

## **EXHIBIT A – PROGRAM REQUIREMENTS (A-P): UNSERVED/UNDERSERVED ETHNIC AND LANGUAGE POPULATIONS (UELP)**

### **I. Program Name**

Prevention and Early Intervention (PEI) for **Unserv**ed/Underserved Ethnic and Language Populations (UELPs)

### **II. Contracted Services<sup>1</sup>**

Outreach/Engagement and Psycho-Education  
Mental Health Consultation  
Preventive Counseling  
Mental Health Referrals

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

### **III. Program Information and Requirements**

#### **A. Program Goals**

Contractor shall provide services to accomplish the following goals within the identified UELP community:

- i. Increase access to culturally responsive, strengths-based mental health outreach, education, preventive counseling, and treatment services;
- ii. Build individual, community and organizational capacity, knowledge, and skills that contribute to the prevention of mental health disorders;
- iii. Decrease stigma and discrimination toward individuals experiencing mental health issues;
- iv. Prevent mental illness from becoming severe and disabling;
- v. Improve timely access to related information, services and supports; and
- vi. Increase collaboration with community stakeholders and organizations to serve the identified UELP communities.

#### **B. Target Population**

Contractor shall provide services to the following populations:

##### **1. Service Groups**

Contractor shall provide culturally and linguistically responsive services to support individuals and families who are experiencing or who are at risk for serious mental health issues. Contractor shall provide services to support **unserved**/underserved populations, including individuals and families who are isolated and trauma-exposed;

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<sup>1</sup> See all requirements specified in the Exhibit A-1: Standard Requirements, Exhibit A - Scope of Work (SOW), and other Exhibits attached to this Agreement.

recent refugees and immigrants; any individuals at risk of early onset of serious mental illness; children and youth at risk for school failure and/or juvenile justice involvement; and children ages zero to five. Contractor shall offer services to any individuals residing in Alameda County.

**2. Referral Process to Program**

Contractor shall conduct targeted outreach and engagement to promote these services within the identified UELP community in the identified region(s) of Alameda County. Contractor shall conduct outreach and engagement to ensure that at least 75 percent of the individuals receiving services are from the identified UELP **priority population** in the identified region(s) of Alameda County. Contractor shall ensure that at least 51 percent of funds are directed **towards programming (e.g. events, workshops, groups, etc.)** supporting children or youth who are between zero to 25 years of age.

Contractor shall accept referrals from parents, peers, caregivers, community agencies, schools, the juvenile justice system, social service providers, health care agencies, educational/employment services, and intra-agency programs. Contractor shall accept self-referrals.

**3. Program Eligibility**

Not applicable.

**4. Limitations of Service**

Not applicable.

**C. Program Description**

Contractor shall maintain programmatic services at or above the following minimum levels:

**1. Program Design**

Contractor shall provide culturally and linguistically responsive PEI services for the identified UELP community. Contractor's services shall be available in culturally appropriate languages. Contractor's PEI services shall be strength-based, reflective of ethnic and traditional practices and empowering of individuals, families, and communities to make informed decisions around maintaining or restoring their mental health.

Contractor shall provide an integrated approach that incorporates a number of evidence-based practices, culturally responsive curricula, and/or community defined best practice models to deliver culturally responsive programming or trainings on mental health. Contractor shall make efforts to outreach to and engage a broad-base of potential new participants not already served in Contractor's other existing behavioral health programs. In order to meet the PEI requirements as specified in the Alameda County Mental Health Services Act (MHSA) Plan, Contractor shall increase access to mental health services to **unserved/underserved** communities, by implementing the following services:

