APPENDIX A

RFS STATEMENT OF WORK

PIER Model Implementation

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STATEMENT OF WORK (SOW)

1.0 SCOPE OF WORK

The Los Angeles County Department of Mental Health (DMH) is seeking to expand its First Episode Psychosis services by contracting with agencies that can develop community outreach and mental health services teams. The focus of the teams is to reduce the incidence of first-episode psychosis in consumers with clinical high risk for psychosis (in the past referred to as the prodromal phase of psychosis) and reduce potential long-term disability in this population. Teams will consist of dedicated staff that will be trained on the Portland Identification and Early Referral (PIER) Model developed by William McFarlane, M.D.

1.1 Target Population

The PIER Model focuses 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

Teams will attend initial didactic trainings for a total of seven (7) days with instructors from the PIER Training Institute (PTI) sponsored by DMH. Upon completion of initial trainings, teams will begin implementing the three main components of the PIER Model.

1.2.1 Outreach

After initial didactic training, team members will spend the first three months of the program focusing on community outreach. The focus on 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 will begin to screen, enroll, and assess clients.
1.2.3 Clinical Intervention

1.2.3.1 Once assessed, clients will be assigned to individual cognitive behavioral therapy for psychosis (CBTp), multifamily groups, and psychiatric services. Supportive services will also 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.

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 LE Contract for Fiscal Years (FYs) 2018-19, 2019-20 and 2020-21.

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 County Contract Project 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 the 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 PIER Training Institute.

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 PIER Training Institute.

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 model as set forth by PIER Training Institute.

4.0 QUALITY ASSURANCE PLAN

The County will evaluate the Contractor’s performance under this Contract using the quality assurance procedures as defined in the LE Contract for FYs 2018-19, 2019-20, and 2020-21, 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, 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 problem-solving. It is part of the services included in the PIER Model.

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 Model) 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 Model 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 Model. 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 the LE Contract FYs 2018-19, 2019-20, and 2020-21, 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 LE Contract FYs 2018-19, 2019-20, and 2020-21, Paragraph 8. Standard Terms and Conditions, Sub-paragraph 8.1 Amendments.
6.2 Furnished Items
Contractor shall be loaned 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 LE Contract FYs 2018-19, 2019-20, and 2020-21.

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 PIER Training Institute trainings, consultation calls, webinars and fidelity reviews as required by the PIER Training Institute based on their discipline. The PIER team shall participate in community outreach during the course of the program per PIER model. 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 PIER Training Institute 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 PIER Training Institute shall be scheduled and sponsored by DMH. The PIER team shall attend PIER trainings delivered by trained and approved PIER Training Institute 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 model 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 model SHALL perform the services listed below. All services should follow fidelity of the PIER model. 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 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 After initial training sessions are completed by Peer Training Institute, 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 will conduct a minimum of two (2) outreach efforts/presentations per month. 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, 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 12 months, with enrolled clients with indicated 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 should 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 training.

10.4 Intensive Medication Support

Intensive Medication Support as modeled in the PIER Training Institute 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 model.

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 school 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 food stamps, 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 and has a mental illness or a family member is 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
elecronic 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.