

## **EXHIBIT A – PROGRAM REQUIREMENTS (A-P): FULL SERVICE PARTNERSHIP (FSP) – CHILD**

### **I. Program Name**

Child Full Service Partnership (FSP)

- i. Service Provision (July 1, 2021 – June 30, 2022)
- ii. Performance Improvement Activities Related to Quality Incentive Pilot Program (Performance Improvement Activities, July 1, 2022 – June 30, 2023)

### **II. Contracted Services<sup>1</sup>**

Outreach and Engagement

Outpatient Services

- Mental Health Services
- Case Management/Brokerage
- Crisis Intervention
- Medication Support

Family Partner

Medi-Cal Requirements Apply

Performance Improvement Activities

### **III. Program Information and Requirements**

#### **A. Program Goals**

Contractor shall provide services to accomplish the following goals:

- i. Improve the ability of clients and families to achieve and maintain an optimal level of functioning and recovery;
- ii. Reduce client hospitalizations and utilization of emergency health care services for mental health and physical health issues;
- iii. Ensure that clients and families obtain and maintain health insurance;
- iv. Ensure that clients and families obtain and maintain enrollment in public benefits programs for which they are eligible;
- v. Connect clients and families with ongoing primary healthcare services and coordinate healthcare services with clients' primary care providers;
- vi. Decrease social isolation among clients and families;
- vii. Assist and empower clients to transition into the least intensive level of service appropriate to meet their needs;

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<sup>1</sup> See all requirements specified in Exhibit A-Scope of Work (SOW), Exhibit A-1: Standard Requirements, and other Exhibits attached to this Agreement.

- viii. Decrease or eliminate symptoms related to mental health disorders, including any danger to self or others;
- ix. Improve school functioning and family and/or social relationships; and
- x. Increase natural support available to the child/youth and family by strengthening interpersonal relationships and utilizing resources that are available in the family's network of social and community relationships.

*Additional Goals for Family Partner*

Contractor shall provide services to accomplish the following goals:

- i. Improve the functioning of clients with behavioral health disorders;
- ii. Increase long-term stability among clients;
- iii. Support family-driven practices by bringing the family perspective to mental health service delivery;
- iv. Support families in navigating systems of care; and
- v. Reduce community perception of stigma related to clients' mental health issues.

*Additional Goals for Performance Improvement Activities*

Contractor shall provide services to accomplish the following goals:

- i. Improve client access to care;
- ii. Increase quality;
- iii. Improve outcomes;
- iv. Ensure program accountability; and
- v. Increase program efficiencies.

**B. Target Population**

Contractor shall provide services to the following populations:

**1. Service Groups**

Service Provision

Contractor shall provide services to Alameda County children and youth who qualify for services under Specialty Mental Health. Contractor shall provide services to children and youth who meet the criteria indicated on the FSP Child Wraparound Program Referral Form.

Performance Improvement Activities

Not applicable.

**2. Referral Process to Program**

Service Provision

Contractor shall receive referrals through ACBH Acute Crisis Care and Evaluation for System-wide Services (ACCESS). ACCESS shall oversee and approve each referral to Contractor based on program eligibility set forth by the County. Any referrals for residents of the City of Berkeley shall be authorized for services by ACBH.

Performance Improvement Activities

Not applicable.

**3. Program Eligibility**

Service Provision

In addition to the requirements of Exhibit A-Scope of Work (SOW), Contractor shall also serve clients who:

- i. Are Alameda County residents and/or have Alameda County Medi-Cal;
- ii. Have been referred and approved for assignment by ACCESS;
- iii. Are eligible for services under an ACBH-approved insurance plan, as defined by ACBH at <http://www.acbhcs.org/providers/Access/access.htm>; and
- iv. Are not under the jurisdiction of Alameda County Child Welfare or Probation.

The determination of FSP program placement for a child who is eight years old shall be determined by an ACBH designee on a case-by-case basis. The primary determining factors shall be the child's developmental level and abilities and the particular program's ability to meet that child's developmental and mental health needs.

Foster, kinship, or adopted children and youth with out-of-county Medi-Cal and residing in Alameda County are eligible for services under inter-county arrangements possible under Assembly Bill 1299 and Senate Bill 785.

Performance Improvement Activities

Not applicable.

**4. Limitations of Service**

Not applicable.

**C. Program Description**

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

**1. Program Design**

Service Provision

Contractor shall operate one FSP with one team serving 20 clients per team at any given time.

