

EXHIBIT J: BEHAVIORAL HEALTH SERVICES ACT (BHSA) ELIGIBILITY AND COMPLIANCE REQUIREMENTS

This Exhibit is incorporated into and made part of the Agreement between CONTRACTOR and COUNTY for services funded in whole or in part with Behavioral Health Services Act (BHSA) funds. This Exhibit governs any portion of the Agreement funded in whole or in part with BHSA funds, regardless of whether other funding sources are included in the Agreement.

This Exhibit establishes uniform eligibility, coverage and billing, documentation, data collection, reporting, and compliance requirements applicable to all services or activities supported by BHSA funds under this Agreement, regardless of funding component or service classification.

In the event of any conflict between this Exhibit and other provisions of the Agreement, this Exhibit shall control with respect to BHSA-funded services to the extent necessary to ensure compliance with applicable BHSA statutes, regulations, and guidance issued by the California Department of Health Care Services (DHCS).

CONTRACTOR acknowledges that BHSA requirements may be modified or clarified during the term of this Agreement and shall comply with any additional or revised state or federal requirements applicable to BHSA-funded services.

CONTRACTOR agrees to comply with the most current version of the BHSA County Policy Manual, as amended from time to time, including all future DHCS updates issued after the execution of this Agreement.

Failure to comply with this Exhibit may constitute a material breach of the Agreement and may result in corrective action, withholding of payment, or other remedies available under the Agreement.

Service Eligibility Criteria:

The following eligibility criteria apply to services funded in whole or in part with BHSA funds under this Agreement. CONTRACTOR shall document and maintain evidence of eligibility in the client record sufficient to support compliance with applicable BHSA component requirements.

EI Outreach Services and Access and Linkage to Care Services

CONTRACTOR shall prioritize early Intervention Outreach and Access and Linkage to Care services to BHSA-eligible individuals who fall into state-designated priority groups:

- Children and Youth (≤ 25 years) who are any of the following:
 - Chronically homeless, experiencing homelessness, or at risk of homelessness;
 - In, or at risk of being in, the juvenile justice system;
 - Reentering the community from a juvenile correctional facility;
 - In the child welfare system (pursuant to W&I Code §§ 300, 601, or 602); or
 - At risk of institutionalization (e.g., placement in inpatient or long-term care).
- Adults and Older Adults (≥ 26 years) who are any of the following:
 - Chronically homeless, experiencing homelessness, or at risk of homelessness;
 - In, or at risk of being in, the criminal justice system;

- Reentering the community from state prison or county jail;
- At risk of conservatorship (meeting criteria for potential LPS conservatorship); or
- At risk of institutionalization (e.g., placement in inpatient, skilled nursing, or other long-term care settings).

BHSA Eligible Children, Youth, and Transitional Age Youth (TAY)

COUNTRACTOR shall provide services to individuals who meet the following criteria:

- The individual has at least one diagnosis of a moderate or severe substance use disorder from the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders, with the exception of tobacco-related disorders and non-substance-related disorders.

OR

- The individual has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

OR

- The individual meets both of the following requirements below:
 - The individual has at least one of the following:
 - A significant impairment
 - A reasonable probability of significant deterioration in an important area of life functioning
 - A reasonable probability of not progressing developmentally as appropriate.
 - A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

AND

- The individual's condition above is due to one of the following:
 - A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
 - A suspected mental health disorder that has not yet been diagnosed.
 - Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

BHSA Eligible Adults and Older Adults

CONTRACTOR may provide BHSA-funded services and supports to individuals who meet the following criteria:

- Individuals must:
 - Have at least one diagnosis of a moderate or severe substance use disorder from the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders, with the exception of tobacco-related disorders and non-substance-related disorders.
- OR
- The individual meets the following criteria:
 - The beneficiary has one or both of the following:
 - Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.
 - A reasonable probability of significant deterioration in an important area of life functioning.

AND

- The beneficiary's condition above is due to either of the following:
 - A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
 - A suspected mental disorder that has not yet been diagnosed.

BHSA Eligible Adults and Older Adults (Full Service Partnerships)

CONTRACTOR may provide Full Service Partnership services to BHSA-eligible individuals who meet the additional following criteria:

- Individuals must meet at least one of the following priority populations
 - Are chronically homeless or experiencing homelessness or at risk of homelessness
 - Are in, or at risk of being in, the justice system
 - Are reentering the community from state prison or county jail
 - Are at risk of conservatorship
 - Are at risk of institutionalization

BHSA Eligibility for Housing Interventions

CONTRACTOR shall provide Housing Intervention services or supports to BHSA-eligible individuals who meet the following criteria upon intake of services. Once an individual is determined to meet the definition of chronically homeless, that status may be maintained for the duration of enrollment. Any individual identified as Chronically Homeless prior to July 1, 2026 will maintain their status as chronically homeless throughout enrollment of services.

- a. At-Risk of Homelessness
 1. An individual or family who:
 - Has an annual income below 30 percent of median family income for the area, as determined by HUD;
 - Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an

emergency shelter or another place described in paragraph (1) of the “Experiencing Homeless” definition in this section; and

- Meets one of the following conditions:
- Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
- Is living in the home of another because of economic hardship;
- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 30 days after the date of application for assistance;
- Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
- Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
- Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan;
- A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or
- A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.
- An individual or family is not required to have an annual income below 30 percent of median family income for the area in order to qualify as at risk of homelessness for purposes of BHSA-funded services.
- Experiencing Homelessness
- An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or

- An individual who is exiting an institution who was homeless immediately prior to entering that institution or carceral stay or became homeless during that stay.
- An individual or family who will imminently lose their primary nighttime residence, provided that:
 - The primary nighttime residence will be lost within 30 days of the date of application for homeless assistance;
 - No subsequent residence has been identified; and
 - The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing;
- Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 - Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
 - Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
- Any individual or family who:
 - Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
 - Has no other residence; and
 - Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.
- Chronically Homeless
 - A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
 - Has been “experiencing homelessness” or “at risk of homelessness” as defined above on any number of occasions in the last 3 years, as long as the combined occasions equal at least 12 months;

OR

- An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility and met all of the criteria in paragraph (1) of this definition, before entering that facility;

OR

- A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Anyone who was homeless, at risk of homelessness, or chronically homeless prior to the receipt of Transitional Rent or MHSA-funded housing who transitions to Housing Interventions shall retain that respective status under BHSA.

Third-Party Coverage, Billing, and Non-Supplantation Requirements

This section applies only to services that are funded with BHSA dollars and are also potentially eligible for payment under Medi-Cal, a Medi-Cal Managed Care Plan (MCP), commercial insurance, Medicare, or other health coverage. Requirements below shall be implemented consistent with COUNTY billing instructions and processes.

If CONTRACTOR delivers services that are both (a) funded by BHSA and (b) covered by the COUNTY's Medi-Cal BHDS (Specialty Mental Health Services and/or Drug Medi-Cal/DMC-ODS) and CONTRACTOR is eligible to participate, CONTRACTOR shall participate in the COUNTY's Medi-Cal BHDS as required by COUNTY. Participation may include, as applicable based on provider type and service type, credentialing, certification pathways, Medi-Cal enrollment through state systems, and contracting steps required to claim Medi-Cal.

At the time an individual first seeks BHSA-funded services, unless crisis or urgent services are needed immediately, CONTRACTOR shall inquire whether the individual has Medi-Cal and other health coverage (including MCP enrollment and commercial insurance).

If the individual reports Medi-Cal, CONTRACTOR shall request to view the Benefits Identification Card when available and shall confirm enrollment and other health coverage status using COUNTY-approved eligibility verification methods.

If the individual reports being uninsured or declines to answer, CONTRACTOR shall document the response and, if sufficient information is available, check enrollment status using COUNTY-approved verification methods. CONTRACTOR shall refer the individual for eligibility screening and enrollment support through the Department of Social Services or other COUNTY-designated process.

For individuals receiving ongoing services whose Medi-Cal or other coverage status is unknown or uninsured at entry, CONTRACTOR shall conduct a new coverage check at least monthly and document the results.

For BHSA-funded services that are covered by the COUNTY's Medi-Cal BHDS and provided to an individual enrolled in Medi-Cal, CONTRACTOR shall submit claims to the COUNTY's Medi-Cal BHDS in accordance with Medi-Cal billing rules and COUNTY claiming processes. If

a claim is denied due to billing deficiencies, CONTRACTOR shall correct and resubmit the claim consistent with COUNTY instructions.

For BHSA-funded non-specialty mental health services (NSMHS) and non-specialty substance use disorder services that are covered by a Managed Care Plan (MCP), BHSA funds must only be used when the participant is ineligible for Medi-Cal Managed Care Plan coverage, the MCP does not offer the service in the county, or the benefit limit for the service has been fully utilized. CONTRACTOR shall make a good faith effort to seek reimbursement from the MCP, including obtaining plan billing requirements, pursuing network agreements or other arrangements when appropriate, and submitting claims consistent with plan requirements.

For individuals with commercial insurance, when a BHSA-funded service is covered by the individual's commercial plan, CONTRACTOR shall make a good faith effort to:

- check commercial insurance status;
- seek required prior authorization when applicable; and
- submit claims in accordance with the plan's billing requirements, including as an out-of-network provider where applicable, and consider network agreements, letters of agreement, or single case agreements when appropriate for higher-cost or longer-duration services.

If a commercial plan or MCP imposes obstacles to payment, denies claims inconsistently with plan requirements, fails to timely reimburse, or impedes good faith contracting efforts, CONTRACTOR shall promptly notify COUNTY and provide supporting documentation requested by COUNTY. CONTRACTOR shall cooperate with COUNTY in efforts to elevate concerns to appropriate agencies, which may include DMHC, CDI, and/or DHCS Third-Party Liability and Recovery Division, as applicable.

For services funded under BHSA Housing Interventions, CONTRACTOR shall not use BHSA Housing Interventions funds for Housing Intervention services, including rent, that are covered by a Medi-Cal MCP. The flexibility to use BHSA funds before exhausting MCP reimbursement does not override this Housing Interventions restriction.

CONTRACTOR shall not use BHSA Housing Interventions funds for any service, including rent, that is covered by a Medi-Cal Managed Care Plan.

CONTRACTOR shall not structure services, documentation, or billing practices in a manner that results in BHSA funds wholly paying for services that Medi-Cal or commercial payers are obligated to cover when those services are otherwise claimable. CONTRACTOR shall maintain documentation sufficient to demonstrate compliance with the requirements in this section, including coverage checks, billing actions, claim outcomes, and corrective actions.

CONTRACTOR shall participate in COUNTY billing training, technical assistance, and corrective action processes related to these requirements, as requested by COUNTY. CONTRACTOR shall comply with applicable requirements in the BHSA County Policy Manual and DHCS guidance, including updates issued during the term of the Agreement.

Documentation, Data Collection, and Reporting Requirements

This section establishes documentation, data collection, system entry, validation, and reporting requirements applicable to BHSA-funded services under this Agreement. CONTRACTOR

acknowledges that these requirements are necessary to enable COUNTY to meet statutory planning, reporting, fiscal accountability, suballocation, and reversion obligations under the Behavioral Health Services Act.

CONTRACTOR shall collect, maintain, and submit documentation and data necessary for COUNTY to comply with all applicable BHSA statutory, regulatory, and reporting obligations, including but not limited to the Integrated Plan (IP), Annual Updates, Intermittent Updates, the Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR), suballocation tracking, and reversion calculations.

CONTRACTOR's obligation to comply with BHSA reporting requirements is ongoing and does not depend solely upon individualized written direction from COUNTY. CONTRACTOR shall comply with COUNTY-issued reporting instructions, data definitions, templates, and technical guidance issued during the term of the Agreement.

For BHSA-funded non-hospital, non-NTP mental health and substance use disorder services, CONTRACTOR shall comply with documentation requirements established in BHIN 23-068, effective July 1, 2026.

Documentation shall be sufficient to:

- Support medical necessity where applicable;
- Support service authorization and claiming integrity;
- Demonstrate that services delivered align with identified needs;
- Substantiate billed units or reported service encounters.

Where a program includes both clinical services and non-clinical services (e.g., outreach, housing navigation, supportive services), BHIN 23-068 documentation requirements apply only to the clinical service components. Non-clinical components shall follow alternative documentation standards as directed by the COUNTY.

Documentation exceptions identified in the BHSA County Policy Manual (e.g., housing services, certain outreach activities where collecting identifying information is not feasible) shall apply only to the extent permitted by COUNTY guidance.

CONTRACTOR shall enter required service and participant data into COUNTY-designated systems in accordance with COUNTY-established timeliness standards.

CONTRACTOR shall participate in data validation, reconciliation, and corrective action processes.

CONTRACTOR shall correct identified data deficiencies within timeframes established by COUNTY.

CONTRACTOR shall provide source documentation sufficient to support reported services, expenditures, outcomes, and participant classifications.

