REVISED

DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

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Director

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ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

40 September 3, 2019

CELIA ZAVALA
EXECUTIVE OFFICER

August 13, 2019

The Honorable Board of Supervisors

County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

APPROVAL FOR HIRING AUTHORITY AND TO AMEND FOUR LEGAL ENTITY CONTRACTS TO SUPPORT THE PORTLAND IDENTIFICATION AND EARLY REFERRAL (PIER) EARLY PSYCHOSIS PROGRAM

(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)

SUBJECT

Request approval of interim ordinance authority to add and fill four items and to amend four Legal Entity (LE) Contracts for the implementation of Portland Identification and Early Referral (PIER) Early Psychosis Program.

IT IS RECOMMENDED THAT THE BOARD:

1.Approve interim ordinance authority, pursuant to Section 6.06.020 of the County Code for four (4) full-time temporary positions (Attachment I) in the Department of Mental Health (DMH) for Fiscal Year (FY) 2019-20, subject to allocation by the Chief Executive Officer (CEO) and Classification and Compensation. These positions will be fully funded by State Mental Health Services Act (MHSA).

2.Approve and authorize the Director of Mental Health (Director), or his designee, to prepare, sign, and execute an Amendment, substantially similar to Attachment II, with four existing LE Contractors, as listed in Attachment III, for the implementation of MHSA Prevention and Early Intervention (PEI) PIER Early Psychosis Program, effective upon Board approval through June 30, 2021. These services may be extended for one additional option year for FY 2021-22, only if your Board approves the renewal of the LE Contracts in FY 2021-22. For FY 2019-20 the aggregate amount for all four contracts is approximately $7.5 million, fully funded by State MHSA

revenue, 2011 Realignment- Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Federal Financial Participation (FFP) Medi-Cal and State Aid Mental Health revenues. The revised Maximum Contract Amounts (MCAs) for each existing LE Contract are set forth in Attachment III.

3.Delegate authority to the Director, or his designee, to prepare, sign, and execute future amendments for services to the Contracts in Recommendation 2 to revise the annual MCAs; add additional/related services to ensure continuity of care, or delete services; add, delete, modify, or replace a Service Exhibit and/or Statement of Work; and/or, reflect federal, State, and County regulatory and/or policy changes provided that: 1) the County's total payment to each LE Contractor will not exceed an increase of more than 25 percent of the MCA; 2) funds are available; and 3) the amendments are subject to the prior review and approval as to form by County Counsel, with written notice to the Board and Chief Executive Officer.

4.Delegate authority to the Director, or his designee, to terminate any Contracts, described in Recommendation 2 in accordance with the Contract's termination provisions, including Termination for Convenience. The Director, or his designee, will notify the Board and Chief Executive Officer, in writing, of such termination action.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Board approval of Recommendation 1 is necessary in order for DMH to implement the PIER Early Psychosis Program by establishing an outreach team that will work with the four selected LE Contractor teams to educate community groups and service providers, such as schools, churches, hospitals, law enforcement, and youth organizations, in order to identify and engage individuals who can benefit from PIER services.

Board approval of Recommendation 2 will allow DMH to execute Amendments to four selected LE Contracts, expand LE Contractor's MHSA PEI services by implementing the PIER Early Psychosis Program, and revise their MCAs as provided on Attachment III.

Board approval of Recommendation 3 will enhance DMH's ability to expeditiously respond to contracted service needs of the four LE Contractors.

Board approval of Recommendation 4 will allow DMH to terminate the Contracts in accordance with the Contract's termination provisions, including termination for convenience, in a timely manner, as necessary.

PIER Early Psychosis Program:

The addition of these four positions will allow DMH to provide targeted, effective and well-coordinated in-reach at hospitals, schools and colleges and juvenile facilities, as well as other key access points. In-reach will involve a regular presence in those settings, education and consultation with key staff, initial assessment, referral to a PIER LE contractor and care coordination activities with the facility, family and LE contractors to ensure the client can be seen timely.

The purpose of the PIER Early Psychosis Program is to prevent youth with clinical high risk for psychosis (previously referred to as a prodromal phase of psychosis) from having their symptoms progress to a first psychotic episode. Reduction in the incidence of first episode psychosis in this population can result in the following: (1) reduction in potential for long-term disability from a psychotic disorder (2) reduction in the cost of lifetime mental health services and (3) improvement in overall quality of life.

The PIER Early Psychosis Program has several advantages over other early psychosis treatment models. The PIER Early Psychosis Program focuses not only on youth who are at clinical high risk of a psychotic episode, but also on youth who have already experienced their first psychotic break and can benefit from the program to prevent further psychotic episodes. The PIER Early Psychosis Program has a lower age limit than other models, allowing for children as young as twelve years old to receive preventative services.

Additionally, the PIER Early Psychosis Program integrates community outreach, education, and networking from the inception of the program. PIER teams will develop partnerships with community members and stakeholders who work or live with youth and train these partners on how to recognize the early warning signs for psychosis. This collaborative relationship will prepare community members and stakeholders to identify and refer children and youth who can benefit from PIER Early Psychosis Program interventions. Once youth are referred, PIER team members will provide screening and individually tailored mental health services focused on preventing the development of a full-blown psychotic disorder.

Implementation of Strategic Plan Goals

The recommended actions support the County's Strategic Plan Goal 1, Make Investments that Transform Lives via Strategy I.1 ± Increase Our Focus on Prevention Initiatives.

