

**EXHIBIT A(Sub-Exhibit A)-SCOPE OF WORK (SOW):
EARLY INTERVENTION (EI) SPECIALTY MENTAL HEALTH SERVICES (SMHS)**

Contractor Name	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

Early Intervention (EI) Specialty Mental Health Services (SMHS)

Additional Specifications Program Name - Add Specs
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II. CONTRACTED SERVICES

Outreach and Engagement

Outpatient Services

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

Medi-Cal and Medi-Cal Administrative Activities (MAA) Requirements Apply

Additional Specifications Contracted Services - Add Specs

III. PROGRAM INFORMATION AND REQUIREMENTS

A. Program Goals

Contractor shall provide services to accomplish the following goals:

- i. Increase access to behavioral health services for underserved and unserved communities;¹
- ii. Enhance client’s mental health and emotional wellness, coping strategies, life skills and quality of life;
- iii. Provide timely and supportive linkage to appropriate ongoing mental health, primary care, substance abuse disorder (SUD), and/or other health care services;
- iv. Prevent mental illnesses and substance use disorders from becoming severe and disabling;
- v. Reduce client hospitalization and utilization of emergency health care services for mental health and physical health issues;
- vi. Reduce criminal justice involvement and recidivism;

¹ For the purposes of this SOW, the term “underserved communities” is inclusive of communities which may be unserved.

- vii. Increased knowledge about warning signs, risks, and protective factors for suicide, self-harm and overdose;
- viii. Assist clients in finding and maintaining meaningful roles in activities, education, vocation, and/or volunteer work;
- ix. Increase feelings of belonging, community, and social connections tied to client traditions, culture, and communities to reduce isolation and the need for behavioral health crisis interventions;
- x. Assist clients with obtaining and maintaining enrollment in health insurance and other public benefits programs for which they are eligible; and
- xi. Assist and empower clients to transition into the least intensive and most independent level of service appropriate for their needs.

Additional goals for Child Outpatient Services

- i. Increase client’s ability to actively participate and engage in school, home, and other community settings;
- ii. Increase parent and/or caregiver’s ability to support clients by encouraging participation in the client’s treatment; and
- iii. Improve client’s ability to cultivate and/or maintain positive relationships with peers and adults.

<p>Additional Specifications Program Goals - Add Specs</p>

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Contractor shall make it a priority to provide services to individuals and families from underserved and unserved communities who are experiencing or who are at risk for serious mental health issues. Clients may include individuals who are experiencing homelessness or at risk of homelessness, have been involved in the criminal justice system, have co-occurring substance use disorder and/or physical health disorders, are frequent users of hospitals and/or other emergency services, are at risk of institutionalization, and/or have limited English proficiency. Clients may also include, but are not limited to, individuals and families who are isolated and trauma-exposed, recent refugees and immigrants and/or children and youth at risk for school failure.

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

Contractor may accept referrals from sources including, but not limited to, Acute Crisis Care and Evaluation for System-Wide Services (ACCESS), family members, peers, caregivers, community agencies, schools, the juvenile justice system, social service providers, primary care givers, health care agencies, educational/employment services,

and intra-agency programs. Contractor may also accept self-referred clients in compliance with No Wrong Door.

Contractor's outreach services shall identify and engage individuals and families who are at high-risk and have emerging behavioral health needs before they escalate into more serious conditions.

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. Meet service necessity for SMHS as defined by the California Department of Health Care Services (DHCS) with impairments in the moderate to severe range; and
- iii. Are eligible for services under an Alameda County Behavioral Health Department (ACBHD) -approved insurance plan, as defined by ACBHD at <https://bhcsproviders.acgov.org/providers/Access/access.htm>.

Additional Specifications Program Eligibility - Add Specs

4. Limitations of Service

Not applicable.

Additional Specifications 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 shall provide timely engagement, treatment and support services for individuals experiencing early signs of mental health issues and their families.

Contractor shall deliver an EI SMHS program consistent with Behavioral Health Services Act (BHSA) requirements and provide a full range of specialty mental health 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 EI SMHS program shall include outreach and engagement, access and linkage to care, and mental health early treatment services and supports.

Contractor shall provide screening to determine eligibility for services, which shall include an assessment² to determine individual clinical needs and assisting clients who are eligible for Medi-Cal to enroll in Medi-Cal and/or other benefits for which they are eligible.

Contractor shall provide cultural supports to strengthen identity, heritage and community engagement, and to promote cultural factors that influence mental health and treatment preferences as means to engage clients. These services may provide emotional support and resources to individuals and/or families even if the support does not result in the treatment services.

Contractor shall provide referrals and linkages to services, including but not limited to, mental health treatment, substance use disorder programs, Primary health care, benefits enrollment and/or other services. Contractor shall follow up with client and referral partner to ensure successful linkage to the services.

Contractor shall provide a culturally and linguistically responsive trauma informed EI SMHS program that incorporates evidence-based practices and/or community-defined evidence practices. Contractor shall ensure at least 51 percent of the program services and enrollment is directed toward supporting individuals 25 years of age and younger.

Clients may receive EI SMHS for up to 24 months as indicated by client need. EI SMHS may extend beyond 24 months on a case by case as-needed basis upon prior written approval from the appropriate ACBHD System of Care Director or their designee.

Outreach and Engagement

Contractor shall engage individuals and their families who may benefit from behavioral health services and encourage ongoing participation in program services and behavioral health treatment. Contractor shall provide outreach services and activities intended to reach, identify, and engage individuals, families, and communities in the behavioral health system and reduce disparities in access to behavioral health services.