CONTRACTOR shall implement additional reporting, documentation, fidelity monitoring, or performance measurement requirements issued by DHCS and communicated by COUNTY during the term of the Agreement. Implementation includes modification of internal workflows, data systems, and documentation practices as necessary for COUNTY compliance.

For services funded under the BHSA Housing Interventions component:

CONTRACTOR shall participate in COUNTY's HMIS in accordance with HUD HMIS Data Standards and COUNTY participation requirements.

CONTRACTOR shall collect and enter required HUD Universal Data Elements, HUD Common Data Elements, and any additional federal partner elements applicable to Housing Interventions participants.

CONTRACTOR shall comply with COUNTY-established data quality standards, timeliness requirements, and validation procedures for HMIS data entry.

CONTRACTOR shall submit data applicable to funded services sufficient to enable COUNTY to report on:

- Chronically homeless set-aside compliance;
- Capital development limitations;
- Housing placement, retention, and related outcomes;
- Encampment-focused interventions where applicable.

EXHIBIT J-1: BEHAVIORAL HEALTH SERVICES ACT (BHSA) ASSERTIVE COMMUNITY TREATMENT REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the delivery of Assertive Community Treatment (ACT) services under the County's Full Service Partnership (FSP) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A: Program Description, and apply only to services delivered using the ACT model.

The requirements set forth in this exhibit reflect ACT-specific service expectations, including model fidelity, service intensity, engagement practices, coordination across systems of care, and co-occurring mental health and substance use disorder capabilities. These requirements are intended to support consistent implementation of ACT services within the County's FSP continuum and to ensure alignment with BHSA policy and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

CONTRACTOR shall implement Full Service Partnership (FSP) services under the FSP funding component of the Behavioral Health Services Act (BHSA). FSP programs are intended to provide individualized, team-based, community-based care to individuals living with significant behavioral health needs through a "whatever it takes" approach. Services shall reflect a whole-person model that is trauma-informed, recovery-focused, age-appropriate, and delivered in partnership with families and natural supports, as appropriate.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA FSP funds and defined policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), and Individual Placement and Support (IPS) Model of Supported Employment programs must be implemented in alignment with the BHSA County Policy Manual and must demonstrate fidelity to an evidence-based practice model as defined in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice Policy Guide or other applicable State guidance. Applicable program requirements are attached to this agreement and can also be found on the Department of Health Care Services (DHCS) BH-CONNECT Resources page or at the following link:

LINK: <https://www.dhcs.ca.gov/Documents/EBP-Policy-Guide.pdf>

Full Service Partnership Intensive Case Management (FSP-ICM), High Fidelity Wraparound (HFW), Assertive Field-Based Initiation (AFBI), FSP Outreach, or other FSP services and support must be implemented in alignment with the BHSA County Policy Manual. Applicable program requirements are attached to this agreement and can also be found on the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual page or at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

The CONTRACTOR shall implement services consistent with the core elements of the selected model and shall fully participate in any required fidelity monitoring, technical assistance, performance monitoring, or certification processes as defined by DHCS or the COUNTY.

General FSP Requirements

CONTRACTOR shall implement the ACT model aligned to the evidence-based model, offering intensive, team-based care with low staff-to-client ratios and shared caseloads.

CONTRACTOR shall include substance use disorder (SUD) treatment services where appropriate, consistent with the expansion under the BHSA to include eligible individuals living with SUD.

CONTRACTOR shall support FSP participants living with co-occurring mental health and substance use disorder conditions by providing integrated behavioral health care as part of the FSP program, inclusive of mental health, SUD, and/or co-occurring services, or by closely coordinating the provision of SUD care for FSP participants.

CONTRACTOR shall provide FSP services in accordance with demonstrated clinical need and deliver services in alignment with the required high intensity service models: Assertive Community Treatment (ACT), Forensic ACT (FACT), FSP Intensive Case Management (ICM), and High Fidelity Wraparound (HFW). CONTRACTOR shall implement required services and maintain co-occurring capabilities within these models.

CONTRACTOR shall provide ongoing engagement services to FSP participants to maintain their continued treatment. CONTRACTOR shall deliver engagement services that may include clinical and recovery-oriented services, such as consumer-operated services, peer support services, transportation, and services to support maintaining housing.

CONTRACTOR shall provide outpatient behavioral health services, either clinic- or field-based, necessary for the ongoing evaluation, stabilization, and recovery of enrolled individuals.

CONTRACTOR shall coordinate with each FSP program participant's primary care provider as appropriate.

CONTRACTOR shall connect individuals to FSP teams, SUD providers, or other clinically necessary services, including peer support, as appropriate, after providing assertive field-based initiation for SUD treatment services.

CONTRACTOR shall conduct ASAM screening as part of an integrated assessment upon intake into the FSP and connect individuals to SUD providers, as appropriate.

CONTRACTOR shall offer medications for addiction treatment (MAT) services directly to clients or maintain an effective referral process, including an established relationship with a MAT provider and coordinate transportation to MAT appointments.

CONTRACTOR shall equip FSP program staff at all levels of care based on acuity, as defined by the COUNTY, to provide comprehensive care to individuals with significant co-occurring behavioral health needs.

CONTRACTOR shall develop strategies for billing and claiming services within the context of co-occurring care delivery, including identifying the appropriate service/delivery system.

CONTRACTOR shall deliver FSP services in accordance with the COUNTY 's established standard of care, including applying acuity criteria and step-down processes defined by the COUNTY.

CONTRACTOR shall participate in COUNTY-defined step-down processes, including assessing participant acuity, supporting transitions to the least intensive level of care, and coordinating with other FSP teams or service providers to ensure continuity of care.

EXHIBIT J-2: BEHAVIORAL HEALTH SERVICES ACT (BHSA) ASSERTIVE FIELD- BASED INITIATION REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the delivery of Assertive Field-Based Initiation (AFBI) for Substance Use Disorder Treatment Services under the County's Full Service Partnership (FSP) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A: Program Description, and apply only to services delivered using the AFBI model.

The requirements set forth in this exhibit reflect AFBI-specific service expectations, including service intensity, engagement practices, coordination across systems of care, and co-occurring mental health and substance use disorder capabilities. These requirements are intended to support consistent implementation of AFBI services within the County's FSP continuum and to ensure alignment with BHSA policy and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

The Contractor shall implement Assertive Field-Based Initiation (AFBI) for Substance Use Disorder Treatment Services in accordance with the Behavioral Health Services Act (BHSA), providing high-intensity, individualized, and recovery-oriented services that promote stability, wellness, and community integration.

AFBI services must be implemented in alignment with the BHSA County Policy Manual. Applicable program requirements are attached to this agreement and can also be found on the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual page or at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

AFBI Model Description

Data-Informed, Targeted Outreach

CONTRACTOR shall conduct ongoing, targeted outreach to engage BHSA-eligible individuals living with substance use disorder (SUD) treatment needs, including individuals at higher risk of overdose.

CONTRACTOR shall prioritize outreach to populations at elevated risk of overdose, including individuals who are experiencing homelessness or housing insecurity, justice-involved, and/or living with co-occurring mental health conditions.

CONTRACTOR shall conduct targeted outreach in community-based, low-barrier settings where individuals living with SUD are located, which may include streets, shelters, homeless encampments, syringe services programs, drop-in centers, emergency departments, jails, and other identified locations.

Mobile Field-Based Programs

CONTRACTOR shall operate or participate in mobile field-based programs that provide assertive, community-based engagement for individuals living with SUD treatment needs.

CONTRACTOR shall ensure that mobile field-based programs are able to provide rapid access to all Food and Drug Administration (FDA)-approved medications for addiction treatment (MAT), either by:

- Embedding MAT prescribers within the mobile team; or
- Maintaining referral pathways to qualified MAT providers, including Narcotic Treatment Programs (NTPs), mobile NTPs, medication units, emergency departments, or other authorized providers.

Medication selection shall be individualized based on clinical need and participant preference and shall not be limited by medication availability.

CONTRACTOR shall ensure that mobile field-based programs work toward same-day access to MAT, inclusive of leveraging existing initiatives that may sit outside of county behavioral health.

When mobile field-based programs are not certified to dispense methadone, CONTRACTOR shall ensure rapid referral to an NTP, mobile NTP, medication unit, or emergency department for methadone initiation.

For individuals initiated on MAT, CONTRACTOR must provide or refer individuals to other programs for MAT maintenance.

CONTRACTOR must work to ensure all recovery-oriented services, including behavioral therapies and counseling, from MAT providers are accessible by individuals.

Open-Access Clinics

CONTRACTOR shall support or coordinate with open-access clinics that provide low-barrier, low-threshold access to MAT for individuals living with SUD treatment needs.

Open-access clinics shall directly provide or refer individuals to the most clinically appropriate form of MAT, including methadone. Medication selection shall be individualized based on clinical need and shall not be limited by medication availability.

Open-access clinics shall accept referrals from outreach and mobile field-based programs and shall not impose barriers that delay access to MAT, such as appointment requirements or treatment readiness conditions.

CONTRACTOR must work to ensure all recovery-oriented services, including behavioral therapies and counseling, from MAT providers are accessible by individuals.

EXHIBIT J-3: BEHAVIORAL HEALTH SERVICES ACT (BHSA) FORENSIC ASSERTIVE COMMUNITY TREATMENT REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the delivery of Forensic Assertive Community Treatment (FACT) services under the County's Full Service Partnership (FSP) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A: Program Description, and apply only to services delivered using the FACT model.

The requirements set forth in this exhibit reflect FACT-specific service expectations, including model fidelity, service intensity, engagement practices, coordination across systems of care, and co-occurring mental health and substance use disorder capabilities. These requirements are intended to support consistent implementation of FACT services within the County's FSP continuum and to ensure alignment with BHSA policy and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

CONTRACTOR shall implement Full Service Partnership (FSP) services under the FSP funding component of the Behavioral Health Services Act (BHSA). FSP programs are intended to provide individualized, team-based, community-based care to individuals living with significant behavioral health needs through a "whatever it takes" approach. Services shall reflect a whole-person model that is trauma-informed, recovery-focused, age-appropriate, and delivered in partnership with families and natural supports, as appropriate.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA FSP funds and defined policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), and Individual Placement and Support (IPS) Model of Supported Employment programs must be implemented in alignment with the BHSA County Policy Manual and must demonstrate fidelity to an evidence-based practice model as defined in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice Policy Guide or other applicable State guidance. Applicable program requirements are attached to this agreement and can also be found on the Department of Health Care Services (DHCS) BH-CONNECT Resources page or at the following link:

LINK: <https://www.dhcs.ca.gov/Documents/EBP-Policy-Guide.pdf>

Full Service Partnership Intensive Case Management (FSP-ICM), High Fidelity Wraparound (HFW), Assertive Field-Based Initiation (AFBI), FSP Outreach, or other FSP services and support must be implemented in alignment with the BHSA County Policy Manual. Applicable program requirements are attached to this agreement and can also be found on the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual page or at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

The CONTRACTOR shall implement services consistent with the core elements of the selected model and shall fully participate in any required fidelity monitoring, technical assistance, performance monitoring, or certification processes as defined by DHCS or the COUNTY.

FACT Model Description

CONTRACTOR shall deliver FACT services for justice-involved individuals meeting Level 2 FSP criteria. FACT teams must provide all ACT core services while integrating justice system coordination to reduce recidivism and support successful reentry.

In addition to ACT service components, as defined by the BH-CONNECT Evidence-Based Practice Guide, FACT teams shall:

- Screen for criminogenic risks and needs.
- Provide trauma-responsive care to justice-involved individuals.
- Use cognitive behavioral strategies to address criminogenic needs.
- Offer specialized navigation of justice-related community resources (e.g., probation, courts, reentry services).
- Ensure staff understand confidentiality laws governing criminal justice and health information sharing

CONTRACTOR shall establish and maintain linkages with probation, parole, courts, pretrial services, and other criminal justice partners to ensure coordinated care and support diversion opportunities.

CONTRACTOR shall include substance use disorder (SUD) treatment services where appropriate, consistent with the expansion under the BHSA to include eligible individuals living with SUD.

CONTRACTOR shall support FSP participants living with co-occurring mental health and substance use disorder conditions by providing integrated behavioral health care as part of the FSP program, inclusive of mental health, SUD, and/or co-occurring services, or by closely coordinating the provision of SUD care for FSP participants.

CONTRACTOR shall provide FSP services in accordance with demonstrated clinical need and deliver services in alignment with the required high intensity service models: Assertive Community Treatment (ACT), Forensic ACT (FACT), FSP Intensive Case Management (ICM), and High Fidelity Wraparound (HFW). CONTRACTOR shall implement required services and maintain co-occurring capabilities within these models.

CONTRACTOR shall provide ongoing engagement services to FSP participants to maintain their continued treatment. CONTRACTOR shall deliver engagement services that may include clinical and recovery-oriented services, such as consumer-operated services, peer support services, transportation, and services to support maintaining housing.

