EXHIBIT A – PROGRAM REQUIREMENTS (A-P): INTEGRATED BEHAVIORAL HEALTH CARE COORDINATION SERVICES (IBH)

I. Program Name

Alameda County Integrated Behavioral Health Care Coordination Services (IBH)

II. Contracted Services[1]

Integrated Behavioral Health Care Coordination Services

Federal Funding Requirements Apply

III. Program Information and Requirements

A. Program Goals

Contractor shall provide integrated behavioral health care coordination (care coordination)[2] to accomplish the following goals:

- Improve access and linkages to multiple social support services in Alameda County including those related to behavioral health, physical health and housing operated by Alameda County and community-based organization (CBO) clinics through referrals, warm hand-offs, and follow up services;
- Work with behavioral health clients who are not accessing health services in an efficient manner to identify and remove barriers that can improve utilization of needed primary care and referrals to specialty;
- Increase the capacity and effectiveness of primary care clinics to screen, assess and treat mild to moderate behavioral health conditions;
- Improve the capacity of primary care clinics to effectively treat the chronic medical conditions of individuals with moderate to severe behavioral illnesses;
- Enable timely monitoring of medical records and clinic appointment schedules to identify clients who face continuous barriers accessing and utilizing primary care and/or behavioral health services reflected by their high no shows rates as well as poor utilization of referral resources;
- Enhance services through better tracking and improved accessibility to primary and behavioral health care services; and
- Improve the monitoring and achievement of health and life outcomes among individuals served.

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[1] See all requirements specified in the Exhibit A-1: Standard Requirements, Exhibit A - Scope of Work (SOW), and other Exhibits attached to this Agreement.

[2] Care Coordination within the health care setting is the deliberate organizing of a client's care activities and sharing of information among service providers that will assist a client in receiving the most efficient, appropriate, and timely care (Care Coordination. May 2015. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html).

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Contractor shall provide care coordination services to low-income individuals who are in need of multiple social support services in areas such as behavioral health, physical health and housing to address chronic and co-occurring physical and behavioral health conditions.

Within this identified population, Contractor shall make it a priority to serve individuals who:

- Are receiving primary care services in Contractor's health clinics and are in need of behavioral health care services, including, but not limited to, individuals at risk of early onset of, or who have experienced, serious mental illness (SMI) and/or a substance use disorder (SUD);
- Are eligible to be Contractor's primary care client, but due to behavioral health conditions have not or have poorly utilized the primary care services; and
- Are eligible for Alameda County Care Connect (Whole Person Care) services by being actively enrolled in Medi-Cal and meeting one or more of the following criteria:
  - Experienced homelessness in the prior 24 months;
  - Met frequent user criteria in at least two crisis systems; and/or
  - Enrolled in a comprehensive case management program such as: Full Service Partnership (FSP), Service Team, Alameda Health System (AHS) Complex Care, Community Health Center Network Care Neighborhood, Alameda Alliance for Health (AAH) Health Homes, AAH Telephonic Case Management, Anthem Blue Cross Telephonic Case Management, Targeted Case Management, and/or Sutter Health User Clinic.

2. Referral Process to Program

Contractor shall receive referrals from Contractor's staff within Contractor's primary care clinics, from ACBH, and from ACBH-contracted behavioral health care providers.

3. Program Eligibility

Contractor shall only serve Alameda County residents who:

- Have an annual income below 200 percent of Federal Poverty Level (FPL); and
- Are eligible for payment of services through Medicare, Medi-Cal, or HealthPAC.

4. Limitations of Service

Not applicable.

C. Program Description

Contractor shall maintain programmatic services at or above the following minimum levels:

1. Program Design

Contractor's Integrated Behavioral Health Care Coordinator(s) (IBHCC[s]) shall:

A. Work with Alameda County Health Care Services Agency (HCSA), ACBH, Alameda Health Consortium, and other training and consultation providers to ensure that Contractor's integrated care team continues to receive training and technical assistance in implementing a care coordination model, as well as continuous training and technical assistance in implementing effective care coordination services that improve the effectiveness of the integrated care team's services.