FISCAL IMPACT/FINANCING

The DMH FY 2019-20 Adopted Budget includes the estimated costs for this action in the amount of $.4 million to fill four full-time equivalent (FTE) positions (Attachment I) and $7.5 million for four LE contract providers; fully funded by State MHSA, 2011 Realignment-EPSDT, FFP Medi-Cal and State Aid Mental Health revenues. Funding for future years will be requested through DMH's annual budget request process. There is no net County cost impact associated with the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The PEI component of the MHSA requires services to address risk factors prior to the development of a mental illness, or to address early symptoms should indicators of a mental illness arise. In accordance with best practices in the field of early psychosis treatment and the PEI regulations, DMH intends to implement the PIER Early Psychosis Program, a well-researched and cost-effective Evidence-Based Practice to priority populations.

Implementing the PIER Early Psychosis Program will help identify and refer individuals ages 12 to 25 experiencing onset of clinical high risk for psychosis or first episode of psychosis to intensive services before symptoms lead to further decline in functioning and the onset of lifelong disability due to a psychotic disorder.

The addition of these clinical and clerical positions will allow DMH to implement a centralized team to lead the outreach and engagement efforts for the four LE Contract teams. The DMH team will take the lead in identifying and collaborating with community-based programs that can serve as referral sources for PIER teams.

DMH intends on amending the existing LE Contracts to add funding for the PIER Early Psychosis

Program for three years, effective upon Board Approval, through June 30, 2022. However, the current LE Contracts with the four LE providers expire on June 30, 2021. Therefore, DMH will only extend the PIER Early Psychosis Program services and funding for one additional year for FY2021-2022, if your Board approves the new LE Contracts with these four LE providers as part of the LE Contract renewal process in 2021.

In accordance with your Board Policy Manual, Section No. 5.120, Authority to Approve Increases to Board Approved Contract Amount requirements, DMH notified your Board on July 8, 2019 (Attachment IV), of its intent to request delegated authority of more than the customary ten percent for the four LE Contractors. This authority will allow DMH greater capacity to amend the Contracts.

The attached Amendment format (Attachment II) has been approved as to form by County Counsel.

Attachments III lists the four LE providers recommended for PIER Early Psychosis Program award, including contractor names, addresses, Supervisorial Districts and funding.

CONTRACTING PROCESS

On June 26, 2018, DMH released a Request for Services (RFS) Bid No. DMH062918B1 [3]PIER Model Implementation´ to identify qualified LE Contractors in Service Area(s): 2, 3, 4, 5, and 7. DMH announced the release of the RFS by emailing letters to agencies on DMH's MHSA Master Agreement list that had been previously submitted a Statement of Qualification (SOQ) for PEI. DMH required potential proposers to attend a Mandatory Proposers' Conference after which, twelve proposals were received from nine agencies by the October 1, 2018, deadline. One of the twelve proposals was disqualified since the agency did not meet the Minimum Mandatory Requirements.

The Evaluation Committee used the RFS specific standardized evaluation tool and the Informed Averaging methodology to evaluate and score the remaining eleven proposals. Upon review of the results, DMH management recommended awarding four agencies (Attachment III) with Institute for Multicultural Counseling & Education Services, Inc. (IMCES) being awarded two teams: one in Service Area 3 and another in Service Area 4. After notification of the RFS results, all non-awarded proposers were given the opportunity to pursue a debriefing. Four non-awarded proposers submitted a written request for debriefing. Of those four proposers, only two agencies from Service Area(s) 3 and 4 submitted a written request for a Proposed Contractor Selection Review (PCSR). Upon completion of the PCSR, DMH issued a written decision to the two proposers and included instructions on the timeframe for requesting a County Independent Review (CIR). DMH did not receive any requests for a CIR. As the appeals process has been completed, DMH is requesting approval to award the four LE Contractors listed on Attachment III.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Board approval of the proposed actions will allow DMH to support the PIER Early Psychosis Program, which will ultimately reduce the incidence of first-episode psychosis in children (as young as twelve years old) with clinical high risk for psychosis and reduce potential long-term disability in this population.

Respectfully submitted,
Jonathan E. Sherin, M.D., Ph.D., Director

JONATHAN E. SHERIN, M.D., Ph.D. Director

JES:ES:SK:jh

Enclosures

c: County Counsel
Executive Office, Board of Supervisors
Chief Executive Office
Chairperson, Mental Health Commission

COUNTY OF LOS ANGELES - DPEARTMENT OF MENTAL HEALTH
PIER EARLY PSYCHOSIS PROGRAM
LIST OF ITEMS

ITEM No.	ITEM DESCRIPTION	FTE
9035A	PSYCHIATRIC SOCIAL WORKER II	2.0
8105A	SENIOR COMMUNITY WORKER	1.0
2214A	INTERMEDIATE TYPIST-CLERK	1.0
		4.0

CONTRACT NO. MH12XXX

AMENDMENT NO. X

THIS AMENDMENT is made and entered into this XX th day of Month, 2019, by and between the COUNTY OF LOS ANGELES (hereafter "County") and [Agency's name] (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Contract, dated July 1, 2018, identified as County Contract No. MH12XXX, and all subsequent amendments (hereafter collectively "Contract"); and

WHEREAS, on June 6, 2019, the Board of Supervisors approved delegated authority to the Director of Mental Health, or designee, to execute amendments to the Contract; and

WHEREAS, for Fiscal Year (FY) 2019-20 and any subsequent fiscal years during the term of Contract, County and Contractor intend to amend this Contract only as described hereunder; and

WHEREAS, for FY 2021-22 only, County intends to amend the Contract only as described hereunder; and

WHEREAS, said Contract provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties; and

WHEREAS, Contractor agrees to deliver the PIER Early Psychosis Program;

WHEREAS, for Fiscal Year (FY) 2019-20 and any subsequent fiscal years during the term of Contract, County and Contractor intend to amend this Contract to increase Prevention & Early Intervention (PEI) Non-Medi-Cal (Non-MC) and to increase PEI Medi-Cal (MC); and

WHEREAS, for FY 2019-20 and any subsequent fiscal years during the term of the Contract, as a result of the above changes, the Maximum Contract Amount (MCA) will increase; and

WHEREAS, Contractor warrants that it possesses the competence, expertise, and personnel necessary to provide services consistent with the requirements of this Contract and consistent with the professional standard of care for these services.