CONTRACTOR shall provide outpatient behavioral health services, either clinic- or field-based, necessary for the ongoing evaluation, stabilization, and recovery of enrolled individuals.

CONTRACTOR shall coordinate with each FSP program participant's primary care provider as appropriate.

CONTRACTOR shall connect individuals to FSP teams, SUD providers, or other clinically necessary services, including peer support, as appropriate, after providing assertive field-based initiation for SUD treatment services.

CONTRACTOR shall conduct ASAM screening as part of an integrated assessment upon intake into the FSP and connect individuals to SUD providers, as appropriate.

CONTRACTOR shall offer medications for addiction treatment (MAT) services directly to clients or maintain an effective referral process, including an established relationship with a MAT provider and coordinate transportation to MAT appointments.

CONTRACTOR shall equip FSP program staff at all levels of care based on acuity, as defined by the COUNTY, to provide comprehensive care to individuals with significant co-occurring behavioral health needs.

CONTRACTOR shall develop strategies for billing and claiming services within the context of co-occurring care delivery, including identifying the appropriate service/delivery system.

CONTRACTOR shall deliver FSP services in accordance with the COUNTY 's established standard of care, including applying acuity criteria and step-down processes defined by the COUNTY.

CONTRACTOR shall participate in COUNTY-defined step-down processes, including assessing participant acuity, supporting transitions to the least intensive level of care, and coordinating with other FSP teams or service providers to ensure continuity of care.

EXHIBIT J-4: BEHAVIORAL HEALTH SERVICES ACT (BHSA) HIGH FIDELITY WRAPAROUND REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the delivery of High Fidelity Wraparound (HFW) services under the County's Full Service Partnership (FSP) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A: Program Description, and apply only to services delivered using the HFW model.

The requirements set forth in this exhibit reflect HFW-specific service expectations, including model fidelity, service intensity, engagement practices, coordination across systems of care, and co-occurring mental health and substance use disorder capabilities. These requirements are intended to support consistent implementation of HFW services within the County's FSP continuum and to ensure alignment with BHSA policy and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

CONTRACTOR shall implement Full Service Partnership (FSP) services under the FSP funding component of the Behavioral Health Services Act (BHSA). FSP programs are intended to provide individualized, team-based, community-based care to individuals living with significant behavioral health needs through a "whatever it takes" approach. Services shall reflect a whole-person model that is trauma-informed, recovery-focused, age-appropriate, and delivered in partnership with families and natural supports, as appropriate.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA FSP funds and defined policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), and Individual Placement and Support (IPS) Model of Supported Employment programs must be implemented in alignment with the BHSA County Policy Manual and must demonstrate fidelity to an evidence-based practice model as defined in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice Policy Guide or other applicable State guidance. Applicable program requirements are attached to this agreement and can also be found on the Department of Health Care Services (DHCS) BH-CONNECT Resources page or at the following link:

LINK: <https://www.dhcs.ca.gov/Documents/EBP-Policy-Guide.pdf>

Full Service Partnership Intensive Case Management (FSP-ICM), High Fidelity Wraparound (HFW), Assertive Field-Based Initiation (AFBI), FSP Outreach, or other FSP services and support must be implemented in alignment with the BHSA County Policy Manual. Applicable program requirements are attached to this agreement and can also be found on the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual page or at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

The CONTRACTOR shall implement services consistent with the core elements of the selected model and shall fully participate in any required fidelity monitoring, technical assistance, performance monitoring, or certification processes as defined by DHCS or the COUNTY.

HFW Model Description

CONTRACTOR shall implement the High Fidelity Wraparound (HFW) model for eligible children, youth, and Transitional Age Youth whose clinical, functional, and system-involvement needs require intensive, team-based Full Service Partnership services delivered in accordance with the Wraparound evidence-based practice.

CONTRACTOR shall staff the HFW program with a multidisciplinary team that includes, at minimum, the following roles consistent with the California Wraparound standards. The California Wraparound Standards for Workforce Development can be found on the UC Davis Human Services Wraparound Services website or at the following link:

LINK: <https://humanservices.ucdavis.edu/wraparound-services/california-wraparound-standards-toolkit/workforce-development>

CONTRACTOR shall include substance use disorder (SUD) treatment services where appropriate, consistent with the expansion under the BHSa to include eligible individuals living with SUD.

CONTRACTOR shall support FSP participants living with co-occurring mental health and substance use disorder conditions by providing integrated behavioral health care as part of the FSP program, inclusive of mental health, SUD, and/or co-occurring services, or by closely coordinating the provision of SUD care for FSP participants.

CONTRACTOR shall provide FSP services in accordance with demonstrated clinical need and deliver services in alignment with the required high intensity service models: Assertive Community Treatment (ACT), Forensic ACT (FACT), FSP Intensive Case Management (ICM), and High Fidelity Wraparound (HFW). CONTRACTOR shall implement required services and maintain co-occurring capabilities within these models.

CONTRACTOR shall provide ongoing engagement services to FSP participants to maintain their continued treatment. CONTRACTOR shall deliver engagement services that may include clinical and recovery-oriented services, such as consumer-operated services, peer support services, transportation, and services to support maintaining housing.

CONTRACTOR shall provide outpatient behavioral health services, either clinic- or field-based, necessary for the ongoing evaluation, stabilization, and recovery of enrolled individuals.

CONTRACTOR shall coordinate with each FSP program participant's primary care provider as appropriate.

CONTRACTOR shall connect individuals to FSP teams, SUD providers, or other clinically necessary services, including peer support, as appropriate, after providing assertive field-based initiation for SUD treatment services.

CONTRACTOR shall conduct ASAM screening as part of an integrated assessment upon intake into the FSP and connect individuals to SUD providers, as appropriate.

CONTRACTOR shall offer medications for addiction treatment (MAT) services directly to clients or maintain an effective referral process, including an established relationship with a MAT provider and coordinate transportation to MAT appointments.

CONTRACTOR shall equip FSP program staff at all levels of care based on acuity, as defined by the COUNTY, to provide comprehensive care to individuals with significant co-occurring behavioral health needs.

CONTRACTOR shall develop strategies for billing and claiming services within the context of co-occurring care delivery, including identifying the appropriate service/delivery system.

CONTRACTOR shall deliver FSP services in accordance with the COUNTY 's established standard of care, including applying acuity criteria and step-down processes defined by the COUNTY.

CONTRACTOR shall participate in COUNTY-defined step-down processes, including assessing participant acuity, supporting transitions to the least intensive level of care, and coordinating with other FSP teams or service providers to ensure continuity of care.

EXHIBIT J-5: BEHAVIORAL HEALTH SERVICES ACT (BHSA) INTENSIVE CASE MANAGEMENT REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the delivery of Full Service Partnership – Intensive Case Management (FSP-ICM) services under the County’s Full Service Partnership (FSP) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A: Program Description, and apply only to services delivered using the FSP-ICM model.

The requirements set forth in this exhibit reflect FSP-ICM-specific service expectations, including service intensity, engagement practices, coordination across systems of care, and co-occurring mental health and substance use disorder capabilities. These requirements are intended to support consistent implementation of FSP-ICM services within the County’s FSP continuum and to ensure alignment with BHSA policy and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

CONTRACTOR shall implement Full Service Partnership (FSP) services under the FSP funding component of the Behavioral Health Services Act (BHSA). FSP programs are intended to provide individualized, team-based, community-based care to individuals living with significant behavioral health needs through a “whatever it takes” approach. Services shall reflect a whole-person model that is trauma-informed, recovery-focused, age-appropriate, and delivered in partnership with families and natural supports, as appropriate.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA FSP funds and defined policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

Full Service Partnership Intensive Case Management (FSP-ICM), High Fidelity Wraparound (HFW), Assertive Field-Based Initiation (AFBI), FSP Outreach, or other FSP services and support must be implemented in alignment with the BHSA County Policy Manual. Applicable program requirements are attached to this agreement and can also be found on the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual page or at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

The CONTRACTOR shall implement services consistent with the core elements of the selected model and shall fully participate in any required fidelity monitoring, technical assistance, performance monitoring, or certification processes as defined by DHCS or the COUNTY.

ICM Model Description

CONTRACTOR shall include substance use disorder (SUD) treatment services where appropriate, consistent with the expansion under the BHSA to include eligible individuals living with SUD.

CONTRACTOR shall support FSP participants living with co-occurring mental health and substance use disorder conditions by providing integrated behavioral health care as part of the FSP program, inclusive of mental health, SUD, and/or co-occurring services, or by closely coordinating the provision of SUD care for FSP participants.

CONTRACTOR shall provide FSP services in accordance with demonstrated clinical need and deliver services in alignment with the required high intensity service models: Assertive Community Treatment (ACT), Forensic ACT (FACT), FSP Intensive Case Management (ICM), and High Fidelity Wraparound (HFW). CONTRACTOR shall implement required services and maintain co-occurring capabilities within these models.

CONTRACTOR shall provide ongoing engagement services to FSP participants to maintain their continued treatment. CONTRACTOR shall deliver engagement services that may include clinical and recovery-oriented services, such as consumer-operated services, peer support services, transportation, and services to support maintaining housing.

CONTRACTOR shall provide outpatient behavioral health services, either clinic- or field-based, necessary for the ongoing evaluation, stabilization, and recovery of enrolled individuals.

CONTRACTOR shall coordinate with each FSP program participant's primary care provider as appropriate.

CONTRACTOR shall connect individuals to FSP teams, SUD providers, or other clinically necessary services, including peer support, as appropriate, after providing assertive field-based initiation for SUD treatment services.

CONTRACTOR shall conduct ASAM screening as part of an integrated assessment upon intake into the FSP and connect individuals to SUD providers, as appropriate.

CONTRACTOR shall offer medications for addiction treatment (MAT) services directly to clients or maintain an effective referral process, including an established relationship with a MAT provider and coordinate transportation to MAT appointments.

CONTRACTOR shall equip FSP program staff at all levels of care based on acuity, as defined by the COUNTY, to provide comprehensive care to individuals with significant co-occurring behavioral health needs.

CONTRACTOR shall develop strategies for billing and claiming services within the context of co-occurring care delivery, including identifying the appropriate service/delivery system.

CONTRACTOR shall deliver FSP services in accordance with the COUNTY 's established standard of care, including applying acuity criteria and step-down processes defined by the COUNTY.

CONTRACTOR shall participate in COUNTY-defined step-down processes, including assessing participant acuity, supporting transitions to the least intensive level of care, and coordinating with other FSP teams or service providers to ensure continuity of care.

EXHIBIT J-6: BEHAVIORAL HEALTH SERVICES ACT (BHSA) INDIVIDUAL PLACEMENT AND SUPPORT REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the delivery of Individual Placement and Support (IPS) Model of Supported Employment services under the County's Full Service Partnership (FSP) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A: Program Description, and apply only to services delivered using the IPS model.

The requirements set forth in this exhibit reflect IPS-specific service expectations, including model fidelity, service intensity, engagement practices, coordination across systems of care, and co-occurring mental health and substance use disorder capabilities. These requirements are intended to support consistent implementation of IPS services within the County's FSP continuum and to ensure alignment with BHSA policy and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

The Contractor shall implement Individual Placement and Support (IPS) Model of Supported Employment services in accordance with the Behavioral Health Services Act (BHSA), providing high-intensity, individualized, and recovery-oriented services that promote stability, wellness, and community integration.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA FSP funds and defined policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), and Individual Placement and Support (IPS) Model of Supported Employment programs must be implemented in alignment with the BHSA County Policy Manual and must demonstrate fidelity to an evidence-based practice model as defined in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice Policy Guide or other applicable State guidance. Applicable program requirements are attached to this agreement and can also be found on the Department of Health Care Services (DHCS) BH-CONNECT Resources page or at the following link:

LINK: <https://www.dhcs.ca.gov/Documents/EBP-Policy-Guide.pdf>

The CONTRACTOR shall implement services consistent with the core elements of the selected model and shall fully participate in any required fidelity monitoring, technical assistance, performance monitoring, or certification processes as defined by DHCS or the COUNTY.

IPS Model Description

The Contractor shall provide IPS-supported employment services to FSP-enrolled individuals with a goal of competitive employment. Services must follow the IPS evidence-based model and be integrated into the behavioral health treatment plan.

CONTRACTOR shall integrate IPS activities with behavioral health treatment and coordinate services with ACT/FACT teams, CSC programs, Vocational Rehabilitation, and other relevant community partners to ensure non-duplicative care and comprehensive support.

The Contractor shall ensure that IPS services are accessible to individuals with co-occurring mental health and substance use disorder conditions. The Contractor shall not exclude individuals from IPS services based solely on the presence of substance use, active symptoms, or justice-system involvement.

When participants have identified substance use or co-occurring needs, the Contractor shall support access to appropriate services through coordination and referral, consistent with participant choice and County-established pathways.

The Contractor shall coordinate IPS services with referring behavioral health providers, care managers, and other system partners, as appropriate, to support participant engagement, continuity of care, and alignment with the participant's broader service plan.

