

**EXHIBIT A(x)-SCOPE OF WORK (SOW):
UNDERSERVED ETHNIC AND LANGUAGE POPULATIONS (UELPP)**

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

Prevention and Early Intervention (PEI) for Unserved/Underserved Ethnic and Language Populations (UELPs)

Additional Specifications

Program Name - Add Specs

II. CONTRACTED SERVICES

Outreach/Engagement and Psycho-Education

Mental Health Consultation

Preventive Counseling

Mental Health Referrals

Medi-Cal Administrative Activities (MAA) 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 within the identified UELP priority population:

- i. Increase access to culturally-responsive and strengths-based mental health outreach, education, preventive counseling, and treatment services;
- ii. Build individual, community and organizational capacity as well as 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 priority population.

Additional Specifications

Program Goals - Add Specs

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; 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 between birth and five years of age. Contractor shall offer services to any individuals residing in Alameda County.

Additional Specifications

Service Groups - Add Specs

2. Referral Process to Program

Contractor shall conduct targeted outreach and engagement to promote these services within the identified UELP priority population in the identified geographic 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 geographic region(s) of Alameda County. The remaining 25 percent of clients can be outside of the UELP priority population. In accordance with Mental Health Services Act (MHSA) regulations, all clients served must be Alameda County residents. Outreach and promotional materials must target Alameda County residents. Contractor shall ensure that at least 51 percent of funds are directed toward supporting children or youth who are between birth and 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.

Additional Specifications

Referral Process to Program - Add Specs

3. Program Eligibility

Not applicable.

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

Contractor shall provide integrated emotional wellness programs that center on culture, language, heritage, and holistic and indigenous healing practices. Contractor's services shall be available in culturally-appropriate languages. Contractor's PEI services shall enhance participants' protective factors through strength-based cultural and generational resilience activities that are reflective of ethnic and traditional practices and are empowering of individuals, families, and communities to make informed decisions around maintaining or restoring their mental health.

Contractor's services 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. When possible, Contractor shall have program staff who are proficient in the UELP priority population's language and culturally responsive to the needs of the community that is being served. 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 UELP priority 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 to 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 to address individual and family mental health through exploration of various mental health topics that 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 settings such as childcare settings, schools, community centers, and faith-based organizations with a focus on engaging hard-to-reach segments of the unserved/underserved community;
 - 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 the community and to 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 UELP priority 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 services that may include linkages to mental health services when appropriate. In addition, Contractor shall provide relapse prevention and other services to individuals experiencing mental health challenges to address and promote recovery. Counseling sessions shall be held in a safe confidential space such as an office setting. Sessions can also be in the field, in the home, by phone, or through a secure video conference platform when it is the preferred location or method of service identified by the client. Family members may participate in preventive counseling sessions with the client as needed. Clients who participate in preventive counseling may also participate in 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 maximum 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 engage those considering preventive counseling for the first time. These visits may provide

emotional support and resources to individuals and/or families even if the result is not engagement in preventive counseling. Prevention visits may also be used as a way to engage individuals 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 Alameda County Behavioral Health Care Services (ACBH) Program Contract Manager by October 30th of each fiscal year.

Additional Specifications Program Design - Add Specs
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2. Discharge Criteria and Process

Not applicable.

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

Service Delivery Sites - Add Specs

D. Minimum Staffing Qualifications

Contractor shall maintain the following minimum positions:¹

- Full-Time Equivalent (FTE) Program Manager

¹ The positions shall be maintained at the specified level or higher of staffing.

- FTE Mental Health Specialist (MHS)
- 1.50 FTE Outreach Workers
- 0.50 FTE Data Clerk

The MHS may be a Licensed Practitioner of the Healing Arts² (LPHA), unlicensed LPHA, or graduate trainee/student. If a MHS is unlicensed or a graduate trainee/student, Contractor shall allocate no more than 0.10 FTE of a licensed LPHA to sign off on preventive counseling services and provide clinical oversight and support.

An Outreach Worker shall not be less than 0.50 FTE. The Outreach Workers shall identify as someone from the UELP priority population or shall have extensive knowledge and/or experience working with the UELP priority population.

Additional Specifications
Minimum Staffing Qual - Add Specs

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 social media content.

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 12 prevention visits per client annually.

Mental Health Referrals

² LPHA includes staff who are registered with the California Board of Behavioral Sciences, usually registered Marriage and Family Therapist/Associate Social Worker interns, Professional Clinical Counselors (unlicensed), psychologists and psychiatrists who are waived by the State to provide services.

- i. Provide referrals to ACBH mental health treatment or other culturally- and/or linguistically-appropriate treatment services for at least six unique clients annually.

Additional Specifications
Process Objectives - Add Specs

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%

Additional Specifications
Quality Objectives - Add Specs

C. Impact Objectives

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

Additional Specifications
Impact Objectives - Add Specs

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:³

- i. Estimate of participants who 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, etc.).

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), within the following timeframes:

- i. Client registration within two weeks of first session date;
- ii. Client episode opening within two weeks of first session date; and
- 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).

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

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 15th 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.

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

No additional requirements.

Additional Specifications Additional Requirements - Add Specs
