

City of Albuquerque
Department of Family & Community Services
Fiscal Year 2012

Request for Proposals
From
Non-Profit or Governmental Agencies
For the
Provision of Behavioral Health Services

RFP Number: RFP-DFCS-12-03

REQUEST FOR PROPOSALS

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1.0 Background

The City of Albuquerque, Department of Family and Community Services has established a series of priorities for funding. The City of Albuquerque, through the Coordinated Human Services Contract Program (CHSCP), has adopted a uniform process for soliciting and reviewing project proposals. The Request for Proposals is eligible for two one-year renewals after the original contract term. Funds for this program are subject to final approval of the City Council, availability of City General Funds and where applicable, receipt of Community Development Block Grant funds from the U.S. Department of Housing and Urban Development.

The city of Albuquerque is seeking proposals for the establishment of a third Albuquerque Assertive Community Treatment (ACT) team.

The city of Albuquerque implemented its first Assertive Community Treatment (ACT) in 2005 and the second ACT program in 2008 because of a symposium on behavioral health and homelessness. The symposium brought together more than 100 stakeholders from the consumer, provider, law enforcement, and business communities to formulate recommendations on better ways to address issues related to serious mental illness, substance abuse, and chronic homelessness. The City is now ready to implement its third ACT team to provide the intensive services needed by the most seriously impaired persons with mental illness to improve their lives while keeping them from homelessness, repeated hospitalizations, and repeated involvement with the criminal justice system.

The City of Albuquerque works with the State of New Mexico Human Services Department (HSD) the Department of Health (DOH), and consultants with extensive expertise in the delivery of ACT services, to provide services that maintain fidelity with the ACT model while meeting the unique needs of Albuquerque. The program design is included as Attachment C to this Request for Proposals.

The City has coordinated with HSD to make ACT services reimbursable through the Medicaid program.

2.0 Purpose

The purpose of this Request for Proposals is to solicit innovative and effective proposals from qualified public or private non-profit mental health service agencies or provider consortia interested in delivering services under the Albuquerque Assertive Community Treatment Program as described in Attachment C.

The City will accept submission of proposals to the Office of the City Clerk, City of Albuquerque, until **4:00 pm, June 24, 2011**.

3.0 Administrative Requirements

Potential responders to this Request for Proposals are advised to become familiar with the content of the most current version of the publication entitled "*Administrative Requirements for Contracts Awarded under the City of Albuquerque, Department of Family and Community Services Social Services Program*" dated September 2010, (hereinafter referred to as the "*Administrative Requirements*"). The publication contains uniform administrative rules for contracts awarded pursuant to the Department's Social Services Program. The City expects contractors to understand and comply with all applicable rules contained within the publication. Among the topics covered in the publication are: Allowable Activities; Beneficiary Populations; Definitions; Application for Funding through City of Albuquerque Community Development Program; Eligible Entities; Required Assurances; Budgetary Guidelines for Community Development Contracts; Award Procedures and Contract Expenditures; Accounting for Community Development Contract Funds; Work Plans; Amendments; Program Performance Reports; Suspension and Termination Procedures; and Standard Forms for City Contracts.

The *Administrative Requirements* are available online on the Department's website at www.cabq.gov/family/Publications.html. Potential responders may also obtain a printed copy of the *Administrative Requirements*, Monday through Friday, between 8:00 a.m. and 5:00 p.m., at the City of Albuquerque, Department of Family and Community Services, fifth floor, Room 504, Old City Hall, One Civic Plaza, Albuquerque, New Mexico 87102.

4.0 Priority Activities/Scope of Services

The City strongly suggests that all potential respondents to this Request for Proposals familiarize themselves with Attachment C of this Request for Proposals before submitting their proposal. The entity selected for a contract under this RFP will be required to implement the program of services to persons with serious mental illness as described in Attachment C. It will be necessary for the selected respondent to become knowledgeable of the national ACT model and fidelity measures. The selected entity must follow guidelines disseminated by the National Alliance for the Mentally Ill (NAMI) in its publication "The ACT Model of Community-Based Treatment for Persons with Serious Mental Illnesses: A Manual for ACT Start-up: 2003 edition (Allness, Knoedler)". Respondents to this RFP may obtain copies of the ACT manual at www.nami.org. The City requires that all ACT programs receiving City funds adhere to this program description in detail. Modifications to the program design may only occur with the prior written consent of the City. The City will not approve requests for modifications that are inconsistent with the fidelity characteristics of assertive community treatment.

The successful respondent will be required to participate in core ACT training provided by the City of Albuquerque.

5.0 Method of Payment

This will be a cost reimbursement contract. Budgets will be prepared on the forms included in Attachment B. Responder must follow billing practices as prescribed by the City of Albuquerque. The City of Albuquerque will not reimburse for billable expenses denied by Medicaid or other billable source due to the untimely submission of a claim.

6.0 Eligible Responders

6.1 General Eligibility

Eligible responders will be either (1) a unit of state or local government, (2) a duly registered corporation in good standing with the State of New Mexico Public Regulation Commission, with not-for-profit status under 501(c)(3) of the U.S. Internal Revenue Service Code, or (3) a consortium of such public and/or private agencies. For purposes of this RFP, the City will consider a consortium of agencies to be one entity. Eligible responders will also have a demonstrated capability in providing mental health treatment services to persons with serious mental illness.

Ineligible entities as defined in Section 6.3 of the *Social Services Contracts Procurement Rules and Regulations* of the Department are restricted from submitting a proposal. Potential responders may obtain a printed copy of these rules and regulations, Monday through Friday, between 8:00 a.m. and 5:00 p.m., at the City of Albuquerque, Department of Family and Community Services, fifth floor, Room 504, Old City Hall, One Civic Plaza, Albuquerque, New Mexico 87102.

6.2 Limitations on Assistance to Primarily Religious Organizations

Federal regulations and other restrictions prohibit the use of City funds to renovate, rehabilitate, or convert buildings owned by primarily religious organizations. Independent, not-for-profit entities established by primarily religious organizations, however, may receive assistance. This provision does not prohibit a primarily religious organization from carrying out the eligible activities as long as the organization conducts such activities in a manner free from religious influences pursuant to conditions prescribed in the Representations and Certifications form (APP #8) attached to this RFP and required as an attachment to the responder's proposal.

6.3 Additional Requirements

a. Personnel Policies:

Organizations applying for a contract under this solicitation must have a written, board approved, set of personnel policies and procedures. This document must specify policies governing terms and conditions for employment; compensation and fringe benefits; holidays, vacation and sick leave; conflict of interest; travel reimbursement; and employee grievance procedures.

b. Conflict of Interest Policies:

Organizations submitting proposals under this solicitation must have in force a written conflict of interest policy that at a minimum:

- (1) Applies to the procurement and disposition of all real property, equipment, supplies, and services by the agency and to the agency's provision of assistance to individuals, businesses, and other private entities.
- (2) Provides that no employee, board member, or other person who exercises any decision-making function with respect to agency activities may obtain a personal or financial benefit from such activities for themselves or those with whom they have family or business ties during their tenure with the agency or for one year thereafter.

c. Accounting Policies:

Responder organizations must have in place a set of accounting policies that meet minimum standards established by the City in the *Administrative Requirements*, Accounting for DFCS Social Services Contract Funds.

d. Active Board:

Nonprofit responders must be able to document that the constitution of its governing board is compliant with approved bylaws and that it actively fulfills its responsibilities for policy direction, including conducting regularly scheduled meetings and keeping accurate minutes of these meetings.

7.0 Eligible Beneficiaries

Programs funded in whole or in part through this RFP must target residents of Albuquerque with serious mental illness who meet all the criteria for services outlined in the program description in Attachment C to this RFP.

8.0 Technical Assistance

At the request of responder agencies, the City of Albuquerque Department of Family & Community Services will provide technical assistance. For technical assistance, contact: David Trembath, Program Specialist, at (505) 768-2760 during regular working hours or by e-mail at DTrembath@CABQ.GOV.

8.1 Pre-Proposal Meeting

Staff of the Department of Family and Community service will conduct **one mandatory** pre-proposal conference for entities interested in submitting proposals in response to this solicitation:

Date: Friday, May 27, 2011
Time: 10:30 am

Location: Old City Hall
One Civic Plaza
Department of Family and Community Services
Room 504, Main Conference Room
Albuquerque, New Mexico 87102.

9.0 Instructions for Completing Applications

9.1 Proposal Format

The proposal should be completed and assembled as indicated below. Appendices or non-required attachments including letters of endorsement, agency brochures, or news clips may be included if copied onto 8 1/2" x 11" paper. To expedite handling, please do not use covers, binders, or tabs. Please paginate and collate.

9.2 Cover Sheet

Responders must use the attached Proposal Summary and Certification Form (APP #1) as a cover sheet for their proposals. An authorized official of the governmental agency or of the policy board of a non-profit agency to whom agency staff are responsible must sign the form.

9.3 Project Narrative

The project narrative, not including attachments, shall not exceed 10 typed, double-spaced, single-sided 8 1/2" x 11" pages using a 12-point font. The narrative should be prepared according to the format outlined below.

a. Experience and Understanding

The proposal must discuss the entity's experience in providing mental health treatment and other related services to persons with a serious and persistent psychiatric disorder. The proposal must also describe the respondents understanding of the challenges in addressing the needs of such persons when their treatment history contains frequent use of psychiatric hospitalization and emergency rooms, chronic or episodic homelessness, involvement with the criminal justice system, alcohol/substance abuse, and lack of engagement in traditional outpatient services. The proposal must include statistical data on diagnosis, cultural characteristics and legal status of the populations currently served by the entity.

In addition, the proposal should outline the entity's understanding of the need for, and their capacity to deliver, comprehensive, consumer-driven, recovery-oriented services for this target population through evidence-based practices. Finally, the proposal should address the agency's understanding of, and capacity to deliver, services in a culturally competent manner given the social, cultural, and economic characteristics of the target population for this program in Bernalillo County.

b. Service Delivery Plan

The proposal must provide a detailed discussion of the approach the agency will take to ensure the ACT Team delivers services in all of the areas outlined in the Attachment C to all program participants. These areas include housing; empowerment and self-help; daily living; health; money management and entitlements; medication support; education and training; employment; problem solving; substance abuse; family life and social relationships; and wellness management and relapse prevention. The proposal must also describe how the agency will ensure ACT staff has sufficient transportation to be able to visit clients. (For example, will the agency furnish cars or will staff drive their own cars with agency reimbursement for mileage and additional insurance costs?)

c. Staffing Plan

The proposal must detail how the agency will meet the staffing requirements outlined in the attached program design. This section should include detailed job descriptions for each ACT team position; resumes of any current staff who would be used to fill any of those positions; and a plan to recruit and hire, in a timely fashion, staff who have core competencies and the level of professional licensure required by the ACT model. The attached program design describes these requirements. The proposal must also describe the leadership qualifications required by the agency for the Team Leader position.

d. Coordination of Services Plan

The proposal must show evidence of the capacity of the respondent to successfully link ACT with other systems of care in the community, as specified in the attached program description, including emergency service programs; state and local psychiatric facilities; rehabilitation services; housing agencies; social service agencies; vocational and employment services, including the Division of Vocational Rehabilitation; self-help/peer run services; independent living centers; natural community supports, including parenting programs, churches/spiritual centers, and local

groups/organizations; local correctional facilities and the criminal justice system; the Albuquerque Police Department's COAST and Crisis Intervention Teams. Linkages with these systems must address, at minimum, the following concerns: cross training with the ACT team and other systems to understand each other's purpose; ACT referral procedures and forms; and modifications to each system's intake forms to identify individuals served in these systems who are ACT recipients.

Where possible, letters from these organizations indicating their willingness to enter into written coordination agreements with the ACT team should be included as an attachment. This attachment will not count towards the 25-page limit.

e. ACT Office

The proposal must describe the layout of the proposed ACT office and its expected location.

f. Administrative Oversight, Quality Control, and Program Support

The proposal must indicate how the provider agency will provide administrative oversight to the ACT team to insure that the team fully and continuously complies with the ACT Fidelity Scales and functions within guidelines established by applicable City and State regulations. The proposal must also show how the provider agency will support the ACT Team within its existing structure, including the provision of education and training opportunities, and personnel management support. Additionally, the proposal should outline the entity's current Medicaid billing system (i.e. number of clients currently billed per month, denial rate, number of staff dedicated to billing, etc.).

9.4 Cost Plan and Program Budget

The proposal should provide a detailed two-year budget for ACT operations, which includes first-year start-up costs associated with the development of an ACT Team and the estimated ongoing costs of a fully established 2nd-year ACT program with a full client base.

Although the financial management tasks associated with ACT will receive an adjustment to take into account Medicaid reimbursements, the program budget should be prepared as if the full costs of the program will be born by the City of Albuquerque under a cost reimbursement contract. The respondent should present the budget on the forms attached with a narrative justification. The budget forms and narrative justification will not count toward the 25 pages allowed for the proposal itself.

9.5 Work Program Summary

On the attached Applicant Work Program Summary form (APP# 7), the responder should summarize the major activities to be performed through the project, detailed in the methods section; the specific objective for each activity (in quantifiable terms where possible) and the dates that these objectives will be completed.

9.6 Insurance Requirements and Other Assurances

a. Insurance Requirements

All contractors selected pursuant to this RFP will be required to procure and maintain, through the life of each of their contracts, a commercial general liability and an automobile liability insurance policy each with liability limits in amounts not less than \$1,000,000 per occurrence and in the aggregate. If any counseling, therapy, or other activity for which professional liability insurance is normally required, is conducted during the course of the project, the contractor selected pursuant to this RFP will be required to procure and maintain, through the life of the contract, professional liability insurance with liability limits in an amount no less than \$1,000,000 per occurrence and in the aggregate. If the contractor sublets any part of the awarded contract, the contractor must include the subcontractor in its coverage or require the subcontractor to obtain all necessary coverage. Insurance policies must be written by companies legally authorized to write such policies in the State of New Mexico.

Policies must include coverage for all operations performed for the City by the contractor, coverage for the use of all owned and all non-owned hired automobiles, vehicles, and other equipment both on and off work, and contractual liability coverage shall specifically insure the hold harmless provision of the contract. The policy must name the City as an additional insured and the policies must provide that the City will receive 30 days written notice of a policy's cancellation, material change, or non-renewal.

The contractor must also comply with the provisions of the Worker's Compensation Act, the Subsequent Injury Act, and the New Mexico Occupational Disease Disablement Law.

During construction, if any, a contractor must maintain Builders Risk Insurance in an amount equal to the full construction cost to cover the construction work for fire, theft, extended coverage, vandalism and malicious mischief.

If, during the life of the contract, the Legislature of the State of New Mexico increases the maximum limits of liability under the Tort Claims Act (Section 41-4-1 through 41-4-27 N.M.S.A. 1978), the City may require the contractor to increase the maximum limits of any insurance required.

