

Exhibit A

Community and Family Resource Center Statement of Work (SOW)



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**Community and Family Resource Center
STATEMENT OF WORK (SOW)**

1.0 SCOPE OF WORK

Contractor will operate a Community and Family Resource Center (CFRC) in Los Angeles County (LAC or County) and provide a full array of strength-based, culturally responsive, and linguistically appropriate LAC Department of Mental Health (DMH) prevention services that include: 1) case navigation; 2) referrals and linkages; 3) community capacity building; and 4) community outreach and engagement. Prevention services, frequency, and duration of services will be dictated and tailored to meet the needs of the residents being served. Contractors will adhere to this Statement of Work (SOW) to ensure the appropriate delivery of services, billing, and supporting documentation is submitted.

1.1 Target Population

Contractor will serve a minimum of 4,000 unduplicated individuals annually in the CFRC’s Supervisorial District (SD). Individuals served may be any member of the community seeking services at the CFRC, their immediate family and extended family. Service priority will be given to community members impacted by social determinants of health (SDOH) exposing them to risk factors that affect mental health and wellbeing. These SDOHs and the associated risk factors include, but are not limited to:

SDOH 5 Domains	SDOH	Possible Risk Factors of SDOH
Economic Stability	<ul style="list-style-type: none"> • Poverty • Homelessness • Job opportunities • Access to reliable transportation 	<ul style="list-style-type: none"> • Trauma-exposed individuals or families • Children/Youth and Families at risk of or experiencing Homelessness and/or Poverty • Children/Youth and Families at risk of involvement with child welfare or juvenile justice • Individuals or Families experiencing extreme stressors
Education Access and Quality	<ul style="list-style-type: none"> • Educational Inequality • Language and literacy skills • Job opportunities 	<ul style="list-style-type: none"> • Underserved/Underrepresented cultural populations, such as Black, Indigenous, and People of Color (BIPOC), people with disabilities, Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, 2-Spirit, Plus (LGBTQ2S+), people experiencing racism or prejudice, etc.
Health Care Access and Quality	<ul style="list-style-type: none"> • Health literacy • Unemployment • Mental Health crisis 	<ul style="list-style-type: none"> • Individuals experiencing onset of serious psychiatric illness or at-risk of developing a potentially serious mental illness

	<ul style="list-style-type: none"> • Healthcare inequality 	<ul style="list-style-type: none"> • Underserved/Underrepresented cultural populations, such as BIPOC, people with disabilities, people experiencing racism or prejudice, etc.
Neighborhood and Build Environment	<ul style="list-style-type: none"> • Polluted air and water • Access to nutritious foods • Racism, discrimination, and violence 	<ul style="list-style-type: none"> • Individuals/families at-risk of experiencing trauma or trauma-exposed individuals/families • Children/Youth and Families involvement with and/or at risk of involvement with or exiting Child Welfare and/or Juvenile Justice involvement • Individuals or Families experiencing extreme stressors
Social and Community Context	<ul style="list-style-type: none"> • Civic Activities • Social Cohesion • Discrimination • Incarceration 	<ul style="list-style-type: none"> • Children/Youth and Families at risk of or experiencing Child Welfare and/or Juvenile Justice Involvement • Children/Youth and Families at risk of or experiencing Community Violence • Adults and Families at risk of or experiencing Justice Involvement such as incarceration • LGBTQ2S+, BIPOC, people with disabilities, people experiencing racism or prejudice, etc.

2.0 SPECIFIC WORK REQUIREMENTS

Contractor will provide the following services at the CFRC:

- 2.1 Contractor will provide case navigation through assessment for each child/family/individual served. Assessments will identify needs and inform the development of a service plan. The service plan will be used to refer to needed resources.
- 2.1.1 Periodic monitoring must be conducted to ensure appropriate services are provided and progress is being made towards service plan goals.
- 2.1.2 Case navigation must include successful referral(s), linkage(s) and warm handoff to specialty care partnering agencies when appropriate.
- 2.1.3 A minimum of eighty percent (80%) of participants receiving case navigation must have a needs assessment and service plan completed upon third engagement/delivery of CFRC services.

