

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

### **I. Program Name**

Prevention and Early Intervention (PEI) for 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

**Federal Funding Requirements Apply**

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

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

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

- Increase access to culturally responsive, strengths-based mental health outreach, education, preventive counseling, and treatment services;
- Build individual, community and organizational capacity, knowledge, and skills that contribute to the prevention of mental health disorders;
- Decrease stigma and discrimination toward individuals experiencing mental health issues;
- Prevent mental illness from becoming severe and disabling;
- Improve timely access to related information, services and supports; and
- 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 underserved populations,

<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.

including individuals and families who are isolated and trauma-exposed; 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 community in the identified region(s) of Alameda County. Contractor shall ensure that at least 51 percent of funds are directed toward 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 underserved communities, by implementing the following services:

- 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:
  - 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;
  - 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;
  - 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;
  - 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);
  - Outreach, engagement, and promotion of mental health services in community setting such as childcare settings, schools, community centers, and faith-based organizations;
  - Delivery of mental health education to hard-to-reach segments of the unserved and underserved community; and
  - 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.
- 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.

- **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 or home-based when it is the preferred place 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 preventive 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) 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 to engage individuals considering prevention counseling for the first time and for those who are transitaitong out of preventive counseling.
- **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 positive linkage to the services.

Contractor shall maintain a Medi-Cal Administrative Activities (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, and/or clients homes. 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 a 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.

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

- Host or Co-host five community events per fiscal year;
- Provide one psycho-education workshop to community groups monthly;
- Provide three support groups annually, separate from psycho-education and cultural-based education;
- Provide three cultural-based educational workshops annually; and
- 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

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

Preventive Counseling

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

Mental Health Referrals

- 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 Log in Clinician's Gateway:

- Estimate of participants that were engaged at 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, veteran status, and time spent per activity (hours); and
- Preventive counseling sessions (direct service) with corresponding procedure codes and duration of service hours.

Contractor shall enter the preventive counseling data into the following data entry screens for all preventive counseling clients into an electronic data collection and claiming system approved by ACBH Information Systems (IS) by the third business day of each month according to the written data entry procedures specified by ACBH IS, and complete any corrections based on the test claim by no later than the 20<sup>th</sup> of each month:

- Client registration and demographics;
- PEI maintenance screen; and
- Episode screen (open date, close date, outcome, referral date).

Contractor shall submit Individual Staff MAA Logs using proper procedure codes that detail Contractor's UELP prevention activities sorted in ascending order by staff and then by date

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 PEI Data and Program Report in the ACBH-provided template to the ACBH Program Contract Manager 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 who have attended four or more psycho-education/prevention groups (e.g., support groups, a training cohort, or a time limited group) by the end of the fiscal year. Assessments and surveys shall be available in the client's native language.

Contractor shall collaborate with ACBH to conduct an annual survey that collects preventive counseling clients' perceptions of service quality, impact on clients' behavioral health outcomes, and other programmatic successes and challenges. 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.