Proof of insurance is not a requirement for submission of a proposal, but responders should be aware that the City is unable to enter into a contract with a respondent until the respondent has obtained the required insurance and have filed the proper certificates (or policies) with the City. Before submitting a proposal, the agency should contact its insurance agent to determine if it can obtain the required coverage.

b. Other Assurances

The responder must submit, as an attachment to its proposal, a copy of the attached Representations and Certifications form (APP #8) giving assurances regarding compliance with certain civil rights laws and assuring that the agency will not use funds from this award for sectarian religious purposes.

A successful responder may consult with the City contact to assure compliance with all applicable federal, state and local regulations, laws and ordinances.

c. Audit Requirements

Contractors who expend \$500,000 or more of Federal funds during the year must have an audit conducted in accordance with the Federal Government's Office of Management and Budget Circular A-133 as amended. An independent auditor in accordance with generally accepted government auditing standards shall make the audit. Contractors who receive \$25,000 or more in funding from the City, and who do not fall under A-133, must have a financial statement audit conducted by an independent auditor in accordance with generally accepted auditing standards. Additional audit requirements are set out in the *Administrative Requirements*.

d. Goods Produced Under Decent Working Conditions

It is the policy of the City not to purchase, lease, or rent goods for use or for resale at City owned enterprises produced under sweatshop conditions. The responder certifies, by submittal of its proposal in response to this solicitation, that they produce goods offered to the City under decent working conditions. The City defines "under decent working conditions" as production in a factory in which (1) child and forced labor are not employed, adequate wages and benefits are paid to workers, (2) workers are not required to work more than 48 hours per week (or less if a shorter workweek applies), (3) workers can speak freely about working conditions, and (4) workers can participate in and form unions.

9.7 Required Attachments

The responder, including all parties to a joint venture or consortium, an individual or a non-profit agency, as applicable, must attach to its proposal: (unless current information is on file with the Department and the responder clearly indicates this in the proposal):

- its certificate of not-for-profit incorporation;
- the organization's Articles of Incorporation filed with the New Mexico Public Regulation Commission;
- a copy of the organizations current by-laws;
- a listing of current board members;
- a current organizational chart;
- a copy of the organization's travel reimbursement policies, if travel funds are requested;
- a copy of the organization's written accounting policies and procedures, which include procurement procedures;
- a copy of the organization's personnel policies and procedures;
- a copy of the organization's conflict of interest policy;
- relevant licenses to operate as a business;
- a Certificate of Good Standing and Comparison issued by the State of New Mexico;
- the Disbarment, Suspension, Ineligibility and Exclusion Certificate (APP #11);

- the Representations and Certifications form (APP #8);
- resumes of key personnel or job descriptions of unfilled positions;
- a copy of the organization's most recent audit as required by Section 8.6.c. above;
- a list of references including name of organization, contact person and telephone number to verify performance history and customer satisfaction;
- the Attachments on File form (APP #9); and
- the Drug Free Workplace Requirement Certification Form (APP #10).

10.0 Compliance with Social Services Contracts Procurement Rules and Regulations

The City of Albuquerque's Public Purchases Ordinance exempts agreements for Social Services and social maintenance program services that are procured in accordance with written regulations promulgated by the Department of Family and Community Services and approved by the City Purchasing Officer. The City Purchasing Officer, by approval of these regulations has delegated authority to the Department to procure Social Services in accordance with the regulations. Section 5-5-20 (A) (2) ROA 1994

The Department of Family and Community Services has adopted the Social Services Contracts Procurement Rules and Regulations. Procurement for, and review of, proposals will comply with the procedures set out in said regulations.

10.1 Review Criteria: Proposals will receive a score using the following criteria:

- Experience and Understanding (20 points):** Rated on the extent to which the proposal shows evidence of the respondents' understanding of the goals of the Albuquerque ACT program, the needs of the target population, and experience in serving that population.
- Service Delivery Plan (20 points):** Rated on the extent to which the proposal shows that the agency has an approach to delivery of ACT services that will comply with the ACT Model.
- Staffing Plan (20 points):** Rated on the extent to which the proposal shows evidence that the respondent understands the clinical and administrative staffing needs of an ACT team and has a plan through which the respondent can meet those staffing needs in a timely manner.
- Community Outreach Plan (10 points):** Rated on the extent to which the proposal shows evidence that the respondent has viable methods in mind to promote their ACT program to the community in such a way as to provide solid, dependable sources of appropriate referrals for ACT services.
- Administration, Quality Control, and Support Plan (20 points):** Rated on the extent to which the proposal shows evidence that the respondent has an effective plan for oversight of the ACT Team and to assure quality control, including conformity with the ACT Model.
- Budget and Cost Plan (10 Points):** Rated on the extent to which the proposed start-up and ongoing operating budgets are realistic, reasonable, and competitive. Low cost alone, however, will not be a determining factor in rating this section or the proposal as a whole.
- Past Performance (If Applicable)**

10.2 Review Process/Deadlines

a. Preliminary Staff Review

Proposals will receive a technical review by staff of the Department of Family and Community Services to determine if the proposal is complete and conforms to this Request for Proposals. Completeness means that all required forms and attachments are included and comply with the *Administrative Requirements*. Conformity means that the proposal has been prepared according to guidelines regarding length, organization, and format as specified in section 9.0 above. The City will consider incomplete, nonconforming or late proposals as unresponsive.

b. Review Panel

The Department Director will give written approval of the composition of an ad hoc committee (minimum of 3 persons) from the Department of Family and Community Services and may include a representative(s) from the New Mexico Department of Health and the New Mexico Department of Human Services, OptumHealth and/or citizens that will review all proposals. The proposals will receive a scored rating according to the review criteria specified in section 10.1 above. Based on these ratings, the committee will recommend contract awards and amounts to the Director of the Department. A recommendation for award does not constitute an award of contract. The Award of contract occurs when the Department Director signs an Agreement and the City issues a Purchase Order, or the City provides other evidence of acceptance to the responder. Moreover, the City will not enter into a contract until it has written verification by the State of New Mexico Department of Human Services, Medical Assistance Division, that the respondent is qualified to provide ACT services under the State's Medicaid Plan.

If, during the review process, the City needs additional information regarding a proposal, the Department staff will request such information from the responder. In addition, the City may interview responders directly as part of the review process. The City will advise agencies of the time and date of such interviews.

During evaluation, proposals submitted shall be confidential. The Department will use its best efforts to restrict distribution to those individuals involved in the review and analysis of the proposals, but in any event, the City shall not be liable for disclosure of any information contained in the proposals during the review process. The proposals shall be open to public inspection after award of contract, except to the extent the responder designates trade secrets or other proprietary data to be confidential. Material so designated shall accompany the proposal and each page shall be clearly marked and readily separable from the proposal. Prices and makes and models or catalog numbers of the items offered, deliveries, and terms of payment shall be publicly available regardless of any designation to the contrary. The City of Albuquerque will endeavor to restrict distribution of the material designated as confidential or proprietary to only those individuals involved in the review and analysis of the proposals. The City of Albuquerque cautions responders that materials designated as confidential may nevertheless be subject to disclosure under the *New Mexico Inspection of Public Records Act (Sections 14-2-1 et seq, NMSA 1978)*.

10.3 Competitive Considerations

Proposals will receive a rating according to the review criteria in section 10.1 above. This Request for Proposals, however, does not require the Department of Family and Community Services to award the full amount indicated in this RFP. If all proposals fail to meet the minimum standards, the Department may elect to reopen solicitations for proposals. The Department may require responders to participate in interviews or other discussion to explain, verify or accommodate revisions to any aspect of the proposal submitted and to submit any cost related, technical or other revisions to their proposal because of such discussions conducted. In making such revisions, there will be no substantive change in the Purpose or Priority Activities of this RFP. The Department reserves the right to reject any or all proposals and to open negotiations on a proposal after making a recommendation of award, in the further development of agreement details in the best interest of the City or the target population.

10.4 RFP Appeals Process

Responders whose proposals are not selected may submit a written appeal. Letters of appeal must be submitted to and arrive in the office of the Department Director not later than ten (10) working days after receipt of the notice of non-selection. Letters must be specific as to the matter under appeal. Appeals, not submitted in writing, not specific in nature, or which arrive late will not receive consideration. The Department Director will provide a decision within 30 days of receipt of the appeal letter. The Department Director's decision concerning the appeal is final. The address to mail letters of appeal is:

Robin Dozier Otten, Director
Department of Family & Community Services
City of Albuquerque
P.O. Box 1293
Albuquerque, NM 87103

The envelope must clearly indicate:

APPEAL DFCS - Albuquerque Assertive Community Treatment Program - RFP-DFCS-CHSCP-10-02

The Department Director will respond to all appeals in writing.

11.0 Submission Process

11.1 Submission Requirements

Submit one complete original of the proposal, including all required attachments as listed in Section 9.7 Also submit four (4) copies of the Project Narrative (9.3 above), Work Program Summary (9.5 above) and budget sections (9.4 above).

For the City to consider the submission of a proposal as complete, it must receive both the complete original and four (4) copies. Label the submitted sealed packages **Social Services - RFP-DFCS-10-02** and as "ORIGINAL" or "COPY" as appropriate. Please paginate and collate. Do not use covers, binders or tabs. **The City must receive all proposals prior to 4:00 p.m. local time June 24, 2011, at the City of Albuquerque, Office of the City Clerk. Proposals will be date/time stamped by the Office of the City Clerk as they receive them. Proposals stamped later than 4:00 p.m., June 24, 2011, will be ruled non-responsive to this Request for Proposals and will not be considered for award.**

The Department recommends that responders hand deliver their proposals, in advance of the deadline to:

Office of the City Clerk
One Civic Plaza
Basement #2041
Albuquerque, New Mexico 87102

If the responder chooses to mail its proposal, the City recommends certified mail. The proposal packet should be mailed to the following address:

City of Albuquerque
Office of the City Clerk
P.O. Box 1293
Albuquerque, New Mexico 87103

Respondents should allow sufficient mailing time to ensure delivery in advance of the deadline.

11.2 Clarification

Any explanation desired by a responder regarding the meaning or interpretation of this RFP must be requested in writing not less than ten (10) working days prior to the hour and date specified for the receipt of proposals to allow sufficient time for a reply to each responder before the submission of their proposals. Responders must direct all inquiries to David Trembath, Program Specialist, Department of Family and Community Services, P. O. Box 1293, Albuquerque, New Mexico, 87103 or fax 505-767-5830. Oral explanations or instructions given before the deadline for receipt of proposals will not be binding. The City will furnish any information given to a prospective responder concerning this RFP to all prospective responders attending the pre-proposal conference as an amendment of this RFP, if such information is necessary to responders in submitting proposals on this RFP or if the lack of such information would be prejudicial to uninformed responders.

11.3 Acknowledgment of Amendments to the Request for Proposal

A respondent must acknowledge receipt of an amendment to the RFP (a) by signing and returning the amendment or (b) by letter. The City must receive such acknowledgment prior to the hour and date specified for receipt of proposals.

11.4 Modification

Respondents may modify or withdraw their proposals by providing the City with written prior to the hour and date specified for receipt of proposals.

Proposal Checklist

Prior to submitting the proposal, applicants should use the following checklist to ensure that the proposal contains all elements required for a complete submittal. Items in the checklist with identifying numbers refer to the numbers found on required Department of Family & Community Services forms included as attachments to this RFP.

CHECKLIST

- Acknowledgment of Amendments to the RFP.**
- Proposal Summary and Certification Form (APP#1) completed and signed by authorized official.**
- Project Narrative (maximum 10 pages).**
- Applicant Work Program Summary (APP#7)**
- Budget Forms**
 - Expense Summary Form (APP #2)
 - Revenue Summary Form (APP #3)
 - Project Budget Detail Form -- Personnel (APP #4)
 - Project Budget Detail Form -- Operating Costs (APP #5)
 - Budget Detail Form: Projected Drawdown Schedule (APP #6)
- Resumes of key personnel or job descriptions of unfilled positions.**
- List of references, including name of organization, contact person and telephone number, to verify performance history and customer satisfaction.**
- Copy of the organization's most recent audit.**
- Attachments on File (APP#9)**
- Certificate of Non-Profit Incorporation**
- Articles of Incorporation filed with the New Mexico Public Regulation Commission.**
- Copy of current by-laws.**
- Relevant licenses to operate as a business.**
- Listing of current board members.**
- Current organizational chart.**
- Copy of the organization's travel reimbursement policies, if travel funds are requested.**
- Copy of the agency's written accounting policies and procedures, including procurement procedures.**
- Copy of the organization's personnel policies and procedures.**
- Copy of the organization's conflict of interest policy.**
- Certificate of Good Standing issued by the State of New Mexico.**
- Representations and Certifications (APP#8)**
- Drug Free Work Place Requirement Certification Form (APP#10)**
- Disbarment, Suspension, Ineligibility and Exclusion Certification (APP #11).**

ATTACHMENT A

DFCS PROPOSAL FORMS

City of Albuquerque
Department of Family and Community Services
Attachment A1: Representations and Certifications

The undersigned HEREBY GIVE ASSURANCE THAT:

The applicant entity named below will comply and act in accordance with all Federal laws and Executive Orders relating to the enforcement of civil rights, including but not limited to, Federal Code, Title 5, USCA 7142, Sub-Chapter 11, Anti-discrimination in Employment, and Executive Order number 11246, Equal Opportunity in Employment; and

That the applicant entity named below will comply with all New Mexico State Statutes and City Ordinances regarding enforcement of civil rights; and

That no funds awarded as a result of this request will be used for sectarian religious purposes, specifically that (a) there shall be no religious test for admission for services; (b) there shall be no requirement for attendance of religious services; (c) there shall be no inquiry as to a client's religious preference or affiliations; (d) there shall be no proselytizing; and (e) services provided shall be essentially secular, however, eligible activities, as determined by the fund source, and inherently religious activities may occur in the same structure so long as the religious activity is voluntarily and separated in time and/or location.

Entity Name _____

Typed Name of Authorized Board Official: _____

Title: _____

Signature: _____ Date: _____

City of Albuquerque
Department of Family and Community Services
Attachment A2: Attachment on File

Instructions: If an applicant has received a human services contract from the City of Albuquerque within the past 12 months and submitted the required attachments, it is not necessary to resubmit the attachments if there has been no change in the information requested. If the documents currently on file with the City remain current, check the box marked current. If there has been any change in status of documents currently on file (e.g. changes in board members, organizational structure, etc.) check the box marked “Revised Attached” and submit the revised document with the project proposal.

