

**SOCIAL REHABILITATION SERVICES**

A. The Contractor shall provide social rehabilitation 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, to develop and practice the social skills necessary for successful integration into a community environment. 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, through social, cultural, educational, rehabilitative and recreational services shall provide:

1. activities that facilitate access to peer groups and relationships;
2. activities that are driven by individuals who have self identified as having a psychiatric diagnosis and history of receiving mental health services, hereinafter called “consumers”;
3. services that assist individuals with developing skills related to, but not limited to:
  - i. Daily living
  - ii. Money management
  - iii. Cooking
  - iv. Personal care
  - v. Self-advocacy
  - vi. Social relationship development
  - vii. Communication
  - viii. Life management, including participation in social activities, athletics and hobbies
  - ix. Awareness and use of community resources and supports; and
  - x. Prevocational skills, including but not limited to temporary or transitional employment, or volunteer work assignments.

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’s service shall meet the required utilization rate for social rehabilitation services. The Contractor’s social rehabilitation services utilization rate shall be measured by the number of individuals attending the program each day as reported to the Department’s information system. The minimum acceptable utilization rate for social rehabilitation programs funded by the Department is 90% of the maximum daily capacity as stated in section C. above. Utilization for all funded treatment services shall be computed based on total program 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, in observations through site visits and/or in any other required reports. The Department’s outcome indicators for the Contractor’s funded services are as follows:

PERFORMANCE OUTCOME MEASURES

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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 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 social supports.	At least 60% of individuals served annually will have increased or maintained the number of social supports.