- 2.2 Contractor will provide referrals and linkages to needed services and supports. Services and supports include but are not limited to mental health, health/medical, educational, housing (like rental assistance, shelter), food, clothing, basic/essential needs, financial, legal, and employment.
- 2.2.1 A minimum of fifty percent (50%) of participants receiving case navigation/management services and seeking needed community and County resources will be successfully linked to services based on client self-report. Linkages are considered successful once the participant follows through with accessing supporting services using the referral information and/or support/guidance provided by Contract staff.
- 2.3 Contractor will provide a minimum of one (1) large (minimum 50 individuals) in-person community outreach and engagement activity or event to the community every six (6) months.
- 2.3.1 Events will be developed to increase social connectedness, promote community engagement and trust, and raise awareness about mental health and overall wellbeing. Examples of these events may include, but are not limited to, community family night, resource fairs, and stigma-reduction activities. Contractor will be responsible for maintaining sign-in sheets or other proof of participant attendance.
- 2.4 Contractor will provide a minimum of 10 ongoing and 15 one-time/single in-person and virtual mental health educational and enrichment activities (e.g., events, classes, trainings, workshops, etc.) each fiscal year to promote overall wellbeing. Virtual activities/events shall not exceed 20% of the total number of ongoing and one-time/single activities/events. A request to increase the percentage of virtual activities/events must be authorized by LACDMH staff.
- 2.4.1 Community activities and events will include, but are not limited to: mental health promotion and awareness, domestic/intimate partner violence classes, mindfulness classes, community gardening, peer-to-peer support (e.g., teen club), financial literacy, career development, family support activities (e.g., fatherhood groups, mommy and me, grandparents as caregivers, etc.), information on services provided through the CFRCs and non-traditional trauma-informed activities. These one-time/single activities are considered as services that are of benefit to participants on a one-time basis, for example tax preparation services, tutoring services, legal aid consultation, workshops, etc. Contractor will be responsible for maintaining sign-in sheets or other proof of participant attendance.

Partnership Development

- 2.5 In the provision of services in sections 2.1 through 2.4, Contractor will collaborate with LACDMH to analyze demographics in the CFRC's SD. Socio-demographic information must include data points outlined in Paragraph 3.4.1, as well as social determinants of health, including rates of community violence.

- 2.6 On a quarterly basis, Contractor will conduct an analysis using a community mapping process (such as the ARDI Equity Map), reports available to the public and interviews with community leaders to determine additional needs of the community and any new resources available to ensure equitable access to needed services and supports in the SD served.
- 2.6.1 Contractor will use the analysis to prioritize areas with identified high need (such as communities with domestic/intimate partner violence and gun violence) and create a plan outlining partnerships and a network of resources developed in the CFRC's SD and submit to LACDMH.
- 2.6.2 LACDMH reserves the right to request additional services in geographical locations as the need arises.
- 2.7 In alignment with the [LAC Office of Violence Prevention](#) (OVP) strategic plan aimed at keeping communities, children, and families safe and healthy, Contractor must develop a minimum of two (2) partnerships.
- 2.7.1 One (1) partnership must be with a community agency that provides legal, educational, and support services for domestic violence/intimate partner violence.
- 2.7.2 Based on the community needs, Contractor may partner with schools, County departments, neighboring CFRCs, and community agencies to support the identified needs of the community (e.g., parenting, older adults, transgender youth, etc.) and create a sense of security to begin engaging and ultimately reducing stigma around accessing services.
- 2.8 Contractor will collaborate with, and leverage the resources and capacities of, each community partner to best respond to the needs of children/families/individuals in their community with the intent to address gaps in service delivery within their respective SD (i.e., Family Source Centers [funded through LA City], Family Resource Centers [funded through Managed Care Plans], Community School Initiative sites, TAY Drop-In Centers, Prevention and Aftercare Centers, existing resource centers funded through the County or city, United Mental Health Promoters/Community Ambassador Network, Faith-Based organizations).
- 2.9 Contractor will actively participate in the local Service Area Leadership Team (SALT), including providing updates to and sharing resources with the SALT and incorporating feedback to enhance community effectiveness. Contractor will also participate in the Health Neighborhoods and Underserved Cultural Communities (UsCC) meetings when appropriate.