Document	Current	Revised Attached
Certificate of Non-Profit Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
Articles of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
Current Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
Applicable Licenses	<input type="checkbox"/>	<input type="checkbox"/>
Listing of Current Board Members	<input type="checkbox"/>	<input type="checkbox"/>
Organization Chart	<input type="checkbox"/>	<input type="checkbox"/>
Travel Reimbursement Policies	<input type="checkbox"/>	<input type="checkbox"/>
Accounting Policies and Procedures	<input type="checkbox"/>	<input type="checkbox"/>

**City of Albuquerque - Department of Family and Community Services
Attachment A3: Drug Free Workplace Requirement Certification Form**

The agency certifies that it will provide a drug-free workplace by:

Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the agency's workplace, and specifying the actions that will be taken against employees for violation of such prohibition;

Establishing a drug-free awareness program to inform employees of:

- a. The dangers of drug abuse in the workplace;
- b. The agency's policy of maintaining a drug-free workplace;
- c. Any available drug counseling, rehabilitation, and employee assistance programs; and
- d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

Making it a requirement that each employee to be engaged in the performance of an agreement with the City be given a copy of the agency's drug-free workplace statement.

Notifying each employer that as a condition of employment under the City's agreement, that employee will:

- a. Abide by the terms of the agency's drug-free workplace statement, and
- b. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace, no later than five (5) days after such conviction.

Notifying the City of Albuquerque, Department of Family and Community Services within ten (10) days after receiving an employee notice or otherwise receiving actual notice of an employee drug statute conviction for a violation occurring in the workplace.

Taking one of the following actions within thirty (30) days of receiving notice of an employee's drug statute conviction for a violation occurring in the workplace:

- a. Taking appropriate personnel action against such an employee, up to and including termination;
- b. or requiring such employee to participate satisfactorily at a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency; and

Making a good faith effort to continue to maintain a drug-free workplace through the implementation of the above requirements.

The agency also certifies that the agency's drug-free workplace requirements will apply to all locations where services are offered under the agreement with the City of Albuquerque.

Such locations are identified as follows:

Street Address _____ City _____

State _____ Zip _____ E-mail _____

Typed Name of Authorized board Official _____ Title _____

Signature of Authorized Board Official

Date Signed

City of Albuquerque
Department of Family and Community Services
Attachment A4: Debarment, Suspension, Ineligibility and Exclusion Certification

I certify that the agency has not been debarred, suspended or otherwise found ineligible to receive funds by any agency of the executive branch of the federal government.

I further certify that should any notice of debarment, suspension, ineligibility or exclusion be received by the agency, the City of Albuquerque, Department of Family and Community Services will be notified immediately.

Agency: _____

Typed Name of Authorized Board Official

Title:

Signature of Authorized Board Official

Date Signed:

Attachment B

COST REIMBURSEMENT BUDGET FORMS

City of Albuquerque
Department of Family and Community Services
Attachment B1: Proposal Summary and Certification Form

Name of Applicant Organization:

2. Mailing Address (City, State, and Zip Code)	3. Name and telephone number of contact person
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4. City Program Name (from Request for Proposals):
--

5. RFP Number:	6. Priority # (if applicable)	7. Due Date:
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8. Title of Applicant's Project and Brief Descriptive Summary:
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9. Amount of City Funding requested:	10. Matching Funds Amount (if requested):	11. Date Submitted:
--------------------------------------	---	---------------------

12. Certification: It is understood and agreed by the undersigned that: 1) Any funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable Federal, state, and city regulations and restrictions; and 2) the undersigned hereby gives assurances that this proposal has been prepared according to the policies and procedures of the above named organization, obtained all necessary approvals by its governing body prior to submission, the material presented is factual and accurate to the best of her/his knowledge, and that she/he has been duly authorized by action of the governing body to bind the Corporation.

a. Typed Name of Authorized Board Official:	b. Title	c. Telephone Number
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Signature of Authorized Board Official	d. Date signed:
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Instructions for Completing the Proposal Summary and Certification Form

1. Enter the name of the organization submitting the application.
2. Enter the mailing address of the organization.
3. Enter the name and telephone number of a contact person from whom information about the proposal can be obtained.
4. Enter the name of the City program from which funding is being requested. The name of the program should be taken from the Request for Proposals.
5. Enter the number assigned to the RFP from the Request for Proposals.
6. Enter the priority number from the Request for Proposals if one is assigned to the area in which the applicant is seeking funds.
7. Enter the date the proposal is due to be received by the City of Albuquerque from the Request for Proposals.
8. Enter the title of the project for which the applicant is seeking funds and a brief narrative description of that project. The length of the narrative must be limited to the space available.
9. Enter the total amount of City funding requested in the proposal.
10. Enter the amount of matching funds to be provided by the applicant, if matching funds are requested in the Request for Proposal.

City of Albuquerque
Department of Family and Community Services
Attachment B2: First Year Start Up Expense Summary Form

Agency Name: _____

Project Title: _____

Expenditure Category	Project Total	City Funding Requested	Percent Request
Personnel Costs			
Salaries & Wages			
Payroll Taxes and Employee Benefits			
Total Personnel Costs			
Operating Costs			
Contractual Services			
Audit Costs			
Consumable Supplies			
Telephone			
Postage and Shipping			
Occupancy			
a. Rent			
b. Utilities			
c. Other			
Equipment Lease			
Equipment Maintenance			
Printing & Publications			
Travel			
a. Local Travel			
b. Out of Town Travel			
Conferences, Meetings, Etc.			
Direct Assistance to Beneficiaries			
Membership Dues			
Equipment, Land, Buildings			
Insurance			
Total Operating			
Total Direct Costs			
Indirect Costs			
Total Project Expenses			

Instructions for Completing First

Consumable Supplies: Enter the

Travel Costs:

Year Start Up Expense Summary Form

Expenditure Category

Personnel Costs:

Salaries and Wages: Enter the amounts budgeted to pay salaries and wages for regular staff of the organization employed to carry out project-related activities. Costs charged to salaries and wages must conform to *Administrative Requirements* 3.1.3.

Payroll and Benefits: Enter the amounts budgeted to pay payroll taxes, and employee benefits. Payroll taxes should include legally mandated payroll taxes for regular employees of the organization, including FICA and unemployment compensation. The amounts charged to the City must constitute an appropriate percentage of salaries and wages. Costs charged to payroll taxes must conform to *Administrative Requirements* 3.1.3.

Total Personnel Costs: Enter the sum of salaries and wages, payroll taxes, and employee benefits.

Operating Costs

Contractual Services: Enter the amount budgeted to pay the costs of services provided to the project through contractual agreements with individuals and organizations who are no regular employees, with the exception of the costs for conducting annual or special audits. Costs charged to contractual services must conform to *Administrative Requirements* 3.1.15 and 5.5.

Audit Costs: Enter the amount budgeted to pay the costs of conducting annual or special audits of the organization. The amount budgeted to the City shall not exceed the proportion that the City contract is of the total agency budget. Costs charged to audit costs must conform

amount budgeted to pay the costs of supplies and equipment utilized by the project which have a price which does not exceed \$250 per unit. Costs charged to consumable supplies must conform to *Administrative Requirements* 3.1.8, 5.4.4, and 5.5.

Telephone: Enter the amount budgeted to pay for the costs of project-related telephone services, including installation, local service, and long-distance tolls. Costs charged to telephone must conform to *Administrative Requirements* 3.1.2.

Postage and Shipping: Enter the amount budgeted for project-related postage and shipping. Costs charged to postage and shipping must conform to *Administrative Requirements* 3.1.2 and 3.1.22.

Occupancy:
Rent: Enter the amount budgeted for space lease/rental costs related to the project. Costs charged to rent must conform to *Administrative Requirements* 3.1.19.

Utilities: Enter the amount budgeted for the cost of project related electrical services, heating and cooling, sewer, water, and other utilities charged not otherwise included in rental or other charges for space. Costs charged to utilities must conform to *Administrative Requirements* 3.2.24.

Other: Enter the amount budgeted for other project related occupancy costs including the costs of security, janitorial services, elevator services, upkeep of grounds, leasehold improvements not exceeding \$250, and related occupancy costs not otherwise included in rental or other charges for space. Costs charged to other occupancy must conform to *Administrative Requirements* 3.2.14.

Equipment Lease: Enter the amounts budgeted for the lease of equipment.

Local Travel: Enter the amount budgeted for the costs of project-related travel within Bernalillo County, including costs for mileage reimbursement and/or operating and maintenance costs of agency owned or hired vehicles use to provide transportation to staff or clients within Bernalillo County. Costs charged to local travel must conform to *Administrative Requirements* 3.1.23.

Out-of-Town Travel: Enter the amount budgeted for the costs of project-related travel outside of Bernalillo County, including costs for transportation, lodging, subsistence, and related expenses incurred by employees, board members, or clients who are in travel status on official business related to the project. Costs charged to out-of-town travel must conform to *Administrative Requirements* 3.1.23.

Conferences, Meetings, etc.: Enter the amount budgeted for the costs of registration and materials for staff, board, or clients attendance at meetings and conferences related to the funded project or for the costs of meetings conducted by the agency in connection with that contract. Costs charged to conferences and meetings must conform to *Administrative Requirements* 3.1.9 or 3.1.10(c).

Direct Assistance to Beneficiaries: Enter the costs budgeted for the payment of participant wages and benefits, stipends, food, clothing, and other goods and services purchased directly on behalf of clients. Costs charged to direct assistance to beneficiaries must conform to *Administrative Requirements* 3.1.13. *Membership Dues:* Enter the amount budgeted to pay the costs of dues paid by the agency on behalf of staff, board members, or the agency itself to

to *Administrative Requirement* 3.1.15 and 5.5.

Insurance: Enter the amount budgeted to pay the costs of insurance, including bonding. Costs charged to insurance must conform to *Administrative Requirement* 3.1.1, 3.1.6, and 5.5.

Miscellaneous: Enter the amount budget or pay direct costs that cannot be included in any of the line items above. Such costs must be kept to a minimum and must be detailed specifically in the Budget Detail Form. *Administrative Requirements* 3.2.2 explicitly disallows contingency provisions.

Total Operating Costs: Enter the sum of all line items under operating costs.

Total Direct Costs: Enter the sum of Total Personnel Costs and Total Operating Costs.

Indirect Costs: Enter the amounts budgeted to pay indirect costs charged to the project. Indirect cost charges must conform to *Administrative Requirements* 3.3.

Total Project Expenses: Enter the sum of Total Direct Costs and Indirect Costs.

Costs charged to equipment lease.

Equipment Maintenance: Enter the amount budgeted to maintain or repair existing agency equipment utilized in a funded project. Costs charged to equipment maintenance must conform to *Administrative Requirements* 3.1.5(e).

Printing and Publications: Enter the amount budgeted for the purchase and/or reproduction of project-related printed materials, including the cost of photo-reproduction.

professional organization related to the purposes of the project. Costs charged to membership dues must conform to *Administrative Requirements* 3.1.10.

(continued on next page)

Equipment, Land, Buildings: Enter the amount budgeted for the purchase of equipment, land, and for the acquisition or construction of buildings, the cost of which exceeds \$1000. Costs charged to Equipment, Land, Buildings, or renovation capital costs must conform to *Administrative Requirements* 5.4.1, 5.4.2, and 5.5.

**Instructions for Completing
First Year Start Up Revenue
Summary Form**

For government revenues received by the agency, list each agency of the federal or state government providing funding in the column "Revenue Source."

Enter the anticipated revenues for the total agency budget from each of the listed funding sources in the column headed "Agency Total," and show the percentage of all agency funding from that source.

Definitions:

Contributions, Etc.

Contributions means funds donated to the agency by the general public, excluding United Way administered donor options.

Government Revenues

Fees from Government Agencies means funds paid to the agency by a unit of Federal, State or local government on a fixed price basis for services rendered.

Grants from Governmental Agencies means funds paid to the agency by a unit of Federal, State or local government on a fixed price basis for services rendered.

Other Revenues

Other Revenue means income to the agency from sources not falling into another category.

United Way Revenue

United Way Allocation means all funding provided by the United Way of Central

Line 1. Enter the name of the agency submitting the proposal.

Line 2. Enter the project title as shown on the Proposal Summary and Certification form.

Line 3. For the column labeled “Number FTE on Project”, show the number of full time equivalent staff for each position working on this project, regardless of funding source. For the column labeled “Position Title,” give the title of each position working on this project. For the column labeled “Annual Salary,” enter the annual salary for the positions multiplied by the number of FTE for that position. For the column labeled “Amount Requested,” enter the amount of funding for the position requested from the City. For the column “Percent Requested,” enter the percent of the annual salaries for the position to be charged to the City.

Line 4. Enter the sums of the column “Annual Salary,” and “Amount Requested.” Enter the “Percent Requested” for total salary and wages.

Line 5. Enter the total amount of payroll taxes and employee benefits for project salaries in the column labeled “Annual Salary,” the “Amount Requested” from the City, and the percent of the total to be charged to the City.

Line 6. Enter the sum of the lines 4 and 5 in the column’s labeled “Annual Salary,” and “Amount Requested.” Enter the percentage of the total amount to be charged to the City.

Line 7. Enter the percentage of salaries and wages charged to FICA, Unemployment Compensation, health insurance, retirement, and other employee benefits.

City of Albuquerque
Department of Family and Community Services
Attachment B5: First Year Start Up Project Budget Detail Form – Operating
Page 1 of _____

1. Agency Name:

2. Project Title:

3. Operating Costs: For each line item included on the Expense Summary Form, describe the item and indicate the basis for determining the cost (e.g., travel calculated as # of miles/month x \$/per mile x # months = total local travel). Use additional sheets as necessary.

Line Item (Non-Personnel)	Project Total	Amount Requested	Amount Other	Percent Requested

**Instructions for Completing
First Year Start Up Project Budget Detail Form Operating**

1. Enter the name of the agency.
2. Enter the project title.
3. For each line item on the Expense Summary Form, The applicant should describe all elements included in the line item costs and indicate the basis used for determining the cost.
4. In the column headed "Project Total," enter the total costs of the line item; in the column headed "Amount Requested," enter the amount requested from the City, in the column headed "Amount Other," enter the amount to be paid from other sources, and in the column headed "Percent Requested," enter the percent of the total amount requested from the City.

City of Albuquerque
Department of Family and Community Services
Attachment B6: First Year Start Up Budget Detail Form: Projected Drawdown Schedule

Indicate the amount and percent of total requested funds which you anticipate expending on a quarterly basis, providing a written explanation of any projected drawdown which exceeds 25% of the total requested funds in any one quarter.

Quarter Ending	Amount to be Requested	Percent of Total

Explanation:

**Instructions for Completing
First Year Start Up Budget Detail Form: Projected Drawdown Schedule**

The applicant must estimate the amount and percent of City funding it anticipates expending funds it anticipates expending during each quarter of the fiscal year.

For each of the quarterly periods indicated, enter the amount of funding it projects expending in the column headed "Amount to be Requested." In the column headed "Percent of Total" enter the percentage of all City funds which will be expended during the quarter.

If the applicant anticipates expending more than 25% of the total requested from the City in any one quarter, provide a brief explanation of these expenditures in the space provided.

