

EXHIBIT A – PROGRAM REQUIREMENTS (A-P): SCHOOL-BASED BEHAVIORAL HEALTH (SBBH)

I. Program Name

School-Based Behavioral Health (SBBH)

II. Contracted Services¹

Outpatient Services

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

Medi-Cal Requirements Apply

III. Program Information and Requirements

A. Program Goals

Contractor shall provide services to accomplish the following goals:

- i. Enhance client's mental health status, positive coping strategies, and life skills;
- ii. Increase client's ability to actively participate and engage in school, home, and other community settings;
- iii. Increase parent and/or caregiver's ability to support clients by encouraging participation in the client's treatment.; and
- iv. Improve client's ability to cultivate and/or maintain positive relationships with peers and adults.

B. Target Population

1. Service Groups

Contractor shall provide services to children and youth who meet criteria for Specialty Mental Health Services and Contractor shall make it a priority to serve children and youth who are enrolled at a school site specified in Contractor's Exhibit A-Scope of Work (SOW) for SBBH.

Contractor may serve up to **two** Educationally Related Mental Health Services (ERMHS) outpatient referrals per school site **each** school year. **Contractor shall not accept ERMHS referrals for students enrolled in charter schools.** Contractor shall only open an ERMHS outpatient referral after receiving an ERMHS packet from ACBH Children's Specialized Services. Additional cases shall require prior notification and authorization from ACBH.

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. Referral Process to Program

Referrals for service shall come from ACBH Acute Crisis Care and Evaluation for System-wide Services (ACCESS), school personnel, parents, and self-referral. In addition, Contractor's staff shall work in collaboration with school personnel through the Coordination of Services Team (COST), if one exists, to review referrals and provide appropriate support services to eligible students and families. Youth referred to the provider through ACCESS who do not attend the contracted school site may be seen in the community as needed and/or determined necessary by the Contactor's capacity to meet clients' needs.

3. Program Eligibility

Contractor shall only serve residents of Alameda County who:

- i. Are eligible for full-scope Medi-Cal, are an ERMHS client **enrolled at a public school site who has been** referred and authorized to receive services by the client's school district, or are an unaccompanied immigrant youth per the guidelines in the November 12, 2015 and February 4, 2016 Provider Letters regarding services to this population, which can be referenced online at <http://www.acbhcs.org/providers/network/CBOs.htm>; and
- ii. Meet the criteria to receive specialty mental health services under the ACBH-identified Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary, which can be referenced online at <http://www.acbhcs.org/providers/network/CBOs.htm>.

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 presumptive transfer and Service Authorization Request (SAR).**

4. Limitations of Service

Contractor shall refer children and youth who are not enrolled at one of the contracted school sites to other behavioral health programs or to ACBH ACCESS as needed and as appropriate.

C. Program Description

Contractor shall maintain programmatic services at following minimum levels:

1. Program Design

Contractor shall provide outpatient services to support the mental health needs of local students.

Contractor shall **utilize an ACBH-approved Letter of Agreement (LOA) template** to develop and maintain a signed LOA with the school site and/or school district by October 1st of each school year, with the purpose of outlining roles and responsibilities, collaboration, and communication regarding services being provided. This LOA will be renewed each fiscal year and amended as needed. **If any edits are made to the ACBH-approved LOA template, Contractor shall submit the revised LOA to ACBH for review and approval prior to signature process.** Contractor shall make

available to ACBH a copy of **all signed** LOAs. For “Our Kids Our Families” sites, Health Care Services Agency’s Center for Healthy Schools and Communities shall be included as a partner in the LOA. At a minimum, the LOA should specify roles and responsibilities of each partner, minimum staffing and space requirements, referral and evaluation processes, mental health crisis response and communication protocols, and the process for maintaining overall communication and coordination of services.

Contractor shall utilize family engagement strategies for all clients served within these programs.

At each school site, Contractor may provide group therapy to clients as needed in addition to their primary clinical treatment or as their primary mode of treatment if clinically appropriate.

2. Discharge Criteria and Process

Contractor shall not close cases due to the end of the school year. Each spring, Contractor shall work with clients and families to identify the need and plan for continued treatment services through Contractor’s program over summer breaks and/or for the next school year.

3. Hours of Operation

When school is in session, Contractor shall maintain staff five days a week at each school site, with SBBH services available between the hours of 8:00 am – 5:00 pm. **Contractor may provide services as needed during non-school hours (i.e. evenings and weekends) without prior approval from ACBH. Contractor shall continue to provide and offer services year-round, including during periods when school is not in session, such as summer and winter breaks.**

4. Service Delivery Sites

Contractor shall deliver services at designated school sites as specified in Exhibit A-SOW. Services may also be rendered in the home or field, as needed.

D. Minimum Staffing Qualifications

Contractor shall maintain the direct service staffing as specified in the Exhibit A-SOW while school is in session, and shall maintain **appropriate** staffing to provide continuity of care for clients when school is not in session.

Contractor may shift staff between program sites within the same school district when a problem of low referrals is identified at one or more sites following the processes and limitations described in the ACBH School Based Health Programs Shift of Fund Request Information Sheet located at <http://www.acbhcs.org/providers/network/cbos.htm>.

If a program site has a clinical staff vacancy, Contractor shall immediately notify the school site administrator and ACBH Program Contract Manager, with a plan for meeting

the staffing and clinical needs of the school site and a timeline for filling the vacant position.

IV. Contract Deliverables and Requirements

A. Process Objectives

Contractor shall maintain an average monthly caseload of 18 to 20 per 1.0 direct FTE Clinician, and Contractor shall serve a minimum of 25 unduplicated clients annually per site per 1.0 direct service FTE Clinician.² For program sites where treatment teams include mental health counselors in addition to a clinician, Contractor may serve additional clients per year

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

B. Quality Objectives

Contractor shall provide services towards achieving the following quality objectives.

Quality Measures	Quality Objectives
Percent of clients who receive two or more visits within 30 days from their episode opening date.	95%
Percent of clients who receive four or more visits within 60 days from their episode opening date.	95%

C. Impact Objectives

Not applicable.

V. Reporting and Evaluation Requirements

Contractor shall participate in all ACBH requested reporting and evaluations as needed.

VI. Additional Requirements

No additional requirements.

² During the Covid-19 emergency, Contractor shall maintain an average monthly caseload of 15 to 18 clients per 1.0 direct FTE Clinician, and shall serve 20-25 unduplicated clients annually per 1.0 direct FTE Clinician.