Contractor shall implement the FSP in adherence to the Wraparound<sup>2</sup> evidence-based practice. Through Wraparound, Contractor shall provide an intensive, individualized care planning and management process. Contractor shall achieve positive outcomes by providing a structured, creative, and individualized team

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<sup>2</sup> <https://nwi.pdx.edu/>.

planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family, with the focus of stabilizing clients and connecting them to lower levels of service for longer term support.

Contractor shall operate a shared caseload model where the client and their families work with all members of the team and the team delegates the resources of staff members each day to meet the needs of the clients and their family members. As such, the FSP team shall serve as the Single Point of Responsibility (SPR) and the FSP caseloads shall be managed by the whole team or by an individual treatment team. The SPR shall provide continuity for the client and shall facilitate the development of a strong working relationship.

Contractor shall provide services in a welcoming environment using trauma-informed practices to ensure the understanding of the neurological, biological, psychological, and social effects of trauma, as well as the prevalence of these experiences in each client.

Contractor shall provide outpatient and other services and supports necessary to advance the client's goals and achieve outcomes that support the client's recovery, wellness, and resilience. Services and supports shall be identified in the Individual Service and Supports Plan (ISSP) and shall be provided in the community where the client is located or in locations identified as convenient to the client. The range of services and supports shall include but are not limited to the following:

- i. Outreach and Engagement: Contractor shall work with ACBH to ensure that the program maintains full capacity. Contractor shall work to engage clients referred to their program and encourage them to engage in treatment. Contractor shall provide information, referral, and linkage to clients who decline FSP services but who require mental health and other services.
- ii. Outpatient Services: Contractor shall provide mental health services (i.e., assessment; collateral; family engagement<sup>3</sup>; individual and group counseling; individual and group rehabilitation; interactive complexity; and plan development), case management/brokerage, crisis intervention, and medication support.
- iii. Integrated Co-Occurring Services: Contractor's services shall include treatment for clients and/or families who have a substance use disorder or other co-occurring disorder such that services are integrated into their mental health services.
- iv. Family Education Support and Services: Contractor shall provide education and training for family members with whom clients are connected, and work

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<sup>3</sup> Family engagement is an umbrella term that includes family therapy, collateral family therapy, collateral family groups, multi-family groups, collateral caregiver, and any other new codes specified by ACBH.

with clients to support the possibility of seeking re-connection with additional family members when it is deemed beneficial to achieving their goals.

- v. Service Linkage: Contractor's case management and rehabilitation services shall include assisting clients and their families in linking with primary health care, establishing and maintaining benefits, and accessing immediate, short-term, and permanent housing. Contractor shall provide Housing Navigation<sup>4</sup> services. Contractor shall, as appropriate, link clients to the Health Care Services Agency's centralized provider for Housing Subsidy Management.
- vi. Client Supports: Contractor shall provide temporary goods and services such as food, clothing, hygiene kits, utilities, emergency housing, and furniture as appropriate when such items are critical to overall client treatment success. Contractor shall also provide funding for public transportation or direct transportation as needed to advance the client's goals and achieve outcomes that support the client's recovery, wellness, and resilience.
- vii. ISSP: Contractor shall develop an ISSP for each client that is a strengths-based and family-centered plan of services. Contractor shall engage the client, and their family as appropriate, to develop the ISSP and identify services and supports needed by the client to help facilitate recovery, promote wellness, and build resilience. Participating individuals and staff on the Wraparound Team shall provide information to help the client make informed choices about the services included in the ISSP. Parents shall be included in the collaborative decision making process. The family voice and choice shall be valued, encouraged and supported.

Contractor shall administer the Wraparound Fidelity Index (Short Version, WFI-EZ)<sup>5</sup> to all clients in the fifth month of service following the episode opening date. In the event that the case closes prior to the fifth month of service, the WFI-EZ shall be administered at case closure. Contractor shall be required to complete the Index one time per client episode.

#### Family Partner

Contractor's Family Partner shall work within Contractor's FSP program to assist families in accessing needed services, promoting independence, and building advocacy skills.

Contractor's Family Partner shall report to Contractor's Clinical Supervisor and maintain a strong working relationship with the ACBH Office of Family

<sup>4</sup> Contractor shall provide Housing Navigation in accordance with the published ACBH Core Tasks Checklists located on the ACBH website at: <http://www.acbhcs.org/providers/network/cbos.htm> (listed under "Provider Resources/Housing").

<sup>5</sup> Fidelity Index Short Form (WFI-EZ) Fidelity Tool at: [https://depts.washington.edu/wrapeval/sites/default/files/training\\_materials/WFI%20EZ%20Manual%20FINAL\\_09-17-2013.pdf](https://depts.washington.edu/wrapeval/sites/default/files/training_materials/WFI%20EZ%20Manual%20FINAL_09-17-2013.pdf). WFI-EZ Materials and Costs: <http://depts.washington.edu/wrapeval/content/becoming-wfas-collaborator>

Empowerment (OFE) Program Specialist to receive needed technical assistance and support.