**Instructions for Completing
First Year Start Up Applicant
Work Program Summary**

1. Enter the name of the agency.
 2. Enter the mailing address of the agency.
 3. Enter the project title, from the Proposal Summary and Certification form.
 4. If the work summary is submitted as part of an initial application check the box marked "new". If it is submitted as part of a request for work program revision, check the box marked "revision."
 5. Under the column headed "Major Project Activities," enter the major tasks or activities to be undertaken through the project. For each task listed, enter the measurable objectives of the task in the column headed "Measurable Objectives" and the date those objectives will be completed in the column headed "Date to be Completed."
- Applicants should not try to include every project activity, but should restrict their entries to major activities for which measurable objectives can be provided and for which they will be accountable if a contract is awarded.

City of Albuquerque
Department of Family and Community Services
Attachment B8: Second Year Expense Summary Form

Agency Name: _____

Project Title: _____

Expenditure Category	Project Total	City Funding Requested	Percent Request
Personnel Costs			
Salaries & Wages			
Payroll Taxes and Employee Benefits			
Total Personnel Costs			
Operating Costs			
Contractual Services			
Audit Costs			
Consumable Supplies			
Telephone			
Postage and Shipping			
Occupancy			
a. Rent			
b. Utilities			
c. Other			
Equipment Lease			
Equipment Maintenance			
Printing & Publications			
Travel			
a. Local Travel			
b. Out of Town Travel			
Conferences, Meetings, Etc.			
Direct Assistance to Beneficiaries			
Membership Dues			
Equipment, Land, Buildings			
Insurance			
Total Operating			
Total Direct Costs			
Indirect Costs			
Total Project Expenses			

**Instructions for Completing
Second Year Expense Summary
Form**

Consumable Supplies: Enter the amount budgeted to pay the costs of supplies and equipment utilized by

Travel Costs:

Local Travel: Enter the amount

Expenditure Category

Personnel Costs:

Salaries and Wages: Enter the amounts budgeted to pay salaries and wages for regular staff of the organization employed to carry out project-related activities. Costs charged to salaries and wages must conform to *Administrative Requirements* 3.1.3.

Payroll and Benefits: Enter the amounts budgeted to pay payroll taxes, and employee benefits. Payroll taxes should include legally mandated payroll taxes for regular employees of the organization, including FICA and unemployment compensation. The amounts charged to the City must constitute an appropriate percentage of salaries and wages. Costs charged to payroll taxes must conform to *Administrative Requirements* 3.1.3.

Total Personnel Costs: Enter the sum of salaries and wages, payroll taxes, and employee benefits.

Operating Costs

Contractual Services: Enter the amount budgeted to pay the costs of services provided to the project through contractual agreements with individuals and organizations who are no regular employees, with the exception of the costs for conducting annual or special audits. Costs charged to contractual services must conform to *Administrative Requirements* 3.1.15 and 5.5.

Audit Costs: Enter the amount budgeted to pay the costs of conducting annual or special audits of the organization. The amount budgeted to the City shall not exceed the proportion that the City contract is of the total agency budget. Costs charged to audit costs must conform to *Administrative Requirement* 3.1.15 and 5.5.

the project which have a price which does not exceed \$250 per unit. Costs charged to consumable supplies must conform to *Administrative Requirements* 3.1.8,5.4.4, and 5.5.

Telephone: Enter the amount budgeted to pay for the costs of project-related telephone services, including installation, local service, and long-distance tolls. Costs charged to telephone must conform to *Administrative Requirements* 3.1.2.

Postage and Shipping: Enter the amount budgeted for project-related postage and shipping. Costs charged to postage and shipping must conform to *Administrative Requirements* 3.1.2 and 3.1.22.

Occupancy:
Rent: Enter the amount budgeted for space lease/rental costs related to the project. Costs charged to rent must conform to *Administrative Requirements* 3.1.19.

Utilities: Enter the amount budgeted for the cost of project related electrical services, heating and cooling, sewer, water, and other utilities charged not otherwise included in rental or other charges for space. Costs charged to utilities must conform to *Administrative Requirements* 3.2.24.

Other: Enter the amount budgeted for other project related occupancy costs including the costs of security, janitorial services, elevator services, upkeep of grounds, leasehold improvements not exceeding \$250, and related occupancy costs not otherwise included in rental or other charges for space. Costs charged to other occupancy must conform to *Administrative Requirements* 3.2.14.

Equipment Lease: Enter the amounts budgeted for the lease of equipment. Costs charged to equipment lease.

budgeted for the costs of project-related travel within Bernalillo County, including costs for mileage reimbursement and/or operating and maintenance costs of agency owned or hired vehicles use to provide transportation to staff or clients within Bernalillo County. Costs charged to local travel must conform to *Administrative Requirements* 3.1.23.

Out-of-Town Travel: Enter the amount budgeted for the costs of project-related travel outside of Bernalillo County, including costs for transportation, lodging, subsistence, and related expenses incurred by employees, board members, or clients who are in travel status on official business related to the project. Costs charged to out-of-town travel must conform to *Administrative Requirements* 3.1.23.

Conferences, Meetings, etc.: Enter the amount budgeted for the costs of registration and materials for staff, board, or clients attendance at meetings and conferences related to the funded project or for the costs of meetings conducted by the agency in connection with that contract. Costs charged to conferences and meetings must conform to *Administrative Requirements* 3.1.9 or 3.1.10(c).

Direct Assistance to Beneficiaries: Enter the costs budgeted for the payment of participant wages and benefits, stipends, food, clothing, and other goods and services purchased directly on behalf of clients. Costs charged to direct assistance to beneficiaries must conform to *Administrative Requirements* 3.1.13. *Membership Dues:* Enter the amount budgeted to pay the costs of dues paid by the agency on behalf of staff, board members, or the agency itself to professional organization related to the purposes of the project. Costs

Insurance: Enter the amount budgeted to pay the costs of insurance, including bonding. Costs charged to insurance must conform to *Administrative Requirement* 3.1.1, 3.1.6, and 5.5.

Miscellaneous: Enter the amount budgeted or pay direct costs that cannot be included in any of the line items above. Such costs must be kept to a minimum and must be detailed specifically in the Budget Detail Form. *Administrative Requirements* 3.2.2 explicitly disallows contingency provisions.

Total Operating Costs: Enter the sum of all line items under operating costs.

Total Direct Costs: Enter the sum of Total Personnel Costs and Total Operating Costs.

Indirect Costs: Enter the amounts budgeted to pay indirect costs charged to the project. Indirect cost charges must conform to *Administrative Requirements* 3.3.

Total Project Expenses: Enter the sum of Total Direct Costs and Indirect Costs.

Equipment Maintenance: Enter the amount budgeted to maintain or repair existing agency equipment utilized in a funded project. Costs charged to equipment maintenance must conform to *Administrative Requirements* 3.1.5(e).

Printing and Publications: Enter the amount budgeted for the purchase and/or reproduction of project-related printed materials, including the cost of photo-reproduction.

charged to membership dues must conform to *Administrative Requirements* 3.1.10.

(continued on next page)

Equipment, Land, Buildings: Enter the amount budgeted for the purchase of equipment, land, and for the acquisition or construction of buildings, the cost of which exceeds \$1000. Costs charged to Equipment, Land, Buildings, or renovation capital costs must conform to *Administrative Requirements* 5.4.1, 5.4.2, and 5.5.

**Instructions for Completing
Second Year Revenue
Summary Form**

For government revenues received by the agency, list each agency of the federal or state government providing funding in the column "Revenue Source."

Enter the anticipated revenues for the total agency budget from each of the listed funding sources in the column headed "Agency Total," and show the percentage of all agency funding from that source.

Definitions:

Contributions, Etc.

Contributions means funds donated to the agency by the general public, excluding United Way administered donor options.

Government Revenues

Fees from Government Agencies means funds paid to the agency by a unit of Federal, State or local government on a fixed price basis for services rendered.

Grants from Governmental Agencies means funds paid to the agency by a unit of Federal, State or local government on a fixed price basis for services rendered.

Other Revenues

Other Revenue means income to the agency from sources not falling into another category.

United Way Revenue

United Way Allocation means all funding provided by the United Way of Central

Line 1. Enter the name of the agency submitting the proposal.

Line 2. Enter the project title as shown on the Proposal Summary and Certification form.

Line 3. For the column labeled “Number FTE on Project”, show the number of full time equivalent staff for each position working on this project, regardless of funding source. For the column labeled “Position Title,” give the title of each position working on this project. For the column labeled “Annual Salary,” enter the annual salary for the positions multiplied by the number of FTE for that position. For the column labeled “Amount Requested,” enter the amount of funding for the position requested from the City. For the column “Percent Requested,” enter the percent of the annual salaries for the position to be charged to the City.

Line 4. Enter the sums of the column “Annual Salary,” and “Amount Requested.” Enter the “Percent Requested” for total salary and wages.

Line 5. Enter the total amount of payroll taxes and employee benefits for project salaries in the column labeled “Annual Salary,” the “Amount Requested” from the City, and the percent of the total to be charged to the City.

Line 6. Enter the sum of the lines 4 and 5 in the column’s labeled “Annual Salary,” and “Amount Requested.” Enter the percentage of the total amount to be charged to the City.

Line 7. Enter the percentage of salaries and wages charged to FICA, Unemployment Compensation, health insurance, retirement, and other employee benefits.

City of Albuquerque
Department of Family and Community Services
Attachment B11: Second Year Project Budget Detail Form – Operating
Page 1 of _____

2. Agency Name:

2. Project Title:

3. Operating Costs: For each line item included on the Expense Summary Form, describe the item and indicate the basis for determining the cost (e.g., travel calculated as # of miles/month x \$/per mile x # months = total local travel). Use additional sheets as necessary.

Line Item (Non-Personnel)	Project Total	Amount Requested	Amount Other	Percent Requested

**Instructions for Completing
Second Year Project Budget Detail Form Operating**

3. Enter the name of the agency.
4. Enter the project title.
3. For each line item on the Expense Summary Form, The applicant should describe all elements included in the line item costs and indicate the basis used for determining the cost.
4. In the column headed "Project Total," enter the total costs of the line item; in the column headed "Amount Requested," enter the amount requested from the City, in the column headed "Amount Other," enter the amount to be paid from other sources, and in the column headed "Percent Requested," enter the percent of the total amount requested from the City.

City of Albuquerque
Department of Family and Community Services
Attachment B12: Second Year Budget Detail Form: Projected Drawdown Schedule

Indicate the amount and percent of total requested funds which you anticipate expending on a quarterly basis, providing a written explanation of any projected drawdown which exceeds 25% of the total requested funds in any one quarter.

Quarter Ending	Amount to be Requested	Percent of Total

Explanation:

**Instructions for Completing
Second Year Budget Detail Form: Projected Drawdown Schedule**

The applicant must estimate the amount and percent of City funding it anticipates expending funds it anticipates expending during each quarter of the fiscal year.

For each of the quarterly periods indicated, enter the amount of funding it projects expending in the column headed "Amount to be Requested." In the column headed "Percent of Total" enter the percentage of all City funds which will be expended during the quarter.

If the applicant anticipates expending more than 25% of the total requested from the City in any one quarter, provide a brief explanation of these expenditures in the space provided.

**Instructions for Completing
Second Year Applicant
Work Program Summary**

6. Enter the name of the agency.
 7. Enter the mailing address of the agency.
 8. Enter the project title, from the Proposal Summary and Certification form.
 9. If the work summary is submitted as part of an initial application check the box marked "new". If it is submitted as part of a request for work program revision, check the box marked "revision."
 10. Under the column headed "Major Project Activities," enter the major tasks or activities to be undertaken through the project. For each task listed, enter the measurable objectives of the task in the column headed "Measurable Objectives" and the date those objectives will be completed in the column headed "Date to be Completed."
- Applicants should not try to include every project activity, but should restrict their entries to major activities for which measurable objectives can be provided and for which they will be accountable if a contract is awarded.

Attachment C

Albuquerque Assertive Community Treatment Guidelines

(This document is based upon the October 2002 Guidelines developed by the New York State Department of Mental Health for the Assertive Community Treatment (ACT) Program in New York State. Modifications have been made based upon the advice and input from officials within the City of Albuquerque and State of New Mexico and from the experiences of New York in implementing ACT.)

Overview

The purpose of Assertive Community Treatment (ACT) is to deliver comprehensive and effective services to individuals who are diagnosed with severe mental illness and whose needs have not been well met by more traditional service delivery approaches.

ACT is an evidence-based practice. ACT provides an integrated set of other evidence-based treatment, rehabilitation, case management, and support services delivered by a mobile, multi-disciplinary, mental health treatment team. ACT supports a person's recovery through a highly individualized approach. It provides program participants with the tools to obtain and maintain housing, employment, relationships, and relief from symptoms and medication side effects. ACT maintains a consistent proactive approach; and therefore, an established ACT team has few crises among the program participants it serves. The nature and intensity of ACT services are adjusted through the process of daily team meetings.

ACT integrates the principles of cultural competence, addressing the impact of discrimination/stigma and inter-system collaboration into its service philosophy. ACT provides services with consideration of linguistic preference. An essential aspect of ACT is recognizing the importance of family, community-based, and faith-based supports.

Program participants served by ACT have a serious and persistent psychiatric disorder. Typically, their treatment history is characterized by frequent use of psychiatric hospitalization and emergency rooms, involvement with the criminal justice system, alcohol/substance abuse, and lack of engagement in traditional outpatient services. The population served by ACT comprises a small subset of persons with serious mental illness. Most people with mental health problems will not need the intense service an ACT program offers.

Persons are referred to ACT through designated points of access determined by the City of Albuquerque and are designated by that referral process as high priority candidates for an intensive level of service. These referrals can include persons under a legal status (e.g. probation); however, admission criteria to ACT are based on severity of function and psychiatric diagnosis. Only persons meeting the admission criteria can be served in ACT.

There are two levels within the City of Albuquerque Assertive Community Treatment program: ACT Intensive; and, ACT Step-Down. ACT teams are initially started with an Intensive level of care and as they mature they can be expanded to incorporate a Step-Down level of care. ACT Step-Down cannot be implemented as a stand-alone program. Program participants of ACT Step-Down can only be referred from the ACT Intensive level. This is critical to maintain the acuity mix on which the clinical case ratio for ACT is based. Direct referral to this level would require additional staffing for an ACT Team.

The ACT Intensive level has a team case load of 68 clients. ACT Intensive serves program participants who require frequent and mobile contacts. The clinical staff-to- program participant ratio for ACT Intensive is 1: 8.3.