NOW, THEREFORE, County and Contractor agree that this Contract shall be amended only as follows:

1. For FY 2019-20 and any subsequent fiscal years during the term of Contract, PEI Non-MC Funded Program funds are **increased** by **$XXXX** from **$XXXX** to **$XXXX**.
2. For FY 2019-20 and any subsequent fiscal years during the term of Contract, PEI MC Funded Program funds are **increased** by **$XXXX** from **$XXXX** to **$XXXX**.
3. The revised MCAs for FY 2019-20 and FY 2020-21 are **increased** by **$XXXX** from **$XXXX** to **$XXXX**.
4. For FY 2019-20 and any subsequent fiscal years during the term of Contract, PIER Early Psychosis Program Statement of Work - **XXXX is added** in its entirety and incorporated herein by reference.
5. Financial Exhibit A (FINANCIAL PROVISIONS), and Paragraph D (REIMBURSEMENT IF CONTRACT IS AUTOMATICALLY RENEWED), subparagraphs (1) and (2) shall be deleted in its entirety and replaced as follows:

    "(1) Reimbursement For First Automatic Renewal Period: The MCA for the First Automatic Renewal Period of this Contract as described in Paragraph 4 (TERM) of the DMH Legal Entity Contract shall not

exceed **XXXX DOLLARS ($XXXX)** and shall consist of Funded Programs as shown on the Financial Summary.

(2) Reimbursement For Second Automatic Renewal Period: The MCA for the Second Automatic Renewal Period of this Contract as described in Paragraph 4 (TERM) of the DMH Legal Entity Contract shall not exceed **XXX DOLLARS** (**$XXXX**) and shall consist of Funded Programs as shown on the Financial Summary."

6. For Fiscal Year 2021-22, only upon Board approval of the FY 2021-22 Legal Entity Contract, an additional one optional year shall extend the PEI NMC and MC Funded Program funds for PIER Early Psychosis Program as described above.

7. Financial Summary (Exhibit B) – XX for FY 2019-20, shall be deleted in its entirety and replaced with Financial Summary (Exhibit B) - XX for FY 2019-20 attached hereto and incorporated herein by reference. All references in Contract to Financial Summary (Exhibit B) – XX for FY 2019-20, shall be deemed amended to state "Financial Summary (Exhibit B) - XX for FY 2019-20."

8. Statement of Work/Service Exhibit List (Exhibit C), - ___ shall be deleted in its entirety and replaced with Statement of Work/Service Exhibit List (Exhibit C) – _ , attached hereto and incorporated herein by reference. All references in Contract to Statement of Work/Service Exhibit List (Exhibit C) - ___ shall be deemed amended to state "Statement of Work/Service Exhibit List (Exhibit C) – __".

9. Contractor shall provide services in accordance with Contractor's FY 2019-20 Service Delivery Plan for this Contract and any addenda thereto approved in writing by the County's Director of Mental Health or his designee.

10. Except as provided in this Amendment, all other terms and conditions of the Contract shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by County's Director of Mental Health or his designee, and Contractor has caused this Amendment to be subscribed on its behalf by its duly authorized officer, on the day, month, and year first above written.

COUNTY OF LOS ANGELES

By_____
JONATHAN E. SHERIN, M.D., Ph.D.
Director of Mental Health

_____
CONTRACTOR

By _____

Name: _____

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

JH: AM to increase PEI$ and add PIER SOW

APPENDIX A

STATEMENT OF WORK

PIER EARLY PSYCHOSIS PROGRAM

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STATEMENT OF WORK (SOW)

1.0 SCOPE OF WORK

The Los Angeles County Department of Mental Health (DMH) is expanding its First Episode Psychosis services to reduce the progression of psychosis in youth and young adults at clinical high risk for psychosis (in the past referred to as the prodromal phase of psychosis) and youth and young adults who have already experienced their first episode of psychosis. An integral part of the PIER Early Psychosis Program (hereafter, PIER Program) is the development of community outreach and mental health services teams. These multidisciplinary teams consist of dedicated staff trained on the Portland Identification and Early Referral (PIER) Model developed by William McFarlane, M.D.

1.1 Target Population

The PIER Program shall focus on treating psychosis in the clinical high risk state and targets adolescents and young adults between the ages of 12 and 25.

1.2 Program Structure

Initial Training: PIER Teams are required to attend didactic trainings for a total of six (6) days with instructors from the PIER Training Institute (PTI) sponsored by DMH. Upon completion of initial trainings, PIER Teams shall implement the following three (3) main components of the PIER Program.

1.2.1 Outreach

After the completion of the initial six (6) days of didactic trainings, PIER Teams shall focus (for the first three months of the program) on the development of community outreach. Community outreach is threefold:

1.2.1.1 To educate key groups such as school professionals, pediatricians, and youth organizations about the signs of clinical high risk in order to refer youth for services before their symptoms become full-blown psychotic disorders;

1.2.1.2 To empower community members to recognize clinical high risk signs in their youth and make appropriate referrals; and

1.2.1.3 To establish a community referral network.

1.2.2 Screening and Assessment

After the initial phase concentrating solely on community outreach, team members shall screen, enroll, and assess clients.

1.2.3 Clinical Intervention

1.2.3.1 Once clients are assessed, clients shall receive orientation and be assigned to multifamily groups. Supportive services shall include Occupational Therapy services to help support educational or employment goals, case management for linkage to social services and peer support in the needed areas. They may also receive psychiatric services as deemed appropriate.