EXHIBIT J-7: BEHAVIORAL HEALTH SERVICES ACT (BHSA) ADULT SYSTEM OF CARE SERVICE REQUIREMENTS

This exhibit establishes additional terms applicable to the delivery of Adult System of Care (ASOC) services funded under the County's Behavioral Health Services and Supports (BHSS) program. These terms supplement the primary Scope of Work, as defined in Exhibit A: Program Description, and apply to all services delivered using BHSS ASOC funding.

The requirements set forth in this exhibit describe system-of-care expectations for ASOC services, including timely access, appropriate matching of service intensity to need, engagement and continuity of care, coordination across levels and settings of care, and capacity to serve individuals with co-occurring mental health and substance use disorder needs. These requirements are intended to promote consistent implementation of ASOC services within the County's behavioral health continuum of care and to ensure alignment with BHSA policy and County oversight requirements.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

The CONTRACTOR shall deliver Adult System of Care (ASOC) services funded under the Behavioral Health Services and Supports (BHSS) component of the Behavioral Health Services Act (BHSA). ASOC services are intended to support adults and older adults with behavioral health needs through the provision of timely, recovery-oriented services that promote engagement, stabilization, continuity of care, and progress toward recovery across the behavioral health continuum.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA BHSS funds and defined policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

Planned Services must be delivered in a manner that:

- Is person-centered and responsive to individual needs, strengths, preferences, and cultural and linguistic factors;
- Supports individuals with mental health conditions, substance use disorders, or co-occurring conditions;
- Coordinates with physical health, housing, and other community-based and social support systems, as appropriate; and
- Is consistent with BHSA-allowable service definitions, funding requirements, and applicable County standards of care.

ASOC services funded under BHSS shall not include Housing Interventions or any services for individuals enrolled in a Full Service Partnership, as required by the BHSA Policy Manual. Funding and service separation shall be strictly maintained.

EXHIBIT J-8: BEHAVIORAL HEALTH SERVICES ACT (BHSA) COORDINATED SPECIALTY CARE REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the delivery of Coordinated Specialty Care (CSC) services under the County's Behavioral Health Services and Supports (BHSS) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A: Program Description, and apply only to services delivered using the CSC model.

The requirements set forth in this exhibit reflect CSC-specific service expectations, including fidelity to the Coordinated Specialty Care evidence-based practice model, multidisciplinary team composition, stage-specific and developmentally appropriate interventions, family engagement, early intervention principles, coordination across systems of care, and integrated mental health and substance use disorder capabilities. These requirements are intended to ensure alignment with Behavioral Health Services Act (BHSA) policy and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

The Contractor shall implement CSC services, providing early intervention, recovery-oriented, and person-centered services designed to support clinical stabilization, functional improvement, and community integration for eligible individuals experiencing early psychosis, including first episode psychosis. Services shall be delivered using a multidisciplinary, team-based approach that emphasizes early identification, engagement, and stage-specific interventions to promote long-term recovery outcomes.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA BHSS funds and defined policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

CSC programs shall be implemented in alignment with the BHSA County Policy Manual and must demonstrate fidelity to the Coordinated Specialty Care evidence-based practice model, as defined in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice Policy Guide or other applicable State guidance. Applicable program requirements are attached to this agreement and may also be found on the Department of Health Care Services BH-CONNECT Resources page, including the Evidence-Based Practice Policy Guide available at:

LINK: <https://www.dhcs.ca.gov/Documents/EBP-Policy-Guide.pdf>

CSC Model Description

CONTRACTOR shall implement Coordinated Specialty Care (CSC) services for individuals experiencing First Episode Psychosis (FEP) using an evidence-based model that promotes early identification, engagement, and recovery.

CSC teams shall provide all core components of the model, including:

- Individual and family therapy using evidence-based modalities for psychosis
- Medication management with shared decision-making
- Supported employment and education services
- Case management and coordination with primary care and social supports
- Peer and family support services
- Psychoeducation and relapse prevention strategies

CONTRACTOR shall participate in COUNTY and DHCS-defined fidelity monitoring and technical assistance to ensure the CSC program is implemented with fidelity to the evidence-based model.

CONTRACTOR shall undergo periodic fidelity reviews and implement corrective action plans as needed to achieve or maintain fidelity standards in timelines outlined by the COUNTY.

CONTRACTOR shall collaborate with the COUNTY to support referrals from Access and Linkage to Care programs and to coordinate care transitions to ongoing outpatient or FSP services as appropriate.

CSC services shall be delivered primarily in field-based or community settings and shall be accessible to underserved and high-risk populations.

EXHIBIT J-9: BEHAVIORAL HEALTH SERVICES ACT (BHSA) CHILDREN'S SYSTEM OF CARE REQUIREMENTS

This exhibit establishes additional terms applicable to the delivery of Children's System of Care (CSOC) services funded under the County's Behavioral Health Services and Supports (BHSS) program. These terms supplement the primary Scope of Work, as defined in Exhibit A: Program Description, and apply to all services delivered using BHSS CSOC funding.

The requirements set forth in this exhibit describe system-of-care expectations for CSOC services, including timely access, appropriate matching of service intensity to need, engagement and continuity of care, coordination across levels and settings of care, and capacity to serve individuals with co-occurring mental health and substance use disorder needs. These requirements are intended to promote consistent implementation of CSOC services within the County's behavioral health continuum of care and to ensure alignment with BHSA policy and County oversight requirements.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

The Contractor shall implement services aligned with the Children's System of Care (CSOC) under the Behavioral Health Services and Supports (BHSS) component of the Behavioral Health Services Act (BHSA). The program will provide recovery-oriented, community-based behavioral health services to children and youth with serious emotional disturbance (SED) and/or substance use disorders.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA BHSS funds and defined policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

Planned services must be:

- Centered on individual client needs, strengths, and preferences;
- Culturally and linguistically responsive;
- Coordinated with physical health, housing, and other social supports;
- Delivered in a manner consistent with BHSA-allowable service definitions and funding requirements.

CSOC services funded under BHSS shall not include Housing Interventions or any services for individuals enrolled in a Full Service Partnership, as required by the BHSA Policy Manual. Funding and service separation shall be strictly maintained.

EXHIBIT J-10: BEHAVIORAL HEALTH SERVICES ACT (BHSA) EARLY INTERVENTION REQUIREMENTS

This exhibit establishes additional terms applicable to the delivery of Early Intervention (EI) services funded under the County's Behavioral Health Services and Supports (BHSS) program. These terms supplement the primary Scope of Work, as defined in Exhibit A: Program Description, and apply to all services delivered using BHSS Early Intervention funding, regardless of service type or delivery model.

The requirements set forth in this exhibit describe system-level expectations for Early Intervention services, including early identification of need, timely access to services, prevention of escalation to more intensive levels of care, engagement of individuals and families at initial points of contact, and coordination across behavioral health, physical health, and community-based systems. These requirements are intended to promote consistent implementation of Early Intervention services across the County's behavioral health continuum of care and to ensure alignment with Behavioral Health Services Act (BHSA) policy, Early Intervention service definitions, and County oversight requirements.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

CONTRACTOR shall implement service aligned with the EI guidelines set forth under the Behavioral Health Services and Supports (BHSS) component of the Behavioral Health Services Act (BHSA). Service shall be designed to prevent mental illnesses and substance use disorders from becoming severe and disabling and to reduce disparities in behavioral health.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA EI funds and defined policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

Planned services shall emphasize the reduction of the likelihood of one or more of the following adverse outcomes for BHSA eligible individuals:

- Suicide and self-harm
- Incarcerations
- School suspension, expulsion, referral to an alternative or community school, or failure to complete (inclusive of early childhood zero to five years of age, Transitional Kindergarten (TK)-12, and higher education)
- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from their homes
- Overdose
- Mental illness in children and youth through social, emotional, developmental, and behavioral services and supports in early childhood

Early Intervention Program Model

CONTRACTOR shall deliver Early Intervention (EI) services to support early identification of behavioral health needs, timely access to appropriate supports, prevention of escalation to more intensive levels of care, and engagement of individuals and families at initial or emerging stages of mental health and substance use concerns.

EI services may be delivered across a range of community-based settings and service modalities, as appropriate to the service type, and are intended to promote outreach, access, linkage, early treatment, and coordinated care within the behavioral health continuum.

EI services may include, but are not limited to, the following allowable service categories: Early Intervention Outreach Services; Early Intervention Access and Linkage to Care Services; and Early Intervention Mental Health and Substance Use Disorder Early Treatment Services and Supports. The specific services authorized under this Agreement shall be defined in Exhibit A and delivered in accordance with applicable BHSa Early Intervention service definitions, funding requirements, regulatory standards, and County standards of care.

Early Intervention Outreach Services

CONTRACTOR shall use BHSa Early Intervention (EI) funds to implement Outreach activities designed to screen, assess, or refer individuals at risk of developing a serious mental illness or substance use disorder.

CONTRACTOR shall direct outreach activities toward BHSa priority populations or community partners positioned to support early identification and response.

CONTRACTOR shall ensure outreach activities result in documented referrals of eligible individuals to access and linkage programs or to mental health and substance use disorder treatment services and supports, should an individual wish to be connected to services.

CONTRACTOR shall document all outreach and engagement activities as directed by the COUNTY, including:

- Type of outreach event and description of each activity: community event, school presentation, screening activity, partner training, etc.
- Audience or population engaged: parents, youth, educators, providers, community members, etc.
- Description of engagement strategies used for each activity
- Key outcomes for each activity: referrals made, screenings completed, connections to services, educational materials distributed

CONTRACTOR shall ensure that outreach activities are conducted primarily in community-based settings and are accessible to underserved and high-risk populations.

Early Intervention Access and Linkage to Care Services

CONTRACTOR shall implement access and linkage to care activities that ensure care can be provided by county behavioral health programs as early in the onset of behavioral health conditions as practicable.

CONTRACTOR shall ensure referrals for medical services and social services are provided as needed.

CONTRACTOR shall include activities that support scaling of and referral to the Early Psychosis Intervention (EPI) Plus Program, including Coordinated Specialty Care, or other evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs.

Early Intervention Mental Health and Substance Use Disorder Early Treatment Services and Supports

CONTRACTOR shall provide Early Intervention mental health and substance use disorder treatment services and supports that are proven to reduce the duration of untreated serious mental health illnesses and substance use disorders and assist individuals in quickly regaining productive lives. These services and supports shall be separate and distinct from housing supports provided within Housing Interventions.

CONTRACTOR shall ensure Early Intervention mental health and substance use disorder services are responsive to the cultural and linguistic needs of diverse communities.

EXHIBIT J-11: BEHAVIORAL HEALTH SERVICES ACT (BHSA) HOUSING TRANSITION AND SUSTAINING SERVICES REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the delivery of Housing Transition Navigation Services and Housing Tenancy Sustaining Services under the County's Behavioral Health Services Act (BHSA) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A, and apply only to services delivered under these Housing Interventions service components.

The requirements set forth in this exhibit reflect expectations related to housing-focused service delivery, including support for housing identification, placement, stabilization, and ongoing tenancy. These requirements are intended to support consistent implementation of Housing Transition Navigation and Housing Tenancy Sustaining Services within the County's Housing Interventions framework and to ensure alignment with BHSA policy and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

CONTRACTOR shall implement housing services and supports with Housing Interventions funding component of the Behavioral Health Services Act (BHSA). These interventions are intended to reduce homelessness, promote housing stability, and support recovery for BHSA-eligible individuals with behavioral health conditions through a range of housing-related services and expenditures.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA Housing Intervention funds and defined Housing Intervention policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

All Housing Interventions must be:

- Aligned with allowable uses defined in the BHSA Housing Interventions section of the County Policy Manual;
- Implemented and funded in a manner that complements, and does not duplicate, Medi-Cal-covered housing-related Community Supports;

CONTRACTOR may also refer to the DHCS Medi Cal Community Supports Policy Guide (Volume 2) for descriptions of Housing Transition Navigation Services and Housing Tenancy and Sustaining Services, available at the following link:

LINK: [Community Supports Policy Guide Volume 2](#)

Housing Intervention Requirements

The following requirements apply to all Housing Intervention contracts, as applicable to the Contractor's role and scope of services under the agreement.

CONTRACTOR shall ensure that Housing Interventions shall be provided in the following allowable settings:

- Assisted Living: Adult Residential Facilities; Residential Care Facilities for the Elderly; Licensed Board and Care
- Community Residential Treatment: Peer Respite
BHT Housing Interventions are not allowed at the following Community Residential Treatment settings: Adult Residential Substance Use Disorder (SUD) Treatment Facilities; Children’s Crisis Residential Programs (CCRP); Perinatal Residential SUD Facilities
- Interim Housing: Hotels/Motels; Peer Respite; Recovery Housing; Recuperative Care; Non-congregate interim housing models; Congregate settings with small number of individuals per room (i.e., not larger dormitory sleeping halls); Short-Term Post-Hospitalization Housing; Tiny Homes, emergency sleeping cabins, emergency stabilization units; Single room occupancy (SRO) units;
- Non-Interim Housing: Single-family and multi-family homes (e.g., apartments, duplexes, etc.); Housing in mobile home communities; Accessory Dwelling Units (ADU) and Junior Accessory Dwelling units (JADUs); Tiny Homes; Project-Based or Scattered Site Supportive Housing; Recovery/Sober living Housing; Apartments; Shared housing; License-exempt room and board; SRO units

CONTRACTOR shall ensure that Housing Interventions shall not be limited to individuals enrolled in either a Full-Service Partnership or Medi-Cal.