The Intensive level program can be expanded to include a Step-Down level after at least 10 of the program participants are assessed as meeting the clinical criteria for Step-Down ACT services. The ACT Step-Down level serves 24 program participants who no longer require ACT Intensive but who do need the continuity and support of the ACT team. The combined ACT Intensive and Step-Down program will serve 92 program participants and maintain a clinical staff to program participant ratio which is less than 1:10. The calculation for the clinical staff-to- program participant ratios for ACT Intensive and ACT Step-Down includes only the clinical staff. It excludes fifty percent of the team Leader, and the program assistant.

The ACT program has a wrap-around service dollar allotment of \$100 per program participant per year. These funds are used to support program participants at the Intensive and the Step-Down levels in emergencies and to support planned services related to an individualized service plan.

Outcomes

ACT's role in facilitating independence and recovery is organized into three major ongoing and interacting service processes. The first—service planning and coordination—is accomplished with the active participation of the program participant, and whenever possible, friends and family members and other natural supports. The second—reintegration into community life—focuses on stability, particularly in the areas of housing, symptom management, and reduction of harmful behaviors and adverse effects. The third—active participation in normal developmental life roles—is evidenced by a return to school, competitive employment, long periods of sobriety with steps towards full recovery, spiritual and recreational pursuits, and participation in social groups in natural settings.

The outcomes expected in these processes are listed below:

Service Planning and Coordination

- Within 7 days of the referral the admission decision must be reached
- Within 7 days of referral for persons who are subsequently admitted, the team and the program participants develop a service plan to address basic and immediate needs
- Within 40 days of admission, the team and the program participant develop a service plan which builds upon recipient choices and recovery
- Family members and other significant individuals are engaged and assisted in their efforts to support program participant goal attainment
- Services required to attain treatment goals are provided through an integrated process which decreases service fragmentation and duplication
- The natural community-based support network is heavily and effectively utilized to facilitate goal achievement and to combat the isolation and withdrawal associated with mental illness

Reintegration into Community Life

- Housing is achieved that is safe and affordable
- Symptoms are controlled; side effects are managed; and there is appropriate use of medication
- Substance use is reduced
- A medical provider is chosen and appropriately utilized by the program participant
- There is a reduction of inpatient admissions, emergency room use, a reduction of involvement in the criminal justice system, and in dangerous behaviors

Active Participation in Normal Developmental Life Roles

- Employment, educational goals, and/or meaningful life activities chosen by the program participant are attained and maintained
- The program participant manages their life in the community
- Effective skills are developed to reduce long-term impact of mental illness on an individual's vulnerability to stress, difficulty with interpersonal relationships, deficiency in basic coping skills, and poor transfer of learned skills/abilities to new situations
- The program participant is integrated with a support system in the natural environment

Services

The ACT approach is based on core operating principles and values to deliver mental health services. These services are guided by the following ideals:

- Supportive of hope and recovery
- Focus on program participant choice, self management, goals, and achievable outcomes (including harm reduction)
- Respectful of the importance of cultural considerations in service delivery and design
- Provided in the program participant's preferred language at all points of contact, as needed
- Comprehensive, highly individualized, flexible, and focused on learning skills related to life roles
- Easily accessible, available 24 hours/day, 7 days/week, via the resources of an integrated multi-disciplinary mental health team
- Committed to building and strengthening therapeutic and family relationships across all interactions when appropriate
- Provided in the community in places and situations where problems arise
- Proactive in terms of continuous engagement and monitoring efforts and a clear focus on individual challenges before they become crises
- Available as long as needed throughout transitions

The services provided by ACT include a full range of clinical treatment, psychosocial rehabilitation, and community support services designed to promote recovery by teaching skills, providing direct assistance, improving psychiatric symptoms, preventing relapse, and securing community resources necessary for successful functioning in work, school, home, and social relationships.

Services provided through ACT must be consistent with the treatment plan in effect at the time they are rendered and largely focused on the program participant's desires.

Engagement is an especially strong skill of ACT Teams. Engagement in ACT Teams involves at least four components: (1) establishing a respectful and trusting relationship between the program participant and the team members; (2) addressing the basic needs of program participants (e.g. housing); (3) assisting the program participants to feel hopeful and to talk about and formulate actions to achieve their desires and dreams; and (4) establishing a dissonance between the program participant's hopes and desires and specific behaviors and thoughts which are barriers to these hopes and desires.

The team is expected to be persistent in engaging and building trust with persons who initially refuse services. As part of the engagement process, the team will fully explain the array of available services. Individual choice with regard to participation in services will be respected and encouraged.

The services provided by ACT will be continuously measured to ensure the expected impact is achieved. As appropriate and consistent with current research, ACT teams are expected to broaden or refine the services to include current evidence-based practices.

The services are limited to goal-oriented treatment, psychosocial, rehabilitative, and support services. They are individually designed to accommodate the level of the program participant's functioning, reduce disability and to support the program participant in attaining his/her best possible level of functioning. The services must assist the program participant in a journey towards recovery. The services must help the program participant develop specific skills and supports to live safely in the community and to achieve personal desires.

ACT services are developed and coordinated based upon an individualized service plan. The service plan is developed in partnership with the program participant. It is comprehensive, culturally sensitive, strength-based, and goal-oriented. It values recipient self management and heavily focuses on the program participant learning to use natural resources and other community supports to obtain desired goals. Appropriate and skilled assessments are employed to guide the development of this plan. The assessments assist in identifying medical and social needs and functional limitations, individualized strengths, preferences and needs, individual desires and goals, primary and co-occurring psychiatric disorders, symptoms and related functional problems, and risk factors regarding harm to self or others. A program participant's response to treatment, rehabilitation, and support services is monitored, coordinated, and evaluated through an integrated multidisciplinary team approach.

The array of services to be provided by the ACT program is provided in the following chart.

ACT Provides/Assists/Teaches

<p>Housing - Finding and retaining, safe, affordable & diverse housing options - Negotiating leases & paying rent - Purchasing & repairing household items – Negotiating and developing relationships with landlords</p>	<p>School & Training Opportunities - Identifying interests and skills - Finding and enrolling in school/training programs - Supporting participation in school/training programs</p>
<p>Empowerment & Self Help -Encouraging and assisting program participants to participate in self-help, advocacy, social clubs, and culturally preferred supportive community organizations - Educating in self-help and recovery-oriented literature, organizations, and related resources - Educating in the rights of program participants</p>	<p>Work Opportunities -Identifying interests and skills - Preparing for finding employment - Job coaching and social skills training - Developing and strengthening relationships with employers and other vocational support agencies including the State Department of Education and the Division of Vocational Rehabilitation for Individuals with Disabilities - Educating employers about serious mental illness</p>
<p>Daily Activities -Development of increased opportunities for community access and involvement including assistance in the location of housing, teaching, vocational, civil and recreational service programs, and community living skills: Grocery shopping and cooking Purchasing and caring for clothing Household chores and management Using transportation Using other community resources -Providing non-medical transportation services needed to accomplish a treatment objective</p>	<p>Problem Solving -Regularly structured individual, group, family, and behavior therapy that is problem-specific, based upon individual needs, and goal-oriented; uses a therapeutic approach which is consistent with evidence-based practices for a particular problem; emphasizes social/interpersonal competence; addresses self-defeating beliefs, expectations, and behaviors that disrupt the recovery process; and, considers a program participant’s strengths, needs, and cultural values -Psychosocial interventions designed to address the functional limitations, deficits, and behavioral excesses through capitalizing on personal strengths and developing coping strategies and supportive environments -Community-based crisis care which must include the availability of appropriate staff to respond to a crisis situation on a 24-hour basis -Basic personal care and safety skills</p>
<p>Health -Education to prevent health problems - Medical screening and follow up - Scheduling routine and acute medical and dental care visits - Sex education and counseling</p>	<p>Integrated Treatment for Substance Abuse - Individual and group modalities for dual disorders treatment - Education on substance abuse and interaction with mental illness - Non-Confrontational support and support for harm reduction - Reflective listening, motivational interviewing and behavioral principles - Relapse prevention</p>
<p>Money Management and Entitlements Completing entitlement applications - Accompanying consumers to entitlement offices - Re-determination of benefits - Budgeting skills - Financial crisis management - Managing food stamps - Representative Payee Services when an independent agency can not be used</p>	<p>Family Life and Social Relationships Restoring and strengthening the individual’s unique social and natural helping “networks” such as family relationships, church members, and friends – Psycho-educational services (providing accurate information on mental illness and treatment to families or significant others when available; and, facilitating communication skills and problem solving) – Coordinating with child welfare and family agencies – Support in carrying out parent role – Teaching coping skills to families - Enlisting family and other collateral support in recovery of program participant</p>
<p>Medication Support Goal-directed prescribing and administering medication - Carefully monitoring response and side effects - Ordering medications from pharmacies - Delivering medications - Educating consumers about medications - Reminding individuals to take medications - Assistance to recipients in self-administration of medication in compliance with state policies and procedures</p>	<p>Wellness Self-Management and Relapse Prevention Developing a willingness to engage in services - Educating about mental illness, treatment, and recovery - Teaching skills for coping with specific symptoms and stress management, including development of a crisis management plan - Teaching age-appropriate skills development in nutrition, personal care, physical and emotional health, basic life skills, time management, and school attendance - Developing a relapse prevention plan, including identification/recognition of early warning signs and rapid intervention strategies</p>

Program Fidelity

Dartmouth Assertive Community Treatment (ACT) Fidelity Scale (DACTS)

As an evidence-based psychiatric rehabilitation practice, ACT provides a comprehensive approach to service delivery to consumers with severe mental illness (SMI). ACT uses a multidisciplinary team which typically includes a psychiatrist, two nurses, and at least two case managers. ACT is characterized by six features: (1) low client-to-staff ratios; (2) providing services in the community rather than in the office; (3) shared caseloads among team members; (4) 24-hour staff availability; (5) direct provision of all services by the team (rather than referring consumers to other agencies); and (6) time-unlimited services. (ACT Implementation Resource Kit 2002)

ACT standards are measured by the ACT Fidelity Scale (DACTS). This scale contains 28 program-specific items. The scale has been developed to measure the adequacy of implementation of ACT programs. Each item on the scale is rated on a 5-point scale ranging from 1 (“not implemented”) to 5 (“fully implemented”). The standards used for establishing the anchors for the “fully implemented” ratings were determined through a variety of expert sources as well as empirical research. The scale items fall into three categories: human resources (structure and composition); organizational boundaries; and nature of services. (ACT Implementation Resource kit 2002)

ACT teams in the City of Albuquerque will comply with the DACTS standards. Teams will be reviewed by the City of Albuquerque at their 6-month after start-up, at the first year point, and at least every three years thereafter. Teams not meeting required fidelity standards will be expected to obtain technical assistance as needed and to make appropriate changes to meet these standards.

Program Organization

Hours of Operation

The ACT team is available seven days a week, 24 hours a day, and is regularly accessible to program participants who work or who are involved in other scheduled vocational or rehabilitative services during the daytime hours. Teams may utilize a split staff assignment schedule to achieve this coverage.

Crisis Intervention (Rapid Access)

ACT programs have primary responsibility for crisis response and are the first contact for after-hours crisis calls. The ACT team must operate a continuous after-hours on-call system with staff that is experienced in the program and skilled in crisis intervention procedures. The ACT team must have the capacity to respond rapidly to emergencies, both in person and by telephone. To ensure direct access to the ACT program, program participants must be given a phone list with the responsible ACT staff to contact after hours. ACT maintains a proactive approach; therefore, a mature ACT team has few crises among the program participants it serves.

Eligibility

1. ACT Intensive serves persons who have a severe and persistent mental illness listed in the diagnostic nomenclature (current diagnosis per DSM IV) that seriously impairs their functioning in the community. Priority is given to people with schizophrenia and other psychotic disorders (e.g. schizo-affective disorder, bipolar disorder, and/or major or chronic depression) because these illnesses more often cause long-term psychiatric disability. Priority is also given to individuals with continuous high service needs that are not being met in more traditional service settings. *Individuals with a primary diagnosis of a substance abuse disorder or mental retardation are not appropriate for ACT.*

- a. Program participants with serious functional impairments demonstrate at least one of the following conditions:
 - Inability to consistently perform practical daily living tasks required for basic adult functioning in the community without significant support or assistance from others such as friends, family, or relatives
 - Inability to be consistently employed at a self-sustaining level or inability to consistently carry out the homemaker role
 - Inability to maintain a safe living situation (e.g. repeated evictions or loss of housing)
 - b. Program participants with continuous high service needs demonstrate one or more of the following conditions:
 - Inability to participate or succeed in traditional, office-based services or case management
 - High use of acute psychiatric hospitals (two hospitalizations within one year or one hospitalization of 60 days or more)
 - High use of psychiatric emergency or crisis services
 - Persistent severe major symptoms (e.g. affective, psychotic, suicidal, or significant impulse control issues)
 - Coexisting substance abuse disorder (duration greater than 6 months)
 - Current high risk or recent history of criminal justice involvement
 - Inability to meet basic survival needs, homeless, or at imminent risk of becoming homeless
 - Residing in an inpatient bed or community residence but clinically assessed to be able to live in a more independent setting if intensive community services are provided
 - Currently living independently but clinically assessed to be at immediate risk of requiring a more restrictive living situation without intensive community services
2. ACT Step-Down serves individuals who have progressed through ACT Intensive.

Admission Process

Admission to ACT is managed through points of referral established by the City of Albuquerque. Referral sources will submit requests for ACT services to the designated Points of Referral. The designated Points of Referral will refer persons to ACT on a standard referral form. The City of Albuquerque will develop the referral form and train staff within the Points of Referral in its use. The ACT team must keep a record of the number of admissions and the total number of referrals from each of the Points of Referral. This information will be used by the City of Albuquerque.

1. Admission decisions will be made via the ACT Team; however, persons meeting the admission criteria cannot be denied services for other reasons, unless approved by the City of Albuquerque.
2. The number of admissions per month to slowly fill the capacity of an ACT team shall rely on the team's clinical judgment. Consideration should be given to the fact that during the weeks following admission, program participants will need the most intense services, and that significant initial effort will be required to complete the assessment and to begin to address many unmet needs (e.g. housing, entitlements, medical care, and stabilizing psychiatric symptoms). It is expected that an ACT program will not admit more than 6 persons per month.

3. An admission decision must be made within seven consecutive days of the receipt of the initial referral. As described above, at this time, an initial plan must be completed to address the program participant's immediate needs.
4. Upon the decision to admit an individual to the ACT program, a screening and admission note shall be written. This note will include the following factors:
 - a. The reason(s) for referral;
 - b. Immediate clinical and other service needs for the recipient to attain or maintain stability; and
 - c. Admission diagnoses (Axis I and Axis II).
5. When an admission is not indicated, notation shall be made of the following:
 - a. The reason(s) for not admitting;
 - b. The disposition of the case; and
 - c. Any referrals or recommendations made to the referring agency, as appropriate.
6. The program participant's decision not to take medication is not a sufficient reason for denying admission to an ACT program.

