

**Contract Specifications for  
Single Point of Accountability (SPA)  
Service Coordination Programs (Child/Adolescent and Adult)  
Fiscal Year 2013 - 2014**

For fiscal year (FY) 2013-2014 it is expected that service coordination providers will have completed or complete the following preparation activities for the Single Point of Accountability:

- 1. Training Policies and Procedures.** Development of Policies and Procedures to address the training needs for the new expectations of the Service Coordinators. The policies should reflect the commitment of the agency to assure that all Service Coordinators and Supervisors receive and are able to demonstrate competencies in areas outlined by the SPA Training Curriculum.

A. Four Day New Hire Training. All new hires since 02/01/2010 are currently required to attend and pass the post competency test for the four day training with a minimum score of 75%. This training is to be completed within three months of hire dependent upon availability of the training. If the proficiency is lower, the agency may choose to: (1) have SC repeat specific modules to increase their knowledge and retest, (2) increase supervision in the specific areas of concern, or (3) require additional mentoring. **The state-mandated WPIC OERP on-line training must be completed by existing Service Coordinators every two years, following completion of the initial New Hire Training.**

Beginning in July 2013, the training curriculum may increase to five days in order to incorporate some information that was previously covered in the Service Coordination Certificate Course, as well as CANS/ANSA training.

- 2. Contingency Procedure.** Development of policies and procedures around the uses of contingency funds. These policies should include provisions to provide funds to consumers for food, clothing and shelter on an emergency basis but should also allow for the use of these funds to support recovery-focused activities that are contained in the service plan of the individual. The Service Coordinator should be thinking beyond the initial emergency and use funds to solve the future potential crises if possible. This may include Family Support Funds (children), Unified and Service Coordination Contingency Funds. An agency should be tracking the use of “natural supports” or other monetary funds/non-monetary resources used to support the individual/family. It is the expectation that \$1,125.00 per Service Coordinator per agency will be allocated to this fund in Fiscal Year 2013-2014. Agencies will need to provide the County Monitor with the combination of Contingency Funds and all other monetary/non-monetary resources used in the Fiscal Year 2013-2014. Contingency Policy can be found on the SPA web page [www.alleghenycounty.us/dhs/spa](http://www.alleghenycounty.us/dhs/spa)

### 3. Recruitment and retention:

- A. **Job Description/Performance Evaluations.** Agencies should write SPA responsibilities into agency job descriptions for service coordinators and into performance evaluation format.
- B. **Consumers Involved in Hiring.** Involving consumers in the hiring process to help screen applicants is encouraged. Evidence would include a procedure that describes the hiring process and how consumers are involved. Further evidence would include notes from the hiring interview process that shows consumers being involved.
- C. **Competency Based Hiring.** Agencies should implement competency based hiring reflective of the characteristics of highly effective service coordinators.
- D. **Career Ladder.** Agencies should create a career ladder for service coordinators to assist in retaining staff in service coordination programs:
  - i. Training Mentors for new children's staff which could include either a children's service coordinator or a children service coordination supervisor - 1/1/11
  - ii. *Mentors for Adult Staff – one mentor per team by 06/30/2011 contingent upon the availability of the mentor certificate course.*
  - iii. Sr. service coordinators paid higher salaries to provide consultation to other staff – *Slated for Fiscal Year: 2013-2014*
  - iv. Other disciplines/expertise should be brought into service coordination teams or agencies should develop a strong coordinated treatment teams across agency programs (nursing, substance abuse, housing, seniors/elderly, employment and intellectual disability/developmental disability services) 07/01/2013
- E. **Base Salary Floor.** Increase salaries of Service Coordinators incrementally over the next 5 years contingent on parallel rate increases. Base salary by 07/01/2012 to = \$ 32,000

### 4. Implementation of SPA within Service Coordination programs - Development of policies and procedures to address the following:

- A. **Consequences for Poor Staff Performance.** Agency program policies and procedures should define consequences/agency responsibility to address staff performance issues in particular the ten affirmative Single Point of Accountability expectations.
- B. **Methods of Re-mediating Poor Staff Performance.** Agencies should develop consistent practices for advising, providing remedial training and disciplining service coordinators who consistently are unable to meet the accountability standards.