2.0 ADDITION AND/OR DELETION OF PROVIDER SITES, SPECIFIC TASKS AND/OR WORK HOURS

2.1 All changes must be made in accordance with sub-paragraph 8.1 Amendments of the Contract.

3.0 OUTCOMES AND PERFORMANCE-BASED CRITERIA

Contractor shall establish and utilize a comprehensive Quality Control Plan to assure the County a consistently high level of service throughout the term of the Contract. The Plan shall be submitted to the DMH Program Monitor, upon request, for review. The plan shall include, but may not be limited to the following:

3.1 Outcomes-Individuals

Contractor shall ensure that their PIER Team produce the following outcomes for individuals referred to the program:

3.1.1 Client engagement in education or employment activities at least 20 hours per week by completion of program.

3.1.2 Client improvement in social functioning (including meaningful interpersonal relationships and positive social interactions) as evidenced by improved scores on the Clinical Assessment of Social & Role Functioning Scale (CASRF).

3.1.3 Client improvement in achievement-oriented activities including school, work, and household tasks by client and family report.

3.1.4 Client willingness to engage in a multifamily group such that at least 70% of clients are attending a group session by their sixth month of treatment.

3.1.5 Prevention of client hospitalizations and/or incarcerations as recorded in the Integrated Behavioral Health Information System (IBHIS) hospitalization report, Open Forensic mental health episodes in IBHIS and by client report.

3.1.6 Prevention of client suicides or suicide attempts by review of County Incident Reports for program participants.

3.1.7 Prevention of the conversion of symptoms to a Diagnostic and Statistical Manual for Mental Disorders (DSM-5) diagnosable psychotic disorder by the maintenance or reduction of client scores on the Structured Interview for the Psychosis-Risk Syndromes.

3.2 Outcomes-Community

Contractor shall ensure that their PIER Team produce the following outcomes for the community-at-large in their specified Service Area:

3.2.1 Increased early identification of psychotic disorder in youth ages 12-25 within the designated Service Area as evidenced by Intake logs.

3.2.2 Increased knowledge of symptoms by those who live or work with youth ages 12-25 within the designated Service Area as reported by number of community members outreached on the Outreach log.

3.3 Performance-based Criteria

DMH shall monitor and evaluate providers on a quarterly basis, at a minimum, on performance-based criteria which shall include but shall not be limited to:

3.3.1 Screening appropriate clients using the Structured Interview for Psychosis Risk and monitoring client's progress as indicated by the PTI.

3.3.2 Completion of required evaluation tools including, but not limited to Global Assessment of Functioning - Modified Scale and the Clinical Assessment of Social and Role Functioning to monitor client's progress as indicated by the PTI.

3.3.3 Client engagement based on percentage of referrals admitted for treatment based on Intake Log.

3.3.4 Client retention based on the percentage of clients/families in treatment after one year and after two years as documented on the Intake Log and billing records.

3.3.5 Percentage of scheduled family psychoeducation sessions attended by each client and their family.

3.3.6 Electronic collection of required outcome measures using an electronic tablet with all enrolled clients for EP Learning Network.

3.3.7 Data entry of additional PEI outcome measures as determined by DMH into the DMH OMA system. "Pre" treatment outcome measures shall be collected up to seven (7) days prior to the date of the first session of treatment, on the date of the first session of treatment, and up to fourteen (14) days after the date of the first

session of treatment. "Update" outcome measures shall be administered every six (6) months during treatment. “Post" treatment outcome measures shall be collected up to seven (7) days prior to the date of the last session of treatment, on the date of the last session of treatment, and up to fourteen (14) days after the date of the last session of treatment. A complete set of Pre, Post and Update measures shall be collected for at least 70% of all clients by discharge.

3.3.8 Types of audiences for outreach presentations including target population (e.g., educational, medical, etc.) and number of attendees as maintained on the Outreach Log.

3.3.9 Completion of outreach satisfaction surveys provided at outreach education presentations.

3.3.10 Completion of all training requirements for PIER Program as set forth by PTI

4.0 QUALITY ASSURANCE PLAN

The County will evaluate the Contractor’s performance under this Contract using the quality assurance procedures as defined in Contract, Paragraph 8, Standard Terms and Conditions; and Paragraph 8.15, County’s Quality Assurance Plan.

4.1 Meetings

4.1.1 Contractor shall attend monthly Service Area Advisory Committee (SAAC) meetings or equivalent, monthly Service Area Quality Assurance, and monthly Service Area Quality Improvement meetings in their respective Service Area.

4.1.2 Contractor shall participate in the Collaborative Statewide Early Psychosis Learning Health Care Network and Evaluation (EP Learning Network). This collaboration is part of the Mental Health Services Oversight and Accountability Committee’s (MHSOAC) effort to measure the impact of Mental Health Services Act-funded Early Psychosis (EP) programs. It will consist of collecting outcome measure data from clients using a web-based application on researcher-provided electronic tablets during an 18-month period. The data collected will eventually be de-identified and used on the county and state level to evaluate program utilization, emergency department and hospitalization rates, and associated costs for the PIER Teams countywide and all Early Psychosis programs statewide. PIER Team leadership and designated staff will participate in periodic feedback sessions to provide input about outcome measure selection, data collection, application usage, and outcomes. Teams will also be required to support the EP Learning Network in obtaining feedback from clients and stakeholders.

4.2 Contract Discrepancy Report (SOW Exhibit 1 of Appendix B)

Verbal notification of a Contract discrepancy will be made to the Contract Project Monitor as soon as possible whenever a Contract discrepancy is identified. The problem shall be resolved within a time period mutually agreed upon by the County and the Contractor.