Discharge Process

1. ACT program participants are served on a time-unlimited basis.
2. ACT program participants meeting any of the following criteria may be discharged:
 - a. Individuals who demonstrate, over a period of time, an ability to function in major life roles (i.e., work, social, and/or self-care) without significant assistance;
 - b. Individuals who move outside the geographic area of the ACT team's responsibility. The ACT team must attempt to arrange for transfer of mental health service responsibility to an appropriate provider and maintain contact with the recipient until the provider and the recipient are engaged in this new service arrangement. Documentation of these efforts must be made in the individual's discharge plan or the progress notes;
 - c. Individuals who need a medical nursing home placement, as determined by a physician;
 - d. Individuals who have shown little gain under the ACT model over an extended period (>2 years) and who are being safely maintained in a residential setting without deterioration;
 - e. Individuals who are hospitalized or locally incarcerated for three months or longer. However, an appropriate provision must be made for these individuals to return to the ACT program upon their release from the hospital or jail;
 - f. Individuals who request discharge despite the team's best repeated efforts to engage them in service planning. (Special care must be taken in this situation to arrange alternative treatment when the program participant has a history of suicide, assault, or forensic involvement);
 - g. Individuals who have a history of suicide attempts; or
 - h. Individuals who are lost to follow-up for a period of greater than 3 months after persistent efforts to locate them, including following all local policies and procedures related to reporting individuals as "missing persons." This usually includes working with the local police department's missing persons unit.
3. For all persons discharged from ACT to another service provider within the Bernalillo County area, there is a three-month transfer period during which former ACT participants who do not adjust well to their new program may voluntarily return to the ACT program. During this period, the ACT team is expected to maintain contact with the new provider and to support the new provider's role in the person's recovery and illness management goals.

4. Notification must be made to a designee within Bernalillo County for persons being discharged to other programs who were referred from the courts.
5. The decision not to take medication is not a sufficient reason for discharging an individual from an ACT program

Service Intensity

1. The ACT team has the capacity to provide the frequency and duration of staff-to- program participant contact required by each recipient's individualized service plan.

The ACT team has the capacity to titrate contacts (increase and decrease contacts based upon daily knowledge of the program participant's clinical need) with a goal of maximizing independence. The team has the capacity to provide multiple contacts to persons in high need and a rapid response to early signs of relapse. The nature and intensity of ACT services are adjusted through the process of daily team meetings.

2. ACT programs with a Step-Down level have the capacity for permeability (i.e., the transfer of program participants between Supportive and Intensive to meet program participant needs).
3. The ACT team has the capacity to provide support and skills development services to program participant's significant others/collaterals. Collateral contacts may include family, friends, landlords, or employers consistent with the service plan.
4. Psychiatrists have scheduling flexibility and, when needed, can see program participants on a weekly basis.
5. The ACT team has the capacity to provide services via group modalities as clinically appropriate (i.e., for program participants with substance abuse disorders, for family psycho-education, and wellness self-management services).

Provider Requirements

Provider Qualifications

1. Providers must be approved by the Behavioral Health Services Division of the Department of Health.
2. Providers must have direct experience in successfully serving individuals with severe and/or persistent functional impairment as a result of a mental disorder.
3. Providers must demonstrate knowledge of available community services and the process for accessing them.
4. Provider staff must possess the education, skills, abilities, experience, and appropriate State or local approval to perform the activities that comprise the full spectrum of psychosocial rehabilitation services.
5. Provider administration must support the goals of assertive community treatment and demonstrate how they will utilize existing resources to continue to improve the quality of an ACT team under their administration and to support the ACT team in its mission.
6. Provider administration must have team leaders who demonstrate positive leadership skills, preferably with a multidisciplinary team and clinical knowledge.

7. Providers must have integrated principles of recovery and cultural diversity with those programs currently under their administration.

Provider Responsibilities

1. Providers who furnish services to Medicaid recipients must comply with all specified Medicaid participation requirements.
2. Providers must determine, upon admission to the ACT team, if the individual is receiving Medicaid or insurance.
3. Providers must maintain records which are sufficient to fully disclose the extent and nature of the recipient's disability.

Human Resources

The following sections detail the recommended guidelines for staffing an ACT program.

Staff Requirements: General

1. The staff to program participant ratio for the integrated Intensive and Step-Down ACT program cannot exceed 1 clinical staff to 10 program participants
2. The ACT Intensive model calls for 68 program participants; at least 7.25 clinical staff and 1.0 psychiatrist (counted in the staff-to-program participant ratio); 1 support staff; and .75 administrative team leader time.
3. The ACT Intensive clinical staff to program participant ratio cannot exceed 1 clinical staff to 8.3 program participants.
4. The program is expected to keep all positions filled. It is therefore required that administering entities of ACT teams have flexible hiring procedures and facilitate working conditions which foster staff satisfaction and growth.
5. Team staffing is multi-disciplinary.
6. At least 60% of the total clinical staff is professional.
7. At least 60% of the clinical staff is full-time.
8. There are core minimum staffing disciplines and skills for ACT:
 - a. 1 full-time team leader (25% counted in the clinical staff ratio.);
 - b. 0.5 FTE psychiatrists for every 50 recipients (for the Intensive level at full enrollment, there must be a minimum of 1.0 FTE, but may not be necessary for the start-up year);
 - c. 1 FTE nurse for every 50 recipients, including at least 1 FTE registered nurse;
 - d. 1 FTE program assistant (support staff - not counted in the clinical staff ratio);
 - e. 1 FTE peer specialist;
 - f. Other clinical staff to achieve minimum staffing per ACT team model and required staff competencies; and
 - g. The additional staff to support the ACT Step-Down level includes additional psychiatrist time to meet the above psychiatry staff ratio and 1 FTE staff to support clients participating in employment and/or meaningful activities in the community.

Staff Requirements: Core Competencies

1. At hire, all clinical staff on an ACT team must have experience in providing direct services related to the treatment and recovery of persons with a serious mental illness.
2. Staff should be selected consistent with the ACT core operating principles and values stated in the Services section of this document.

3. All staff must complete ACT core training during the first 6 months following the initial start date of the contract, and follow-up ACT training as required by the City over the course of the fiscal year.
4. Within 2 years of team start-up, all staff will demonstrate basic core competencies in designated areas of practice, including the Assertive Community Treatment core processes, motivational counseling, wellness management, social skills training, integrated mental health and substance abuse treatment, supported employment, family psycho education, and wellness self-management. Monitoring team compliance of these core competencies will be done by the City of Albuquerque in conjunction with the administration of the DACTS scale and other evaluation measures including tracking of staff participation in training.
5. Within two years of operation, ACT staff must have advanced competencies in integrated treatment for dual disorder (mental health and substance abuse) treatment, supportive employment, and family educational services. The goal is to have at least two staff per competency with advanced skills in each area. In determining compliance with this standard, one staff member can only be credited with advanced skills in only two competency areas.

Staff Roles and Organization

1. An Act Team staffing model makes the distinction between, Clinical staff, Professional staff and Administrative Support staff, with the Team Leader being an active member of all three.
2. The ACT Team members comprising the Clinical staff provide treatment, rehabilitation, and support services directly to the program participants. They are counted in the staff-to-program participant ratio. The Team Leader is a .25 FTE Clinical staff person.
3. The ACT Team members comprising the Professional staff are qualified by credentials, education and/or experience to provide clinical supervision and/or direct services related to the treatment of serious mental illness. The Team Leader, having appropriate licensure (see details below) is considered a Professional staff member. Professional staff may be part of the Clinical Staff and are counted in the staff-to-program participant ratio.
4. The ACT Team Members comprising the Administrative Support staff are the Administrative Assistant, and the Team Leader at a .75 FTE Level. They are not counted toward the staff-to-program participant ratio.
5. Service Coordinators are Clinical staff members who are assigned chart documentation with a specific number of clients. All staff members with the exception of the Psychiatrist and the Team Leader are assigned this responsibility. The primary duties of service coordinators are: writing the service plan developed by the program participant and the team; making immediate revisions to the service plan as the program participant's needs change; and ensuring that all required documentation is in the person's chart in accordance with required time frames.
6. The ACT Team is made up of ten staff members who have set positions on the team. There are certain positions with fixed roles on the team such as the Team Leader and the Psychiatrist. As discussed below, certain positions may have more fluid roles on the team.
7. The following positions have fixed roles on the team:
 - A. Team Leader: A full-time staff member who directs and supervises staff activities, leads team organizational and service planning meetings, provides direction to staff

regarding individual cases, conducts side-by-side contacts with staff, and regularly conducts individual supervision meetings. In a mature team, the team leader provides 25% time to direct patient services as a member of the clinical staff and 75% time to administrative and supervisory duties. At startup the team leader will spend more time in administrative duties. The minimum qualifications of the team leader are listed below:

The Team Leader must have the appropriate licensure and have met the criteria to supervise Master's level counselors, Social Workers, or other members of the team who function at a Master's level. The Team Leader must have a Master's degree, or higher, in social work, psychology, rehabilitation counseling, psychiatric nursing or a related field, and appropriate licensure required to meet the criteria of a provider under New Mexico Medicaid. It is preferred for the Team Leader to be independently licensed and have experience on a multidisciplinary team.

- B. Psychiatrist: The psychiatrist, in conjunction with the team leader, has overall clinical responsibility for monitoring recipient treatment and staff delivery of clinical services. The psychiatrist directs the overall quality improvement program of the ACT team. The psychiatrist provides psychiatric assessment and treatment, clinical supervision, education and training of the team and overall supervision of medication services. The Psychiatrist must be currently licensed as a physician by the State of New Mexico and certified, or be eligible to be certified, by the American Board of Psychiatry and Neurology. *A mature team must have a minimum of a 1.0 FTE Psychiatrist after the start up year. During the first part of the start-up year, when fewer participants are enrolled, a 1.0 FTE Psychiatrist may not be necessary.*
 - C. Registered Nurse: The registered nurse is responsible for conducting mental health assessments, assessing physical health needs, making appropriate referrals to community physicians, providing daily management and administration of medication in conjunction with the psychiatrist, providing a range of treatment, rehabilitation; and, support services.
 - D. Administrative Assistant: Typically, a program assistant is a non-clinical staff member who is responsible for managing medical records, operating and coordinating the management information system, maintaining accounting and budget records for recipient and program expenditures, and performing reception activities (e.g. triaging calls and coordinating communication between the clinical staff and program participants).
8. The following roles are more fluid and may be filled by a Mental Health Technician, Case Manager, or Social Worker. The Social Worker position must be occupied by a person with a Master's Level degree in social work. Additionally, the Substance Abuse Specialist role must be filled by someone with a minimum of a Master's degree in counseling, social work, or related field.
- A. Substance Abuse Specialist – Clinical staff members who, in addition to performing routine team duties, have lead responsibility for integrating dual-recovery treatment with the tasks of other team members. Competency must be demonstrated by a minimum of a Master's degree in counseling, social work, or related field and/or experience in integrated mental health and substance abuse assessment and treatment. Mature teams should have a least two staff with competencies in integrated mental health substance abuse treatment.

- B. **Employment Specialist** – Clinical staff members who, in addition to performing routine team duties, have lead responsibility for integrating vocational goals and services with the tasks of all team members. This staff member provides needed assistance through all phases of the vocational service. Competency must be demonstrated by at least 1 year of training and/or experience in job finding, employment counseling, or vocational rehabilitation. Mature teams should have a least two staff with these competencies.
 - C. **Family Specialist** – Clinical staff members who, in addition to performing routine team duties, have lead responsibility for integrating family goals and services with the tasks of all team members and for providing family psycho-education groups. Competency must be demonstrated by at least 1 year of training and/or experience in family psycho education and/or other family support services. Mature teams should have a least two staff with competencies in psycho education and family support services.
 - D. **Peer Specialist** – An ACT team is required to employ at least one peer specialist. Because of their experiences as service recipients, peer specialists are in a unique position to serve as role models, educate recipients about self-help techniques and self-help group processes, teach effective coping strategies based on personal experience, teach symptom management and relapse prevention skills, assist in clarifying rehabilitation and recovery goals including the provision of wellness management curriculum, and assist in the development of community support systems and networks.
9. An example of the staffing for a mature ACT team with 68 program participants is given below. This RFP assumes that each ACT Team will develop their own staffing patterns that meet ACT requirements.

Staff Position	Staff Role	FTE
Team Leader	Team Leader	1.0
Psychiatrist	Psychiatrist	1.0
Nurse	Nurse	2.0
Administrative Assistant	Administrative Assistant	1.0
Case Manager	Employment Specialist or Family Specialist	1.0
Case Manager	Employment Specialist or Family Specialist	1.0
Peer Specialist	Employment Specialist or Family Specialist	1.0
Social Worker (Masters Level)	Employment Specialist, Family Specialist or Substance Abuse Specialist	1.0
Clinical Counselor (Masters Level)	Employment Specialist, Family Specialist or Substance Abuse Specialist	1.0

10. The following chart illustrates the ratio of Clinical to Support staff as well as the Clinical Staff to program participant ratio for a mature team with 68 program participants.

Clinical staff (including Psychiatrist and .25 Team Leader)	8.25
Support Staff (including .75 Team Leader)	1.75
Total FTE Staff	10.0
Clinical staff to program participant ratio (includes Psychiatrist)	1: 8.3

ACT Step-Down

1. Step-Down is a level of service within the ACT Program. Program participants at this level are served via the same team approach and in accordance with the same principles and goals as ACT Intensive.
2. The ACT Step-down level will have a capacity to serve 24 program participants.
3. Recipients are assigned to ACT Step-Down based upon a period of stability in ACT Intensive and a clinical determination of ongoing need for ACT services.
4. Recipients in ACT Step-Down no longer require intensive services but still need mobile mental health treatment and support to manage their lives. Research indicates that program participants are more likely to succeed in ACT Step-Down if they demonstrate, for a one-year period, an absence of hospitalizations and emergency room contacts, stable housing, no current substance abuse, and independent functioning or use of reliable and easily accessible community supports (Slayers et al, 1998 American Orthopsychiatry Association, Inc.). These criteria will be used as a general guideline for movement from the intensive ACT level to the Step-down ACT level. Continuous deviation from this guideline will require approval from program administration staff within the City of Albuquerque.

Team Treatment

ACT teams use a team approach to treatment not an individual treatment model. *To the greatest extent possible, ACT program participants are supported by the collective team and not one or two individuals on the team.* Although program participants can and will often form a special bond with some individual team member, all members of the team must see all of the ACT recipients.