Community Empowerment and Leadership Development

- 2.10 Contractor will engage, involve, and incentivize community members within the CFRC's SD in the planning, implementation, and decision-making, including

establishing an advisory committee to guide the CFRCs decision-making, services, and implementation.

- 2.11 Contractor will collaborate with LACDMH to access LACDMH Prevention Programs (i.e., Community Ambassador Network, Prevention and Aftercare, etc.). Contractor will expand their prevention network through partnerships with community-based organizations/partners whose activities, resources, and/or supports are directly related to the achievement of the service plan goals, and successful implementation of prevention program activities.

3.0 QUALITY CONTROL

Contractor will establish and utilize a comprehensive Quality Control Plan (Plan) to assure the County a consistently high level of service throughout the term of the Contract. The Plan must be submitted to the designated LACDMH staff for review, upon request. The Plan will include, but may not be limited to the following:

- 3.1 Method of monitoring to ensure that Contract requirements are being met.
 - 3.1.1 Contractor must identify staff responsible for monitoring Contractor's compliance with all contract terms and performance standards per this SOW.
- 3.2 A record of all CFRC services inspections conducted by the Contractor, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, will be provided to LACDMH staff upon request.

Data Collection

- 3.4 Aggregate data will be collected, managed, and submitted on a quarterly and annual basis to demonstrate project outcomes. Data will be submitted to the designated LACDMH Staff in a method agreed upon by LACDMH and the Contractor. Data collected will capture targeted outcomes identified in Section 2.0 (Specific Work Requirements) of this SOW and must include:
 - a. Total Number of Individuals Served (Unduplicated),
 - b. Participant socio-demographic information,
 - c. Protective Factors targeted,
 - d. Number of referrals and linkages and type,
 - e. Number of ongoing Community and Outreach and Engagement Services/Activities and type,
 - f. Number of single/one-time Community and Outreach and Engagement Events/Activities and type, and
 - g. Number of single/one-time Large Events/Activities and type.

Socio-Demographic Information

3.4.1 Contractor will collect and report participant socio-demographic information to include:

- 3.4.1.1 Age;
- 3.4.1.2 Disability;
- 3.4.1.3 Ethnicity;
- 3.4.1.4 Gender identity
- 3.4.1.5 Primary language;
- 3.4.1.6 Race;
- 3.4.1.7 Sex designated at birth;
- 3.4.1.8 Sexual orientation, and
- 3.4.1.9 Veteran status

Protective Factors

3.4.2 Contractor will report an increase in protective factors while concurrently reducing the risk factors for developing a potentially serious mental illness. The protective factors for this project are:

- 3.4.2.1 Social connectedness;
- 3.4.2.2 Knowledge of human behavior and development;
- 3.4.2.3 Family resiliency;
- 3.4.2.4 Concrete supports;
- 3.4.2.5 Social and Emotional Competence; and
- 3.4.2.6 Access to Care (Referral and linkages to needed supports)

Brief Universal Prevention Program Survey

3.4.3 Contractor will administer the LACDMH-approved survey Brief Universal Prevention Program Survey (BUPPS) to measure changes in protective factors. Service recipients who are 12 years and older will complete the BUPPS For ages 12+ – English Fillable PDF, service recipients ages 6 to 11 will complete the BUPPS Ages 6-11 – English Fillable PDF. Frequency of the BUPPS survey administration will be determined based on services delivered (e.g., pre/update/post survey administration for ongoing case navigation/management services/groups/classes and one time for single events/services).

3.4.3.1 Out of all participants surveyed, seventy percent (70%) will report an increase in protective factors that may lead to improved mental, emotional, and relational functioning.

Reports

3.5 Contractor will submit the following reports to designated LACDMH staff using templates provided by LACDMH (Contractor will be responsible for compiling and including report data from their subcontractors):

3.5.1 CFRC Quarterly and Annual Tracking Report - SOW Attachment II (SOW and Attachments).

3.5.2 DMH Prevention Programs Outcomes and Demographics Submission Form Annual Report – SOW Attachment III (SOW and Attachments).