CONTRACTOR shall not discriminate against or deny housing to participants who use medications for addiction treatment (MAT) or other authorized medications.

CONTRACTOR shall not discriminate against or deny housing to participants who are justice-involved.

CONTRACTOR shall operate Housing Interventions in compliance with the core components of Housing First, as defined in subdivision (b) of W&I Code section 8255, which may include recovery housing in compliance with defined Housing First principles.

CONTRACTOR shall ensure, as applicable to the Contractor’s scope of services, that all Housing Interventions settings must be combined with access to clinical and supportive behavioral health care and housing services, coordinated with COUNTY or service providers.

CONTRACTOR shall ensure that Housing Interventions support Family Housing as defined in the BHSA COUNTY Policy Manual and do not impose policies that unnecessarily separate participants meeting HUD’s definition of “family.”

CONTRACTOR shall ensure that all units or housing settings in which Housing Interventions are provided meet applicable state and local habitability and building standards.

CONTRACTOR shall cooperate, as applicable to their role, with COUNTY inspection processes (e.g., NSPIRE, Transitional Rent standards, or equivalent). Where NSPIRE is not practicable, attestation per California Civil Code is sufficient. Inspection costs are allowable expenses.

CONTRACTOR shall comply with COUNTY protocols to prevent fraud, waste, and abuse.

Where CONTRACTOR is responsible for placement or administration of rental assistance, CONTRACTOR shall not place participants in units that fail habitability or minimum quality standards.

CONTRACTOR shall collect and enter required data elements into the local Homeless Management Information System (HMIS) as directed by the COUNTY.

CONTRACTOR shall participate in HMIS training and data quality assurance processes as directed by the COUNTY.

CONTRACTOR shall ensure placements are voluntary and occur in the least restrictive, most community-integrated setting that can accommodate the participant's physical and behavioral health needs. Supervision or treatment needs in these settings must come from separate funding.

CONTRACTOR shall comply with all applicable federal and state law, including the Americans with Disabilities Act (ADA) and the integration mandate established in *Olmstead v. L.C.* (1999).

CONTRACTOR shall not use Housing Interventions funds to cover room and board in behavioral health residential treatment settings.

In shared housing arrangements, CONTRACTOR shall ensure that each participant has an individual bed and secure storage space for personal belongings, and has access to common areas such as kitchen, bathroom, and living space.

In Interim Housing Settings, CONTRACTOR shall not require tenants to pay rent in time-limited interim settings.

In Interim Housing Settings, CONTRACTOR shall support transitions from interim settings to permanent housing in compliance with BHSA requirements, including the six-month or twelve-month time limits for interim settings. For interim settings, BHSA funds may extend up to 6 months if Transitional Rent has been exhausted, or up to 12 months if not eligible; after expiration, only permanent settings are eligible for continued funding.

In permanent supportive housing settings, where applicable, tenants shall have a lease or occupancy agreement consistent with state and local law.

When Housing Interventions funds are used for placement in assisted living, adult residential facilities, residential facilities for the elderly, or licensed board and care settings, CONTRACTOR shall ensure that placement occurs only where medically necessary and only for as long as medically necessary.

CONTRACTOR shall ensure that participants who are able to reside in permanent supportive housing or other more independent settings are transitioned as soon as appropriate, consistent with the Americans with Disabilities Act and the integration mandate established in *Olmstead v. L.C.* (1999).

Housing Transition Navigation Services and Housing Tenancy Sustaining Services

The following requirements apply as applicable to the Contractor's role and scope of services under the agreement.

CONTRACTOR shall provide Housing Transition Navigation to support participants in obtaining housing, which may include:

- Conducting housing assessments and developing housing support plans
- Identifying available housing options and assisting with applications
- Securing necessary documentation (e.g., IDs, income verification)
- Coordinating move-in logistics and access to participant assistance funds
- Housing Tenancy Sustaining Services

CONTRACTOR shall provide Housing Tenancy Sustaining Services to help participants maintain stable housing, which may include:

- Education on tenant rights and responsibilities
- Coaching on lease compliance and household management
- Problem-solving and mediation with landlords
- Coordination with supportive services to address barriers to housing stability

EXHIBIT J-12: BEHAVIORAL HEALTH SERVICES ACT (BHSA) LANDLORD OUTREACH AND MITIGATION REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the use of Housing Interventions (HI) – Landlord Outreach and Mitigation Funds under the County’s Behavioral Health Services Act (BHSA) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A, and apply only to activities funded through Landlord Outreach and Mitigation Funds.

The requirements set forth in this exhibit reflect expectations related to landlord engagement, mitigation activities, and system coordination necessary to support access to and retention of housing for individuals served through the County’s behavioral health system. These requirements are intended to support consistent implementation of Landlord Outreach and Mitigation activities within the County’s Housing Interventions framework and to ensure alignment with BHSA policy and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

CONTRACTOR shall implement housing services and supports with Housing Interventions funding component of the Behavioral Health Services Act (BHSA). These interventions are intended to reduce homelessness, promote housing stability, and support recovery for BHSA-eligible individuals with behavioral health conditions through a range of housing-related services and expenditures.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA Housing Intervention funds and defined Housing Intervention policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

All Housing Interventions must be:

- Aligned with allowable uses defined in the BHSA Housing Interventions section of the County Policy Manual;
- Implemented and funded in a manner that complements, and does not duplicate, Medi-Cal-covered housing-related Community Supports;

Housing Intervention Requirements

The following requirements apply to all Housing Intervention contracts, as applicable to the Contractor’s role and scope of services under the agreement.

CONTRACTOR shall ensure that Housing Interventions shall be provided in the following allowable settings:

- Assisted Living: Adult Residential Facilities; Residential Care Facilities for the Elderly; Licensed Board and Care
- Community Residential Treatment: Peer Respite

BHT Housing Interventions are not allowed at the following Community Residential Treatment settings: Adult Residential Substance Use Disorder (SUD) Treatment Facilities; Children's Crisis Residential Programs (CCRP); Perinatal Residential SUD Facilities

- Interim Housing: Hotels/Motels; Peer Respite; Recovery Housing; Recuperative Care; Non-congregate interim housing models; Congregate settings with small number of individuals per room (i.e., not larger dormitory sleeping halls); Short-Term Post-Hospitalization Housing; Tiny Homes, emergency sleeping cabins, emergency stabilization units; Single room occupancy (SRO) units;
- Non-Interim Housing: Single-family and multi-family homes (e.g., apartments, duplexes, etc.); Housing in mobile home communities; Accessory Dwelling Units (ADU) and Junior Accessory Dwelling units (JADUs); Tiny Homes; Project-Based or Scattered Site Supportive Housing; Recovery/Sober living Housing; Apartments; Shared housing; License-exempt room and board; SRO units

CONTRACTOR shall ensure that Housing Interventions shall not be limited to individuals enrolled in either a Full-Service Partnership or Medi-Cal.

CONTRACTOR shall not discriminate against or deny housing to participants who use medications for addiction treatment (MAT) or other authorized medications.

CONTRACTOR shall not discriminate against or deny housing to participants who are justice-involved.

CONTRACTOR shall operate Housing Interventions in compliance with the core components of Housing First, as defined in subdivision (b) of W&I Code section 8255, which may include recovery housing in compliance with defined Housing First principles.

CONTRACTOR shall ensure, as applicable to the Contractor's scope of services, that all Housing Interventions settings must be combined with access to clinical and supportive behavioral health care and housing services, coordinated with COUNTY or service providers.

CONTRACTOR shall ensure that Housing Interventions support Family Housing as defined in the BHSA COUNTY Policy Manual and do not impose policies that unnecessarily separate participants meeting HUD's definition of "family."

CONTRACTOR shall ensure that all units or housing settings in which Housing Interventions are provided meet applicable state and local habitability and building standards.

CONTRACTOR shall cooperate, as applicable to their role, with COUNTY inspection processes (e.g., NSPIRE, Transitional Rent standards, or equivalent). Where NSPIRE is not practicable, attestation per California Civil Code is sufficient. Inspection costs are allowable expenses.

CONTRACTOR shall comply with COUNTY protocols to prevent fraud, waste, and abuse.

Where CONTRACTOR is responsible for placement or administration of rental assistance, CONTRACTOR shall not place participants in units that fail habitability or minimum quality standards.

CONTRACTOR shall collect and enter required data elements into the local Homeless Management Information System (HMIS) as directed by the COUNTY.

CONTRACTOR shall participate in HMIS training and data quality assurance processes as directed by the COUNTY.

CONTRACTOR shall ensure placements are voluntary and occur in the least restrictive, most community-integrated setting that can accommodate the participant's physical and behavioral health needs. Supervision or treatment needs in these settings must come from separate funding.

CONTRACTOR shall comply with all applicable federal and state law, including the Americans with Disabilities Act (ADA) and the integration mandate established in *Olmstead v. L.C.* (1999).

CONTRACTOR shall not use Housing Interventions funds to cover room and board in behavioral health residential treatment settings.

In shared housing arrangements, CONTRACTOR shall ensure that each participant has an individual bed and secure storage space for personal belongings, and has access to common areas such as kitchen, bathroom, and living space.

In Interim Housing Settings, CONTRACTOR shall not require tenants to pay rent in time-limited interim settings.

In Interim Housing Settings, CONTRACTOR shall support transitions from interim settings to permanent housing in compliance with BHSA requirements, including the six-month or twelve-month time limits for interim settings. For interim settings, BHSA funds may extend up to 6 months if Transitional Rent has been exhausted, or up to 12 months if not eligible; after expiration, only permanent settings are eligible for continued funding.

In permanent supportive housing settings, where applicable, tenants shall have a lease or occupancy agreement consistent with state and local law.

When Housing Interventions funds are used for placement in assisted living, adult residential facilities, residential facilities for the elderly, or licensed board and care settings, CONTRACTOR shall ensure that placement occurs only where medically necessary and only for as long as medically necessary.

CONTRACTOR shall ensure that participants who are able to reside in permanent supportive housing or other more independent settings are transitioned as soon as appropriate, consistent with the Americans with Disabilities Act and the integration mandate established in *Olmstead v. L.C.* (1999).

Landlord Outreach and Mitigation Service Requirements

CONTRACTOR shall support outreach to and engagement of landlords and property owners to expand available housing opportunities for BHSA-eligible participants.

CONTRACTOR shall develop and distribute outreach materials, presentations, or campaigns, and participate in recruitment activities such as networking events or landlord association meetings, as directed by the COUNTY.

CONTRACTOR shall administer landlord incentive payments (e.g., one-time incentives, signing bonuses, referral bonuses, or holding fees) in accordance with COUNTY policies and procedures and as directed by the COUNTY.

CONTRACTOR shall ensure all COUNTY approved incentive payments are documented and issued only for allowable costs identified by the COUNTY.

CONTRACTOR shall administer COUNTY approved incentive and mitigation payments within maximum reimbursement limits established by COUNTY policy.

CONTRACTOR shall manage landlord mitigation funds as directed by the COUNTY, which may include reimbursing landlords for damages beyond normal wear and tear, vacancy-related costs, or eviction prevention activities (e.g., mediation, back-rent, legal support, tenant education).

CONTRACTOR shall document all mitigation fund expenditures and maintain records consistent with COUNTY reporting requirements.

CONTRACTOR shall promptly report any suspected misuse of funds to the COUNTY.

CONTRACTOR shall coordinate with the COUNTY to ensure no duplication of resources with other community landlord outreach or mitigation funds.

EXHIBIT J-13: BEHAVIORAL HEALTH SERVICES ACT (BHSA) MASTER LEASING REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the use of Housing Interventions (HI) – Master Leasing under the County’s Behavioral Health Services Act (BHSA) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A, and apply only to activities funded through Master Leasing.

The requirements set forth in this exhibit reflect expectations related to the acquisition, management, and use of leased housing units to support housing access and stability for eligible participants. These requirements are intended to support consistent implementation of Master Leasing activities within the County’s Housing Interventions framework and to ensure alignment with BHSA policy and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

CONTRACTOR shall implement housing services and supports with Housing Interventions funding component of the Behavioral Health Services Act (BHSA). These interventions are intended to reduce homelessness, promote housing stability, and support recovery for BHSA-eligible individuals with behavioral health conditions through a range of housing-related services and expenditures.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA Housing Intervention funds and defined Housing Intervention policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

All Housing Interventions must be:

- Aligned with allowable uses defined in the BHSA Housing Interventions section of the County Policy Manual;
- Implemented and funded in a manner that complements, and does not duplicate, Medi-Cal-covered housing-related Community Supports;

Housing Intervention Requirements

The following requirements apply to all Housing Intervention contracts, as applicable to the Contractor’s role and scope of services under the agreement.