Team Communication

1. Team meetings are held a minimum of five times a week. The team meeting is critical to facilitate frequent communication among team members about recipient progress and to help teams make rapid adjustments to meet recipient needs. The meetings enable all team members to be familiar with the recipient's current status. The meetings are a critical tool in enabling the team to provide a pro-active approach to recipient needs, in contrast to a crisis approach.
2. The Team meetings should be short (about 45 minutes to not more than one hour) and include the following discussions:
 - a. Review of every program participant on the caseload;
 - b. Review of the status of each program participant to be seen on the day of the meeting;
 - c. Updates on contacts that occurred the day before; and
 - d. Updates and revisions to the daily staff assignment schedule.
3. ACT teams maintain and utilize specific organizational processes to further communications among team members and to facilitate a proactive approach to program participant needs. The City of Albuquerque will coordinate training for start-up teams in a communication and organization structure required of all ACT teams. Examples are included in the list below:
 - a. A weekly schedule of contacts and activities for each program participant organized in a notebook or Cardex and maintained in a central file;
 - b. A daily team schedule containing a list of program participants to be contacted and the interventions planned for each contact, scheduled paper work time, supervision

- meetings, and other rehabilitation and service activities scheduled to occur that day;
and
- c. A daily communication and significant event log or other intra-team communication system to make the team aware of high risk situations or other safety issues which may need to be addressed in providing services. Significant program participant issues and observations made by staff between team meetings can be recorded in the daily log prior to the end of the staff person's work day and discussed at the next team meeting.

Assessment and Service Planning

1. The core of ACT is a multi-disciplinary team process for ongoing assessment and service planning conducted under the supervision of the team leader and the psychiatrist.
2. The team develops a person-centered plan in partnership with the program participant to address all program participant needs for services and supports. This includes services provided directly by the ACT team as well as services provided via natural community resources.
3. Documentation of immediate needs is completed within 7 days of receipt of a referral. This documentation addresses several needs: (1) safety/dangerousness; (2) food; (3) clothing; (4) shelter; and (5) medical needs. If the individual is *not* admitted or is awaiting assignment to an ACT program, a written recommendation for alternative services must be forwarded to the referral source within 7 days.
4. A baseline data summary form (an instrument developed by the City of Albuquerque) is completed within 40 days of admission. The data summary form is comprised of select data from the comprehensive assessment. This data summary form is updated every six months as part of the six month treatment plan. Copies of the data summary form are kept in the program participant's folder and provided to the City of Albuquerque. The City of Albuquerque has developed an electronic database system to provide all ACT providers annual summaries of this data to monitor ACT Program progress in working towards recovery goals.
5. A comprehensive assessment of the program participant's needs is completed within 40 days. This includes the following components. (ACT Assessment forms can be found in the NAMI ACT Start-up Manual):
 - a. Psychiatric History;
 - b. Program participant's strengths across the major domains described in #7 below;
 - c. Physical health screening and medical needs;
 - d. Trauma/abuse history;
 - e. Psychosocial adjustment and cultural beliefs and needs;
 - f. Employment assessment;
 - g. Substance Use assessment; and
 - h. Recipient's choices.

Psychiatric history includes mental status and diagnosis:

- a. Illness history (historical time line from age of onset of mental illness);
- b. Current functioning;
- c. Service use within the last 12 months;
- d. Past and current medication treatments and doses;
- e. Symptoms and severity;
- f. Dangerous behaviors/suicide risk;
- g. Rationale for prescriptions and side effects;
- h. Previous prescribers' information (medication history);
- i. Hospitalizations and other treatments; and

j. Legal status.

Program participant's strengths are across major domains:

- a. Housing;
- b. Family and/or social supports;
- c. Education & employment;
- d. Finances;
- e. Leisure and recreational;
- f. Community living skills (e.g. transportation); and
- g. Use of natural resources.

Psychosocial adjustment

- a. Family functioning
- b. Living arrangement
- c. Friendship and romantic relationship
- d. Leisure time and interests
- e. Legal system involvement
- f. Cultural and religious beliefs and preferred language

Substance Use. The substance use assessment is a five-step process which includes specific goals, instruments, and strategies as outlined in Mueser et al, 2003 (*Integrated Treatment for Dual Disorders: A Guide to Effective Practice*). The instruments required may include the Dartmouth Assessment of Lifestyle Instrument (DALI), the Clinicians Alcohol Use Scale, the Clinician Substance Use Scale, the functional assessment Interview, Drug/alcohol time-line, the functional analysis summary and Payoff Matrix, and/or the Stage of Substance Abuse Treatment Scale (SATS-R)

The program participant's choices include the following:

- a. Treatment goals that are consistent with the purpose and intent of the ACT program;
- b. Life goals, including educational, vocational, residential, social, or recreational pursuits;
- c. Skills and resources needed to achieve goals;
- d. Interest in self-help, advocacy, and empowerment activities; and
- e. Discontinuing services at any time.

A comprehensive service plan is prepared within 40 days of admission with specific objectives and services necessary to facilitate stabilization in the community. The service plan is culturally relevant, responsive to program participant preferences and choices and shall include the following components:

- a. The program participant's designated mental illness diagnosis;
- b. The signature of the physician and the team leader involved in the treatment;
- c. The program participant's signature (refusals must be documented);
- d. Plans to address all psychiatric conditions;
- e. The program participant's treatment goals, objectives (including target dates), preferred treatment approaches, and related services;
- f. The program participant's educational, vocational, social, wellness management, residential or recreational goals, associated concrete and measurable objectives, and related services;
- g. When psychopharmacological treatment is used, a specific service plan including identification of target symptoms, medication, doses, and strategies to monitor and promote commitment to medication must be used;
- h. A crisis/relapse prevention plan *including an advance directive*; and
- i. An integrated substance abuse and mental health service plan for program participants with co-occurring disorders. This plan includes the following: (1) input of all staff involved in treatment of the recipient; (2) involvement of the program participant and others of the program participant's choice; and (3) planned use of service dollars.

The comprehensive service plan is reviewed and updated every 6 months. This includes the following items:

- a. Assessment of the progress of the program participant in regard to the mutually agreed upon goals in the service plan;
- b. Changes in program participant status;
- c. Adjustment of goals, time periods for achievement, intervention strategies, or initiation of discharge planning, as appropriate; and
- d. An outcome assessment provided by the City of Albuquerque. This assessment tracks program participant changes on key areas initially recorded in the baseline assessment (e.g. employment, housing etc.).

Client Service plan meetings are regularly scheduled each week. These meetings are used to complete an average of two or three client six month treatment plan reviews and to make adjustments to the service plans of program participant who are experiencing difficulties. The treatment plan update is best conducted with the program participant present. The psychiatrist and preferably all other team members are present. When other team members are absent, provision is made to integrate their input into this planning process.

The program participant's active involvement in service planning and approval of the service plan are documented by the program participant's signature. Reasons for non-participation shall also be documented in the case record. The program participant's involvement in service planning and approval of the plan may be accomplished in a small meeting with the team leader and the primary contact person. Updated plans are signed by the program participant.

Service contacts are documented in the progress notes. Such notes shall identify the particular services provided and specify their relationship to a particular goal or objective documented in the service plan. The progress note shall contain the date and location of contact and a printed note is to be signed by the person who provided the service. (The City of Albuquerque has developed an electronic form of progress note documentation required to be used by ACT staff.)

Wrap-around dollars spent and their related treatment objectives are documented in progress notes or on a separate form which is maintained in the program participant's clinical record.

Case Records

1. A complete case record is maintained for all program participants in accordance with recognized and acceptable principles of record keeping:
 - a. Case record entries shall be made in non-erasable ink, typewritten, or in electronic form as required, and shall be legible;
 - b. Case records shall be periodically reviewed for quality and completeness;
 - c. All entries in case records shall be dated and signed by appropriate staff; and
 - d. A secure copy of records may be stored in an electronic –based form provided HIPAA Standards are met.
2. The case record shall be available to all staff of the ACT Program who are participating in the treatment of the recipient and shall include the following information:
 - a. Program participant identifying information and history;
 - b. Pre-admission screening notes, as appropriate;
 - c. Diagnoses;
 - d. Assessment of the Program participant's psychiatric, physical, social, and/or rehabilitation needs and desires;

- e. Reports of all mental and physical diagnostic exams, assessments, tests, and consultations;
- f. The service plan with specific recovery based program participant driven goal and objectives. For program participants not yet considering the need for change in their behaviors (pre-contemplation stage), the goals and objectives of the service plan can focus on relationship building between the team and the program participant, addressing basic needs met, creating program participant hope in the presence and future, and creating dissonance between the program participant's hopes and current destructive life activities/patterns. The service plan must show that the program participant is a partner in his/her journey towards recovery;
- g. Record and date of all on-site and off-site face-to-face contacts with the recipient, the type of service provided, and the duration and location of contact;
- h. Dated progress notes which relate to goals and objectives of treatment;
- i. Dated progress notes which relate to significant events and/or untoward incidents;
- j. Periodic service plan reviews;
- k. Dated and signed records of all medications prescribed;
- l. Medication interaction/compatibility;
- m. Recipient's progress in taking medications and opinions regarding the impact of this medication;
- n. Duration of medication treatment;
- o. Referrals to other programs and services;
- p. Consent forms;
- q. Record of contacts with collaterals;
- r. Wrap-around service dollar expenditures are documented in the clinical record either in progress notes or on a separate form ;
- s. Program participant preferences and choices; and
- t. Discharge Documentation:
 - i. The reasons for discharge,
 - ii. The program participant's status and condition at discharge,
 - iii. A written final evaluation or summary of the Program participant's progress toward the goals set forth in the services plan,
 - iv. A plan developed in conjunction with the Program participant for treatment after discharge and for follow-up,
 - v. The signature of the program participant 's primary service coordinator, team leader, and psychiatrist,
 - vi. The signature of the recipient, or justification as to why not, if possible,
 - vii. Written documentation of the ineffectiveness of the ACT model of treatment, if relevant, and
 - viii. A discharge summary: A discharge summary is transmitted to the receiving program prior to the arrival of the Program participant. When circumstances interfere with a timely transmittal of the discharge summary, notation shall be made in the record of the reason for delay. In such circumstances, a copy of all clinical documentation is forwarded to the receiving program, as appropriate, prior to the arrival of the Program participant.

Quality Assurance and Improvement Process

The following sections detail the processes for ACT program quality assurance and improvement.

Quality Improvement and Leadership

1. Strong leadership is critical to improving organizational performance. Leadership on the ACT team is provided through the direction of the psychiatrist and the team leader. Leadership will include the following procedures: (1) daily reviews, during the course of the daily team meeting, of the program participant 's progress in meeting service plan objectives and barriers to achieving outcomes and program participant choices; as well as,

- (2) planned meetings to update the service plan. When progress is not being made, outside consultation will be obtained from as appropriate sources and documented in the medical record.
2. The treatment team will collaboratively develop a process to systematically monitor, analyze, and improve its performance in assisting program participants to achieve their treatment outcomes. This will include the development of a quality improvement plan consistent with the mission and values of the treatment program. The plan will include the following items:
 - a. A data collection process that provides information relevant to specific treatment outcomes;
 - b. An analysis of program participant progress to identify outcome trends;
 - c. A verification of service provision and quality that supports goal attainment;
 - d. An identification of service provision and treatment which needs improvement;
 - e. Corrective action/process improvement plans specific to the results of the analysis and
 - f. A collaborative process with all City of Albuquerque ACT team leaders will occur on a regular basis (at least three times per year). Its purpose is to collectively review program outcome data and to create a supportive environment of quality improvement among the ACT team Leaders and their direct supervisors.
 3. As part of the data collection process, the team will complete forms provided by the City of Albuquerque for a participant baseline assessment (due within 40 days of admission into the program) and updated at 6-month intervals, to assess program participant outcomes. These forms will be part of the team's regular assessment and service planning process. The completed data collection forms will be shared on paper or electronically with the City of Albuquerque.
 4. Data analysis will be conducted by the team to identify trends, verify goal achievement and service quality, and identify areas of improvements and the impact of corrective actions:
 - a. Programs will analyze core outcomes at 6-month intervals consistent with the required assessment and service planning process; and
 - b. The analysis will be used as a bench measure for teams to review their progress in achieving core outcomes and to make decisions regarding the improvement of organizational performance.
 5. The City of Albuquerque will implement a consumer survey process to help measure the effectiveness of Assertive Community Treatment.

Utilization Review

ACT programs shall maintain a utilization review process to include the team leader, psychiatrist, and other staff trained to perform utilization review.

Incident Reporting

ACT teams must develop, implement, and monitor an incident management program in accordance with the rules and regulations of the City of Albuquerque and State of New Mexico.

ACT Program Site

1. Persons (recipients, staff, and visitors) shall be safe from undue harm while they are at the program site.

2. Persons (recipients, staff, and visitors) with various disabilities shall have access to appropriate program areas. Programs shall adjust service environments, as needed, for program participants who are blind, deaf, or otherwise impaired.
3. Programs shall have sufficient furnishings, adequate program space, and appropriate program-related equipment for the population served.
4. Medications shall be stored according to applicable laws to ensure only authorized access.

Coordination between ACT and Other Systems

The ACT program will develop a manual of policies and procedures that will include, but not be limited to, the following areas:

1. The ACT program will develop written agreements for assuring service continuity with other systems of care including the following:
 - a. Emergency service programs;
 - b. State and local psychiatric hospitals;
 - c. Rehabilitation services;
 - d. Housing agencies;
 - e. Social Services;
 - f. Vocational and employment services;
 - g. Self-help/Peer-run services;
 - h. Independent living centers;
 - i. Clubhouses; drop-in centers;
 - j. Natural community supports, including parenting programs, churches/spiritual centers, and local groups/organizations;
 - k. Local correctional facilities and criminal Justice agencies; and
 - l. Crisis Intervention Team (Police).
2. The above agreements will address at least the following concerns:
 - a. Cross training with the ACT team and other systems to understand each other's purpose;
 - b. ACT referral procedures and forms; and
 - c. Modifications to each system's intake forms to identify individuals served in these systems who are ACT program participants.
3. ACT Teams will develop a written protocol with psychiatric inpatient facilities regarding these requirements.
 - a. To ensure continuity and coordination of care for ACT program participants who might require hospitalization, the ACT team shall be consulted on emergency room dispositions and hospital admission/discharge decisions involving ACT program participants.
 - b. When a program participant is hospitalized, the ACT team shall take the following steps to coordinate with the clinical staff at the hospital:
 - i. Contact the program participant's responsible physician/treatment team to familiarize them with ACT assessment findings and the recipient's community service plan, including medication regimen;
 - ii. Provide the program participant with support and hope during the hospitalization period;
 - iii. Advocate with landlords and other collaterals in the community to maintain current living arrangements and other appropriate service commitments; and
 - iv. Work with the discharge staff and recipient to formulate the program participant's discharge plan.