- i. Outreach/Engagement and Psycho-Education: Contractor shall outreach to, engage and educate members of the target population and the larger community about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness and to support individuals in seeking and accessing services through this program. Contractor shall provide psycho-education to help individuals reduce their risk factors for developing a potentially serious mental illness and build protective factors to help them maintain or restore their mental health. Outreach and psycho-education activities may occur simultaneously or separately. Outreach and psycho-education activities may include:
  - a. Promotion of Contractor's services and other resources to support mental health at community events such as hosting or co-hosting health fairs or cultural events in which Contractor is the coordinating or the lead organization;
  - b. Cultural-based educational workshops on mental health issues that explain common responses to life stressors as conditions that can be ameliorated through mental health services;
  - c. Psycho-Educational workshops that shall address individual and family mental health through exploration of various mental health topics and are held at least once per month with the goal of engaging new clients into the larger program;
  - d. Support groups that shall be offered to promote mutual support and engagement of new clients into the larger program (ongoing or on a drop in basis);
  - e. Outreach, engagement, and promotion of mental health services in community setting such as childcare settings, schools, community centers, and faith-based organizations;
  - f. Delivery of mental health education to hard-to-reach segments of the unserved/underserved community; and
  - g. Active and continuous promotion of services in culturally appropriate languages, including resource guides, newsletters, and social media platforms within community and other Alameda County mental health organizations to provide access to community members of all ages.
- ii. Mental Health Consultation: Contractor shall provide mental health consultation through training, education, and technical assistance to improve awareness of mental health issues and appropriate ways to respond. Recipients of mental health consultation shall include Community-Based Organizations (CBOs), mental health programs, and/or community leaders who are likely to come into contact with members of the target population. Community leaders may include elders, faith based leaders, teachers, public health nurses, or other trusted community members. Contractor shall work with appropriate CBOs, mental health programs, and/or community leaders who have received mental health consultation to collaborate around embedding culturally responsive mental health supports into their current work with the community. Contractor shall actively and continuously promote services to assist community leaders and CBOs in finding,

- accessing, and referring individuals and families to community and County mental health resources.
- iii. Preventive Counseling: Contractor shall provide brief, individual, face-to-face, low intensity, problem solving sessions, consultations, empathetic listening, and linkage to mental health services, relapse prevention and other services to individuals experiencing mental health challenges to address and promote recovery. Counseling sessions shall be in a safe confidential space such as an office setting. Sessions can also be in the field, home-based, by phone, or via a secure video conference platform when it is the preferred location or method of service identified by the client. Family members may participate in the preventive counseling session with the client as needed. Clients who participate in preventive counseling may also participate in the other prevention activities such as workshops or support groups. Clients may receive preventive counseling on a regular basis for up to 12 months, as indicated by client need. Preventive counseling may extend beyond 12 months (up to a total of 18 months maximum) on a case by case as needed basis to serve the most difficult to engage clients. Under the umbrella of preventive counseling, Contractor may also provide prevention visits to individuals who are not currently participating in preventive counseling as means to engage individuals considering preventive counseling for the first time and for those who are transitioning out of preventive counseling.
  - iv. Mental Health Referrals: Contractor shall provide and track referrals and linkages to mental health treatment services, which may include those within the County system of specialty mental health programs. Contractor shall track mental health referrals provided and follow up with clients to ensure successful linkage to the services.

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

For Contractors that intend to enter into a formal collaboration with another entity in relation to this program, a Memorandum of Understanding (MOU) shall be developed and maintained with the purpose of outlining roles and responsibilities for each partner. This MOU shall be designed to ensure communication, accountability, and the coordination of services that are being provided. This MOU shall be renewed each fiscal year and amended as needed. Contractor shall provide a copy of the executed MOU to the ACBH Program Contract Manager by October 30<sup>th</sup> of each fiscal year.

## **2. Discharge Criteria and Process**

Not applicable.

## **3. Hours of Operation**

Contractor shall maintain the hours as specified in Exhibit A-Scope of Work (SOW).

#### **4. Service Delivery Sites**

Contractor shall deliver services in community settings including schools, faith-based settings, virtual setting and/or client's homes when safe and appropriate. Contractor shall deliver services at designated service delivery sites as specified in Exhibit A-SOW.

#### **D. Minimum Staffing Qualifications**

Contractor shall hire and maintain one Program Manager at a minimum of 0.50 Full-Time Equivalent (FTE).

Contractor shall hire and maintain a Mental Health Specialist (MHS) at a minimum of 1.00 FTE. The MHS may be a Licensed Practitioner of the Healing Arts<sup>2</sup> (LPHA), unlicensed LPHA, or graduate trainee/student. If an MHS is unlicensed or graduate trainee/student, Contractor shall allocate 0.10 FTE of a licensed LPHA to sign off on preventive counseling services and provide clinical oversight and support. Contractor shall make an effort where possible to have program staff who are proficient in the priority population's language and culturally responsive to the needs of the community that is being served.