Contractor's Family Partner shall collaborate with the primary mental health clinician to:

- i. Directly provide outpatient services;
- ii. Promote access and linkages to services;
- iii. Advocate with and on behalf of families;
- iv. Assist families in increasing their support network;
- v. Provide mental health education and consultation to help families understand their role as their child's advocate and role model;
- vi. Conduct outreach via community events;
- vii. Advocate for and champion family-driven practice;
- viii. Participate in monthly Family Partners Learning Community Cohort Meetings offered by ACBH OFE; and
- ix. Act as a role model and mentor for parents whose children are receiving treatment services.

Contractor's Clinical Supervisor shall:

- i. Participate in Supervisors Meetings provided by ACBH OFE every other month, **as requested by ACBH OFE;**
- ii. Share information regarding Family Partners horizontally and vertically in Contractor's agency;
- iii. Provide support to Family Partner role;
- iv. Provide a minimum of one to two hours of weekly supervision to the Family Partner; and
- v. **Encourage and support Family Partners to participate in monthly Family Partner Learning Community Cohort Meetings offered by ACBH OFE.**

#### Performance Improvement Activities

Contractor shall expend all payments earned through the Quality Incentive Pilot Program in areas related to the improvement of the provision of ACBH programs or services.

## **2. Discharge Criteria and Process**

### Service Provision

Contractor shall submit a reauthorization form to continue service for clients longer than one year. This reauthorization form shall be submitted to and reviewed by the Assistant Director of the Children and Young Adult System of Care. Services shall not continue longer than one year without a signed reauthorization form.

When a client no longer meets medical necessity for FSP level of care, Contractor shall work with ACCESS to transition the client to other services appropriate for their needs. Contractor shall work with the client, family, and ACCESS to ensure continuity of care through discharge planning, referrals, and warm hand-offs to other service providers and community supports.

*Family Partner*

When appropriate, the Family Partner shall assist in client transition when a client requires a different type of or level of care.

Performance Improvement Activities

Not applicable.

**3. Hours of Operation**

Service Provision

Contractor shall maintain the hours as specified in Exhibit A-SOW.

Performance Improvement Activities

Not applicable.

**4. Service Delivery Sites**

Service Provision

Contractor shall deliver services at designated service delivery sites as specified in Exhibit A-SOW. Contractor shall also provide services in community settings where clients are located.

Performance Improvement Activities

Not applicable.

**D. Minimum Staffing Qualifications**

Service Provision

Contractor shall maintain the direct service staffing as specified in the Exhibit A-SOW.

Contractor's Family Partner staff shall comply with any emerging peer support specialist certification requirements from Department of Health Care Services (DHCS) or ACBH in relation to California Senate Bill 803 in order to continue providing peer services.

Performance Improvement Activities

Not applicable.

**IV. Contract Deliverables and Requirements**

**A. Process Objectives**

Service Provision

Contractor shall deliver units of service as specified in Exhibit A-SOW.

Contractor shall work collaboratively with ACBH to develop process benchmarks in the following areas:

Process Measure <sup>6</sup>	Data Source
Number of new clients enrolled	INSYST
Number of clients open to program point-in-time, at the time of report	INSYST, Contractor report
Number of clients closed and reason for closure	INSYST
Number of hours of service provided by service modality	INSYST
Percent of services provided that are field-based	INSYST
Number of Child Family Team meetings per month	Contractor report, WFI-EZ review

*Family Partner*

Each 1.0 Full-Time Equivalent (FTE) Family Partner shall serve 20 to 30 unduplicated clients and provide 513 hours of outpatient services on an annual basis. These units of service shall be prorated for programs maintaining less or more than 1.0 FTE. **With 30-day notice from ACBH, Contractor may be required to adopt a new and/or different billing/procedure code(s) for Family Partner staff.**

Performance Improvement Activities

Not applicable.

**B. Quality Objectives**

Service Provision

Contractor shall achieve minimum 80 percent fidelity or a score equivalent to “good” to the principles of Wraparound highlighting:

- i. Percent of clients who have individualized safety plans developed within 30 days of the episode opening date;
- ii. Percent of clients who have an initial Child and Family Team/Family Team Meeting completed within 50 days of each episode opening date; and
- iii. Percent of clients who have an ISSP developed at the initial Child and Family Team/Family Team Meeting.

