

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

Contractor Name	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

Service Team

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
- Medication Support

Alameda County Behavioral Health Care Services (ACBH) Substitute Payee Program, as specified under Section VI. Additional Requirements

Client Support Expenditures

Medi-Cal 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. 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 optimal level of functioning and recovery;
- iii. Assist clients in finding and maintaining meaningful roles in activities, education, 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.

Additional Specifications Program Goals - Add Specs

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Contractor shall serve adults 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 serve individuals who are sex offenders.

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

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

Upon receiving a referral from ACCESS, Contractor shall provide assertive outreach to secure treatment engagement. If the individual does not engage in treatment within 90 days, despite the outreach attempts, Contractor shall assess client to determine if a different level of care or service location would best serve the client, and contact ACCESS to collaborate on next steps.

Once ACCESS opens a client to Contractor’s Program code, known as the “P-code,” Contractor shall be responsible for outreach and care coordination for the client while client remains active in Contractor’s P-code and until ACCESS closes or re-assigns the P-code.

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 ACBH-approved insurance plan, as defined by ACBH at <http://www.acbhcs.org/providers/Access/access.htm>;
- 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 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;¹ individual and group therapy, individual and group rehabilitation, and 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

¹ 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 ACBH.

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, ACBH Transition of Care staff, care management, managed care plans, primary care providers, or when contacted by other partner providers.

Contractor shall provide necessary reports to AFBH.

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 six months. Contractor shall reopen the client to treatment services within 30-60 days prior of 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 ACBH 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 telepsychiatry services and/or the Medically Indigent Adult Financial Rewards Program. Contractor shall contact the ACBH Office of the Medical Director for more information.

Contractor shall participate in weekly Acute Care Coordination meetings, as well as monthly Adult/Older Adult Outpatient Provider Meetings and quarterly meetings about program and contract status issues.

With 30-day notice from ACBH, Contractor may provide Medi-Cal Peer Support Services by a Certified Peer and/or Family Support Specialist.²

² Peer Support is a peer to peer or caregiver to caregiver approach to supporting clients and their families around behavioral health issues. Peer support services offer hope, guidance, advocacy, and camaraderie for clients and their families. Medi-Cal Peer Support Services are offered by Certified Peer and Family Peer Support Specialist who maintain current certification by CalMHSA.

Additional Specifications
Program Design - Add Specs

2. Discharge Criteria and Process

Contractor shall assess a client for discharge from Contractor’s Service Team 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.) for **longer than six months**;
- 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 six months.³

Contractor shall request and receive prior **approval from the appropriate ACBH 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 complete a discharge form and **submit to ACCESS** for approval of client discharge from Contractor’s Service **Team and removal from Contractor’s P-Code**. ACBH reserves the right to call a case conference to review a case, and to elevate differences of opinion to ACBH and Contractor leadership, or **request mediation**.

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):

Service Delivery Sites - Add Specs

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

D. Minimum Staffing Qualifications

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

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

Contractor shall maintain the following minimum direct service positions:^{4,5}

Minimum Staffing Qual - Add Specs

IV. CONTRACT DELIVERABLES AND REQUIREMENTS

A. Process Objectives

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

Process Objectives - Add Specs

B. Quality Objectives

Contractor shall achieve the following quality objectives:

Quality Measures	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 ⁶	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 discharges of clients provided a medication visit within 14 days of discharge from a hospital for a mental health diagnosis, an IMD, CSU other than Amber House, a psychiatric health facility, and/or AFBH.	At least 70%
Percent of current clients who complete the Mental Health Statistics Improvement Program (MHSIP) form at each required administration	At least 50%

Additional Specifications Quality Objectives - Add Specs
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C. Impact Objectives

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

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

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

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 in their most recent 12 months in the program as compared to the 12 months prior to their entry into the program	At least 70%

Additional Specifications Impact Objectives - Add Specs

V. REPORTING AND EVALUATION REQUIREMENTS

Contractor shall submit an Annual Mental Health Services Act (MHSA) Community Services and Supports (CSS) Report on an ACBH-provided template that collects demographics data in addition to Contractor’s progress, successes, and challenges in achieving the Contract Deliverables and Requirements. Reports shall be labeled in accordance with the MHSA Three Year Plan and/or Plan Update established naming convention and shall be uploaded to the ACBH Citrix ShareFile within 30 days from the end of the contract period.

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

ACBH 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 ACBH Substitute Payee Program by a Clinician, Social Worker, case manager, Personal Services Coordinator, Prescriber, and/or Public Guardian/Conservator.

ACBH 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 ACBH Substitute Payee Program; and
- ii. Have been approved by the ACBH Substitute Payee Program.

Contractor shall collaborate with clients and the ACBH 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 ACBH Substitute Payee Program.⁷

ACBH Substitute Payee Program shall include:

- i. Submitting transmittal forms to the ACBH 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 ACBH Substitute Payee Program services.

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

Contractor shall:

- i. Notify the ACBH Substitute Payee Program as soon as possible if a client's whereabouts are unknown;
- ii. Notify the ACBH Substitute Payee Program when closing a client to their program;
- iii. Notify the ACBH Substitute Payee Program when transferring a client to a new Substitute Payee Program case manager; and/or
- iv. Notify the ACBH 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:⁸

- i. ACBH Substitute Payee Program Description;
- ii. ACBH 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 ACBH Substitute Payee Program within 48 hours of written notice from ACBH upon termination of ACBH Substitute Payee Program. Contractor shall return any checks older than 30 days to the ACBH Substitute Payee Program.

Client Support Expenditures

Client support expenditures ("flex funds") shall be used only for the following purposes:

- i. To Maintain Basic Needs:

⁷ <http://www.acbhcs.org/providers/Subpayee/subpayee.htm>

⁸ <http://www.acbhcs.org/providers/network/CBOs.htm>

- a. Housing (rent, including back pay and security deposit, or hotel vouchers);
 - b. Food;
 - c. Utilities; or
 - d. Clothing.
- ii. For Short- and Long-Term Support Services:
- a. Housing assistance;
 - b. Public transportation vouchers;
 - c. Emergency food gift cards;
 - d. Personal grooming; or
 - e. Hygiene products.

Contractor shall obtain prior, written approval from the appropriate ACBH System of Care Director or their designee for expenses that fall outside of the categories above. In addition, Contractor shall obtain prior written approval from the same for any non-housing expense over \$500 or any housing expense over \$2,000 one-time, or over \$2,760 per year per client or family. The purchase of automobiles is not permissible.

Additional Specifications

Additional Requirements - Add Specs