Contractor shall hire and maintain a minimum of 1.50 FTE Outreach Worker, for which each individual staff cannot be less than 0.50 FTE. The Outreach Workers shall identify as someone from the primary target population or shall have extensive knowledge and/or experience working with the priority population.

Contractor shall hire and maintain a Data Clerk at minimum of 0.50 FTE to enter data as required through the ACBH-designated data system.

### **IV. Contract Deliverables and Requirements**

#### **A. Process Objectives**

Contractor shall provide a minimum of the following services/deliverables that shall be separate and distinct from any other services/deliverables that may be purchased through other sources of funding:

##### Outreach/Engagement and Psycho-Education

- i. Host or Co-host five community events per fiscal year;
- ii. Provide one psycho-education workshop to community groups monthly;
- iii. Provide three support groups annually, separate from psycho-education and cultural-based education;
- iv. Provide three cultural-based educational workshops annually; and
- v. Widely distribute at least five newly-developed promotional materials each fiscal year, such as newsletters, brochures, directories, newspapers, or websites.

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<sup>2</sup> LPHA includes staff who are registered with the California Board of Behavioral Sciences, usually registered MFT/ASW interns, Professional Clinical Counselors (unlicensed), psychologists and psychiatrists who are waived by the State to provide services.

Mental Health Consultations

- i. Provide at least four mental health consultations to CBOs, community leaders, health care providers, and/or community groups annually.

Preventive Counseling

- i. Engage 40 unduplicated clients per fiscal year in preventive counseling; and
- ii. Outside of preventive counseling, provide no more than six prevention visits per client annually.

Mental Health Referrals

- i. Provide referrals to ACBH mental health treatment for at least six unique clients annually.

**B. Quality Objectives**

Contractor shall provide services toward achieving the following quality objective:

Quality Measures	Quality Objectives
Percent of clients who are successfully connected to mental health treatment services to which they were referred	At least 66%

**C. Impact Objectives**

Contractor shall work with ACBH to develop performance objectives around the impact of services on clients.

**V. Reporting and Evaluation Requirements**

Contractor shall enter the following information into the UELP Prevention Event Service Template in Clinician's Gateway within two weeks of the event date:<sup>3</sup>

- i. Estimate of participants that were engaged in prevention events through outreach events, community events, workshops, support groups, mental health consultations, and prevention visits by age category, race/ethnicity, gender, primary language, city of residence, sexual orientation, disability, and veteran status; and
- ii. Description of prevention event (e.g., service location, type of service, topic of service, staffing categories).

Contractor shall enter preventive counseling data with corresponding procedure codes and duration of service hours into an electronic data collection and claiming system approved by ACBH Information Systems (IS), currently InSyst, within the following timeframes:

- i. Client registration, including PEI Maintenance Screen, within two weeks of first session date;
- ii. Client episode opening within two weeks of first session date; and

<sup>3</sup> These timeframes may be adjusted as needed in order for data reports to be shared with the UELP system in a timely manner.

- iii. Client episode closing within two weeks of final session date. If clients are not responding to outreach attempts then close within four weeks of the last session date (using last session date as closing date).

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

Contractor shall submit an Annual MHSA PEI Data Report on an ACBH-provided template. Reports shall be labeled in accordance with the established naming convention and shall be uploaded to the ACBH Citrix ShareFile within 30 days from the end of the contract period.

Contractor shall administer a Pre-Health Assessment to at least 70 percent of preventive counseling clients by the end of the fiscal year, and a Post-Health Assessment and Client Satisfaction Survey to the same clients at discharge. Contractor shall administer an Annual Client Satisfaction Survey to at least 70 percent of clients, including preventive counseling clients, who have attended or received four or more UELP events or services or services by the end of the fiscal year. Assessments and surveys shall be administered in the client's preferred language when possible and when translation is available.

Contractor shall also work with ACBH to coordinate key informant interviews and focus groups with program clients. Contractor shall work with ACBH to determine appropriate metrics for evaluation and to implement programmatic improvements.

## **VI. Additional Requirements**

No additional requirements.