The County Contract Project Monitor will determine whether a formal Contract Discrepancy Report shall be issued. Upon receipt of this document, the Contractor is required to respond in writing to the County Contract Project Monitor within five (5) workdays, acknowledging the reported discrepancies or presenting contrary evidence. A plan for correction of all deficiencies identified in the Contract Discrepancy Report shall be submitted to the County Contract Project Monitor within five (5) workdays.

4.3 County Observations

In addition to DMH staff, other County personnel may observe performance, activities, and review documents relevant to this Contract at any time during normal business hours. However, these personnel may not unreasonably interfere with the Contractor's performance.

5.0 DEFINITIONS

5.1 Clinical Assessment of Social and Role Functioning (CASRF)

The CASRF was developed by William L. Cook, Ph.D. and Donna Downing, MS OTR/L as a brief scale used to identify the client's current social functioning and role functioning from the clinician's observation.

5.2 Community Mapping

Community mapping refers to the practice of collecting field data within a specified area. In this program, community mapping shall involve identifying schools, service providers, cultural and religious organizations, after-school organizations, etc. that have contact with youth ages 12-25 within the specified Service Area.

5.3 Diagnostic and Statistical Manual of Mental Disorders (DSM)

Published by the American Psychiatric Association, the DSM is used by clinicians and psychiatrists to diagnose psychiatric illnesses. The most recent version, known as the DSM-5, was released in 2013.

5.4 Early Psychosis Program (EP)

EP Programs are mental health programs that focus on identifying and treating youth who are at high clinical risk of developing symptoms of psychosis or have experienced their first episode of psychosis.

5.5 Global Assessment of Functioning – Modified (GAF-M)

The GAF-M is a global measure of overall functioning used by clinicians to determine a client's current level of mental health.

5.6 Multifamily Group (MFG)

MFG is a highly structured multifamily psychoeducation group that focuses on family education, problem-solving and communication skills. It is part of the services included in the PIER Program.

5.7 Nurse Practitioner (NP)

A Nurse Practitioner is a registered nurse with advanced training and prescribes psychotropic medication. In the State of California, Nurse Practitioners are required by law to receive supervision from a licensed psychiatrist. A Nurse Practitioner's primary role within the PIER Team is to provide Intensive Medication Support (as trained in the PIER Program) and also, participate in community outreach activities (as requested by other members of the PIER Team).

5.8 Portland Identification and Early Referral Model (PIER)

Developed by William McFarlane, M.D., the PIER Program focuses on treating psychosis in the clinical high risk state and is designed for adolescents and young adults between the ages of 12 and 25.

5.9 Prevention and Early Intervention (PEI)

PEI is a Mental Health Services Act plan focusing on the prevention and early intervention of mental illness. The PEI plan contains programs for all age groups for all residents of LA County (e.g. suicide prevention) and some programs that target specific groups at risk for mental illness (e.g. childhood abuse survivors).

5.10 PEI Outcome Measures

Every program implemented in the PEI Plan requires that data be collected and outcomes measured. In PEI programs, Outcome Measures that measure a client's pre-treatment, mid-treatment, and post-treatment level of functioning or symptoms are collected in order to determine the effectiveness of treatment. Outcome Measure data are entered electronically into the Outcome Measure Application maintained by DMH.

5.11 PIER Training Institute (PTI)

PTI offers comprehensive training and certification programs on the PIER Program. PTI will provide training and consultation to all PIER staff.

5.12 Structured Interview for the Psychosis-Risk Syndromes (SIPS)

The SIPS is an interview tool administered by clinicians. It is used to rule out past and/or current psychosis, identify one or more of the three types of psychosis-risk syndromes, and rate the current severity of the psychosis-risk symptoms.

5.13 Supportive Education/Supportive Employment (SE/SE)

SE/SE will be provided by the Occupational Therapist on the PIER Team. SE/SE will focus on helping clients make appropriate accommodations to keep clients engaged or to re-engage clients in school or work activities.

5.14 Transitional Aged Youth (TAY)

TAY are typically identified as youth between the ages of 16 and 25.

5.15 The Collaborative Statewide Early Psychosis Learning Health Care Network and Evaluation (EP Learning Network)

The Statewide Early Psychosis Learning Health Care Network is an opportunity for California to learn from its individual early psychosis programs, develop a network for sharing what works best, and use data to inform practice. The network creates a state-level link between early psychosis programs in California. It creates the infrastructure to collect data that can be used at the client, provider, County, and State levels to inform care and practice. Through an evaluation, the project will be able to demonstrate the utility of the network by modeling outcomes and costs.

6.0 RESPONSIBILITIES

The County's and the Contractor's responsibilities are as follows:

COUNTY

6.1 Personnel

The County will administer the Contract according to Paragraph 6.0, Administration of Contract - County. Specific duties will include:

6.1.1 Monitoring the Contractor's performance in the daily operation of this Contract.

6.1.2 Providing direction to the Contractor in areas relating to policy, information, and procedural requirements.

6.1.3 Preparing Amendments in accordance with the Contract, Paragraph 8. Standard Terms and Conditions, Sub-paragraph 8.1 Amendments.

6.2 Furnished Items

Contractor shall be loaned at least one (1) electronic tablet, supplied by the EP Learning Network administrative team, in order to collect outcome data from clients enrolled in the program. Contractor shall maintain security of the electronic tablet including keeping the tablet locked when not in use and monitoring use to avoid theft. Any loss or damage to the electronic tablet must immediately be reported to DMH and to EP Learning Network administrative team. EP Learning Network administrative team will provide replacement for damaged electronic tablets.

