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

| **Contractor Name** | Account NameContractor Legal Name |
|---|---|

*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, 2026 – June 30, 2027)
ii. Performance Improvement Activities Related to Quality Incentive Pilot Program (Performance Improvement Activities, July 1, 2027 – June 30, 2028)

| **Additional Specifications** |
|---|
| Program Name - Add Specs |

## II. CONTRACTED SERVICES

Outreach and Engagement

Outpatient Services

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

Client Support Expenditures[1]

Medi-Cal Requirements Apply

Performance Improvement Activities

Contractor shall provide Katie A./Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS)[2] as specified under Section VI. Additional Requirements.

Contractor shall provide Family Peer Support (formerly known as Family Partner) Services as specified under Section VI. Additional Requirements.

| **Additional Specifications** |
|---|
| |

[1] Contractor shall comply with standard ACBHD requirements for this service as described in Section VI. Additional Requirements.
[2] Refer to ACBHD QA Manual and ACBHD Manual for Intensive Care Coordination (ICC) & Intensive Home Base Services (IHBS)-Katie A

## 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;
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;
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.

| **Additional Specifications** |
| --- |
| Program Goals - Add Specs |

### 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.

**Additional Specifications**

2. **Referral Process to Program**

Service Provision
Contractor shall receive referrals through Alameda County Behavioral Health Department (ACBHD) Acute Crisis Care and Evaluation for Systemwide Services (ACCESS). ACCESS shall oversee and approve each referral to Contractor based on program eligibility set forth by the County. Contractor shall participate in warm handoffs between ACCESS and the program, including transition calls or meetings, to ensure continuity of care and reduce disengagement during the referral process. Any referrals into this FSP for residents of the City of Berkeley shall be authorized for services by ACBHD.

Contractor shall notify the ACBHD Child and Young Adult System of Care Director or their designee in writing whenever their program is at capacity and unable to accept new referrals.

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 the developmental and mental health needs of the child.

Foster, kinship, or adopted children and youth with out-of-county Medi-Cal and residing in Alameda County are eligible for services as specified by DHCS.

Performance Improvement Activities
Not applicable.

| **Additional Specifications** |
| --- |
| Program Eligibility - Add Specs |

4. **Limitations of Service**
   Not applicable.

| **Additional Specifications** |
| --- |

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 High-Fidelity Wraparound (HFW) in accordance with DHCS requirements. Through HFW, 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,[3] 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 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[4] 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 HFW 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.

When staffing or clinical capacity challenges occur, Contractor shall implement engagement strategies such as crisis stabilization support and/or participation in a Child and Family Team meeting to maintain child and youth connection to care until full services can be initiated.

---

[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.

[4] 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").

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** |
| --- |
| Program Design - Add Specs |

2. **Discharge Criteria and Process**
   Service Provision
   Contractor shall submit a reauthorization form to the ACBHD Child 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.

| **Additional Specifications** |
| --- |
| Discharge Criteria and Proc - Add Specs |

3. **Hours of Operation**
   Contractor shall maintain the following hours of operation:

| Hours of Operation - Add Specs |
| --- |

   Contractor shall provide crisis response capability seven days per week, 24 hours per day to meet the needs of children, youth and families that may require crisis support.

   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 |
|---|

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 and maintain compliance with DHCS requirements for this program:[5,6]

| Minimum Staffing Qual - Add Specs |
|---|

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 team serving 20 clients per team at any given time

| Process Objectives - Add Specs |
|---|

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

| Process Measure[7] | Data Source |
|---|---|
| Number of new clients enrolled | ACBHD Billing System |
| Number of clients open to program point-in-time, at the time of report | ACBHD Billing System, Contractor report |
| Number of clients closed and reason for closure | ACBHD Billing System |
| Number of hours of service provided by service modality | ACBHD Billing System |

[5] The positions shall be maintained at the specified level or higher of direct FTE staff.
[6] Clinician includes Licensed or Unlicensed Licensed Practitioner of the Healing Arts (LPHA) or Mental Health Graduate Trainee/Student.
[7] Measures shall be reported for the total FSP population, as well as by ethnicity, race, language, gender, and sexual orientation.

| Process Measure[7] | Data Source |
|---|---|
| Percent of services provided that are field based | ACBHD 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 |

**B. Quality Objectives**

Service Provision

Contractor shall achieve minimum 80 percent fidelity or a score equivalent to "good" to the principles of HFW 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[8] | 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[9] | 90% | 80% |

[8] 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).

[9] 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.

| | | |
|---|---|---|
| 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)[10] | 80% | 65% |
| Measure #3: Percent of clients with no interruption in FSP services greater than 30 days during the reporting period[11] | 90% | 80% |

| **Additional Specifications** |
|---|
| Quality Objectives - Add Specs |

### 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.

| **Additional Specifications** |
|---|
| Impact Objectives - Add Specs |

## 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 reporting software as authorized by ACBHD by the 365th day of service.

[10] 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.

[11] 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.

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 Child and Young Adult System of Care Division, such as Contractor's progress on current referrals, caseload, and staffing.

Annually

Contractor shall submit an Annual Behavioral Health Services Act (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.

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

Contractor shall comply with any emerging requirements specified by DHCS.

| **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 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.

**Katie A./ ICC and IHBS**

Program Goals

Contractor shall provide Katie A. services including ICC and IHBS to collaborate across systems toward establishing and implementing a comprehensive and individualized client care plan with each client and family.

