

**EXHIBIT A(x)-SCOPE OF WORK (SOW):  
EATING DISORDER (ED) SERVICES**

<b>Contractor Name</b>	Account Name Contractor 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**

Eating Disorders (ED) Services

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

ED Services

- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)
- Transitional Housing (TH) for PHP or IOP
- Residential Treatment Program

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

**A. Program Goals**

Contractor shall provide services to help clients accomplish the following goals:

- i. Enact positive behavioral changes;
- ii. Stabilize around eating and food issues, including timely weight restoration as needed;
- iii. Eliminate or significantly reduce harmful behaviors associated with ED, including restricting food intake, bingeing and/or purging, etc.;
- iv. Build emotional insight, intellectual and cognitive re-education, and interpersonal/social awareness;
- v. Reduce harmful impacts of mental health symptoms related to ED on daily functioning;
- vi. Establish a foundation for continuing recovery and support by involving family and significant others;
- vii. Maintain connection to any applicable service providers and/or treatment team members, including but not limited to physicians, dieticians, and mental health clinicians;
- viii. Maintain positive recovery in a less restrictive environment; and
- ix. Develop and maintain supportive relationships with adults and peers in the school and/or community setting.

**Additional Specifications**

Program Goals - Add Specs

**B. Target Population**

Contractor shall provide services to the following populations:

**1. Service Groups**

Contractor shall serve adolescents and adults who live with a serious ED and require an IOP or higher level of service.

**Additional Specifications**

Service Groups - Add Specs

**2. Referral Process to Program**

Contractor shall only accept referrals from the Alameda County Behavioral Health Care Services (ACBH) Clinical Liaison for ED programs (ACBH Clinical Liaison).

**Additional Specifications**

Referral Process to Program - Add Specs

**3. Program Eligibility**

Contractor shall only serve clients who have:

- i. An ED diagnosis such as anorexia nervosa, bulimia, binge eating, and/or other diagnoses for disordered eating; and
- ii. Been referred and authorized for services for the specific level of care (IOP, PHP, or Residential Treatment) by the ACBH Clinical Liaison.

Contractor shall participate in weekly concurrent reviews to obtain authorization from the ACBH Clinical Liaison for length of stay exceeding initial approval (e.g., beyond initial seven days for residential treatment). Contractor shall obtain authorization from the ACBH Clinical Liaison before changing client levels of care between IOP, PHP, or Residential.

**Additional Specifications**

Program Eligibility - Add Specs

**4. Limitations of Service**

Not applicable for program area.

**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

Contractor shall work collaboratively with each client to design and implement a comprehensive ED treatment plan customized to match the needs of each client throughout the course of treatment. Contractor shall participate in a weekly concurrent phone review with the ACBH Clinical Liaison and/or fax a treatment summary to seek authorization to transition clients through the various levels of care, as appropriate for each client. Contractor shall work with the ACBH Clinical Liaison and ACBH Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) to arrange for follow-up care upon discharge from any level of care within Contractor's program. Contractor's individualized treatment approach shall aim to support each client to adapt to the changing conditions of the ED. Contractor shall provide a structured, closely supervised, nurturing, and personalized treatment environment that is aimed at effecting physical, psychological, behavioral, emotional, and social growth for clients and their families. Contractor shall work with the client and family to uncover the root causes of the ED, identify the function of the ED for the client, and offer alternative ways to cope, communicate, and change longstanding patterns. Contractor's treatment services shall include individual therapy, group therapy and family therapy as well as psychiatric, medical, and nutritional consultations.

### IOP

Contractor shall provide intensive outpatient services in a structured environment for an average of three to four hours per day with at least one supervised meal and a snack with a registered dietician. Services shall be provided for four to six days per week, depending on client's individual treatment plan. Average length of stay for IOP shall be four to six weeks per client, which may vary based on an individual client's treatment plan.

### PHP

Contractor shall provide partial hospitalization that includes a full day of treatment with at least two supervised meals and a snack with a registered dietician. Services shall be provided for a minimum of five days per week, depending on client's individual treatment plan. Average length of stay for PHP shall be four to six weeks per client, which may vary based on an individual's treatment plan.

### Residential Treatment

Contractor shall provide a highly structured 24/7 treatment environment. The average length of stay shall be four weeks with specific length of stay determined by continued review and authorization by the ACBH Clinical Liaison or their designee.

### TH

Contractor shall provide transitional housing as an option for clients receiving PHP or IOP services.

<b>Additional Specifications</b> Program Design - Add Specs
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**2. Discharge Criteria and Process**

Contractor shall begin discharge planning upon client enrollment and shall address discharge on a continuing basis in counseling sessions. Contractor shall coordinate discharge planning among Contractor’s staff and client in collaboration with the ACBH Clinical Liaison at least seven days prior to the intended discharge date. Contractor shall provide discharge plans in writing and include such plans as part of the client’s record.

**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

**4. Service Delivery Sites**

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

At each specified service delivery site, Contractor shall have California Department of Public Health Congregate Living Health Facility license.

Service Delivery Sites - Add Specs

**D. Minimum Staffing Qualifications**

No additional requirements for program area.

Minimum Staffing Qual - Add Specs

**IV. CONTRACT DELIVERABLES AND REQUIREMENTS**

**A. Process Objectives**

Contractor shall provide the services/deliverables, as described in the Program Description, to eligible clients.

**Additional Specifications**  
Process Objectives - Add Specs

**B. Quality Objectives**

Contractor shall work collaboratively with ACBH to develop performance measures around the quality of services.

**Additional Specifications**  
Quality Objectives - Add Specs

**C. Impact Objectives**

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

<b>Additional Specifications</b> Impact Objectives - Add Specs
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**V. REPORTING AND EVALUATION REQUIREMENTS**

In addition to participating in weekly concurrent phone reviews with the ACBH Clinical Liaison, Contractor shall supply the ACBH Clinical Liaison with a discharge summary for each client that includes the following outcome measures for each client, if applicable:

- i. Weight Restoration/Stabilization: Change in body weight as recorded in the client’s chart at intake and discharge;
- ii. Eating Behaviors: Change in binge and purge behaviors, observed by Contractor’s staff and self-reported by clients as recorded in client’s chart at intake and discharge; and
- iii. Mental Health: Change in mood symptoms of depression and anxiety, as recorded in client’s chart at intake and discharge.

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

No additional requirements related to program area.

<b>Additional Specifications</b> Additional Requirements - Add Specs
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