4.0 QUALITY ASSURANCE PLAN

LACDMH will evaluate Contractor's performance under the Contract using the quality assurance procedures as defined in Subparagraph 8.15 (County's Quality Assurance Plan) of Appendix A - Sample Contract.

4.1 Monthly Meetings

Contractor will attend meetings that may be scheduled with LACDMH.

4.1.2 Contractor will actively participate in the local LACDMH SALT meetings, including providing updates to the SALT and incorporating feedback to enhance community engagement.

4.1.3 Contractor will participate in the Health Neighborhoods and UsCC meetings, when appropriate.

4.2 Contract Discrepancy Report – SOW Attachment I (SOW and Attachments)

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

4.2.2 LACDMH staff will determine whether a formal Contract Discrepancy Report shall be issued. Upon receipt of this document, the Contractor will be required to respond in writing to LACDMH staff within five (5) workdays of receipt, acknowledging the reported discrepancies or presenting contrary evidence.

4.2.3 Contractor will submit a plan for correction of all deficiencies identified in the Contract Discrepancy Report to LACDMH staff within a time period mutually agreed upon by LACDMH and the Contractor.

4.3 County Observations

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

4.4 Monitoring Visits

LACDMH or its agent may conduct monitoring visits to evaluate services provided and Contractor's performance. Evaluation will include assessing Contractor's compliance with all terms and performance standards set forth in this SOW.

5.0 RESPONSIBILITIES

LACDMH's and the Contractor's responsibilities are as follows:

LACDMH

5.1 Personnel

LACDMH will administer the Contract according to Appendix A – Sample Contract, Exhibit D - Administration of Contract – County. Specific duties will include:

- 5.1.1 Monitoring the Contractor's performance in the daily operation of the Contract.
- 5.1.2 Providing direction to the Contractor in areas relating to policy, information, and procedural requirements.
- 5.1.3 Facilitating meetings as needed to provide technical assistance to Contractors regarding data collection and invoicing.
- 5.1.4 Preparing amendments in accordance with Subparagraph 8.1 (Amendments) of Appendix A - Sample Contract.

5.2 Intentionally Omitted

CONTRACTOR

5.3 Personnel

- 5.3.1 Contractor will assign a sufficient number of staff to perform the required work, to include traveling within the neighborhood and community they reside in and serve. At least one (1) staff identified in Appendix A – Sample Contract, Exhibit E – Administration of Contract – Contractor, must be authorized to act for Contractor in every detail and must speak and understand English.
- 5.3.2 Contractor will background check their employees as set forth in Subparagraph 7.5 (Background and Security Investigations) of Appendix A - Sample Contract.
- 5.3.3 Contractor's CFRC staff will deliver services in the languages spoken by the community being served. Additionally, Contractor will make significant efforts to hire staff who live within the community, have mental health lived experience and will function as leaders in designing and advocating for healthy and racially equitable communities.
 - 5.3.3.1 **Program Manager (PM):** One (1) full-time equivalent (FTE) PM and designated alternative will be responsible for handling the administrative duties related to the Contract, develop, and implement the services/programs provided at the CFRC, cultivate, and maintain relationships with stakeholders, and uphold the integrity of the program.

In addition, the PM will continuously monitor, evaluate, and correct any discrepancies identified in a timely manner.

