

**EXHIBIT A(Sub-Exhibit A)-SCOPE OF WORK (SOW):  
SERVICE TEAM**

<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**

Service Team

<b>Additional Specifications</b> 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

Other Contracted Services<sup>1</sup>

- Alameda County Health, Behavioral Health Care Department (ACBHD) Substitute Payee Program
- Client Support Expenditures

Medi-Cal Requirements Apply

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

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**A. Program Goals**

Contractor shall provide services to accomplish the following goals:

- i. Assist clients in attaining a level of autonomy within the community of their choosing;
- ii. Reduce the impact that mental health issues have on the ability of clients to achieve and maintain an optimal level of functioning and recovery;
- iii. Assist clients in finding and maintaining meaningful roles in activities, education,

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

- vocation, and/or volunteer work;
- iv. Increase community connections among clients;
- v. Promote fiscal/benefits stability among clients;
- vi. Support clients in maintaining basic needs, including but not limited to, housing, food, utilities, and clothing;
- vii. Increase and support client choice around appropriate housing;
- viii. Reduce client utilization of hospitalization and emergency services; and
- ix. Assist and empower clients to transition into the least intensive and most independent level of service appropriate for their need, such as a Wellness Center or primary care.

<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

Contractor shall serve individuals with serious mental illness resulting in an impairment of their ability to manage activities of daily life. Clients may include individuals who have histories of trauma, who are homeless or at risk of homelessness, who have co-occurring substance use and/or physical health disorders, who are undocumented, who have limited English proficiency, and/or who have past or present interactions with the criminal system, and/or forensic involvement. Contractor shall provide services to individuals who are sex offenders. Contractor shall provide services to adults who have been referred through the Community Assistance, Recovery and Empowerment (CARE) Court process.

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

Clients must be approved by ACBHD Acute Crisis Care and Evaluation for System-wide Services (ACCESS) for services. Clients may contact ACCESS to request services. Requests for services may also come from sources, including but not limited to, family members, behavioral health care providers, primary care providers, psychiatric hospitals, and CARE Court.

Upon receiving a referral from ACCESS, Contractor shall provide assertive outreach to include a minimum of eight outreach and engagement attempts to secure enrollment in Contractor's program within 90 days of the referral. Upon agreeing to services, the client is enrolled with the Service Team. If a referred client declines to participate in treatment no fewer than three times and/or does not engage in treatment within 90 days of referral, Contractor shall review information collected during outreach attempts to determine if a different level of care or service location would best serve the client and contact ACCESS to collaborate on next steps. Contractor shall be responsible for outreach and care coordination for the client until the client is closed and/or reassigned

to other services.

#### **Additional Specifications**

Referral Process to Program - Add Specs

### **3. Program Eligibility**

Contractor shall only serve individuals who:

- i. Are Alameda County residents and/or have Alameda County Medi-Cal;
- ii. Are eligible for services under an ACBHD -approved insurance plan, as defined by ACBHD at <https://bhcsproviders.acgov.org/providers/Access/access.htm>, or have been referred by CARE Court regardless of insurance plan;
- iii. Have had contact with a Crisis Stabilization Unit (CSU), psychiatric hospital, crisis service, subacute facility, and/or jail in the past two years;
- iv. Meet service necessity for Specialty Mental Health Services as defined by the California Department of Health Care Services (DHCS) with impairments in the moderate to severe range; and
- v. Have been referred and approved for services by ACCESS.

#### **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**

Upon referral from ACCESS, Contractor shall immediately conduct assertive community outreach and attempt to engage each referred client in outpatient services. Contractor shall conduct, outreach, engagement, and enrollment activities for newly referred clients, including within the last 30-60 days prior to a referred client's planned discharge from an acute or subacute facility, and encourage referred clients to become a member of Contractor's Service Team. Contractor shall perform a face-to-face assessment within seven calendar days of client's discharge from an acute care setting and shall actively collaborate in discharge planning and placement with facility staff.

Contractor shall provide the following outpatient services: mental health services (i.e., assessment, evaluation, plan development, collateral, family engagement;<sup>2</sup> peer support services, individual and group therapy, individual and group rehabilitation, and

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<sup>2</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.

interactive complexity), case management/brokerage, crisis intervention, and medication support. Contractor shall provide services that are strength-based, individualized for each client, and responsive to the needs of clients.

Contractor shall be responsible for overseeing and coordinating client care and discharge planning with partner providers including, but not limited to, emergency departments, CSUs, psychiatric emergency services, Mobile Crisis, urgent medication programs, sub-acute facilities, medical and psychiatric hospitals, Adult Forensic Behavioral Health (AFBH), Santa Rita Jail, substance use disorder (SUD) detoxification and treatment programs, inpatient and residential facilities, housing providers, family members, ACBHD transition of care staff, care management, managed care plans, primary care providers, or when contacted by other partner providers.