- C. **Supervisory Responsibility.** The supervisor of Service Coordination is responsible for oversight of the SPA expectations *and to assure that all staff is fulfilling these expectations*. Service Coordination supervisory job descriptions should reflect this supervisory duty. Job Descriptions and supervision logs will be reviewed by the County Monitor.
  - D. **Improvement Goals.** Agencies/supervisors set performance improvement goals for staff and teams. Programs will demonstrate a commitment to quality improvement and provide evidence in quality improvement plans and action plans from previous monitoring visits.
  - E. **Crisis/Safety Plans.** Overall the community safety net has fail safe measures built in to assure that consumers get the services they need. There is a crisis plan driven by the consumer with the service coordinator. The consumer is aware of crisis and emergency resources in their community and natural supports that can assist them.
  - F. **MH Advance Directives (Adults Only).** Development of mental health advance directives for adults is encouraged by the service coordinator evidenced by 20% of the consumers having an advance psychiatric directive. County Monitors will review progress notes from past six months to see discussion of Advance Directives. County Monitors will look to see what the agency has done to make the system capable to perform this and what preparations have been done to assist staff.
5. **Collaboration with the Larger System.** As we move forward with this implementation the greater system will utilize Service Coordinators differently.

Agencies should develop a process whereby the environment that the Service Coordinators are working in is supportive of these new expectations. This environment should reflect the following:

- A. **Advocacy.** Service coordinators are empowered within the agency and across agencies reinforced by the county, CCBH and AHCI *to be advocates for the client and for systemic changes*.
- B. **Involvement with other Services.** Service coordinators are involved in appointments with psychiatrists and therapists *with the consumer's consent particularly around assessment, planning, re-evaluation and coordination issues*.
- C. **Active Liaison with Justice System.** Service coordinators work collaboratively with justice system *including Children & Youth, Probation, County Jail, Justice Related Service, etc*.
- D. **Active Collaboration with Health System.** Service coordinators work collaboratively with medical providers.
- E. **Active Collaboration with Community.** Service coordinators work collaboratively with other systems, providers and resources (e.g., landlords, employers, educational institutions, places of worship, neighbors, sports or other leisure activities, special interests such as hobbies that take place outside of the behavioral health systems and take place instead in the community of the consumer's choice, etc.).

F. **Service Plans Approval.** Service plans are to be approved/ signed by service coordinators within/across providers if there are other agencies involved. – Slated for FY 2013-2014

G. **Updates from other BH Programs.** Service coordinators will request routine updates by other members of the treatment team. Evidence of collaboration will be documented in service plan reviews and or progress notes.

6. **Peer Services (Adults Only).** Develop policies to plan for Peer Specialist/Peer Support to enhance Service Coordination for adult consumers.

7. **Service Planning.**

A. Agency will be approved for the Service Planning Code for Outpatient Therapists and Psychiatrists by 04/30/2011.

B. 30% of the Program's caseload has undergone the service planning process with Service Coordinators acting as convener/facilitator with the consumer present and with other program representatives and friends/family members at the consumer's request. The treatment plan is signed by other treatment providers as identified by the treatment plan. County Monitors will request a list of service participants that have undergone a service planning meeting and will cross reference this information with service participant's treatment plans and/or other supporting documentation. Monitors will compare list to total program caseload to determine percentages.

C. Supervision Logs/Notes will reflect service planning is occurring with all SCs. Within the supervisory notes, there will be notation as to whether these service planning meetings are pro-active vs. reactive in nature.

8. **Affirmative SPA Responsibilities Committed to Procedure.** Agencies will build in the accountability for the *Single Point of Accountability expectations into the service coordination program policies and procedures manual.*

A. Be the "go-to" resource for the person served and their family and the system of care.

B. Assure that there are effective "safety net" resources for the persons served

C. Clearly communicate to the person what they can expect from the system and what the system will expect to them.

D. Assure there is periodic assessment & cross system planning to meet the needs while utilizing their strengths.

E. Prepare for, convene/facilitate service planning meetings and provide follow-up after meetings.

F. Assure there is cross system coordination of services and that services are being provided

G. Develop relationships that endure with persistent outreach even when there is reluctance to receive services.

H. Assist the person served in developing and using natural supports.

I. Be a persistent advocate for those serve and given feedback on systemic problems.

J. Provide a consistent positive outlook which encourages recovery and full inclusion in the community.

**9. Supervision is provided in the community.**

- A. Supervisors will observe and provide supervision in the community at least quarterly for each service coordinator.
- B. Between 1 and 6 months the mentor will provide field based mentoring monthly for newly hired staff. Supervisors will not have to provide field supervision in the first 6 months.
- C. The designation in the supervision log should say community versus office as the location of supervision.

The County will develop a clear outcome monitoring tool by which providers will be held accountable, consistent with these contractual expectations. Providers who do not meet the contractual expectations after several monitoring visits will experience paybacks or a period probation until expectations are met.