4. Relationship between ACT and Vocational Services
 - a. All members of the team must recognize the importance of employment in the program participant's recovery process and the significance that employment has in assisting most program participants to assume regular adult roles in the community.
 - b. ACT teams must develop an understanding of the employment resources available to the general public and be able to help program participants' access and use these services to further their employment goals.
 - c. Collaboration must occur among ACT staff and the existing employment resources in the area served by the ACT team including mental health supported Employment Services, State Department of Education and the Division of Vocational Rehabilitation for Individuals with Disabilities.
 - d. In developing a relationship with a Supported Employment Service, ACT teams will be expected to establish a process which integrates the efforts of the employment program staff with the day-to-day functioning of the ACT team. One approach would be to have the involved employment program staff have a caseload dedicated to ACT program participants and regularly attend ACT team meetings.
 - e. For program participants interested in competitive employment, efforts must be made to ensure that program participants understand the impact that earned income can have on public subsidies. The provider can design its own benefit counseling form or use the form designed by City of Albuquerque. ACT teams are also encouraged to utilize independent benefits counseling agencies. However, the benefits analysis from these agencies must be appropriately integrated into the ACT service plan.

Rights of Program Participants

1. ACT Program participants are entitled to the rights defined in this section. A provider of ACT services shall be responsible for ensuring the protection of these rights.
2. Program participants have the right to an individualized service plan which they form in partnership with the provider.
3. Program participants have the right to all information about services so they can make choices that fit their recovery.
4. Participation in treatment in Albuquerque ACT is voluntary and program participants are presumed to have the capacity to consent to such treatment.
5. Program participants shall be assured access to their clinical records consistent with the State of New Mexico rules and regulations.
6. Program participants have the right to receive services in such a manner as to assure non-discrimination.
7. Program participants have the right to be treated in a way that acknowledges and respects their cultural environment.
8. Program participants have the right to a maximum amount of privacy consistent with the effective delivery of services.
9. Program participants have the right to freedom from abuse and mistreatment by employees.
10. Program participants have the right to be informed of the provider's grievance policies and procedures and to initiate any question, complaint, or objection accordingly. Grievances and complaints will be addressed fully without reprisal from the provider.

11. The central goal of an individual service plan is to formulate goals and services that the program participant chooses. The recipient will not be penalized or terminated from the program for choices with which the provider does not agree.
12. A provider of service shall provide a notice of program participant's rights to each program participant upon admission to an ACT Program. Whenever possible, the rights will be discussed and explained in the program participant's primary language. Such notice shall be provided in writing and posted in a conspicuous location easily accessible to the public. The notice shall include the address and telephone number of the nearest office of the Protection and Advocacy for Mentally Ill Individuals Program, the nearest chapter of the Alliance for the Mentally Ill, and the City of Albuquerque Department of Family Services and Community Services.
13. Respect for recipient's dignity and personal integrity is the cornerstone of the provider's care and treatment.

Representative Payee Services

For program participants with a representative payee, the service plan must include a step-by-step strategy for achieving independence in this area. The 6-month service plan reviews should assess the program participant's progress towards elimination of the need for representative payee services.

Fiscal Model

1. The ACT models have been funded to support experienced fulltime clinical and administrative staff that can commit to remaining with the program for a reasonable period of time.
2. The following ACT Fiscal Assumptions are made for program sustainability:
 - At least 50% of all clients are Medicaid eligible
 - For start-up year, assume State reimbursement rate of \$58.73 per 15 minute unit for Medicaid clients; following years the rate decreases to \$36.50 per unit
 - An adequate accounting and billing system is necessary to handle third party billings
 - Assume sufficient budget, including fringe, to fund expert staff
 - Wrap-around service dollars (\$100/client)
 - ACT clients may not be enrolled in other mental health programs
 - Start up funding available
 - Start up training available

Reimbursements and Exclusions

1. ACT staff provides most of the services required by ACT program participants. Therefore, ACT providers are prohibited from billing the Medicaid Program for any costs over and above the ACT case payment, and other providers are excluded from billing for certain services for individuals enrolled in ACT.
2. The Act program will bill Medicaid for all ACT services provided to Medicaid eligible clients.
3. If another mental health provider has provided Medicaid eligible pre-admission or crisis services to an ACT program participant, the ACT program may still bill Medicaid for ACT services for that same participant.
4. It is expected that ACT programs will provide integrated mental health and substance abuse treatment, but ACT program participants may need access to other substance abuse services not rendered in ACT programs (e.g. detoxification). Therefore, ACT program participants can receive services rendered by substance abuse providers and ACT teams simultaneously, and, as appropriate, these providers can bill Medicaid for such services.
5. These guidelines are the City of Albuquerque's standards for approved Assertive Community Treatment programs.

6. Services provided by licensed master's level social workers, licensed psychology associates, and licensed counselors and case managers, as with all team members, must be rendered pursuant to a treatment plan signed by the designated ACT team psychiatrist. Supervision of staff in meeting the goals of the treatment plan are provided daily (in the daily team meetings) by the team leader and at least once per week by the psychiatrist within the daily team meeting.
7. Non-covered Services
 - a. Services furnished which are not substantiated with appropriate documentation in the program participant's file;
 - b. Formal educational or vocational services related to traditional academic subjects or job training;
 - c. Administrative activities, such as Medicaid eligibility determinations and intake processing;
 - d. Services to treat social maladjustments without manifest psychiatric disorders, including occupational maladjustment, marital maladjustment, and sexual dysfunction; and
 - e. Experimental or investigational procedures, technologies, or non-drug therapies, and related services.

Definitions

The following section provides definitions of some of the more frequently-used terminologies used in this document.

Assessment - is the continuous clinical process of identifying an individual's behavioral strengths and weaknesses, problems, and service needs through the observation and evaluation of the individual's current mental, physical, and behavioral condition and history. The assessment shall be the basis for establishing a diagnosis and service plan.

Case Manager - Case managers must meet at least one of the following requirements: 1) Bachelor's degree in social work, counseling, psychology, or a related field from an accredited institution and one year of experience in the mental health field; or, 2) Licensed as a registered nurse with one year of experience in the mental health field; 3) In the event that there are no suitable candidates with the above qualifications, individuals with the following qualifications and experience can be employed as case managers: (a) Associate's degree and a minimum of three (3) years of experience working with individuals with chronic mental illness; (b) High school graduation or General Educational Development (GED) test and a minimum of four (4) years of experience working with individuals with chronic mental illness.

Case Management - Case Management for persons with chronic mental illness includes assessment of the recipient's medical and social needs and functional limitations using standardized needs assessment instruments; development and implementation of an individualized plan of care; mobilization of "natural helping" networks such as family members, church members and friends; development of increased opportunities for community access and involvement including assistance in the location of housing, community living skills, teaching, vocational, civil and recreational services programs; coordination and monitoring of the delivery of services; evaluation of the effectiveness of services furnished under the plan of care; and revision of the plan as conditions warrant. (Note: the plan of care for case management under an ACT program is the service plan described under the Assessment and Service Planning section of this document.

Clinical Staff - are all staff members who provide services directly to program participants. Students and trainees may qualify if they are participating in a program leading to a degree or certificate appropriate to the goals, objectives, and services of the outpatient program, are supervised in accordance with the policies governing the training program, and are approved as part of the staffing plan by the City of Albuquerque.

Collateral Persons - are members of the program participant's family or household, friends, or significant others (e.g. landlord, criminal justice staff, or employer) who regularly interact with the program participant and are directly affected by or have the capability of affecting his or her condition and are identified in the service plan as having a role in treatment. A collateral contact does not include contacts with other mental health service providers or individuals who are providing a paid service that would ordinarily be provided by the ACT team (e.g. meeting with a shelter staff that is assisting an ACT recipient in locating housing). A group composed of collaterals of more than one program participant may be gathered together for purposes of goal-oriented problem solving, assessment of treatment strategies, and provision of practical skills for assisting the program participant in the management of his or her illness.

Contact - is a face-to-face interaction (duration of at least 15 minutes) between a member of an ACT Team and a program participant or collateral during which at least one ACT service is provided.

Crisis Intervention Services - are activities and interventions, including medication and verbal therapy, designed to address acute distress and associated behaviors when the individual's condition requires immediate attention.

Discharge Planning - is the process of planning for termination of ACT services and/or identifying the resources and supports needed for the transition of an individual to another program. This process includes making the necessary referrals/linkages for treatment, rehabilitation, and supportive services based on an assessment of the program participant's current mental status, strengths, weaknesses, problems, service needs, the demands of the program participant's living, working and social environments, and the recipient's own goals, needs, and desires.

Engagement - Engagement involves at least four components: (1) establishing a respectful and trusting relationship between the client and the team members; (2) addressing the basic needs of recipients (e.g. housing); (3) assisting the client to see hope and to talk about their desires and dreams; and, (4) establishing a dissonance between the recipients hopes and desires and specific destructive behaviors.

Family Psychoeducation - is a service that is provided by professionals, that is long-term (over 6 months), and that focuses on education, stress reduction, coping skills, and other supports. The service is provided to relatives, families and friends who are in regular contact with the program participant of services. The primary rationale for the service is that many recipients live at home and/or have contact with relatives; thus, education and support for these families will reduce stress and increase the chance for recovery.

Health Screening Service - is the gathering of data concerning the recipient's medical history and any current signs and symptoms, the assessment of the data to determine his or her physical health status, and need for referral for noted problems. The data may be provided by the recipient or obtained with his or her participation. The assessment of the data shall be done by a nurse practitioner, physician, physician's assistant, psychiatrist, or registered professional nurse.

Health Education Service - is service to maximize independence in personal health care by increasing the individual's awareness of his or her physical health status and the resources required to maintain physical health, including regular medical and dental appointments, basic first aid skill, basic knowledge of proper nutritional habits, and family planning. Also included is training on topics such as AIDS awareness.

Integrated Treatment for Co-occurring Substance Abuse and Mental Health Disorders - is a service characterized by assertive outreach and stagewise treatment models that emphasize a harm reduction approach. The service is provided to recipients with co-occurring substance abuse disorders. The primary rationale for the service is that substance abuse worsens outcomes and often more than 50% of recipients have co-occurring substance abuse disorders.

Medication Support - means a full range of medication related services:

- Providing recipients and collaterals with information concerning the effects, benefits, risks, and possible side effects of a proposed course of medication;
- Prescribing and/or administering medication;
- Reminding individuals to take medications;
- Reviewing the appropriateness of the recipient's existing medication regimen through review of records and consultation with the recipient and/or family or care-giver;
- Activities that focus on educating recipients about the role and effects of medication in treating symptoms of mental illness;
- Training in the skill of self-medication;
- Monitoring the effects of medication on the recipient's mental and physical health;
- Storing, monitoring, record keeping, and supervision associated with the self-administration of medication;
- Ordering medications from pharmacies; and,
- Delivering medications, if needed.

Points of Referral- Agencies designated by the City of Albuquerque to make referrals to the ACT program.

Professional Staff - The New Mexico Medical Assistance Program Provider Participation Agreements define specific categories of mental health professional services:

- Individuals licensed as physicians by the Board of Medical Examiners or Board of Osteopathy and who are board-certified in psychiatry, or the groups they form;
- Psychologists (Ph.D., Psy.D. or Ed.D.) licensed as Clinical Psychologists by the New Mexico Board of Psychologist Examiners, or the groups they form;
- Licensed Independent Social Workers (LISW) licensed by the New Mexico Board of Social Work Examiners, or the groups they form;

- Licensed Marriage and Family Therapists (LMFT) who are licensed by the New Mexico Counseling and Therapy Practice Board, or the groups they form;
- Licensed Clinical Nurse Specialists (LCNS) or Registered Nurse Practitioners (RNP) certified in psychiatric nursing by a national nursing organization such as the American Nurses' Association to practice within the scope of these services, which are licensed by the New Mexico Board of Nursing. Clinical Nurse Specialists and licensed RNPs can furnish services to the populations (adult and/or children) as their certification permits; and
- Licensed Professional Mental Health Counselors (LPC) currently identified by the appropriate licensing and regulating agency as able to practice without supervision, and Psychologist Associates. Services provided by the LPC and Psychologist Associate must be identified within the scope of the practice and licensure for each provider and must be in compliance with the statute, rules, and regulations of the applicable Practice Act. Supervision must be obtained, where required.

Self-Help & Peer Support Education - is a service focused on educating recipients about, and supporting participation in, mutual aid fellowships (including starting and running autonomous groups). The service is provided to recipients with limited social networks who are interested in developing a "helper" role, who wish to share and learn about personal coping strategies, and who desire to participate in self-generated structured activities which they find personally meaningful. The primary rationale for the service is that self-help is a complement to treatment and becomes a life-long support that has proven to be beneficial in sustaining management of many disabling health conditions including mental illness. The benefits of this form of mutual aid are empowerment, an increased sense of self-identity, and increased self-esteem.

Socialization - means activities that are intended to diminish tendencies toward isolation and withdrawal by assisting recipients in the acquisition or development of social and interpersonal skills. "Socialization" is an activity meant to improve or maintain a recipient's capacity for social involvement by providing opportunities for application of social skills. This occurs through the interaction of the recipient and the ACT team staff in the program and through exposure to opportunities in the community. Modalities used in socialization include individual and group counseling and behavior intervention.

Supported Employment - Supported employment is a service characterized by rapid job search and placement (with a de-emphasis on pre-vocational training and assessment) based on recipient preferences and which include follow along support. The service is provided to recipients interested in competitive work. Supported employment refers to employment at prevailing wages in regular integrated work settings with the same supervision, responsibilities, and wages as non-disabled workers.

Supportive Skills Training - is the development of physical, emotional, and intellectual skills needed to cope with mental illness and the performance demands of personal care and community living activities. Such training is provided through direct instruction techniques including explanation, modeling, role playing, and social reinforcement interventions.

Symptom Management - means activities which are intended to achieve a maximum reduction of psychiatric symptoms and increased social and personal functioning. This includes the ongoing monitoring of a recipient's mental illness symptoms and response to treatment, interventions designed to help recipients manage their symptoms, and assisting recipients to develop coping strategies to deal with internal and external stressors. Services range from providing guidance in everyday life situations to addressing acute emotional distress through crisis management and behavior intervention techniques.

Wellness Self-Management - is a set of services designed to improve community functioning and prevent relapse:

- Psychoeducation (counseling and coaching on early warning signs and avoidance of stressors) to minimize the incidence of relapse by enhancing medication adherence through behavioral tailoring, motivational interviewing, and skills training for recipient-doctor interactions;
- Skills training through multiple weekly training sessions over time (between 3 months and 1 year), individual and group formats, and "in vivo" training to facilitate generalization of skills; and,
- Cognitive behavioral therapy for psychosis including education about stress-vulnerability and behavioral testing.

Wrap around Services Dollars - Wrap around service dollars are used to support client-specific service needs and emergency purchases. Use of service dollars must be documented in the client's clinical record within progress notes or a separate form. Client specific purchases are characterized as needs which can be anticipated. They are consistent with the client's individual treatment plan. Examples of use for client-specific service needs are costs for furnishings, security deposits, and costs associated with educational or vocational goals. Emergency purchases are designed to address immediate needs of a client. They are consistent with the treatment plan but they are generally not anticipated.

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