- 5.3.3.2 PM and/or designated alternative will act as a central point of contact with the County.
- 5.3.3.3 LACDMH must have access to the PM during regular business hours (8 a.m. through 5 p.m.). Contractor must provide a telephone number and an e-mail address where the PM and/or alternate may be reached during regular business hours.
- 5.3.3.4 PM and/or designated staff will attend meetings hosted by LACDMH regarding data collection and invoicing.
- 5.3.3.5 PM and/or designated alternate will have full authority to act for Contractor on all matters relating to the daily operation of the Contract. PM/alternate will be able to effectively communicate, in English, both orally and in writing.
- 5.3.3.6 **Supervisor(s):** Supervisor(s) that is/are a Licensed Clinician to supervise Case Navigators/Managers and Community Engagement Specialist (CES), work closely with the PM and ensure quality services are provided timely. Supervisor should have project management experience and experience serving the community.
- 5.3.3.7 **Administrative Coordinator:** One (1) FTE Administrative Coordinator will provide clerical support to the PM by organizing and responding to the administrative needs of the team, taking initiative to seek solutions to everyday problems, cultivate relationships with internal and external stakeholders, and assist with Contract monitoring, data collection, and reporting.
- 5.3.3.8 **Case Navigators/Managers:** Case Navigators/Managers will be responsible for a wide range of projects and activities designed to implement a multi-faceted family engagement service delivery system. They will communicate with internal and external stakeholders, provide timely referrals/linkage to community-based services for individuals/families, and provide case management services. The Case Navigator/Manager will also help caregivers/families to navigate and better understand the systems they interact with so they can learn to advocate for themselves and/or the wellbeing of their children. Lastly, the Case Navigator/Manager must reside in the SD they are serving.
- 5.3.3.9 **Community Engagement Specialist(s) (CES):** CES will develop and implement (in partnership with the LACDMH) community engagement strategies, cultivate and empower family leadership, provide support to build and strengthen relationships between families and the community they reside in, and work to remove barriers and build bridges to foster success of the community. The CES will facilitate parent/family

workgroups at the CFRC to engage and empower caregivers to be critical thinkers. Lastly, the CES must reside in the SD they serve.

5.4 Identification Badges

5.4.1 Contractor will ensure its employees are appropriately identified as set forth in Subparagraph 7.4 (Contractor's Staff Identification) of Appendix A - Sample Contract.

5.5 Materials and Equipment

5.5.1 The purchase of all furniture, fixtures, and equipment to provide the required services in this Contract is the responsibility of the Contractor. Contractor will use furniture, fixtures, and equipment that are safe for the environment and safe for use by employees.

5.6 Training

5.6.1 Contractor will provide training programs for all new employees and continuing in-service training for all employees that provide services through this Contract.

5.6.2 Contractor will provide mandatory training for all staff as required by Federal, State and local law, including but not limited to, Health Insurance Portability and Accountability Act (HIPAA) and Sexual Harassment.

5.6.3 Contractor will monitor, track, and report to LACDMH, upon request, their staff completion of core competency trainings that are unique to their role and necessary to perform their job duties and expectations and meet program goals successfully.

5.6.3.1 Core competency trainings will include, but are not limited to, coalition building, strengthening inclusive practice for community engagement, social determinants of mental health, trauma-informed care, racial equity, advocacy, and leverage the DMH+UCLA Center of Excellence (COE) for trainings such as the Community Resiliency Model (CRM) Facilitator and/or CRM Appetizer trainings. Additionally, staff will complete a prevention outcomes training and Community Outreach Services (COS) training.

5.6.3.2 Core competency trainings requirements may be supplemented, revised and/or deleted by LACDMH at any time during the term of this Contract.

5.6.4 Contractor's staff must complete the required core competency trainings within 60 days of hiring.

5.6.5 All employees must be trained in their assigned tasks and in the safe handling of equipment. All equipment shall be checked daily for safety. All employees must wear safety and protective gear according to OSHA standards.

5.7 Contractor's Administrative Office

Contractor will maintain an administrative office in the County with a telephone in the company's name where the Contractor conducts business. The office will be staffed during regular business hours (8:00 a.m. to 5:00 p.m.), Monday through Friday, by at least one (1) employee who can respond to inquiries which may be received about the Contractor's performance of the Contract. When the office is closed, an answering service must be provided to receive calls and take messages. **Contractor shall answer calls received by the answering service within 24 hours of receipt of the call.**

6.0 SUBCONTRACTING

6.1 Contractor will ensure that subcontractors comply with this SOW as set forth in Subparagraph 8.40 (Subcontracting) of Appendix A - Sample Contract.

7.0 HOURS/DAYS OF WORK

7.1 Contractor will provide services on days and times that are convenient and accessible to the communities being served. Services will be provided, at a minimum, Monday through Friday from 8 a.m. through 5 p.m. and may include evenings and/or weekends when necessary.