CONTRACTOR shall ensure that Housing Interventions shall be provided in the following allowable settings:

- Assisted Living: Adult Residential Facilities; Residential Care Facilities for the Elderly; Licensed Board and Care
- Community Residential Treatment: Peer Respite
BHT Housing Interventions are not allowed at the following Community Residential Treatment settings: Adult Residential Substance Use Disorder (SUD) Treatment

Facilities; Children’s Crisis Residential Programs (CCRP); Perinatal Residential SUD Facilities

- Interim Housing: Hotels/Motels; Peer Respite; Recovery Housing; Recuperative Care; Non-congregate interim housing models; Congregate settings with small number of individuals per room (i.e., not larger dormitory sleeping halls); Short-Term Post-Hospitalization Housing; Tiny Homes, emergency sleeping cabins, emergency stabilization units; Single room occupancy (SRO) units;
- Non-Interim Housing: Single-family and multi-family homes (e.g., apartments, duplexes, etc.); Housing in mobile home communities; Accessory Dwelling Units (ADU) and Junior Accessory Dwelling units (JADUs); Tiny Homes; Project-Based or Scattered Site Supportive Housing; Recovery/Sober living Housing; Apartments; Shared housing; License-exempt room and board; SRO units

CONTRACTOR shall ensure that Housing Interventions shall not be limited to individuals enrolled in either a Full-Service Partnership or Medi-Cal.

CONTRACTOR shall not discriminate against or deny housing to participants who use medications for addiction treatment (MAT) or other authorized medications.

CONTRACTOR shall not discriminate against or deny housing to participants who are justice-involved.

CONTRACTOR shall operate Housing Interventions in compliance with the core components of Housing First, as defined in subdivision (b) of W&I Code section 8255, which may include recovery housing in compliance with defined Housing First principles.

CONTRACTOR shall ensure, as applicable to the Contractor’s scope of services, that all Housing Interventions settings must be combined with access to clinical and supportive behavioral health care and housing services, coordinated with COUNTY or service providers.

CONTRACTOR shall ensure that Housing Interventions support Family Housing as defined in the BHSA COUNTY Policy Manual and do not impose policies that unnecessarily separate participants meeting HUD’s definition of “family.”

CONTRACTOR shall ensure that all units or housing settings in which Housing Interventions are provided meet applicable state and local habitability and building standards.

CONTRACTOR shall cooperate, as applicable to their role, with COUNTY inspection processes (e.g., NSPIRE, Transitional Rent standards, or equivalent). Where NSPIRE is not practicable, attestation per California Civil Code is sufficient. Inspection costs are allowable expenses.

CONTRACTOR shall comply with COUNTY protocols to prevent fraud, waste, and abuse.

Where CONTRACTOR is responsible for placement or administration of rental assistance, CONTRACTOR shall not place participants in units that fail habitability or minimum quality standards.

CONTRACTOR shall collect and enter required data elements into the local Homeless Management Information System (HMIS) as directed by the COUNTY.

CONTRACTOR shall participate in HMIS training and data quality assurance processes as directed by the COUNTY.

CONTRACTOR shall ensure placements are voluntary and occur in the least restrictive, most community-integrated setting that can accommodate the participant's physical and behavioral health needs. Supervision or treatment needs in these settings must come from separate funding.

CONTRACTOR shall comply with all applicable federal and state law, including the Americans with Disabilities Act (ADA) and the integration mandate established in Olmstead v. L.C. (1999).

CONTRACTOR shall not use Housing Interventions funds to cover room and board in behavioral health residential treatment settings.

In shared housing arrangements, CONTRACTOR shall ensure that each participant has an individual bed and secure storage space for personal belongings, and has access to common areas such as kitchen, bathroom, and living space.

In Interim Housing Settings, CONTRACTOR shall not require tenants to pay rent in time-limited interim settings.

In Interim Housing Settings, CONTRACTOR shall support transitions from interim settings to permanent housing in compliance with BHSA requirements, including the six-month or twelve-month time limits for interim settings. For interim settings, BHSA funds may extend up to 6 months if Transitional Rent has been exhausted, or up to 12 months if not eligible; after expiration, only permanent settings are eligible for continued funding.

In permanent supportive housing settings, where applicable, tenants shall have a lease or occupancy agreement consistent with state and local law.

When Housing Interventions funds are used for placement in assisted living, adult residential facilities, residential facilities for the elderly, or licensed board and care settings, CONTRACTOR shall ensure that placement occurs only where medically necessary and only for as long as medically necessary.

CONTRACTOR shall ensure that participants who are able to reside in permanent supportive housing or other more independent settings are transitioned as soon as appropriate, consistent with the Americans with Disabilities Act and the integration mandate established in Olmstead v. L.C. (1999).

Master Leasing Service Description

CONTRACTOR shall sublease units to BHSA-eligible participants through occupancy agreements or sublease contracts, ensuring compliance with COUNTY policies and BHSA requirements.

CONTRACTOR shall establish tenant selection procedures, occupancy policies, and participant support services consistent with COUNTY -approved guidelines.

EXHIBIT J-14: BEHAVIORAL HEALTH SERVICES ACT (BHSA) OPERATING SUBSIDIES REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the use of Housing Interventions (HI) – Operating Subsidies under the County’s Behavioral Health Services Act (BHSA) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A, and apply only to activities funded through Operating Subsidies.

The requirements set forth in this exhibit reflect expectations related to the use of operating subsidies to support the ongoing operation and financial viability of housing units serving eligible participants. These requirements are intended to support consistent implementation of Operating Subsidies within the County’s Housing Interventions framework and to ensure alignment with BHSA policy and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

CONTRACTOR shall implement housing services and supports with Housing Interventions funding component of the Behavioral Health Services Act (BHSA). These interventions are intended to reduce homelessness, promote housing stability, and support recovery for BHSA-eligible individuals with behavioral health conditions through a range of housing-related services and expenditures.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA Housing Intervention funds and defined Housing Intervention policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

All Housing Interventions must be:

- Aligned with allowable uses defined in the BHSA Housing Interventions section of the County Policy Manual;
- Implemented and funded in a manner that complements, and does not duplicate, Medi-Cal-covered housing-related Community Supports;

Housing Intervention Requirements

The following requirements apply to all Housing Intervention contracts, as applicable to the Contractor’s role and scope of services under the agreement.

CONTRACTOR shall ensure that Housing Interventions shall be provided in the following allowable settings:

- Assisted Living: Adult Residential Facilities; Residential Care Facilities for the Elderly; Licensed Board and Care
- Community Residential Treatment: Peer Respite
BHT Housing Interventions are not allowed at the following Community Residential Treatment settings: Adult Residential Substance Use Disorder (SUD) Treatment

Facilities; Children’s Crisis Residential Programs (CCRP); Perinatal Residential SUD Facilities

- Interim Housing: Hotels/Motels; Peer Respite; Recovery Housing; Recuperative Care; Non-congregate interim housing models; Congregate settings with small number of individuals per room (i.e., not larger dormitory sleeping halls); Short-Term Post-Hospitalization Housing; Tiny Homes, emergency sleeping cabins, emergency stabilization units; Single room occupancy (SRO) units;
- Non-Interim Housing: Single-family and multi-family homes (e.g., apartments, duplexes, etc.); Housing in mobile home communities; Accessory Dwelling Units (ADU) and Junior Accessory Dwelling units (JADUs); Tiny Homes; Project-Based or Scattered Site Supportive Housing; Recovery/Sober living Housing; Apartments; Shared housing; License-exempt room and board; SRO units

CONTRACTOR shall ensure that Housing Interventions shall not be limited to individuals enrolled in either a Full-Service Partnership or Medi-Cal.

CONTRACTOR shall not discriminate against or deny housing to participants who use medications for addiction treatment (MAT) or other authorized medications.

CONTRACTOR shall not discriminate against or deny housing to participants who are justice-involved.

CONTRACTOR shall operate Housing Interventions in compliance with the core components of Housing First, as defined in subdivision (b) of W&I Code section 8255, which may include recovery housing in compliance with defined Housing First principles.

CONTRACTOR shall ensure, as applicable to the Contractor’s scope of services, that all Housing Interventions settings must be combined with access to clinical and supportive behavioral health care and housing services, coordinated with COUNTY or service providers.

CONTRACTOR shall ensure that Housing Interventions support Family Housing as defined in the BHSA COUNTY Policy Manual and do not impose policies that unnecessarily separate participants meeting HUD’s definition of “family.”

CONTRACTOR shall ensure that all units or housing settings in which Housing Interventions are provided meet applicable state and local habitability and building standards.

CONTRACTOR shall cooperate, as applicable to their role, with COUNTY inspection processes (e.g., NSPIRE, Transitional Rent standards, or equivalent). Where NSPIRE is not practicable, attestation per California Civil Code is sufficient. Inspection costs are allowable expenses.

CONTRACTOR shall comply with COUNTY protocols to prevent fraud, waste, and abuse.

Where CONTRACTOR is responsible for placement or administration of rental assistance, CONTRACTOR shall not place participants in units that fail habitability or minimum quality standards.

CONTRACTOR shall collect and enter required data elements into the local Homeless Management Information System (HMIS) as directed by the COUNTY.

CONTRACTOR shall participate in HMIS training and data quality assurance processes as directed by the COUNTY.

CONTRACTOR shall ensure placements are voluntary and occur in the least restrictive, most community-integrated setting that can accommodate the participant's physical and behavioral health needs. Supervision or treatment needs in these settings must come from separate funding.

CONTRACTOR shall comply with all applicable federal and state law, including the Americans with Disabilities Act (ADA) and the integration mandate established in *Olmstead v. L.C.* (1999).

CONTRACTOR shall not use Housing Interventions funds to cover room and board in behavioral health residential treatment settings.

In shared housing arrangements, CONTRACTOR shall ensure that each participant has an individual bed and secure storage space for personal belongings, and has access to common areas such as kitchen, bathroom, and living space.

In Interim Housing Settings, CONTRACTOR shall not require tenants to pay rent in time-limited interim settings.

In Interim Housing Settings, CONTRACTOR shall support transitions from interim settings to permanent housing in compliance with BHSA requirements, including the six-month or twelve-month time limits for interim settings. For interim settings, BHSA funds may extend up to 6 months if Transitional Rent has been exhausted, or up to 12 months if not eligible; after expiration, only permanent settings are eligible for continued funding.

In permanent supportive housing settings, where applicable, tenants shall have a lease or occupancy agreement consistent with state and local law.

When Housing Interventions funds are used for placement in assisted living, adult residential facilities, residential facilities for the elderly, or licensed board and care settings, CONTRACTOR shall ensure that placement occurs only where medically necessary and only for as long as medically necessary.

CONTRACTOR shall ensure that participants who are able to reside in permanent supportive housing or other more independent settings are transitioned as soon as appropriate, consistent with the Americans with Disabilities Act and the integration mandate established in *Olmstead v. L.C.* (1999).

Operating Subsidies Requirements

CONTRACTOR shall administer operating subsidies in accordance with the COUNTY Housing Interventions policies and procedures.

CONTRACTOR shall expend funds only on allowable operating costs as defined by the COUNTY, which may include utilities, maintenance, property management, security, cleaning, and housing-related incidentals.

CONTRACTOR shall ensure operating subsidies are not used for:

- Behavioral health services, such as:
 - Medication administration or monitoring
 - 24/7 supervision or staffing for care

- Structured treatment programming
- Housing transition navigation or tenancy sustaining services

CONTRACTOR shall maintain accurate records of all operating subsidy expenditures and provide documentation to the COUNTY as required for monitoring and audit purposes.

EXHIBIT J-15: BEHAVIORAL HEALTH SERVICES ACT (BHSA) OUTREACH AND ENGAGEMENT REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the delivery of Housing Interventions (HI) – Outreach and Engagement activities under the County’s Behavioral Health Services Act (BHSA) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A, and apply only to outreach and engagement activities funded through this Housing Interventions component.

The requirements set forth in this exhibit reflect expectations related to identifying, engaging, and connecting individuals with housing needs to appropriate housing interventions and supportive services. These requirements are intended to support consistent implementation of Housing Interventions Outreach and Engagement activities within the County’s Housing Interventions framework and to ensure alignment with BHSA policy and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

CONTRACTOR shall implement housing services and supports with Housing Interventions funding component of the Behavioral Health Services Act (BHSA). These interventions are intended to reduce homelessness, promote housing stability, and support recovery for BHSA-eligible individuals with behavioral health conditions through a range of housing-related services and expenditures.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA Housing Intervention funds and defined Housing Intervention policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

All Housing Interventions must be:

- Aligned with allowable uses defined in the BHSA Housing Interventions section of the County Policy Manual;
- Implemented and funded in a manner that complements, and does not duplicate, Medi-Cal-covered housing-related Community Supports;

Housing Intervention Requirements

The following requirements apply to all Housing Intervention contracts, as applicable to the Contractor’s role and scope of services under the agreement.