Target Population and Referral Process

Contractor shall provide services to two service populations as specified by the California Department of Health Care Services (DHCS):

A. *Youth Eligible under Katie A.*

ICC/IHBS services shall be provided to children and youth who meet the eligibility criteria as a member of the Katie A. subclass described in the settlement agreement in Katie A., et al., v. Diana Bonta, et al., Case No. CV-02-05662AHM[SHX].

Youth are identified for Katie A. eligibility and may be referred by Alameda County Social Services Agency (ACSSA) and Social Services Agencies in other jurisdictions in cooperation with ACBHD and/or its contracted providers. Contractor shall also screen and may identify youth for Katie A. eligibility from its current programs and caseload.

Referrals from Social Services Agencies will be assigned by the ACBHD Administrator or designee once eligibility is determined in collaboration with Contractor. Contractor shall submit the Katie A. Sub-Class Eligibility Tool document to the ACBHD designee for Katie A. eligible youth noting whether each youth accepts or declines to participate in ICC services.

B. *Other Eligible Clients*

Contractor also shall provide ICC and IHBS services to other eligible clients who have complex behavioral needs whose treatment requires cross-agency collaboration.

- Referrals for ICC may be made by other service providers including, but not limited to, mental health therapists and Probation Officers. Contractor shall submit an ICC referral form and supporting documents to the ACBHD Administrator or designee for tracking purposes and shall assign an ICC Coordinator within two weeks.
- Referrals for IHBS shall be generated by the Child and Family Team (CFT) through an individualized client care plan and shall be submitted to the ACBHD Administrator or designee for authorization.

Program Description

ICC services shall facilitate assessment of care planning and multi-agency coordination of services, including urgent services. ICC service components shall include assessment; service planning and implementation; monitoring and adapting of services; and transition.

For IHBS authorization, Contractor shall submit referral documentation to the ACBHD Administrator or designee initially and ongoing every six months. Contractor shall provide IHBS services within two weeks of authorization.

Contractor shall comply with all service limitations for Katie A./ICC and IHBS services as specified by the ACBHD Administrator or designee and DHCS.

In the case of an emergency discharge (i.e., psychiatric hospitalization, removal of client by self or family, serious illness, etc.), Contractor shall contact and consult with the ACBHD Administrator or designee and representatives of other involved agencies as soon as possible.

IHBS shall be made available whenever needed, including evenings and weekends. IHBS shall be provided in any needed setting where the child/youth is naturally located, including the home (biological, foster or adoptive), schools, recreational settings, child care centers, and other community settings.

Staffing

Contractor shall maintain minimum staffing as defined in section III.D. Minimum Staffing Qualifications above. Contractor shall maintain an ICC Coordinator who shall primarily provide ICC services, and may provide support in other areas when ICC caseload is not full (i.e. family peer support services/Family Partner services).

Contract Deliverables and Requirements

Contractor shall maintain an average monthly caseload of 16 clients receiving ICC services per 1.00 FTE ICC Coordinator. Contractor shall serve each ICC client with an average of four to five ICC hours each month and a subset of such clients shall also receive an average of eight IHBS hours each month, as determined by individual client need.

Reporting and Evaluation Requirements

Contractor shall submit a monthly electronic survey to ACBHD Administrator or designee to report staffing, ICC/IHBS caseloads, and openings/closures, due the 5th business day of each month.

**Peer Support for Child and Young Adult Programs**

Contractor shall provide Peer Support Services delivered by a Family Peer Support Specialist (FPSS), which can be either a Certified Medi-Cal Peer Support Specialist and/or an uncertified Family Partner (FP). These shall be strength-based rehabilitative services provided to parents, caregivers, or family members to increase the client and their family's capacity to function within their home, school, employment, or community while promoting wellness and recovery. For the purposes of this service, a parent, caregiver, or family member is defined as the person(s) who live with or provide care to the beneficiary, and may include a parent, guardian, other relative, foster caregiver or whoever the beneficiary identifies as their family.

Contractor's FPSS shall provide culturally responsive services within the scope of their knowledge, lived experience, and education. Services provided are in conjunction with other clinical services to complement and enhance wellness and recovery of individuals and those in their family system by incorporating formal and informal supports and developing intervention strategies. FPSS shall work within Contractor's program(s) to assist families in accessing needed services, promoting independence, building advocacy skills, and reducing stigma.

Contractor's total units of service specified in Section IV.A. Process Objectives shall include 513 hours of outpatient services on an annual basis per 1.00 FTE FPSS, and each FPSS shall serve 20 to 30 unduplicated clients at any one time.

Contractor's FPSS shall report to Contractor's Clinical Supervisor and maintain a strong working relationship with the ACBHD Office of Family Empowerment (OFE) to receive needed technical assistance and support.

Contractor's Clinical Supervisor shall:

i. Participate in Peer Certification implementation meetings as provided and requested by ACBHD OFE and the Office of Peer Support Services (OFPSS) during the transition to providing Certified Parent/Caregiver/Family Member Peer Support Services;
ii. Share information regarding FPSS's horizontally and vertically within the Contractor's agency;
iii. Advocate for family-driven care at all agency levels;
iv. Provide support to FPSS;
v. Provide a minimum of one to two hours of weekly supervision to each FPSS; and
vi. Encourage and support FPSS to participate in monthly Family Peer Support Learning Community Cohort Meetings offered by ACBHD OFE.

Contractor shall submit an annual report on an ACBHD-provided template. 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 the fiscal year.