7.2 Contractor will not be required to provide services on County recognized holidays.

8.0 WORK SCHEDULES

8.1 Contractor will submit to LACDMH a work schedule for the CFRC staff upon request. Work schedules will be set on an annual calendar identifying all the required on-going tasks and task frequencies. The schedules will list the time frames by day of the week, morning, and afternoon the tasks will be performed.

8.2 Contractor will submit revised schedules when actual performance differs substantially from planned performance. Said revisions will be submitted to LACDMH staff within five (5) working days prior to scheduled time for work.

9.0 INTENTIONALLY OMITTED

10.0 ADDITION AND/OR DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS

10.1 All changes must be made in accordance with Subparagraph 8.1 (Amendments) of Appendix A – Sample Contract.

11.0 INTENTIONALLY OMITTED

12.0 INTENTIONALLY OMITTED

13.0 DEFINITIONS

- 13.1 **Equity mapping** – geographic information systems (GIS) technology that displays socioeconomic, demographic, and other information to identify areas that are experiencing greater degrees of inequity.
- 13.2 **Fiscal Year(s) (FY)** – A FY is an accounting period that begins on July 1st and ends the following June 30th.
- 13.3 **Health Neighborhoods** – Los Angeles County service providers including health, mental health, and substance use disorder providers that participate in collaborative relationships and promote the integration of whole-person care. Participating service providers are linked to an extensive network of governmental and community supports including, but not limited to: County and city agencies, educational institutions, housing services, faith-based groups, vocational supports, advocacy and non-profit organizations, prevention programs, social services, etc.
- 13.4 **Protective Factors for Mental Health** – conditions or attributes in individuals, families, and communities that mitigate or eliminate risk, in families and communities, thereby increasing the health and wellbeing of individuals.
- 13.5 **Risk Factors for Mental Illness** – conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness. Risk factors include, but are not limited to, biological including family history and neurological, behavioral, social/economic, stressors, trauma and environmental.
- 13.6 **Service Area Leadership Teams (SALTs)** – convenes the interests of LACDMH stakeholders from its respective Service Areas, including underserved/unserved and any other interested stakeholder communities as well as any interested individual parties in general, such as other County departments, law enforcement, schools and any organization that looks to inform a shared vision. The primary goal of each SALT is for representatives of community to convene and develop stakeholder priorities that will advise LACDMH on its planning to develop and improve its services and partnerships.
- 13.7 **Social Determinants of Health (SDOH)** – are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.

14.0 GREEN INITIATIVES

- 14.1 Contractor will use reasonable efforts to initiate “green” practices for environmental and energy conservation benefits.
- 14.2 Contractor will notify LACDMH staff of Contractor’s new green initiatives prior to Contract commencement.

**STATEMENT OF WORK
ATTACHMENTS**

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CONTRACT DISCREPANCY REPORT

SAMPLE

CONTRACTOR RESPONSE DUE BY _____ (enter date and time)

Date: Click or tap here to enter text.		Contractor Response Received: Click or tap here to enter text.	
Contractor: Click or tap here to enter text.	Contract No. Click or tap here to enter text.	County's Project Manager: Click or tap here to enter text.	
Contact Person: Click or tap here to enter text.	Telephone: Click or tap here to enter text.	County's Project Manager Signature:	
Email: Click or tap here to enter text.		Email: Click or tap here to enter text.	

A Contract discrepancy(s) is specified below. The Contractor will take corrective action and respond back to the **County personnel** identified above by the date required. Failure to take corrective action or respond to this Contract Discrepancy Report by the date specified may result in the deduction of damages.

No.	Contract Discrepancy	Contractor's Response*	County Use Only		
			Date Correction Due	Date Completed	Approved
1	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
2	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
3	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

*Use additional sheets if necessary

[Click or tap here to enter text.](#)

Contractor's Representative Signature

Date Signed

Additional Comments:	Click or tap here to enter text.



