

**EXHIBIT A(Sub-Exhibit A)-SCOPE OF WORK (SOW):  
FULL SERVICE PARTNERSHIP (FSP) – CHILD**

<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**

Child Full Service Partnership (FSP)

- i. Service Provision (July 1, 2025 – June 30, 2026)
- ii. Performance Improvement Activities Related to Quality Incentive Pilot Program  
(Performance Improvement Activities, July 1, 2026 – June 30, 2027)

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

Outreach and Engagement

Outpatient Services

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

Client Support Expenditures<sup>1</sup>

Medi-Cal Requirements Apply

Performance Improvement Activities

<b>Additional Specifications</b>
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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 the ability of clients and families to achieve and maintain an optimal level of functioning and recovery;

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<sup>1</sup> Contractor shall comply with standard ACBHD requirements for this service as described in Section VI. Additional Requirements.

- 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;
- 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.

Performance Improvement Activities

Contractor shall provide Performance Improvement Activities 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>Additional Specifications</b>
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Program Goals - Add Specs
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**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 meet service necessity for Specialty Mental Health Services as defined by the California Department of Health Care Services (DHCS). 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.

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

### Service Provision

Contractor shall receive referrals through Alameda County Health, Behavioral Health Department (ACBHD) 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 into this FSP for residents of the City of Berkeley shall be authorized for services by ACBHD.

### Performance Improvement Activities

Not applicable.

### **Additional Specifications**

Referral Process to Program - Add Specs

## 3. Program Eligibility

### Service Provision

Contractor shall only 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 ACBHD-approved insurance plan, as defined by ACBHD at <https://bhcsproviders.acgov.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 nine or ten years old shall be determined by an ACBHD designee on a case-by-case basis. The primary determining factors shall be the child's developmental level and abilities and the 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 presumptive transfer and Service Authorization Request (SAR).

### Performance Improvement Activities

Not applicable.

### **Additional Specifications**

Program Eligibility - Add Specs

## 4. Limitations of Service

Not applicable.

### **Additional Specifications**

Limitations of Service - Add Specs

## C. Program Description

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

### 1. Program Design

#### Service Provision

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 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 FSP team and where 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 of care 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. The range of services and supports shall include but are not limited to the following:

- i. Outreach and Engagement: Contractor shall work with **ACBHD** 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 screen each youth for need for Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS). Contractor's mental health services shall include assessment, evaluation, plan development, collateral, family engagement,<sup>3</sup> peer support services, individual and group therapy, individual and group rehabilitation, IHBS, and interactive complexity. Contractor's case management/brokerage services shall include ICC and linkage

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

<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 ACBHD.

to IHBS when appropriate. Contractor shall provide 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 (SUD) or other co-occurring disorders and services are integrated into their mental health services.
- iv. Family Education Support and Services: Contractor shall provide education and training for family members of clients, and work 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 Alameda County, **Housing and Homeless Services (AC Health H&H)** Home Stretch unit for permanent supportive housing (PSH) and subsidized permanent housing opportunities.
- 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. Individual Services and Supports Plan (ISSP): Contractor shall develop an ISSP for each client that is a strengths-based and family-centered. Contractor shall engage the client, and their family as appropriate, to develop the ISSP and identify services and supports needed to help facilitate recovery, promote wellness, and build resilience. Participating individuals and the Wraparound team shall assist the client make informed choices about the services and supports included in the ISSP. The family shall be included in a collaborative decision-making process, as appropriate, and their voice and choice shall be valued, encouraged and supported.

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

#### 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 **ACBHD** programs or services.

#### **Additional Specifications**

<sup>4</sup> Contractor shall provide Housing Navigation in accordance with the published ACBHD Core Tasks Checklists located on the ACBHD website at: <https://bhcsproviders.acgov.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\\_EZ\\_Manual\\_WrapStat\\_Version\\_September\\_2020.pdf](https://depts.washington.edu/wrapeval/sites/default/files/training_materials/WFI_EZ_Manual_WrapStat_Version_September_2020.pdf). WFI-EZ Materials and Costs: <http://depts.washington.edu/wrapeval/content/becoming-wfas-collaborator>

Program Design - Add Specs
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## **2. Discharge Criteria and Process**

### Service Provision

Contractor shall submit a reauthorization form to the Children and Young Adult System of Care Director or their designee for approval to extend services longer than one year as clinically appropriate. Services shall not continue longer than one year without a signed reauthorization form.

The Child FSP is meant to be a temporary program that supports clients on their journey towards stability. Discharge planning shall be a part of the process from the start of treatment. Contractor shall work with ACCESS to connect clients to a primary provider during treatment, as appropriate, and ensure that each client has an established primary care provider prior to the end of treatment services. When a client no longer meets medical necessity for FSP level of care, Contractor shall transition that client out of Contractor's FSP and ensure that the client is connected to services and supports appropriate for their needs. Contractor shall work with the client, family, and other providers to ensure continuity of care throughout the discharge planning process and following FSP services.

### Performance Improvement Activities

Not applicable.