Contractor shall work collaboratively with ACBH to develop additional quality benchmarks around the percent of clients reporting satisfaction with services received as measured by a consumer satisfaction survey.

Performance Improvement Activities

To be eligible for payment through the Quality Incentive Pilot Program in one or more of the indicated areas, Contractor must provide and enter services that demonstrate to ACBH that they have achieved the quality benchmarks as specified as follows for a given area:

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<sup>6</sup> Measures shall be reported for the total FSP population, as well as by ethnicity, race, language, gender, and sexual orientation.

Quality Measures <sup>7</sup>	Quality Objectives	
	Full Incentive (100%)	Partial Incentive (50%)
Measure #1: Percent of clients who receive a face-to-face outpatient visit within five calendar days of a qualifying event <sup>8</sup>	90%	80%
Measure #2: Percent of clients who receive an average of four or more face-to-face outpatient visits per month during the reporting period (new and existing clients) <sup>9</sup>	80%	65%
Measure #3: Percent of clients with no interruption in service by the FSP greater than 30 days during the reporting period <sup>10</sup>	90%	80%

### C. Impact Objectives

#### Service Provision

Contractor shall work collaboratively with ACBH to develop impact benchmarks in the following areas:

- i. Measure #1: Percent of new clients who receive a face-to-face visit within seven calendar days of the episode opening date
- ii. Measure #2: Percent of discharges from hospitalization for treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within seven and within 30 days
- iii. Measure #3: Percent of clients who receive an average of one Child and Family Team meeting per month
- iv. Measure #4: Percent of clients who have an increase in the number of days in stable housing

#### Performance Improvement Activities

Not applicable.

<sup>7</sup> To be eligible for 100% or 50% payment, the low denominator threshold must include at least 10 qualifying events (Measure #1) or clients (Measures #2 and #3).

<sup>8</sup> Qualifying events shall include discharge from a hospital for a mental health diagnosis, discharge from an Institution for Mental Disease, receiving services from a Crisis Stabilization Unit (CSU), discharge from a psychiatric health facility, and/or discharge from Alameda County Forensic Behavioral Health. For Seneca only, a crisis progress note may also be a qualifying event. Contractor may also qualify for incentives if no qualifying events occur. Funding rolls to Measure #2 if the low denominator is not reached.

<sup>9</sup> Clients must be open for at least six months to qualify. If the low volume threshold is not reached, Measure #2 will be removed for lack of statistical significance and Contractor shall receive no funding for the measure.

<sup>10</sup> Clients must be in the program for at least three months to qualify. Funding rolls to the Measure #2 if the low denominator is not reached.

## **V. Reporting and Evaluation Requirements**

### Service Provision

Contractor shall input data for each client into the Partnership Assessment Form (PAF) at intake, into the Three-Month Assessment (3M) Update quarterly, and into the Key Event Tracking (KET) at form at least once within the first year of partnership and annually, thereafter, or when there is any change in goals, mental health objectives, service modalities, interventions, or significant events in the client's life (e.g. crisis visit, arrest, incarceration, hospitalization, etc.).

Contractor shall enter data for the WFI-EZ into the Wraptrack Program as authorized by ACBH by the 365<sup>th</sup> day of service.

Contractor shall participate and assist in ACBH's efforts to collect and track data to establish and refine benchmarks. These benchmarks shall be set as performance expectations in future fiscal years.

### Monthly

Contractor shall submit a Monthly Program Report that describes Contractor's progress in achieving the Contract Deliverables and Requirements. Reports shall be labeled in accordance with the established naming convention and shall be uploaded to the ACBH Citrix ShareFile no later than the 5<sup>th</sup> of the month. Reports shall contain information requested by the ACBH Children and Young Adult System of Care Division, such as Contractor's progress on current referrals, caseload, and staffing.

### Annually

Contractor shall submit an Annual Mental Health Services Act (MHSA) Community Services and Supports (CSS) Report on an ACBH-provided template that collects demographics data in addition to Contractor's progress, successes, and challenges in achieving the Contract Deliverables and Requirements. Reports shall be labeled in accordance with the MHSA Three Year Plan and/or Plan Update established naming convention and shall be uploaded to the ACBH Citrix ShareFile within 30 days from the end of the contract period.

### Family Partner

Contractor shall submit a Family Partner Annual Report that describes Contractor's progress in meeting the Contract Deliverables and Requirements to the ACBH Program Contract Manager within 30 days of the end of the contract period.

### Performance Improvement Activities

Contractor shall report all expenditures of funds related to the Quality Incentive Pilot Program on cost reports.

## **VI. Additional Requirements**

Not applicable.