Community Family Resource Center (CFRC)
Fiscal Year 20__-20__

Lead Agency Name:
Agency Name:
Supervisory District:

Program Information

Program name:
Target population:

Please report the Numbers for each of the Categories per Quarter and Annually:																	
	Quarter 1				Quarter 2				Quarter 3				Quarter 4				Annual
	July	August	September	Aggregate Total	October	November	December	Aggregate Total	January	February	March	Aggregate Total	April	May	June	Aggregate Total	Aggregate Total
Number of:																	
Total Individuals served				0				0				0				0	0
Total # Served				0				0				0				0	0
Community Outreach and Engagement Events																	
Ongoing community outreach and engagement events (e.g., support groups, domestic violence classes, parenting classes, etc.)																	
Virtual Events				0				0				0				0	0
Total # of Attendees				0				0				0				0	0
In-person Events				0				0				0				0	0
Total # of Attendees				0				0				0				0	0
Single community outreach events and engagement events (e.g., mental health educational and enrichment activities)																	
Virtual Events				0				0				0				0	0
Total # of Attendees				0				0				0				0	0
In-person Events				0				0				0				0	0
Total # of Attendees				0				0				0				0	0
Large community events (min 50 individual participants)				0				0				0				0	0
Virtual Events				0				0				0				0	0
Total # of Attendees				0				0				0				0	0
In-person Events				0				0				0				0	0
Total # of Attendees				0				0				0				0	0
Case Navigation																	
Referrals for Case Navigation Services				0				0				0				0	0
Opened for Case Navigation Services				0				0				0				0	0
Needs Assessment and Service Plans Completed				0				0				0				0	0
Total # of Served				0				0				0				0	0
Referrals/Linkages																	
Referrals/Linkages				0				0				0				0	0
Total # Referred				0				0				0				0	0
Total # Successfully Linked				0				0				0				0	0
Partnerships																	
Formal partnerships (e.g., MOUs established)				0				0				0				0	0
Informal partnerships (e.g., collaborations)				0				0				0				0	0

SAMPLE

DMH Prevention Programs Outcomes and Demographics Submission Form Annual Report

Prevention Outcomes Handbook
1108196_PreventionOutcomesHandbook.pdf (lacounty.gov)

1. For which reporting period are you submitting outcomes and demographics?
Annual
2. Name of provider/organization
Click or tap here to enter text.
3. Name of provider/organization representative completing this survey
Click or tap here to enter text.
4. Email address of provider/organization representative completing this survey
Click or tap here to enter text.
5. Phone number of provider/organization representative completing this survey
Click or tap here to enter text.
6. Legal Entity Number
Please indicate "N/A" if you do not have a Legal Entity Number.
Click or tap here to enter text.
7. Prevention Program Name
Click or tap here to enter text.
8. Please provide a **brief** description of the program.
Please describe the population served, frequency, duration, and format of the prevention program and whether it is delivered in-person, by phone, or virtually. You will have the opportunity to tell us more about your specific program later.
Click or tap here to enter text.
9. Please describe any challenges or barriers to data collection your agency experienced during this reporting period.
Click or tap here to enter text.
10. Cumulative number of individuals served as of the end of this reporting period.
Please indicate the cumulative number of individuals served as of the end of this reporting period. If you serve families, please estimate the number of individuals per family to derive the number of individuals served.
Click or tap here to enter text.
11. Is your program delivered in a single event, or over multiple sessions?

Single events are services or presentations that participants attend only one time. If the service is delivered over more than one session, please select multiple sessions. Select the appropriate option (only 1) and answer the questions that corresponds with your selection.

- Single event (Complete 12a)
- Multiple sessions (Complete 12b)
- Single event and Multiple sessions (complete 12c)

12a. Single Event

Cumulative number of single event surveys collected as of the end of this reporting period.

[Click or tap here to enter text.](#)

12b. Multiple Sessions

- Cumulative number of "pre" or baseline surveys collected as of the end of this reporting period.

Enter the number of surveys administered prior to the program starting or at the beginning of the program. If you did not start any programs this reporting period and therefore did not collect any "pre" surveys, indicate "0".

[Click or tap here to enter text.](#)

- Cumulative number of **update** surveys collected as of the end of this reporting period.

Enter the number of update surveys administered. If you did not collect any update surveys, indicate "0".

[Click or tap here to enter text.](#)

- Cumulative number of "post" surveys collected as of the end of this reporting period.

Enter the number of surveys administered at the end of the program. If you did not finish any programs this reporting period and therefore did not collect any "post" surveys, indicate "0".