<b>Additional Specifications</b>
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Discharge Criteria and Proc - Add Specs
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## **3. Hours of Operation**

Contractor shall maintain the following hours of operation:

Hours of Operation - Add Specs
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### Performance Improvement Activities

Not applicable.

## **4. Service Delivery Sites**

### Service Provision

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

Service Delivery Sites - Add Specs
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Contractor shall also provide services in community settings where clients are located or in locations identified as convenient to the client.

### Performance Improvement Activities

Not applicable.

#### **D. Minimum Staffing Qualifications**

##### Service Provision

Contractor shall maintain the following minimum direct service positions:<sup>6,7</sup>

Minimum Staffing Qual - Add Specs
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##### Performance Improvement Activities

Not applicable.

### **IV. CONTRACT DELIVERABLES AND REQUIREMENTS**

#### **A. Process Objectives**

##### Service Provision

**On an annual basis,** Contractor shall deliver the following services/deliverables:

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

Process Objectives - Add Specs
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Contractor shall work collaboratively with **ACBHD** to develop process benchmarks in the following areas:

Process Measure <sup>8</sup>	Data Source
Number of new clients enrolled	<b>ACBHD</b> Billing System
Number of clients open to program point-in-time, at the time of report	<b>ACBHD</b> Billing System, Contractor report
Number of clients closed and reason for closure	<b>ACBHD</b> Billing System
Number of hours of service provided by service modality	<b>ACBHD</b> Billing System
Percent of services provided that are field-based	<b>ACBHD</b> Billing System
Number of Child and Family Team meetings per month	Contractor report, WFI-EZ review

##### Performance Improvement Activities

Not applicable.

##### **Additional Specifications**

Process Measure - Add Specs
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<sup>6</sup> The positions shall be maintained at the specified level or higher of direct FTE staff.

<sup>7</sup> Clinician includes Licensed or Unlicensed Licensed Practitioner of the Healing Arts (LPHA) or Mental Health Graduate Trainee/Student.

<sup>8</sup> Measures shall be reported for the total FSP population, as well as by ethnicity, race, language, gender, and sexual orientation.

## 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 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 Meeting.

Contractor shall work collaboratively with **ACBHD** 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 **ACBHD** that they have achieved the quality benchmarks as specified as follows for a given area:

Quality Measures <sup>9</sup>	Quality Objectives	
	Full Incentive (100%)	Partial Incentive (50%)
Measure #1: Percent of clients who receive a face-to-face FSP visit within seven calendar days of a qualifying event <sup>10</sup>	90%	80%
Measure #2: Percent of clients who receive an average of four or more face-to-face FSP visits per month during the reporting period (new and existing clients) <sup>11</sup>	80%	65%
Measure #3: Percent of clients with no interruption in FSP services greater than 30 days during the reporting period <sup>12</sup>	90%	80%

<sup>9</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>10</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>11</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>12</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.

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

#### Service Provision

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

- i. Percent of new clients who receive a face-to-face visit within seven calendar days of the episode opening date;
- ii. 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. Percent of clients who receive an average of one Child and Family Team meeting per month; and
- iv. Percent of clients who have an increase in the number of days in stable housing.

#### Performance Improvement Activities

Not applicable.

<b>Additional Specifications</b> Impact Objectives - Add Specs
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## **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 **ACBHD** by the 365<sup>th</sup> day of service.

Contractor shall participate and assist in **ACBHD**'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 **ACBHD** ShareFile no later than the 5th of each month, for the prior month of services. Reports shall contain information requested by the **ACBHD** 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 ACBHD-provided template that includes Contractor's progress, successes, and challenges in achieving the Contract Deliverables and Requirements. Reports shall be labeled in accordance with the established naming convention and shall be uploaded to the ACBHD ShareFile within 30 days from the end of each fiscal year.

Performance Improvement Activities

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

**Additional Specifications**

Reporting And Eval Req - Add Specs

**VI. ADDITIONAL REQUIREMENTS**

**A. Client Support Expenditures**

Client support expenditures ("flex funds") shall be used only for the following purposes:

- i. Short-term housing assistance (rent, including back pay and security deposit, or hotel vouchers);
- ii. Food;
- iii. Utilities;
- iv. Clothing
- v. Public transportation vouchers;
- vi. Emergency food gift cards;
- vii. Personal grooming; or
- viii. Hygiene products.

Contractor shall obtain prior written approval from the Child and Young Adult System of Care Director or their designee for expenses that fall outside of the categories listed above.

Contractor shall obtain prior written approval from the appropriate System of Care Director or their designee for expenses over:

- i. \$500 for one-time non-housing expense;
- ii. \$2,000 for one-time housing expense; or
- iii. \$2,760 per client or family, per year.

Up to \$500 of the flex funds may be used for funeral expenses in the event of a death of a client. In these situations, the funds shall be paid directly to a funeral home, not the family. Contractor shall obtain and submit a receipt for the expenditure to the appropriate System of Care Director or their designee.

The purchase of automobiles is not permissible.

**Additional Specifications**

Additional Requirements - Add Specs