports including mentors, self help and advocacy groups, and facilitation of access to such resources;
    vi. Assistance in gaining access to other necessary rehabilitative services, medical services, general entitlement benefits, or other community services and recovery supports through service coordination activities.
5. Assist and support individuals during crisis situations.
6. Provide housing resource coordination as needed to individuals in finding, obtaining and keeping safe, affordable housing;
7. Facilitate the development of community connections in areas related to faith, recreation, civic activities and facilitate productive relationships with others to achieve full community integration.

8. Involve family members, significant others, and authorized advocates in the development of the recovery plan and the delivery of services, as desired by the individual and appropriate.
9. Provide education, support and consultation to family members of individuals in the group home;
10. Monitor the individual's rehabilitation plan on an on-going basis;
11. Complete a review of the rehabilitation plan and determine the appropriateness of the placement every ninety (90) days.

C. The services shall be provided at the following location, with the capacity and hours of operation described below:

Location	Capacity	Hours of Operation

D. The Contractor shall provide services which meet the required utilization rate for Group Homes. The Contractor's group home utilization rate shall be measured by the number of bed days utilized as reported to the Department's information system. The minimum acceptable utilization rate for group homes funded by the Department is 90% of the maximum attainable number of bed days as determined by multiplying the capacity for each funded program as stated in section C. above by 365. Utilization for all funded treatment services shall be computed based on total capacity.

E. The Contractor shall implement the services described herein to result in the following outcomes. Such outcomes shall be measured in the manner described herein. Outcome results achieved pursuant to these terms and conditions will be monitored by the Department through data reported by the Contractor to the Department's information systems and in observations through site visits. The Department's outcome indicators for the Contractor's funded services are as follows:

PERFORMANCE OUTCOME MEASURES

GROUP HOMES

OUTCOMES	MEASURES
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Departments' data collection system no later than the 15th day of each month.
2. Contractor will meet the expected utilization rate or annual projection of individuals to be served for this level of care.	A utilization rate of at least 90% will be achieved.
3. Individuals will report satisfaction with their services.	At least 80% of respondents to the DMHAS consumer satisfaction survey will rate services positively in each of the domains of access to services, quality of services, outcomes, participation in treatment planning, respect, recovery and general satisfaction with services.
4. Individuals will improve or maintain their overall functioning.	At least 95% of individuals served annually will maintain or increase their level of functioning as measured by the Global Assessment of Functioning Scale (GAF), Modified Global Assessment of Functioning Scale (MGAF).
5. Individuals will improve or maintain their living situation.	At least 90% of individuals served annually will improve or maintain their living situation.

6. Individuals will improve or maintain their social supports.	At least 60% of individuals served annually will have increased or maintained the number of social supports.
7. Individuals will successfully complete treatment.	80% of discharged individuals served will have left having substantially completed the objectives identified on the recovery plans.
8. Individuals will receive follow-up care promptly.	At least 90% of individuals who have successfully completed treatment will have at least one (1) residential admission or two (2) outpatient services within thirty (30) days of discharge.
9. Individuals will avoid readmission to the same or higher level of care.	No more than 15% of individuals who have been discharged will be readmitted to the same or higher level of care within thirty (30) days.