Contractor shall work with collaborative courts, CARE Court, AFBH and/or the Juvenile Justice Center/Guidance Clinic, Behavioral Health Court, and this shall include providing necessary reports and engaging these partners to participate in discharge planning.

Contractor shall return incoming phone calls to clients and their providers in a timely fashion (i.e., within 24 business hours).

Contractor shall close a client to services when hospitalized or detained in a criminal justice setting for a period that exceeds 90 days. Contractor shall reopen the client to treatment services within 30-60 days prior to planned discharge from facility or setting and participate in discharge planning and multidisciplinary team conferences. Contractor shall assist the facility with identifying discharge placement, transportation, and a follow-up appointment with a prescriber within 14 days following discharge.

Contractor shall participate in monthly multidisciplinary team meetings and discharge planning conferences with acute and subacute facilities for shared clients.

Contractor shall make referrals and shall follow-up with external service providers to ensure continuity of care. Contractor shall also provide linkage and referral to the following services:

- i. Wellness Centers;
- ii. Educational, vocational, and housing resources;
- iii. The ACBHD Peers Organizing Community Change (POCC) and other programs operated by and for mental health consumers; and
- iv. Primary care services.

Contractor has the option to participate in the Medically Indigent Adult Financial Rewards (MIA) Program. Contractor shall contact the ACBHD Office of the Medical Director for more information.

Contractor shall participate in weekly Acute Care Coordination meetings and monthly Adult/Older Adult Outpatient Provider Meetings. Contractor shall also participate in other care coordination meetings and regular program and contract status meetings, as requested, by ACBHD System of Care Director or their designee.

#### **CARE Court**

For CARE Court clients, Contractor shall provide the services and supports described above as identified in the CARE Agreement/CARE Plan. Contractor shall encourage collaboration with the client and all other client supports, monitor progress, and revise the CARE Agreement/CARE Plan, as needed. Contractor shall support the client with adhering to the Court approved CARE Agreement/CARE Plan.

Contractor shall report to the Court at least every 60 days to provide updates on progress and/or status of the individual, e.g., change in condition, housing status, or other relevant items included in the CARE Agreement/CARE Plan. The Court may request status review hearings at alternative intervals, set by the Court and at their discretion

Contractor shall partner with the client through the court processes and requirements for up to one year or until they graduate from CARE Court services and are released by the Court. At the eleventh month, the Court will determine if the individual is either ready to graduate or if the individual may benefit from receiving continued services under CARE Court and be reappointed to the program for up to one additional year.

#### **Additional Specifications**

Program Design - Add Specs

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

Contractor shall assess a client for discharge when:

- i. Contractor is unable to locate the client for a period of 90 days or client refuses treatment for a period of 90 days despite attempts by Contractor to contact client and efforts to engage the client;
- ii. Client is in a restrictive environment (e.g., jail or inpatient long-term facility, etc.) that exceeds 90 days;
- iii. Client no longer meets service necessity for a Service Team;
- iv. Client has been assessed as having achieved clinical stability and readiness to transition to a lower level of care, such as a Wellness Center, primary care services, or medication support and/or treatment; and/or
- v. Client has not accessed any crisis, acute care, or jail services in the last 90 days.<sup>3</sup>

Contractor shall assess clients for referral to Full Service Partnership (FSP) programs under the following conditions:

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<sup>3</sup> As described in the “Guidelines for Opening and Closing Reporting Units for Service Teams and FSPs.”

- i. After extensive clinical interventions, it is determined that the level of service intensity offered through a Service Team may not be sufficient to successfully engage and support the client in treatment and that the client would likely benefit from a higher-intensity service; and
- ii. The client meets the criteria for the particular FSP program to which they are being referred.

Contractor shall request and receive prior written approval from the appropriate ACBHD System of Care Director or their designee on a case-by-case basis to utilize alternative criteria for assessing clients with complex needs for discharge.

Contractor shall work with the client, applicable family members/support persons (at client's discretion), the appropriate System of Care, and ACCESS to ensure continuity of care through discharge planning, referrals, transitions, and supportive transitions to other service providers and community supports.

ACBHD reserves the right to call a case conference to review a case, and to elevate differences of opinion to ACBHD and Contractor leadership, or request mediation.

<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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**4. Service Delivery Sites**

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.

