

## **RESIDENTIAL SUPPORT**

A. The Contractor shall provide Residential Support services to individuals age eighteen (18) or older who have serious and persistent psychiatric disorders, or co-occurring psychiatric and substance use disorders, 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. Individuals using Residential Support services will have functional deficits that require routine low-intensity support needs, including health issues, for the purpose of assisting individuals to access and use community resources.

Residential Support services are a set of recovery oriented services provided for the purpose of assisting individuals to live independently in community residences, fulfill tenant responsibilities and access and use community resources and supports. Staff are on-call on a 24 hour basis to respond to needs for assistance or service outside of the hours of 9 AM and 6 PM, Monday through Friday.

B. Specifically, the Contractor shall:

1. Provide case managers to collaborate with individuals to identify service and support needs;
2. 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;
3. Develop, with each individual, a recovery plan that addresses identified needs in areas such as employment, education, self management skills, relapse prevention, and social skills training. Such plans shall contain goals identified by the individual and shall provide detailed information on goals, objectives, tasks, and interventions, and shall identify the individual responsible and time frames for accomplishment;
4. Monitor the individual's recovery plan on an on-going basis;
5. Complete a review of the recovery plan and determine the appropriateness of the placement every ninety (90) days;
6. Advocate on behalf of individuals as needed;
7. Through coaching and encouragement, assist individuals to:
  - i. Access and use services and supports that enhance independent participation in social, interpersonal, family, and community activities;
  - ii. Increase self-management skills, coping strategies, and relaxation skills;
  - iii. Develop self-advocacy skills for the purpose of accessing natural supports, self-help, and other advocacy resources; and
  - iv. Access health and wellness education.
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 served;
10. Provide housing resource coordination as needed to aid individuals in finding, obtaining and keeping safe, affordable housing;
11. Assist individuals to maintain and improve their lives and develop productive relationships that result in community connections in these domains:
  - i. Living
  - ii. Working
  - iii. Learning
  - iv. Social/Familial
  - v. Cultural
  - vi. Spiritual
  - vii. Leisure

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 implement the programs and services described herein to result in the following outcomes on behalf of individuals served. 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**

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**RESIDENTIAL SUPPORT**

| OUTCOMES   | MEASURES  |
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| 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 15 <sup>th</sup> 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. Contractor will meet the expected services or contacts volume for this level of care.                                       | At least 90% of projected services or contacts will be achieved.  |
| 4. 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. |
| 5. 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).   |
| 6. Individuals will improve or maintain their living situation.  | At least 85% of individuals served annually will improve or maintain their living situation.  |
| 7. Individuals will maintain or improve their employment status.   | At least 25% of individuals served annually will maintain or increase their amount of competitive employment.   |
| 8. 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.  |

| OUTCOMES   | MEASURES  |
|--|---|
| 9. Individuals will successfully complete treatment. | At least 50% of individuals discharged will have substantially completed the objectives identified on their recovery plans. |