CONTRACTOR

6.3 PIER Liaison

6.3.1 The PIER Team Supervisor shall be the designated contact or PIER Liaison for the agency. PIER liaison shall act as a central point of contact with the County. County must have access to the PIER liaison, 8:00 am to 5:00 pm, Monday through Friday, except County-designated holidays.

6.3.2 The PIER Liaison shall have full authority to act for Contractor on all matters relating to the daily operation of the Contract. The PIER Liaison shall be able to effectively communicate, in English, both orally and in writing.

6.4 Personnel

6.4.1 Contractor shall be required to background check their employees as set forth in sub-paragraph 7.5 – Background and Security Investigations, of the Contract.

6.4.2 Contractor shall ensure that PIER Team staffing patterns meet or exceed the following requirements for qualified staff: All licensed, waivered, or registered staff shall maintain their licenses, certifications, and requirements to practice in the State of California. Contractor shall assign a sufficient number of employees to perform the required work. PIER Teams shall consist of the following staff:

6.4.2.1 One (1) full-time equivalent (FTE) licensed mental health therapist (i.e., marriage and family therapist, social worker or psychologist) who will serve as the PIER Team Supervisor and PIER Liaison to the County. This PIER supervisor shall carry a small caseload and shall participate in community outreach. Supervisors should have at least four (4) years' experience in providing therapy with children and TAY-aged clients and their families and at least two (2) years' experience supervising a multidisciplinary mental health team.

6.4.2.2 One FTE Mental Health Psychiatrist or Nurse Practitioner and a part-time equivalent (0.5) Mental Health Psychiatrist or Nurse Practitioner. A Psychiatric-Mental Health Nurse Practitioner shall hold and maintain American Nursing Credentialing Center (ANCC) advanced level certification (PMHNP-BC for child/adolescent, or family) and shall have at least one (1) year of clinical experience in working with children and transitional aged youth clients. A Psychiatrist shall be Board eligible/certified as a child and adolescent psychiatrist.

6.4.2.3 Three (3) FTE licensed/waivered/registered mental health therapists, social workers or psychologists with at least one (1) year of experience each, in providing therapy with children and TAY-aged clients and their families. At least one (1) FTE staff needs to be a licensed/waivered/registered psychologist with at least one (1) year of experience in conducting assessments with children and TAY-aged clients.

6.4.2.4 One (1) FTE Occupational Therapist with at least two (2) years' experience working with children and TAY-aged clients with mental illness.

6.4.2.5 One FTE Medical Case Worker and one part-time (0.5) Medical Case Worker with at least two (2) years' experience in working with families with children and TAY-aged clients.

6.4.2.6 One (1) FTE Community Worker with lived experience of being diagnosed with a mental illness or having a family member diagnosed with a mental illness with at least one (1) year of experience in providing peer support and community linkage.

6.4.2.7 One part-time equivalent (0.5) Community Worker with lived experience of being diagnosed with a mental illness or having a family member diagnosed with a mental illness and at least two (2) years' experience with using electronic tablets and mobile application technology. The designated Community Worker will be trained by UC Davis staff on the data collection tablet application. The Community Worker will then coordinate in-house data collection to ensure that all clients complete electronic outcome measures required for UC Davis Evaluation project.

6.4.3 The PIER Team shall participate in the PTI trainings, consultation calls, webinars and fidelity reviews as required by the PTI based on their discipline. The PIER Team shall participate in community outreach during the course of the program per PIER Program. The PIER Team staff shall provide qualitative feedback to the EP

Learning Network, including participating in regular conference calls and meetings as scheduled.

6.4.4 Contractors shall conduct PIER Team meetings at least twice a week in order to discuss screened clients, assign assessed clients, discuss outreach efforts, discuss client progress in treatment and coordinate outreach efforts. All PIER team members and the PIER Team Supervisor should be present.

6.5 Intentionally Omitted

6.6 Materials and Equipment

6.6.1 The purchase of all materials/equipment to provide the needed services is the responsibility of the Contractor. Contractor shall use materials and equipment that are safe for the environment and safe for use by the employee.

6.6.2 Training materials required by PTI during didactic training will be provided by DMH during the initial training phase of the program. All other materials such as video cameras for recording of Multi-family Group for fidelity review and outreach presentation materials are the responsibility of the Contractor.

6.6.3 Contractor shall be loaned one (1) electronic tablet, supplied by the EP Learning Network administrative team.

6.7 Training

6.7.1 Trainings for PIER Team with PTI shall be scheduled and sponsored by DMH. The PIER Team shall attend PIER trainings delivered by trained and approved PTI staff.

6.7.2 PIER Team members who have received PIER trainings shall deliver PIER services at the designated sites as set forth in the Legal Entity Contract after completion of this training.

6.8 Contractor's Office

6.8.1 Contractor shall maintain an office with a telephone in the company's name where Contractor conducts business. The office shall be staffed during the hours of 8 a.m. to 5 p.m., Monday through Friday, by at least one employee who can respond to inquiries and complaints which may be received about the Contractor's performance of the Contract. When the office is closed, an answering service shall be provided to receive calls and take messages. The Contractor shall answer calls received by the answering service within twenty-four (24) hours of receipt of the call.

6.8.2 Contractor shall have the capacity to provide clinical services at their Medi-Cal certified facility. Contractor shall have adequate space to

meet individually with clients. Group rooms shall be available to accommodate confidential multifamily groups and team meetings.

6.8.3 Contractor shall maintain appropriate technology and Internet access to enable the PIER Team to participate in PIER training webinars, distance learning and remote supervision needed to fulfill PIER training requirements as well as data collection requirement for EP Learning Network. This will require Wi-Fi capabilities wherever clients may complete electronic outcome measures via electronic tablet.