**D. Minimum Staffing Qualifications**

Contractor shall maintain an average monthly caseload of 30 clients per direct Full-Time Equivalent (FTE) Clinician.

Contractor shall maintain the following minimum direct service positions:<sup>4,5</sup>

Minimum Staffing Qual - Add Specs
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**IV. CONTRACT DELIVERABLES AND REQUIREMENTS**

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<sup>4</sup> The positions shall be maintained at the specified level or higher of direct FTE staff.

<sup>5</sup> Clinician includes Licensed or Unlicensed Licensed Practitioner of the Healing Arts (LPHA) or Mental Health Graduate Trainee/Student.

### A. Process Objectives

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

Process Objectives - Add Specs
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### B. Quality Objectives

Contractor shall achieve the following quality objectives:

Quality Measure	Quality Objective
Percent of clients who receive at least one face-to-face visit per month	At least 85%
Percent of clients who had an appointment with a primary care provider during the reporting period <sup>6</sup>	At least 75%

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of discharges following a face-to-face visit with the client and/or their caregiver within seven days of discharge from a hospital for a mental health diagnosis, an Institution for Mental Disease (IMD), CSU other than Amber House, a psychiatric health facility, and/or AFBH.	At least 75%
Percent of clients provided a medication visit and assessment within 14 days of discharge from a qualifying event <sup>7</sup>	At least 70%
Percent of current clients who complete the Consumer Perception Survey form at each required administration	At least 50%

### Additional Specifications

Quality Objectives - Add Specs
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### C. Impact Objectives

Contractor shall provide services toward achieving the following impact objective among eligible clients who have been in the program for 12 months or longer:

Impact Measure	Impact Objective
Percent of eligible clients who had a decrease in crisis services, admissions to a hospital for a mental health diagnosis, an IMD, CSU other than Amber House, a psychiatric health facility, and/or AFBH	At least 70%

<sup>6</sup> Applies to clients who completed at least six consecutive months during the 12-month reporting period.

<sup>7</sup> A qualifying event includes discharge from: a hospital for a mental health diagnosis, an Institution for Mental Disease, CSU other than Amber House, a psychiatric health facility, Santa Rita Jail, and/or an emergency department visit for mental illness.

in their most recent 12 months in the program as compared to the 12 months prior to their entry into the program	
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<b>Additional Specifications</b> Impact Objectives - Add Specs
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## V. REPORTING AND EVALUATION REQUIREMENTS

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.

### CARE Court

Contractor shall submit reports including, but not limited to, assessments, status updates, and CARE Act Data collection and reporting<sup>8</sup> throughout the CARE Act process, as required by the Court and DHCS.

Contractor shall supply CARE court data on a monthly basis. Contractor shall utilize Clinicians Gateway (CG)-Smart Care (SC) for the CARE Agreement/Plan, court status update form and graduation form.

<b>Additional Specifications</b> Reporting And Eval Req - Add Specs
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## VI. ADDITIONAL REQUIREMENTS

### **ACBHD Substitute Payee Program**

Contractor shall provide services to accomplish the following goals:

- i. Promote fiscal/benefits stability among clients;
- ii. Support clients in maintaining basic needs including but not limited to housing, food, utilities, and clothing; and
- iii. Coach clients to achieve financial independence.

Clients may be referred to the ACBHD Substitute Payee Program by a Clinician, Social Worker, case manager, Personal Services Coordinator, Prescriber, and/or Public Guardian/Conservator.

ACBHD Substitute Payee Program shall only accept clients who:

- i. Have an assigned case manager within the referring agency who is trained to work with the ACBHD Substitute Payee Program; and

<sup>8</sup> CARE Act Data Flowchart - CARE Act Resource Center ([care-act.org](http://care-act.org))



- ii. Have been approved by the ACBHD Substitute Payee Program.

Contractor shall collaborate with clients and the ACBHD Substitute Payee Program to provide non-clinical Substitute Payee services and coordinate Substitute Payee client care and documentation. Contractor shall comply with all operational guidelines and requirements as set forth by the ACBHD Substitute Payee Program.<sup>9</sup>

ACBHD Substitute Payee Program shall include:

- i. Submitting transmittal forms to the ACBHD Substitute Payee Program for payment requests, budget changes, and address changes;
- ii. Receiving client checks via mail when needed;
- iii. Storing client checks securely in a locked storage space and educating clients about properly securing and safeguarding the checks that are issued to them;
- iv. Disbursing checks to clients when applicable in a timely manner;
- v. Assisting clients in budgeting and managing funds and maintaining benefits; and
- vi. Maintaining a minimum of monthly contact with clients receiving ACBHD Substitute Payee Program services.