CONTRACTOR shall ensure that Housing Interventions shall be provided in the following allowable settings:

- Assisted Living: Adult Residential Facilities; Residential Care Facilities for the Elderly; Licensed Board and Care
- Community Residential Treatment: Peer Respite

BHT Housing Interventions are not allowed at the following Community Residential Treatment settings: Adult Residential Substance Use Disorder (SUD) Treatment Facilities; Children's Crisis Residential Programs (CCRP); Perinatal Residential SUD Facilities

- Interim Housing: Hotels/Motels; Peer Respite; Recovery Housing; Recuperative Care; Non-congregate interim housing models; Congregate settings with small number of individuals per room (i.e., not larger dormitory sleeping halls); Short-Term Post-Hospitalization Housing; Tiny Homes, emergency sleeping cabins, emergency stabilization units; Single room occupancy (SRO) units;
- Non-Interim Housing: Single-family and multi-family homes (e.g., apartments, duplexes, etc.); Housing in mobile home communities; Accessory Dwelling Units (ADU) and Junior Accessory Dwelling units (JADUs); Tiny Homes; Project-Based or Scattered Site Supportive Housing; Recovery/Sober living Housing; Apartments; Shared housing; License-exempt room and board; SRO units

CONTRACTOR shall ensure that Housing Interventions shall not be limited to individuals enrolled in either a Full-Service Partnership or Medi-Cal.

CONTRACTOR shall not discriminate against or deny housing to participants who use medications for addiction treatment (MAT) or other authorized medications.

CONTRACTOR shall not discriminate against or deny housing to participants who are justice-involved.

CONTRACTOR shall operate Housing Interventions in compliance with the core components of Housing First, as defined in subdivision (b) of W&I Code section 8255, which may include recovery housing in compliance with defined Housing First principles.

CONTRACTOR shall ensure, as applicable to the Contractor's scope of services, that all Housing Interventions settings must be combined with access to clinical and supportive behavioral health care and housing services, coordinated with COUNTY or service providers.

CONTRACTOR shall ensure that Housing Interventions support Family Housing as defined in the BHSA COUNTY Policy Manual and do not impose policies that unnecessarily separate participants meeting HUD's definition of "family."

CONTRACTOR shall ensure that all units or housing settings in which Housing Interventions are provided meet applicable state and local habitability and building standards.

CONTRACTOR shall cooperate, as applicable to their role, with COUNTY inspection processes (e.g., NSPIRE, Transitional Rent standards, or equivalent). Where NSPIRE is not practicable, attestation per California Civil Code is sufficient. Inspection costs are allowable expenses.

CONTRACTOR shall comply with COUNTY protocols to prevent fraud, waste, and abuse.

Where CONTRACTOR is responsible for placement or administration of rental assistance, CONTRACTOR shall not place participants in units that fail habitability or minimum quality standards.

CONTRACTOR shall collect and enter required data elements into the local Homeless Management Information System (HMIS) as directed by the COUNTY.

CONTRACTOR shall participate in HMIS training and data quality assurance processes as directed by the COUNTY.

CONTRACTOR shall ensure placements are voluntary and occur in the least restrictive, most community-integrated setting that can accommodate the participant's physical and behavioral health needs. Supervision or treatment needs in these settings must come from separate funding.

CONTRACTOR shall comply with all applicable federal and state law, including the Americans with Disabilities Act (ADA) and the integration mandate established in *Olmstead v. L.C.* (1999).

CONTRACTOR shall not use Housing Interventions funds to cover room and board in behavioral health residential treatment settings.

In shared housing arrangements, CONTRACTOR shall ensure that each participant has an individual bed and secure storage space for personal belongings, and has access to common areas such as kitchen, bathroom, and living space.

In Interim Housing Settings, CONTRACTOR shall not require tenants to pay rent in time-limited interim settings.

In Interim Housing Settings, CONTRACTOR shall support transitions from interim settings to permanent housing in compliance with BHSA requirements, including the six-month or twelve-month time limits for interim settings. For interim settings, BHSA funds may extend up to 6 months if Transitional Rent has been exhausted, or up to 12 months if not eligible; after expiration, only permanent settings are eligible for continued funding.

In permanent supportive housing settings, where applicable, tenants shall have a lease or occupancy agreement consistent with state and local law.

When Housing Interventions funds are used for placement in assisted living, adult residential facilities, residential facilities for the elderly, or licensed board and care settings, CONTRACTOR shall ensure that placement occurs only where medically necessary and only for as long as medically necessary.

CONTRACTOR shall ensure that participants who are able to reside in permanent supportive housing or other more independent settings are transitioned as soon as appropriate, consistent with the Americans with Disabilities Act and the integration mandate established in *Olmstead v. L.C.* (1999).

Outreach and Engagement Requirements

CONTRACTOR shall deliver COUNTY-approved Outreach and Engagement activities to identify and build relationships with individuals and families living in unsheltered settings for the purpose of providing immediate support, intervention, and connections to housing and supportive services.

CONTRACTOR shall track Outreach and Engagement activities in the Homeless Management Information System (HMIS) and provide data necessary to inform COUNTY reporting, including:

- Number of individuals contacted
- Percentage of individuals who received housing assistance

- Housing retention rates
- Number of new community partnerships formed
- Qualitative feedback from participants and partners

EXHIBIT J-16: BEHAVIORAL HEALTH SERVICES ACT (BHSA) PARTICIPANT ASSISTANCE FUNDS REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the use of Participant Assistance Funds under the County's Behavioral Health Services Act (BHSA) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A, and apply only to allowable expenditures and activities funded through Participant Assistance Funds.

The requirements set forth in this exhibit reflect expectations related to the use of flexible, participant-centered assistance to support housing stability and engagement in behavioral health services. These requirements are intended to support consistent implementation of Participant Assistance Funds within the County's Housing Interventions framework and to ensure alignment with BHSA policy, allowable use requirements, and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

CONTRACTOR shall implement housing services and supports with Housing Interventions funding component of the Behavioral Health Services Act (BHSA). These interventions are intended to reduce homelessness, promote housing stability, and support recovery for BHSA-eligible individuals with behavioral health conditions through a range of housing-related services and expenditures.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA Housing Intervention funds and defined Housing Intervention policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

All Housing Interventions must be:

- Aligned with allowable uses defined in the BHSA Housing Interventions section of the County Policy Manual;
- Implemented and funded in a manner that complements, and does not duplicate, Medi-Cal-covered housing-related Community Supports;

Housing Intervention Requirements

The following requirements apply to all Housing Intervention contracts, as applicable to the Contractor's role and scope of services under the agreement.

CONTRACTOR shall ensure that Housing Interventions shall be provided in the following allowable settings:

- Assisted Living: Adult Residential Facilities; Residential Care Facilities for the Elderly; Licensed Board and Care
- Community Residential Treatment: Peer Respite
BHT Housing Interventions are not allowed at the following Community Residential Treatment settings: Adult Residential Substance Use Disorder (SUD) Treatment

Facilities; Children's Crisis Residential Programs (CCRP); Perinatal Residential SUD Facilities

- Interim Housing: Hotels/Motels; Peer Respite; Recovery Housing; Recuperative Care; Non-congregate interim housing models; Congregate settings with small number of individuals per room (i.e., not larger dormitory sleeping halls); Short-Term Post-Hospitalization Housing; Tiny Homes, emergency sleeping cabins, emergency stabilization units; Single room occupancy (SRO) units;
- Non-Interim Housing: Single-family and multi-family homes (e.g., apartments, duplexes, etc.); Housing in mobile home communities; Accessory Dwelling Units (ADU) and Junior Accessory Dwelling units (JADUs); Tiny Homes; Project-Based or Scattered Site Supportive Housing; Recovery/Sober living Housing; Apartments; Shared housing; License-exempt room and board; SRO units

CONTRACTOR shall ensure that Housing Interventions shall not be limited to individuals enrolled in either a Full-Service Partnership or Medi-Cal.

CONTRACTOR shall not discriminate against or deny housing to participants who use medications for addiction treatment (MAT) or other authorized medications.

CONTRACTOR shall not discriminate against or deny housing to participants who are justice-involved.

CONTRACTOR shall operate Housing Interventions in compliance with the core components of Housing First, as defined in subdivision (b) of W&I Code section 8255, which may include recovery housing in compliance with defined Housing First principles.

CONTRACTOR shall ensure, as applicable to the Contractor's scope of services, that all Housing Interventions settings must be combined with access to clinical and supportive behavioral health care and housing services, coordinated with COUNTY or service providers.

CONTRACTOR shall ensure that Housing Interventions support Family Housing as defined in the BHSA COUNTY Policy Manual and do not impose policies that unnecessarily separate participants meeting HUD's definition of "family."

CONTRACTOR shall ensure that all units or housing settings in which Housing Interventions are provided meet applicable state and local habitability and building standards.

CONTRACTOR shall cooperate, as applicable to their role, with COUNTY inspection processes (e.g., NSPIRE, Transitional Rent standards, or equivalent). Where NSPIRE is not practicable, attestation per California Civil Code is sufficient. Inspection costs are allowable expenses.

CONTRACTOR shall comply with COUNTY protocols to prevent fraud, waste, and abuse.

Where CONTRACTOR is responsible for placement or administration of rental assistance, CONTRACTOR shall not place participants in units that fail habitability or minimum quality standards.

CONTRACTOR shall collect and enter required data elements into the local Homeless Management Information System (HMIS) as directed by the COUNTY.

CONTRACTOR shall participate in HMIS training and data quality assurance processes as directed by the COUNTY.

CONTRACTOR shall ensure placements are voluntary and occur in the least restrictive, most community-integrated setting that can accommodate the participant's physical and behavioral health needs. Supervision or treatment needs in these settings must come from separate funding.

CONTRACTOR shall comply with all applicable federal and state law, including the Americans with Disabilities Act (ADA) and the integration mandate established in *Olmstead v. L.C.* (1999).

CONTRACTOR shall not use Housing Interventions funds to cover room and board in behavioral health residential treatment settings.

In shared housing arrangements, CONTRACTOR shall ensure that each participant has an individual bed and secure storage space for personal belongings, and has access to common areas such as kitchen, bathroom, and living space.

In Interim Housing Settings, CONTRACTOR shall not require tenants to pay rent in time-limited interim settings.

In Interim Housing Settings, CONTRACTOR shall support transitions from interim settings to permanent housing in compliance with BHSA requirements, including the six-month or twelve-month time limits for interim settings. For interim settings, BHSA funds may extend up to 6 months if Transitional Rent has been exhausted, or up to 12 months if not eligible; after expiration, only permanent settings are eligible for continued funding.

In permanent supportive housing settings, where applicable, tenants shall have a lease or occupancy agreement consistent with state and local law.

When Housing Interventions funds are used for placement in assisted living, adult residential facilities, residential facilities for the elderly, or licensed board and care settings, CONTRACTOR shall ensure that placement occurs only where medically necessary and only for as long as medically necessary.

CONTRACTOR shall ensure that participants who are able to reside in permanent supportive housing or other more independent settings are transitioned as soon as appropriate, consistent with the Americans with Disabilities Act and the integration mandate established in *Olmstead v. L.C.* (1999).

Participant Assistance Funds Requirements

CONTRACTOR shall administer Participant Assistance Funds to remove barriers to housing and support participants in meeting immediate housing needs, consistent with COUNTY policies and BHSA requirements.

CONTRACTOR shall ensure that all assistance is based on individualized assessment of participant needs.

CONTRACTOR may use Participant Assistance Funds to cover COUNTY approved expenses.

EXHIBIT J-17: BEHAVIORAL HEALTH SERVICES ACT (BHSA) PROJECT-BASED RENTAL SUBSIDIES REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the use of Housing Interventions (HI) – Project-Based Housing Rental Assistance under the County’s Behavioral Health Services Act (BHSA) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A, and apply only to activities funded through Project-Based Housing Rental Assistance.

The requirements set forth in this exhibit reflect expectations related to the use of rental assistance tied to specific housing units or projects to support housing stability for eligible participants. These requirements are intended to support consistent implementation of Project-Based Housing Rental Assistance within the County’s Housing Interventions framework and to ensure alignment with BHSA policy and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

CONTRACTOR shall implement housing services and supports with Housing Interventions funding component of the Behavioral Health Services Act (BHSA). These interventions are intended to reduce homelessness, promote housing stability, and support recovery for BHSA-eligible individuals with behavioral health conditions through a range of housing-related services and expenditures.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA Housing Intervention funds and defined Housing Intervention policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

All Housing Interventions must be:

- Aligned with allowable uses defined in the BHSA Housing Interventions section of the County Policy Manual;
- Implemented and funded in a manner that complements, and does not duplicate, Medi-Cal-covered housing-related Community Supports;

Housing Intervention Requirements

The following requirements apply to all Housing Intervention contracts, as applicable to the Contractor’s role and scope of services under the agreement.

