

**EXHIBIT A(x)-SCOPE OF WORK (SOW):  
INTEGRATED BEHAVIORAL HEALTH CARE COORDINATION (IBHCC)  
SERVICES**

<b>Contractor Name</b>	Account NameContractor Legal Name
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*See Applicable Exhibit A Documents. Any additional specifications or variations in contracted service requirements applicable to this Exhibit A-SOW shall be contained herein.*

**I. PROGRAM NAME**

Integrated Behavioral Health Care Coordination (IBHCC) Services

<b>Additional Specifications</b> Program Name - Add Specs
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**II. CONTRACTED SERVICES**

IBHCC<sup>1</sup> Services

<b>Additional Specifications</b> Contracted Services - Add Specs
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**III. PROGRAM INFORMATION AND REQUIREMENTS**

**A. Program Goals**

Contractor shall provide services to accomplish the following goals:

- i. Improve access and linkages to multiple social support services in Alameda County including those related to behavioral health, physical health, and housing resources operated by Alameda County and community-based organization (CBO) clinics through referrals, warm hand-offs, and follow up services;
- ii. Work with specialty 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;
- iii. Increase the capacity and effectiveness of primary care clinics to screen, assess, and treat mild to moderate behavioral health conditions;
- iv. Improve the capacity of primary care clinics to effectively treat the chronic medical conditions of individuals with moderate to severe behavioral illnesses;
- v. 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 as reflected by their high no-show rates as well as by poor utilization of referral resources;

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<sup>1</sup> IBHCC's activities within the health care setting are the deliberate organization of a client's care 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. <https://www.ahrq.gov/nccpr/care/coordination.html>).

- vi. Enhance services through better tracking and improved accessibility to primary and behavioral health care services; and
- vii. Improve the monitoring and achievement of health and life outcomes among individuals served.

<b>Additional Specifications</b> Program Goals - Add Specs
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**B. Target Population**

Contractor shall provide services to the following populations:

**1. Service Groups**

Contractor shall provide care coordination services to low-income individuals 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:

- i. Are receiving primary care services in Contractor’s health clinics and 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 substance use disorder (SUD); and
- ii. 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.

<b>Additional Specifications</b> Service Groups - Add Specs
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**2. Referral Process to Program**

Contractor shall receive referrals from Contractor’s staff within Contractor’s primary care clinics, from Alameda County Behavioral Health Care Services (ACBH), and from ACBH-contracted behavioral health care providers.

<b>Additional Specifications</b> Referral Process to Program - Add Specs
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**3. Program Eligibility**

Contractor shall only serve Alameda County residents who:

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

<b>Additional Specifications</b> Program Eligibility - Add Specs
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#### 4. Limitations of Service

Not applicable.

<b>Additional Specifications</b>
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Limitations of Service - Add Specs
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### C. Program Description

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

#### 1. Program Design

Contractor's IBHCC services shall:

- i. 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<sup>2</sup> 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 and capacity to serve clients enrolled in ACBH Specialty Behavioral Health Services.
- ii. 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.
- iii. Provide the following support services to the primary care/mental health team:
  - a. 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;
  - b. 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:
  - c. Client attendance; and
  - d. Collaboration with the Primary Care Psychiatric Consultation Program (PCPCP).
  - e. Establish collaborative working relationships with:
    1. ACBH Consultants serving as the site consultant;
    2. 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
    3. 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.

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<sup>2</sup> 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.

- iv. Provide the following services to clients with behavioral health and chronic health conditions:
  - a. Follow up on no-shows to support and improve continuity of treatment by making phone calls to clients, case managers and their family members;
  - b. 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;
  - c. 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;
  - d. Refer clients who are experiencing a crisis to appropriate crisis services; and
  - e. 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.
- v. Collaborate with community partners to develop an IBHCC services sustainability plan.

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

<b>Additional Specifications</b> Program Design - Add Specs
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**2. Discharge Criteria and Process**

Not applicable.

<b>Additional Specifications</b> Discharge Criteria and Proc - Add Specs
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**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 following hours of operation:

Hours of Operation - Add Specs
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**4. Service Delivery Sites**

Contractor shall provide services at the following location(s):

Service Delivery Sites - Add Specs
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**D. Minimum Staffing Qualifications**

Contractor shall maintain the following direct service IBHCC Adjunct Staff supervised by a health care manager who is a part of the Federally Qualified Health Center (FQHC) behavioral health services.

Minimum Staffing Qual - Add Specs

**IV. CONTRACT DELIVERABLES AND REQUIREMENTS**

**A. Process Objectives**

Contractor shall deliver the following services/deliverables:

Deliverables	Data Source
<u>Measure #1:</u> Contractor shall retain the minimum FTE of IBHCC staff dedicated to providing services per the program design.	Quarterly IBHCC Report
<u>Measure #2:</u> 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 staff shall also attend any additional IBH Contractor meetings around data and reporting systems.	<ul style="list-style-type: none"> <li>a. Sign-in sheets for the Alameda Health Consortium meetings</li> <li>b. Sign-in sheets for additional IBHCC Contractor meetings</li> </ul>
<u>Measure #3:</u> Contractor shall: <ul style="list-style-type: none"> <li>a. Deliver at least 100 care coordination services, per quarter, per IBHCC FTE, to eligible clients (about two care coordination services per work day through the IBHCC);</li> <li>b. Track service delivery data; and</li> <li>c. Submit/upload quarterly reports per specified requirements.</li> </ul>	Quarterly IBHCC Reports
<u>Measure #4:</u> Contractor shall: <ul style="list-style-type: none"> <li>a. Collect the number of ACBH clients linked to primary care services by IBHCC; and</li> <li>b. Collect the number of patients enrolled in ACBH’s ECM program being linked to primary care by IBHCC.</li> </ul>	Quarterly IBHCC Reports, and sharing of information at each regular IBH meeting to ensure other IBH providers are aware of services available through the various ACBH systems of care

**Additional Specifications:**  
Process Objectives - Add Specs

**B. Quality Objectives**

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of clients who receive service referrals from IBHCC and were assisted in getting connected to services out of all clients who received care coordination services.	At least 60%

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.

<b>Additional Specifications</b> Quality Objectives - Add Specs
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**C. Impact Objectives**

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

<b>Additional Specifications</b> Impact Objectives - Add Specs
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**V. REPORTING AND EVALUATION REQUIREMENTS**

Quarterly Report

Contractor shall maintain electronic health record systems and shall submit any special or additional reports requested by the ACBH Director of Integrated Health Care Services or designee and/or County financial or program monitors.

Contractor shall submit IBHCC Quarter Report(s) that document the Contractor’s progress in achieving the Contract Deliverable and Requirements. Reports shall be labeled in accordance with the established naming convention and shall be emailed to the designated ACBH Integrated Health staff according to the following schedule:

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

Annual Report

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 ShareFile within 30 days from the end of each fiscal year.

**Additional Specifications**

Reporting And Eval Req - Add Specs

**VI. ADDITIONAL REQUIREMENTS**

**A. Site Certification/Licensure**

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.

**Additional Specifications**

Additional Requirements - Add Specs