Contractor shall send a written request to ACBHD Substitute Payee Program for approval of client discharge for clients who are assessed by Contractor as meeting criteria for discharge from the ACBHD Substitute Payee Program.

Contractor shall:

- i. Notify the ACBHD Substitute Payee Program as soon as possible if a client's whereabouts are unknown;
- ii. Notify the ACBHD Substitute Payee Program when closing a client to their program;
- iii. Notify the ACBHD Substitute Payee Program when transferring a client to a new Substitute Payee Program case manager; and/or
- iv. Notify the ACBHD Substitute Payee Program of any changes that may affect client's eligibility for benefits and/or benefit amounts, such as incarceration, hospitalization, living arrangement changes, and/or employment status.

Contractor shall provide services in accordance with the following policies:<sup>10</sup>

- i. ACBHD Substitute Payee Program Description;
- ii. ACBHD Substitute Payee Program Operational Guidelines for Case Managers and Contact Persons; and
- iii. Reporting Responsibilities for Substitute Payee Case Managers and Contact Persons.

Contractor shall return all undistributed client checks to the ACBHD Substitute Payee Program within 48 hours of written notice from ACBHD upon termination of ACBHD Substitute Payee Program. Contractor shall return any checks older than 30 days to the ACBHD Substitute Payee Program

### **IPS Supported Employment**

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<sup>9</sup> <https://bhcsproviders.acgov.org/providers/Subpayee/subpayee.htm>

<sup>10</sup> <https://bhcsproviders.acgov.org/providers/network/CBOs.htm>

Contractor shall implement the evidenced based practice, IPS, for individuals who have expressed interest and motivation in pursuing competitive employment, regardless of their employment readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.

Contractor's designated IPS Staff shall provide the evidence-based practice of IPS Supported Employment in line with the eight Practice Principles and the 25 Fidelity Standards.<sup>11</sup> Contractor shall implement a model that fully integrates the roles of IPS Staff into the mental health treatment services team.

Upon referral to the IPS service, Contractor's IPS Staff shall conduct all phases of supported employment including intake, engagement, assessment, career profile, employment plan, job development, job placement, and job shadowing. Contractor shall offer specialized benefits planning to clients upon referral to the program, when starting a new job, and thereafter when there are changes to work hours and/or pay. Contractor shall help clients access additional support and benefits for which they may be eligible through the California Department of Rehabilitation. Employment Plans shall be updated as conditions change, but at least semi-annually. Employment Plans shall also be updated should the client not have attained employment within 90 days of intake.

Contractor's IPS Staff and/or clients shall engage in their first face-to-face contact with an employer within 30 days of referral. Upon placement, Contractor's staff shall continue to provide job development, face-to-face employer contacts and follow-along supports on an ongoing basis, as determined by individual client needs. Contractor's staff shall provide reassessment when a client ends a job and periodically as needed.

Contractor shall participate in fidelity review site visits at least annually as determined by the ACBHD Vocational Unit. Following the baseline IPS fidelity review, Contractor shall submit quarterly IPS outcome data to the ACBHD IPS Trainer and IPS Center at Rockville Institute (Westat).

When a client is discharged by the mental health team, they shall also be discharged from IPS Services. Otherwise, discharge from IPS services shall occur when the client reports stability and/or satisfaction with their job, and/or when there no longer appears to be a need for regular follow-along supports from the Employment Specialist.

Contractor shall also discharge a client from IPS services when the client indicates they are no longer interested in obtaining employment or have disengaged from services for 90 days or longer. For these situations, Contractor shall document assertive outreach attempts to reengage the client prior to discharge. When possible, discharge planning shall involve collaboration between the IPS Staff, the client, and the client's mental health team.

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<sup>11</sup> <https://ipsworks.org/>

IPS Fidelity Scale: <https://ipsworks.org/wp-content/uploads/2017/08/IPS-Fidelity-Scale-Eng1.pdf>

Contractor shall provide IPS services toward achieving the following quality and impact objectives:

Quality Measures	Quality Objectives
Minimum fidelity score which is equivalent to “good” on the Supported Employment Fidelity Scale	80%

Impact Measures	Impact Objectives
Percent of clients who have retained employment for 45 days or longer	60%

**Additional Specifications**

Additional Requirements - Add Specs

**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 appropriate **ACBHD** 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 **ACBHD** System of Care Director or their designee for expenses over:

- i. \$1,000 for one-time non-housing expense;
- ii. \$3,000 for one-time housing expense; or
- iii. \$3,500 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 beneficiary. 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 **ACBHD** System of Care Director or their designee.

The purchase of automobiles is not permissible.