

**EXHIBIT A(Sub-Exhibit A)-SCOPE OF WORK (SOW):
SCHOOL-BASED BEHAVIORAL HEALTH (SBBH)**

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

School-Based Behavioral Health (SBBH)

Additional Specifications Program Name - Add Specs
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II. CONTRACTED SERVICES

Outpatient Services

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

Medi-Cal Requirements Apply

Contractor shall provide Katie A./Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS)¹ 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 Contracted Services - Add Specs

III. PROGRAM INFORMATION AND REQUIREMENTS

A. Program Goals

Contractor shall provide services to accomplish the following goals:

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

¹ Refer to ACBHD QA Manual and ACBHD Manual for Intensive Care Coordination (ICC) & Intensive Home Base Services (IHBS)-Katie A

Additional Specifications Program Goals - Add Specs

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Contractor shall provide services to children and youth who meet service necessity for Specialty Mental Health Services (SMHS) as defined by the California Department of Health Care Services (DHCS). Contractor shall make it a priority to serve children and youth who are enrolled at a school site specified in Contractor's Exhibit A-Scope of Work (SOW) for SBBH.

Additional Specifications Service Groups - Add Specs
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2. Referral Process to Program

Referrals for service shall come from Alameda County Behavioral Health Department (ACBHD) Acute Crisis Care and Evaluation for Systemwide Services (ACCESS), school personnel, and parents. Contractor may also accept self-referred clients in compliance with No Wrong Door.

In addition, Contractor's staff shall work in collaboration with school personnel through the Coordination of Services Team (COST), if one exists, to review referrals and provide appropriate support services to eligible students and families.

Contractor shall follow ACBHD Referral Protocol for SBBH Programs (provided by ACBHD Child and Young Adult System of Care) prior to accepting referrals from school sites not listed in this SOW.

Contractor shall provide regular referral updates to ACBHD regarding caseload capacity for each SBBH program, including updates for sites with low referrals.

Additional Specifications Referral Process to Program - Add Specs

3. Program Eligibility

Contractor shall only serve children and youth students residing and attending schools located in Alameda County who:

- i. Are transitional kindergarten/kindergarten through 12th grade students;
- ii. Are eligible for full-scope Medi-Cal; and
- iii. Meet service necessity for SMHS as defined by DHCS.

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.

Additional Specifications
Program Eligibility - Add Specs

4. Limitations of Service

Contractor shall refer children and youth who are not enrolled at one of the contracted school sites listed in this SOW to other behavioral health programs approved to operate at a school site not listed in this SOW or to ACBHD ACCESS, as needed and as appropriate.

Additional Specifications
Limitations of Service - Add Specs

C. Program Description

Contractor shall maintain programmatic services at following minimum levels:

1. Program Design

Contractor shall provide outpatient services to support the mental health needs of students. Contractor shall screen each child or youth 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,² peer support services, individual and group therapy, individual and group rehabilitation, and interactive complexity. Contractor's case management/brokerage services shall include ICC and linkage to IHBS when appropriate. Contractor shall provide crisis intervention.

At each school site, Contractor may provide group therapy to clients as needed in addition to their primary clinical treatment or as their primary mode of treatment if clinically appropriate.

Additional Specifications
Program Design - Add Specs

2. Discharge Criteria and Process

Contractor shall not administratively close cases due to the end of the school year. Each spring, Contractor shall work with clients and families to identify the need and plan for continued treatment services through Contractor's program over summer breaks and/or through Contractor's other appropriate programs for the next school year.

Additional Specifications
Discharge Criteria and Proc - Add Specs

² 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.

3. Hours of Operation

Contractor may provide services as needed during school and non-school hours (i.e., evenings and weekends) without prior approval from ACBHD. Contractor shall continue to provide and offer services year-round, including during periods when school is not in session, such as summer and winter breaks.

Hours of Operation - Add Specs

4. Service Delivery Sites

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

Service Delivery Sites - Add Specs

Contractor shall also provide services in home and community settings where clients are located.

D. Minimum Staffing Qualifications

Contractor shall maintain the following direct service staffing while school is in session,^{3,4} and shall maintain appropriate staffing to ensure continuity of care to clients when school is not in session:

Minimum Staffing Qual - Add Specs

Contractor may shift staff between program sites within the same school district when a problem of low referrals is identified at one or more sites, Contractor shall communicate such staffing shifts with the school site administrator and ACBHD Child and Young Adult System of Care designee.

If a program site has a clinical staff vacancy, Contractor shall immediately notify the school site administrator, ACBHD Child and Young Adult System of Care designee, and the ACBHD Contract Manager with a plan for meeting the staffing and clinical needs of the school site and a timeline for filling the vacant position.

IV. CONTRACT DELIVERABLES AND REQUIREMENTS

A. Process Objectives

Contractor shall maintain an average monthly caseload of 18 to 20 per 1.00 direct FTE Clinician, and Contractor shall serve a minimum of 25 unduplicated clients per site per 1.00 direct service FTE Clinician. For program sites where treatment teams include mental health counselors in addition to a clinician, Contractor may serve additional clients.

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

³ The positions shall be maintained at the specified level or higher of direct FTE staff.

⁴ Clinician includes Licensed or Unlicensed Licensed Practitioner of the Healing Arts (LPHA) or Mental Health Graduate Trainee/Student.

Process Objectives - Add Specs

B. Quality Objectives

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of clients who receive two or more visits within 30 days from their episode opening date	95%
Percent of clients who receive four or more visits within 60 days from their episode opening date	95%

Additional Specifications
Quality Objectives - Add Specs

C. Impact Objectives

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

Additional Specifications
Impact Objectives - Add Specs

V. REPORTING AND EVALUATION REQUIREMENTS

Contractor shall participate in all ACBHD requested reporting and evaluations as needed.

Additional Specifications
Reporting And Eval Req - Add Specs

VI. ADDITIONAL REQUIREMENTS

No additional requirements.

Additional Specifications
Additional Requirements - Add Specs

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.