CONTRACTOR shall ensure that Housing Interventions shall be provided in the following allowable settings:

- Assisted Living: Adult Residential Facilities; Residential Care Facilities for the Elderly; Licensed Board and Care
- Community Residential Treatment: Peer Respite

BHT Housing Interventions are not allowed at the following Community Residential Treatment settings: Adult Residential Substance Use Disorder (SUD) Treatment Facilities; Children's Crisis Residential Programs (CCRP); Perinatal Residential SUD Facilities

- Interim Housing: Hotels/Motels; Peer Respite; Recovery Housing; Recuperative Care; Non-congregate interim housing models; Congregate settings with small number of individuals per room (i.e., not larger dormitory sleeping halls); Short-Term Post-Hospitalization Housing; Tiny Homes, emergency sleeping cabins, emergency stabilization units; Single room occupancy (SRO) units;
- Non-Interim Housing: Single-family and multi-family homes (e.g., apartments, duplexes, etc.); Housing in mobile home communities; Accessory Dwelling Units (ADU) and Junior Accessory Dwelling units (JADUs); Tiny Homes; Project-Based or Scattered Site Supportive Housing; Recovery/Sober living Housing; Apartments; Shared housing; License-exempt room and board; SRO units

CONTRACTOR shall ensure that Housing Interventions shall not be limited to individuals enrolled in either a Full-Service Partnership or Medi-Cal.

CONTRACTOR shall not discriminate against or deny housing to participants who use medications for addiction treatment (MAT) or other authorized medications.

CONTRACTOR shall not discriminate against or deny housing to participants who are justice-involved.

CONTRACTOR shall operate Housing Interventions in compliance with the core components of Housing First, as defined in subdivision (b) of W&I Code section 8255, which may include recovery housing in compliance with defined Housing First principles.

CONTRACTOR shall ensure, as applicable to the Contractor's scope of services, that all Housing Interventions settings must be combined with access to clinical and supportive behavioral health care and housing services, coordinated with COUNTY or service providers.

CONTRACTOR shall ensure that Housing Interventions support Family Housing as defined in the BHSA COUNTY Policy Manual and do not impose policies that unnecessarily separate participants meeting HUD's definition of "family."

CONTRACTOR shall ensure that all units or housing settings in which Housing Interventions are provided meet applicable state and local habitability and building standards.

CONTRACTOR shall cooperate, as applicable to their role, with COUNTY inspection processes (e.g., NSPIRE, Transitional Rent standards, or equivalent). Where NSPIRE is not practicable, attestation per California Civil Code is sufficient. Inspection costs are allowable expenses.

CONTRACTOR shall comply with COUNTY protocols to prevent fraud, waste, and abuse.

Where CONTRACTOR is responsible for placement or administration of rental assistance, CONTRACTOR shall not place participants in units that fail habitability or minimum quality standards.

CONTRACTOR shall collect and enter required data elements into the local Homeless Management Information System (HMIS) as directed by the COUNTY.

CONTRACTOR shall participate in HMIS training and data quality assurance processes as directed by the COUNTY.

CONTRACTOR shall ensure placements are voluntary and occur in the least restrictive, most community-integrated setting that can accommodate the participant's physical and behavioral health needs. Supervision or treatment needs in these settings must come from separate funding.

CONTRACTOR shall comply with all applicable federal and state law, including the Americans with Disabilities Act (ADA) and the integration mandate established in *Olmstead v. L.C.* (1999).

CONTRACTOR shall not use Housing Interventions funds to cover room and board in behavioral health residential treatment settings.

In shared housing arrangements, CONTRACTOR shall ensure that each participant has an individual bed and secure storage space for personal belongings, and has access to common areas such as kitchen, bathroom, and living space.

In Interim Housing Settings, CONTRACTOR shall not require tenants to pay rent in time-limited interim settings.

In Interim Housing Settings, CONTRACTOR shall support transitions from interim settings to permanent housing in compliance with BHSA requirements, including the six-month or twelve-month time limits for interim settings. For interim settings, BHSA funds may extend up to 6 months if Transitional Rent has been exhausted, or up to 12 months if not eligible; after expiration, only permanent settings are eligible for continued funding.

In permanent supportive housing settings, where applicable, tenants shall have a lease or occupancy agreement consistent with state and local law.

When Housing Interventions funds are used for placement in assisted living, adult residential facilities, residential facilities for the elderly, or licensed board and care settings, CONTRACTOR shall ensure that placement occurs only where medically necessary and only for as long as medically necessary.

CONTRACTOR shall ensure that participants who are able to reside in permanent supportive housing or other more independent settings are transitioned as soon as appropriate, consistent with the Americans with Disabilities Act and the integration mandate established in *Olmstead v. L.C.* (1999).

Project-Based Housing (PBH) Rental Assistance Requirements

CONTRACTOR shall administer Project-Based Housing (PBH) assistance as a rental subsidy attached to specific units or properties designated for BHSA-eligible individuals.

CONTRACTOR shall designate PBH units within apartment buildings, duplexes, triplexes, shared homes, or other structures consistent with BHSA requirements.

CONTRACTOR shall ensure that PBH subsidies are tied to the housing unit, not the participant.

CONTRACTOR shall implement COUNTY -defined property management procedures that include, at a minimum:

- Tenant selection and occupancy policies

- Rent contribution standards (e.g., sliding scale based on income)
- Damage mitigation and property maintenance plans

EXHIBIT J-18: BEHAVIORAL HEALTH SERVICES ACT (BHSA) TENANT-BASED RENTAL SUBSIDIES REQUIREMENTS

This exhibit establishes additional program-specific terms applicable to the use of Tenant-Based Housing Rental Assistance under the County's Behavioral Health Services Act (BHSA) program. These terms are intended to supplement the primary Scope of Work, as defined in Exhibit A, and apply only to activities funded through Tenant-Based Housing Rental Assistance.

The requirements set forth in this exhibit reflect expectations related to the provision of rental assistance that supports participant choice, housing stability, and access to permanent housing. These requirements are intended to support consistent implementation of Tenant-Based Housing Rental Assistance within the County's Housing Interventions framework and to ensure alignment with BHSA policy and system-level expectations.

DESCRIPTION OF SERVICES/INTENT AND GOALS

Program Intent and Goals

CONTRACTOR shall implement housing services and supports with Housing Interventions funding component of the Behavioral Health Services Act (BHSA). These interventions are intended to reduce homelessness, promote housing stability, and support recovery for BHSA-eligible individuals with behavioral health conditions through a range of housing-related services and expenditures.

CONTRACTOR shall refer to the BHSA County Policy Manual to ensure alignment with the use of BHSA Housing Intervention funds and defined Housing Intervention policies. This Policy Manual is attached to this agreement and can be obtained through the Department of Health Care Services (DHCS) Behavioral Health Transformation BHSA County Policy Manual website at the following link:

LINK: <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>

All Housing Interventions must be:

- Aligned with allowable uses defined in the BHSA Housing Interventions section of the County Policy Manual;
- Implemented and funded in a manner that complements, and does not duplicate, Medi-Cal-covered housing-related Community Supports;

Housing Intervention Requirements

The following requirements apply to all Housing Intervention contracts, as applicable to the Contractor's role and scope of services under the agreement.

CONTRACTOR shall ensure that Housing Interventions shall be provided in the following allowable settings:

- Assisted Living: Adult Residential Facilities; Residential Care Facilities for the Elderly; Licensed Board and Care
- Community Residential Treatment: Peer Respite
BHT Housing Interventions are not allowed at the following Community Residential Treatment settings: Adult Residential Substance Use Disorder (SUD) Treatment

Facilities; Children’s Crisis Residential Programs (CCRP); Perinatal Residential SUD Facilities

- Interim Housing: Hotels/Motels; Peer Respite; Recovery Housing; Recuperative Care; Non-congregate interim housing models; Congregate settings with small number of individuals per room (i.e., not larger dormitory sleeping halls); Short-Term Post-Hospitalization Housing; Tiny Homes, emergency sleeping cabins, emergency stabilization units; Single room occupancy (SRO) units;
- Non-Interim Housing: Single-family and multi-family homes (e.g., apartments, duplexes, etc.); Housing in mobile home communities; Accessory Dwelling Units (ADU) and Junior Accessory Dwelling units (JADUs); Tiny Homes; Project-Based or Scattered Site Supportive Housing; Recovery/Sober living Housing; Apartments; Shared housing; License-exempt room and board; SRO units

CONTRACTOR shall ensure that Housing Interventions shall not be limited to individuals enrolled in either a Full-Service Partnership or Medi-Cal.

CONTRACTOR shall not discriminate against or deny housing to participants who use medications for addiction treatment (MAT) or other authorized medications.

CONTRACTOR shall not discriminate against or deny housing to participants who are justice-involved.

CONTRACTOR shall operate Housing Interventions in compliance with the core components of Housing First, as defined in subdivision (b) of W&I Code section 8255, which may include recovery housing in compliance with defined Housing First principles.

CONTRACTOR shall ensure, as applicable to the Contractor’s scope of services, that all Housing Interventions settings must be combined with access to clinical and supportive behavioral health care and housing services, coordinated with COUNTY or service providers.

CONTRACTOR shall ensure that Housing Interventions support Family Housing as defined in the BHSA COUNTY Policy Manual and do not impose policies that unnecessarily separate participants meeting HUD’s definition of “family.”

CONTRACTOR shall ensure that all units or housing settings in which Housing Interventions are provided meet applicable state and local habitability and building standards.

CONTRACTOR shall cooperate, as applicable to their role, with COUNTY inspection processes (e.g., NSPIRE, Transitional Rent standards, or equivalent). Where NSPIRE is not practicable, attestation per California Civil Code is sufficient. Inspection costs are allowable expenses.

CONTRACTOR shall comply with COUNTY protocols to prevent fraud, waste, and abuse.

Where CONTRACTOR is responsible for placement or administration of rental assistance, CONTRACTOR shall not place participants in units that fail habitability or minimum quality standards.

CONTRACTOR shall collect and enter required data elements into the local Homeless Management Information System (HMIS) as directed by the COUNTY.

CONTRACTOR shall participate in HMIS training and data quality assurance processes as directed by the COUNTY.

CONTRACTOR shall ensure placements are voluntary and occur in the least restrictive, most community-integrated setting that can accommodate the participant's physical and behavioral health needs. Supervision or treatment needs in these settings must come from separate funding.

CONTRACTOR shall comply with all applicable federal and state law, including the Americans with Disabilities Act (ADA) and the integration mandate established in *Olmstead v. L.C.* (1999).

CONTRACTOR shall not use Housing Interventions funds to cover room and board in behavioral health residential treatment settings.

In shared housing arrangements, CONTRACTOR shall ensure that each participant has an individual bed and secure storage space for personal belongings, and has access to common areas such as kitchen, bathroom, and living space.

In Interim Housing Settings, CONTRACTOR shall not require tenants to pay rent in time-limited interim settings.

In Interim Housing Settings, CONTRACTOR shall support transitions from interim settings to permanent housing in compliance with BHSA requirements, including the six-month or twelve-month time limits for interim settings. For interim settings, BHSA funds may extend up to 6 months if Transitional Rent has been exhausted, or up to 12 months if not eligible; after expiration, only permanent settings are eligible for continued funding.

In permanent supportive housing settings, where applicable, tenants shall have a lease or occupancy agreement consistent with state and local law.

When Housing Interventions funds are used for placement in assisted living, adult residential facilities, residential facilities for the elderly, or licensed board and care settings, CONTRACTOR shall ensure that placement occurs only where medically necessary and only for as long as medically necessary.

CONTRACTOR shall ensure that participants who are able to reside in permanent supportive housing or other more independent settings are transitioned as soon as appropriate, consistent with the Americans with Disabilities Act and the integration mandate established in *Olmstead v. L.C.* (1999).

Tenant-Based Housing (TBH) Rental Assistance Requirements

CONTRACTOR shall administer Tenant-Based Housing Assistance as a rental subsidy assigned to the program participant rather than the unit.

CONTRACTOR shall ensure that TBHA subsidies may relocate with the participant to another eligible unit if needed, consistent with BHSA rental subsidy requirements.

CONTRACTOR shall issue all rental subsidy payments directly to property owners, managers, or contracted providers administering BHSA-funded rental assistance.

CONTRACTOR shall calculate rental assistance using either rent reasonableness methodology or Fair Market Rents (FMRs), consistent with COUNTY policy.

CONTRACTOR shall establish participant rent contribution requirements of zero to 30 percent of adjusted income, consistent with COUNTY policy, and shall ensure participants are not denied Housing Interventions assistance due to lack of income.