A N N E X A
PROGRAM COMMITMENTS
BI-LINGUAL, BI-CULTURAL COMMUNITY AND OUTREACH SERVICES

NAME OF AGENCY: _____

CONTRACT NUMBER: _____ **CONTRACT TERM:** _____ **T0** _____

BUDGET MODIFICATION NO:
(0 = Original) _____

BUDGET MATRIX CODE: **18**

2. Of the New Enrollees and Transfers (Item #2 - Level of Service Summary Sheet), how many are:

g. Clients referred or outreached from Bi-lingual, Bi-cultural community-based agencies _____

h. Clients referred or outreached from non-Bi-lingual, Bi-cultural community-based agencies _____

i. Clients self-referred _____

3. Number of face-to-face contacts clients will have with staff on-site. _____

4. Number of face-to-face contacts clients will have with staff off-site. _____

5. The following is a breakdown by MODALITY of the number of face-to-face client contacts with staff (both on-site and off-site):

		TOTAL # OF STAFF FACE-TO-FACE CONTACTS TO BE PROVIDED:
A.	Individual Therapy	A. _____
B.	Group Therapy	B. _____
C.	Family Therapy	C. _____
D.	Psycho-Social Education	D. _____
E.	Medication Maintenance	E. _____
F.	Intake/Clinical Assessment/Treatment Planning	F. _____
G.	Outreach to Individuals Residing in Independent Living	G. _____
H.	Outreach to Individuals Residing in Boarding Homes	H. _____
I.	Outreach to Individuals Residing in Nursing Homes	I. _____
J.	Outreach to Individuals Linked to a Bi-Lingual, Bi-Cultural Community-Based Agency	J. _____
K.	All Other Contacts Not Classified Above (i.e. non-Bi-Lingual, Bi-Cultural Community-Based Agency) Specify: _____	K. _____
	Total Number of Contacts (Sum of lines 5A through 5K) ➔	_____

6. Units of Service will be provided. (Sum of lines 3 and 4). _____

BI-LINGUAL, BI-CULTURAL COMMUNITY AND OUTREACH SERVICES

The following client-centered staff skills, agency modalities, and policies provide major components of bi-lingual, bi-cultural services:

- Staff has knowledge of and can speak and write the native language of the clients;
- Staff knowledge, attitude and behaviors are sensitive to the cultural nuances of the client population (i.e. recent immigrants do not have the same experiences as earlier arrivals);
- Staff background represent those of the client population(s);
- Treatment modalities reflect the cultural values and treatment needs of the client population (i.e. incorporating American-Indian rituals into the treatment program;
- Representatives of the client population participate in decision-making and policy implementation so that outsiders are not imposing their values.

FACE-TO-FACE CONTACTS:

Individual Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer.

Group Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer. Do not count excess Medicaid maximum group size.

Family Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer. Do not count each family member.

Medication Monitoring: 1 contact is 15 continuous minutes of face-to-face with the consumer.

Intake/Clinical Assessment/Treatment Planning: 1 contact is 30 continuous minutes of face-to-face contact with the consumer.

Outreach and Other: 1 contact is 15 continuous minutes of face-to-face with the consumer.

Psychosocial Education: 1 contact is 30 continuous minutes of face-to-face contact with the consumer.

For the therapies and psychosocial education, please note that the face-to-face time can include up to 5 minutes per 30 minute session for the completion of progress notes, limited to a maximum of 10 minutes for a 90 minute session (3 QCMR units).

PSYCHOSOCIAL EDUCATION: Interventions that bestow therapeutic, cognitive and social benefits by challenging thinking patterns and interactions through education, goal setting, and skill teaching.