Outpatient Services

Contractor shall provide mental health services (i.e., assessment, evaluation, plan development, collateral, peer support services, family engagement;³ individual and group therapy, individual and group rehabilitation, interactive complexity), case management/brokerage, and crisis intervention.

Upon case opening and during the course of treatment, Contractor shall screen each child and youth for need for Intensive Care Coordination (ICC) and Intensive Home-Based

² [Screening and Transition of Care Tools for Medi-Cal Mental Health Services](#)

³ 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.

Services (IHBS). Contractor's case management/brokerage services shall include ICC and linkage to IHBS when appropriate.

Additional Specifications
Program Design - Add Specs

2. Discharge Criteria and Process

Contractor shall work with the client, applicable family members/support persons (at client's discretion), the appropriate ACBHD System(s) of Care, medical professionals and/or ACCESS to ensure continuity of care and supportive transitions to other service providers and community supports to assist each client towards a self-determined path to recovery and self-sufficiency. Contractor shall refer to Exhibit A-1, Section II.H.8 Continuity of Services/Discharge Planning⁴ for additional ACBHD discharge requirements.

Additional Specifications
Discharge Criteria and Proc - Add Specs

3. Hours of Operation

Contractor shall maintain the following hours of operation:

Additional Specifications
Hours of Operation - Add Specs

4. Service Delivery Sites

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

Additional Specifications
Service Delivery Sites - Add Specs

Contractor shall also provide services in home and community settings where clients are located including schools, faith-based settings, virtual settings and/or client's homes when safe and appropriate.

D. Minimum Staffing Qualifications

Contractor shall maintain the following minimum positions:⁵

Additional Specifications
Minimum Staffing Qual - Add Specs

Contractor shall also maintain a minimum of 0.75 FTE Data Entry/Quality Assurance Administrative staff dedicated to program data collection and entry, SMHS documentation and billing, and timely submission of DHCS and ACBHD reports.

⁴ [Forms & Documents By Category | ACBHD Providers Website](#)

⁵ The position shall be maintained at the specified level or higher of staffing.

IV. CONTRACT DELIVERABLES AND REQUIREMENTS

A. Process Objectives

Contractor shall deliver the following services/deliverables:

Program Development

Contractor shall complete the following deliverables related to site set-up and certification by July 31, 2026:

- Set up National Provider Identifier (NPI) number(s) service delivery site(s);
- Submit Fire clearance certificate to ACBHD for service delivery site(s);
- Ensure service delivery site(s) is prepared and that required policies and protocols, as defined by ACBHD Quality Assurance (QA) Unit, are submitted for timely completion of site certification;⁶
- Obtain ACBHD Medi-Cal site certification; and
- Submit a Medi-Cal Administrative Activities (MAA) Claim Plan for approval.

Contractor shall complete the following deliverables related to program setup by August 31, 2026:

- Submit a written plan for how the program will engage and coordinate with referral sources and conduct outreach and education about the program;
- Hire staff to meet anticipated EI SMHS program service needs;
- Complete orientation and training of all levels of staff, leadership, and partners on all topics required for program start-up and operations; and
- Register and train all staff in ACBHD Information Systems(s) including setting up protocol for tracking and entering client data into electronic data entry and billing system(s).

Contractor shall submit timely documentation related to Program Development to appropriate System of Care Directors, or their designees.

Additional Specifications Process Objectives - Add Specs
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B. Quality Objectives

Contractor shall work collaboratively with ACBHD to develop performance objectives around the quality of services.

Additional Specifications Quality Objectives - Add Specs
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C. Impact Objectives

Contractor shall work collaboratively with ACBHD to develop performance objectives around the impact of services.

⁶ https://www.acbhcs.org/providers/network/docs/2013/Completing_the_Protocol.pdf

Additional Specifications Impact Objectives - Add Specs

V. REPORTING AND EVALUATION REQUIREMENTS

Monthly

Contractor shall submit Individual Staff MAA Logs that detail Contractor’s MAA using proper procedure codes related activities sorted in ascending order by staff and then by date. These reports shall be submitted to the ACBHD Finance Office Specialist Clerk by the 15th of the month for the prior month’s activities.

Quarterly

Contractor shall submit a Quarterly EI SMHS Program Narrative Report on an ACBHD provided template that describes Contractor’s progress, successes, and challenges in achieving the Contract Deliverables and Requirements. Reports shall contain cumulative data from the beginning of the contract fiscal year through the current reporting period. Reports shall be labeled in accordance with the ACBHD established naming convention and shall be uploaded to ShareFile according to the following schedule:

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

Annual

Contractor shall administer an Annual EI SMHS Program Participant Survey via an ACBHD-developed Survey Monkey tool. Contractor shall include a summary of survey findings in the Annual EI SMHS Program Narrative Report including notable trends in participant satisfaction, program strengths, areas for improvement and any adjustments in program services in response to participant feedback.

Contractor shall submit an Annual BHSA 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.

Additional Specifications Reporting And Eval Req - Add Specs
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VI. ADDITIONAL REQUIREMENTS

Contractor shall comply with any emerging requirements specified by DHCS.

Contractor shall maintain a MAA claim plan and conduct outreach and engagement in a way that maximizes revenue generation through MAA.

Contractor shall also participate in care coordination meetings and regular program and contract status meetings, as requested, by the ACBHD System of Care Director or their designee.

Additional Specifications

Additional Requirements - Add Specs