B. Use Community Health Record (CHR) to document and facilitate care coordination when a client is eligible for Alameda County Care Connect. CHR shows its users a more complete and timelier whole person view of a client's service utilization and diagnosis. This information is viewable by the Care Team as well as other partner providers who contribute to a client's care. Viewable information includes, but is not limited to the following areas: medical and mental health care, crisis response, substance use, housing, social services, legal services, and informal support networks.

C. Attend, along with behavioral health care staff, care coordination webinars and/or in-person trainings and monthly meetings when appropriate, facilitated by the Alameda Health Consortium and Alameda County Care Connect.

D. Deliver and document face-to-face care coordination services to primary care and behavioral health clients as well as primary care and behavioral health providers.

E. Provide the following support services to the primary care/mental health team:

1. Facilitate communication among integrated care team members, which may include case review and clinical meetings that support the integrated care team in identifying action steps that result in improved utilization of primary care and behavioral health care services by clients with co-occurring physical and behavioral health concerns;
2. Track, collect data, and collaborate in the generation of reports and identification of next steps to enhance program effectiveness, in areas including but not limited to:
   i. Client attendance; and
   ii. Collaboration with the Primary Care Psychiatric Consultation Program (PCPCP).
3. Establish collaborative working relationships with:
   i. ACBH Primary Care Psychiatrist (PCP) serving as the site consultant;
   ii. University of California, Davis Psychiatric Fellows to help support the cultivation of specialty training experience into the primary care clinic setting;

iii. Specialty behavioral health providers in order to facilitate more warm hand-offs and successful engagement of clients who need assistance getting access to medical services in the primary care setting; and

iv. Housing and other support service providers to facilitate more warm hand-offs/supportive transitions and care coordination of clients who need assistance getting access to and/or maintaining housing and multiple support services.

F. Provide the following services to clients with behavioral health and chronic health conditions:

1. Follow up on no-shows to support and improve continuity of treatment by making phone calls to clients and their family members;
2. Work with the integrated care team to identify and implement strategies at primary care clinics to improve timely access to care and create a welcoming environment for clients with behavioral health conditions;
3. Work with the integrated primary care team to provide linkages and referrals to other health and supportive services such as substance use, specialty mental health and physical health care services, and housing support services, as needed;
4. Refer clients who are experiencing a crisis to appropriate crisis services; and
5. Refer clients who need a higher level of behavioral health care services to the ACBH Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) telephone service, Center Point, and/or the ACBH Substance Use Treatment and Referral Helpline.

These services shall complement Contractor's existing array of preventive, primary care, and chronic illness treatment services that are funded through other sources.

2. Discharge Criteria and Process

Not applicable.

3. Hours of Operation

Contractor shall maintain the minimum hours of operation required by the Federal Health Resources and Services Administration Bureau of Primary Health Care.

Contractor shall maintain the hours as specified in Exhibit A-Scope of Work (SOW).

4. Service Delivery Sites

Contractor shall deliver services at designated service delivery sites as specified in Exhibit A-SOW.

Contractor shall obtain written approval from ACBH through the ACBH Program Contract Manager prior to implementing any changes in service delivery sites.

D. Minimum Staffing Qualifications

As specified in the Exhibit A-SOW, Contractor shall maintain, at minimum, the direct service IBHCC Adjunct Staff supervised by a health care manager who is a part of the integrated health care team.[3]

IV. Contract Deliverables and Requirements

A. Process Objectives

Contractor shall complete all of the performance deliverables specified below for the IBHCC positions:

Deliverables	Data Source
Measure #1: Contractor shall retain the minimum FTE IBHCC dedicated to providing services per the program design.	Quarterly IBHCC Report
Measure #2: Contractor shall attend the IBHCC meetings of the primary care clinics facilitated by the Alameda Health Consortium. At least one key staff representative from each clinic shall attend. The IBHCC shall also attend any additional IBH Contractor meetings around data and reporting systems.	a. Sign-in sheets for the Alameda Health Consortium meetings b. Sign-in sheets for additional IBH Contractor meetings
Measure #3: Contractor shall: a. Deliver at least 100 care coordination services, per quarter, per IBHCC FTE, to eligible patients (about two care coordination services per work day through the IBHCC); b. Track service delivery data; and c. Submit/upload monthly and quarterly reports per specified requirements.	Monthly IBHCC Reports and Quarterly IBHCC Reports
Measure # 4: Contractor's IBHCC shall assist patients with referrals to other community resources. *(refer to Measures 5b and 5c of the Quarterly Report)*	Monthly IBHCC Reports and Quarterly IBHCC Reports
CHR-Related Deliverables	**Data Source**
Measure #5: Contractor shall complete a one-time training of all of their designated employees, including the IBHCC, involved in care coordination to operationalize the new standard CHR care coordination system.	Sign-in sheets for the one-time CHR End User Training

