

**CRISIS RESPITE SERVICES**

A. The Contractor shall provide Crisis Respite Services, defined as services provided in a structured, appropriate community setting that is staffed twenty-four (24) hours per day, seven (7) days per week by professional and para-professional staff, including a licensed prescriber, to individuals age eighteen (18) or older who are medically indigent. Crisis Respite services shall be provided in response to psychiatric distress or conflict in a current living situation of such intensity or duration to require such services in order to avoid hospitalization. Crisis Respite beds shall be available for use within the area identified in section ‘D’ below. 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.

B. Specifically, the Contractor shall provide:

1. Short term beds in a residential setting;
2. Monitoring and stabilization activities including medication monitoring;
3. Targeted clinical interventions;
4. Assistance in all areas of skills for community living;
5. Development and use of coping strategies and recovery supports;
6. Opportunities for community integration;
7. Use of leisure time for the purpose of assisting individuals to remain in the community
8. Case management services;
9. Peer recovery supports;
10. Housing resource coordination to aid individuals in returning to their existing homes, or in finding and obtaining safe, affordable housing as needed; and
11. Referrals for other necessary services and supports.

C. The Contractor shall establish linkages and collaborations with behavioral health organizations in the service system, including addiction service providers, to facilitate coordinated use of Crisis Respite Services, deliver coordinated supports and services. Length of stay shall be determined by acuity of symptoms and effectiveness of stabilization efforts, and should average not more than fourteen (14) days.

D. The services shall be provided at the following location, with the individual capacities and hours of operation described below:

Location	Capacity	Unduplicated individuals served	Hours of Operation
Office			
Area to be served			

E. The Contractor’s service shall meet the required utilization rate of 90% of the maximum attainable number of individual days as determined by multiplying the individual capacity for each funded program as stated in section B above by three hundred sixty-five (365). Utilization for all funded treatment services shall be computed based on total program capacity. The Contractor will establish and maintain a utilization management protocol in collaboration with a Local Mental Health Authority (LMHA).

F. 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, in observations through site visits and/or in the required monthly service reports. The Department’s individual outcome indicators for the Contractor’s funded services are as follows:

PERFORMANCE OUTCOME MEASURES

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CRISIS RESPITE SERVICES

OUTCOMES	MEASURES
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Department's 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. 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.
4. 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.