6.9 Field-based Services

6.9.1 Contractor shall have the flexibility to meet with clients in the field when clinically appropriate. Contractors shall also be prepared to hold groups in the community in order to meet the needs of their clients and their families. Contractors will be responsible for securing appropriate venues if needed.

6.9.2 Contractor shall have the ability to visit sites within the Service Area in order to provide presentations and community education. The PIER Team shall be prepared to provide outreach presentations on a regular basis in order to expand gatekeepers in the community. Contractor shall ensure that PIER Team members who drive off site must maintain valid California Driver's Licenses and appropriate vehicle insurances.

6.10 Language Capabilities

Contractor shall have the capacity to provide linguistically appropriate services for clients and families. This may require that some multifamily group services be provided in County Threshold languages other than English in order to accommodate monolingual family members. Alternative services shall be made available for families who cannot participate in multifamily group.

7.0 HOURS/DAY OF WORK

7.1 Contractor shall be available a minimum of eight hours a day for services, but shall make available some afternoon and evening appointments to accommodate clients' school and work schedules. Contractor shall provide services Monday through Friday, except on County-recognized holidays. DMH will provide a list of holidays.

8.0 WORK SCHEDULES

8.1 Contractor shall submit for review and approval a PIER Team work schedule for each facility where the PIER Program is offered to the County Project Director within ten (10) days prior to starting work. Said work schedules shall be set on an annual calendar indicating all non-County holidays or other closures for the year.

8.2 Contractor shall submit revised PIER Team schedules when actual performance differs substantially from planned performance. Said revisions shall be submitted to DMH programs for review and approval within ten (10) working days prior to scheduled time for work.

9.0 INTENTIONALLY OMITTED

10.0 SPECIFIC WORK REQUIREMENTS

PIER Team members trained under the PIER program SHALL perform the services listed below. All services should follow fidelity of the PIER Program. Services for each client will be based on the individual needs and as determined by the weekly PIER Team meetings (as indicated in section 6.4.4). Contractor shall demonstrate commitment to work towards maximizing fidelity to the model.

10.1 Community Outreach

Community outreach shall be completed by all PIER Team members to increase community awareness on how to identify clinical high risk signs before a client has full-blown psychotic symptoms. Community outreach will be conducted full-time during the first three months of the program and on an ongoing basis thereafter. The tasks shall include the following:

10.1.1 Community mapping to identify organizations who can become referral gatekeepers for the PIER Team and key community members who have regular contact with young people in the at-risk target group in the community.

10.1.2 Establishment of a steering council consisting of referral gatekeepers and key community members to identify ways to outreach at-risk target group and make appropriate referrals to mental health services.

10.1.3 Development and delivery of outreach messages to specific target audiences:

10.1.3.1 Upon completion of the initial three (3) webinar training sessions through PTI, each PIER Team member shall conduct community outreach activities full-time for three months (i.e., phase one). After three months, each PIER Team member shall conduct a minimum of two (2) outreach efforts/presentations per month. <u>NOTE</u>: PIER Team psychiatrists and NPs are exempted from this requirement, but are highly encouraged to participate when targeting medical audiences.

10.1.3.2 Outreach audiences shall include professional staff at schools, universities, and military bases; health and mental health professionals; clergy and religious communities;

community groups; media; youth; businesses; and multicultural communities.

10.1.3.3 Develop outreach materials (e.g., brochures and PowerPoint presentations); identify outreach targets; schedule presentations for staff; and track outreach efforts in the database.

10.1.3.4 Participation in community events, school-based events, and resource fairs to provide outreach materials and provide linkage/referral for services.

10.2 Assessment

Assessment(s) shall be completed by PIER Team Psychologists (or other PIER Team therapists identified in section 6.4.2.3 when a psychologist is unavailable) as follows:

10.2.1 An initial screening for all referred clients.

10.2.2 An initial assessment specifically utilizing the Structured Interview for the Psychosis-Risk Syndromes, additional assessment tools and outcome measures for clients that meet program criteria.

10.2.3 Conduct follow up assessments at six months and twelve months, with enrolled clients by using aforementioned screening tools and outcome measures.

10.3 Multifamily Group

A minimum of three (3) multifamily group psychoeducation groups shall be provided in each Service Area for enrolled clients and either a parent/caregiver, sibling or other designated family member. The group shall be primarily staffed by PIER Team therapists; however a secondary staff may be a medical case worker or community worker if a second therapist is not available. The groups shall follow PIER fidelity models as presented in the initial PTI training.

10.4 Intensive Medication Support

Intensive Medication Support as modeled in the PTI training shall be provided by PIER Team Psychiatrists and/or Nurse Practitioners as follows:

10.4.1 An initial medication assessment for all enrolled clients.

10.4.2 Medication monitoring sessions at least one time a month for clients receiving medication. Additional sessions may be completed as client needs arise.

10.5 **Individual Cognitive Behavioral Therapy for Psychosis (CBTp)**

Weekly Individual CBTp services shall be provided by a PIER Team Therapist as indicated by the PIER Program.

10.6 **Supportive Education/Supportive Employment (SE/SE) Services**

SE/SE services shall be provided by a PIER Team Occupational Therapist. Services shall be provided as follows:

10.6.1 Assist individuals to meet their educational and/or vocational goals by connecting them to the community through schools or employment.

10.6.2 Serve as a resource to both clients and employers on the American with Disabilities Act (ADA) and Federal/State subsidies when indicated.

10.6.3 Provide support with education and employment when indicated.

10.7 **Case Management**:

PIER Team Medical Case Workers shall meet with clients twice per month or as needed and shall provide community supports, assistance with medication, (i.e., reminder calls, pharmacy calls, health insurance and resource applications including CalFresh, transportation, etc.) and applications for disability when warranted. Medical Case Workers shall provide support to clients regarding education and employment as needed.