[3] The integrated care team includes the primary care provider, the behavioral health care specialist, the ACBH psychiatrist consultant, the IBHCC, and other medical and support staff.

CHR-Related Deliverables	Data Source
Measure #6: Contractor shall provide evidence of adoption and use of the tools of the new standardized CHR care coordination system.	a. One written CHR care coordination workflow due by December 1, 2020. b. Ten written anecdotes about the experience of using CHR for client care due by December 1, 2020. c. Number of clients whose care coordination was provided through the CHR system per month through the submission of the Monthly IBHCC Report and Quarterly IBHCC Report.
Measure #7: Contractor shall maintain at least two representatives to support the Alameda County Care Connect Super User Workgroup to develop standard care management definition, outcome objectives, and models as part of the CHR care coordination system. This shall include regular participation in the monthly Workgroup meetings, gathering feedback at their organization between meetings, and bringing back content to each Workshop discussion.	Monthly sign-in sheet for the Alameda County Care Connect Super User Workgroup.

B. Quality Objectives

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of patients who receive service referrals from the IBHCC out of all patients who received care coordination services from the IBHCC	At least 60%
Percent of patients who are successfully connected to referred services out of all patients who receive service referrals from the IBHCC *(i.e., IBHCC has connected patient to a service or received confirmation that the patient has engaged by phone or in person with at least one service to which they were referred.)*	At least 20%

CHR-Related Deliverables	Data Source
Percent of patients who receive service referrals from the IBHCC by using the CHR out of all patients who received service referrals from the IBHCC.	Establishing baseline %
Percent of patients who are successfully connected to referred services by using the CHR system out of all patients who receive service referrals from the IBHCC by using the CHR. *(ie: IBHCC has connected patient to a service by using the CHR or received confirmation that patient has engaged by phone or in person with at least one service to which they were referred by using the CHR)*	Establishing baseline %

Contractor shall provide services in accordance with the specifications of the IBHCC Job Description to maximize the percentage of clients in each of these Quality Objective areas.

C. Impact Objectives

Contractor shall work collaboratively with ACBH to develop performance measures around impact of services.

V. Reporting and Evaluation Requirements

Monthly Report

Contractor shall submit a Monthly IBHCC Client-Level Report in the ACBH-specified format by the 10th of the following month by uploading the completed report to the assigned and secure Alameda County ShareFile Folder. Contractor's Monthly IBHCC Client-Level Report shall include data elements including but not limited to client identifying information and service data per client.

Quarterly Report

Contractor shall submit a IBHCC Quarterly Report in the ACBH-specified format by the 30th of the following month by uploading the completed report to the assigned and secure Alameda County ShareFile Folder. Contractor shall submit Quarterly Reports in accordance with the following schedule:

Quarter	Dates Covered in Report	Due Date
1st	July 1 – September 30	October 31st
2nd	October 1– December 31	January 31st
3rd	January 1 – March 31	April 30th
4th	April 1 – June 30	July 31st

Contractor's Quarterly Reports shall include documentation as described in Contractor Deliverables and Requirements; shall indicate whether there are sections where Contractor has no data to report for the current quarter; and shall include an update on Contractor's progress in building a sustainability plan to continue the IBHCC position(s).

Mid-Year Report: Evidence of CHR Adoption Report
Contractor shall submit one written CHR care coordination work flow, and ten written anecdotes about the experience of using CHR for patient care that are due by December 1, 2020.

Should Contractor need technical assistance around uploading the IBHCC Reports, Contractor shall email the ACBH Management Analyst assigned to the ACBH Division on Integrated Health Care Services. Should Contractor have questions about the content of a report, Contractor shall email the ACBH Integrated Health Care Services Deputy Director.