10.8 **Peer Support**:

Peer Support shall be provided by a PIER Team Community Worker with lived experience of having a mental illness or a family member diagnosed with a mental illness. Community Workers shall provide assistance in obtaining community services including accompanying and advocating for client when needed. Community Worker shall also provide support to client regarding education and employment as needed.

10.9 **Data Collection**:

As part of the EP Learning Network data collection, Contractor will be issued an electronic tablet. The tablet will be pre-loaded with selected outcome measures. The PIER Team shall collect data from all enrolled participants during data collection periods. Electronic data collection will be coordinated by the identified PIER Team Community Worker with the PIER Team's cooperation. PIER Team shall comply with all data collection requirements of DMH and the EP Learning Network project, including required paper outcome measures not included in electronic data collection. Paper outcome measures may require manual entry into DMH Outcome Measures Application.

11.0 GREEN INITIATIVES

11.1 Contractor shall use reasonable efforts to initiate “green” practices for environmental and energy conservation benefits.

12.0 PERFORMANCE REQUIREMENTS SUMMARY

See Performance Requirements Summary (PRS) chart, Exhibit 2 of Appendix B (SOW Exhibits), for a listing of required services that will be monitored by the County during the term of this Contract.

REVISED Attachment III

LEGAL ENTITY	Provider Site Addresse(s)	SA(s)	SD(s)	Current MCA FY 2019-20	MHSA PEI Allocation FY 2019-20	Revised MCA FY 2019-20	Current MCA FY 2020-19	MHSA PEI Allocation FY 2020-21	Revised MCA FY 2020-21	Current MCA FY 2021-22	MHSA PEI Allocation FY 2021-22	Revised MCA FY 2021-22	Total TCA
Institute for Multicultural Counseling and Education Services (IMCES)	TBD	3	1 & 5	$6,551,481	$1,500,000	$9,551,481	$6,551,481	$1,500,000	$9,551,481	$6,551,481	$1,500,000	$9,551,481	$4,500,000
	3580 Wilshire Blvd, Suite 2000 Los Angeles, CA 90010	4	2*		$1,500,000			$1,500,000			$1,500,000		$4,500,000
San Fernando Valley Community Mental Health Center	14535 Sherman Circle Van Nuys, CA 91405	2	3	$39,553,875	$1,500,000	$41,053,875	$39,553,875	$1,500,000	$41,053,875	$39,553,875	$1,500,000	$41,053,875	$4,500,000
The Help Group	12099 W. Washington Blvd., Suite 200 Los Angeles, CA 90066	5	3	$15,444,665	$1,500,000	$16,944,665	$15,444,665	$1,500,000	$16,944,665	$15,444,665	$1,500,000	$16,944,665	$4,500,000
The Whole Child	10155 Colima Rd. Whittier, CA 90603	7	4	$6,403,082	$1,500,000	$7,903,082	$6,403,082	$1,500,000	$7,903,082	$6,403,082	$1,500,000	$7,903,082	$4,500,000
			Grand Total:		$7,500,000			$7,500,000			$7,500,000		$22,500,000

****IMCES will also accept referrals for services in SA6

Attachment IV

DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

JONATHAN E. SHERIN, M.D., Ph.D.
Director

Curley L. Bonds, M.D.
Chief Deputy Director
Clinical Operations

Gregory C. Polk, M.P.A.
Chief Deputy Director
Administrative Operations

July 8, 2019

TO: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Kathryn Barger

FROM: Jonathan E. Sherin, M.D., Ph.D.
Director

SUBJECT: **NOTICE OF INTENT TO REQUEST DELEGATED AUTHORITY FOR A PERCENTAGE INCREASE EXCEEDING TEN PERCENT OF THE MAXIMUM CONTRACT AMOUNT FOR FOUR LEGAL ENTITY CONTRACTS**

In accordance with Los Angeles County Board of Supervisors' (Board) Policy No. 5.120, the Department of Mental Health (DMH) is notifying your Board of our department's intent to request delegated authority for a percentage increase exceeding ten (10) percent of the maximum contract amount (MCA). More specifically, DMH will request delegated authority for a twenty-five (25) percent increase of the MCA for Fiscal Year (FY) 2019-20 for four (4) Legal Entity (LE) Contractors.

JUSTIFICATION

On August 13, 2019, DMH will present your Board a letter for approval for hiring authority and to amend four (4) LE Contracts to implement the Portland Identification and Early Referral (PIER) Early Psychosis Program funded by Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds. These four (4) providers are being awarded PEI funds to implement the PIER Early Psychosis Program as the result of a Request for Services solicitation process. Approval of this request will enhance DMH's ability to expeditiously respond to contracted service needs and ensure flawless alignment between the increasing needs of clients suffering from serious mental illnesses and ensuring LE Contractors have the access and resources to serve these clients. Should there be a need to exceed the twenty-five (25) percent delegated authority, DMH will return to your Board with a request to amend these LE Contracts accordingly.

NOTIFICATION TIMELINE

Board Policy No. 5.120 requires departments to provide written notice to your Board, with a copy to the Chief Executive Officer, at least two (2) weeks prior to the Board Meeting at which the request to exceed twenty-five (25) percent of the MCA will be presented. In compliance with this policy, DMH is notifying your Board of our intent to request delegated authority for a percent increase of up to twenty-five (25) percent of the MCA through a Board letter to be presented on August 13, 2019.

If you have any questions or concerns, please contact me at (213) 738-4601, or your staff may contact Stella Krikorian, Division Manager, Contracts Development and Administration Division, at (213) 738-4023.

JES:ES:SK:jh

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel
Gregory Polk
Edgar Soto
Kimberly Nall
Stella Krikorian
Lynn Robnett