VI. Additional Requirements

A. Site Certification/Licensure

Contractor shall maintain all required licenses and special permits issued by Federal, State, and Local agencies to the services it provides, including but not limited to the California Health and Safety Code, Division 2, and Title 22 and Title 17 Code of Regulations, or successors thereto.

Contractor shall obtain and maintain credentialing under the Alameda Alliance for Health.

Contractor shall maintain certification to participate in the Medicare and Medi-Cal programs under Title 18 and 19 of the federal Social Security Act, and/or all other such future program necessary to fulfill its obligation under this Agreement.

Contractor shall notify the ACBH Program Contract Manager immediately by telephone, and in writing within five days, when there is a change in the license and/or certification of any program, service, department, or facility providing services under this Agreement.

Contractor shall ensure that all personnel are licensed, certified, and credentialed in accordance with all legal requirements, and are qualified by training and experience to perform the services they are assigned to perform.

B. Quality Assurance

It is the responsibility of Contractor to ensure that all services are provided in accordance with pertinent laws, regulations, codes and permits; professionally recognized standards; prevailing standards of medical practice in the community; and all provisions of this contract, including record-keeping and reporting requirements, whether provided by Contractor at a Contractor site, or through referral to an outside provider.

Contractor shall deliver health services that demonstrate a high quality of care as defined by prevailing professional standards; those developed by ACBH and HCSA, including standards, policies and procedures developed for HealthPAC. These services shall be provided by Contractor in a manner consistent with principles of professional practice and ethical conduct and reflect concern for the acceptability, accessibility, availability, and cost of services.

Contractor shall maintain an ongoing quality assurance program designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, and resolve identified problems.

Contractor shall maintain a written plan for the quality assurance program that describes the program's objectives, organization, scope, and mechanisms for overseeing the effectiveness of monitoring, evaluation, and problem-solving activities.

Contractor shall promptly handle complaints, appeals, and grievances. A patient may file a complaint, appeal, or grievance with the County or the Contractor. If the patient files a complaint, appeal, or grievance with Contractor, the County delegates to Contractor the responsibility of handling that patient's complaint, appeal, or grievance. At no time shall a patient's medical condition be permitted to deteriorate because of delay in provision of care that Contractor disputes.

Fiscal and administrative concerns shall not influence the independence of the medical decision making process to resolve any medical disputes between the patient and Contractor.

Contractor shall establish and maintain a written policy that describes the Contractor's internal process for resolving patient and potential patient complaints and grievances. The policy shall be made available for review upon County's request.

The Contractor shall designate a contact person for the County to contact regarding complaints, appeals, and grievances that are filed with the County.

Contractor shall adhere to the standards established by and shall cooperate with and participate in the County's Quality Management and Improvement program, as standards may be amended from time to time.

Contractor understands that its services under this Agreement shall be reviewed by County's ACBH Quality Management and Improvement program for monitoring and evaluating accessibility of care, including but not limited to, waiting time and appointments for outpatient services. Contractor shall cooperate with County in any review and the ongoing program.

Contractor must comply with all applicable quality management activities identified by ACBH. Contractor shall work collaboratively and cooperatively with HCSA, ACBH,

and other agencies and contractors to establish, maintain, and/or enhance the quality management activities to improve the service delivery system for patients with chronic disease. Contractor shall participate in ACBH, Alameda Health Consortium, and other meetings and trainings, and other work to promote quality improvement efforts.
Contractor shall participate in meetings, assessments, outcome reporting, program evaluations, targeted trainings, and surveys conducted by ACBH, Alameda Health Consortium or the State/Federal government, including all in which County requests Contractor to participate and attend.

The County shall conduct annual site visits, with additional visits if needed, to determine progress toward achieving the medical home model. Contractor shall cooperate with County and provide assistance as requested by County for site visits and Clinical Chart Review.

Contractor shall maintain case files for all IBH patients documenting their care/case management plan. ACBH may conduct random audits of these plans.

Contractor shall adhere to all policies and procedures approved by the Alameda County Board of Supervisors for quality assurance and utilization management of indigent medical services.