[Click or tap here to enter text.](#)

- Did you track any participants' outcomes over time by administering a "pre" survey as well as an "update" or "post" survey?

If you have such longitudinal data, please contact PEIOutcomes@dmh.lacounty.gov to arrange transfer of data. Please do not send data without contacting us first.

Yes

No

12c. Single event and multiple sessions

- Cumulative number of single event surveys collected as of the end of this reporting period. *

[Click or tap here to enter text.](#)

- Cumulative number of "pre" or baseline surveys collected as of the end of this reporting period.

Enter the number of surveys administered prior to the program starting or at the beginning of the program. If you did not start any programs this reporting period and therefore did not collect any "pre" surveys, indicate "0".

[Click or tap here to enter text.](#)

- Cumulative number of **update** surveys collected as of the end of this reporting period.

Enter the number of update surveys administered. If you did not collect any update surveys, indicate "0".

[Click or tap here to enter text.](#)

- Cumulative number of "post" surveys collected as of the end of this reporting period.

Enter the number of surveys administered at the end of the program. If you did not finish any programs this reporting period and therefore did not collect any "post" surveys, indicate "0".

[Click or tap here to enter text.](#)

- Did you track any participants' outcomes over time by administering a "pre" survey as well as an "update" or "post" survey?

If you have such longitudinal data, please contact us at PEIOutcomes@dmh.lacounty.gov to arrange transfer of data. Please do not send data without contacting us first

Yes

No

13. Did you collect outcomes with the BUPPS (Brief Universal Prevention Program Survey)?

Yes (answer 13a Single Event or 13b Multiple Sessions based on how the services in your program are delivered. If services are delivered as both Single Event and Multiple Sessions complete both 13a and 13b)

No (answer question 14)

BUPPS Aggregate Scores

You indicated that you administered the BUPPS to your participants. In this section, you will be asked for the number of average aggregate score of different BUPPS subscales. For guidance on calculating these averages, please consult the Prevention Outcomes Handbook.

13a. **BUPPS Single Event:** average aggregate score of BUPPS **Protective Factors** subscale

Please provide the average score of all of your single event BUPPS Protective Factors subscales.

[Click or tap here to enter text.](#)

13b. **BUPPS Multiple Sessions:**

Baseline

- **BUPPS Baseline/"pre":** average aggregate score of BUPPS **Protective Factors** subscale

Please provide the average score for the BUPPS Protective Factors subscales for all of your surveys administered prior to the program starting.

[Click or tap here to enter text.](#)

- **BUPPS Baseline/"pre":** average aggregate score of **WHO Wellbeing** subscale

Please provide the average score for the BUPPS Protective Factors subscales for all of your surveys administered prior to the program starting.

[Click or tap here to enter text.](#)

- **BUPPS Baseline/"pre":** average aggregate score of **Parenting** subscale

Please provide the average score for the Parenting subscales for all of your surveys administered prior to the program starting.

[Click or tap here to enter text.](#)

Update

- **BUPPS Update:** average aggregate score of BUPPS **Protective Factors** subscale

Please provide the average score for the BUPPS Protective Factors subscales for all of your update surveys administered.

[Click or tap here to enter text.](#)

- **BUPPS Update:** average aggregate score of **WHO Wellbeing** subscale

Please provide the average score for the WHO Wellbeing subscales for all of your update surveys administered.

[Click or tap here to enter text.](#)

- **BUPPS Update:** average aggregate score of **Parenting subscale**
Please provide the average score for the Parenting subscales for all of your update surveys administered.
[Click or tap here to enter text.](#)

End/Post

- **BUPPS End/"post":** average aggregate score of **BUPPS Protective Factors subscale**
Please provide the average score for the BUPPS Protective Factors subscales for all of your surveys administered at the end of the program.
[Click or tap here to enter text.](#)
- **BUPPS End/"post":** average aggregate score of **WHO Wellbeing subscale**
Please provide the average score for the WHO Wellbeing subscales for all of your surveys administered at the end of the program.
[Click or tap here to enter text.](#)
- **BUPPS End/"post":** average aggregate score of **Parenting subscale**
Please provide the average score for the Parenting subscales for all of your surveys administered at the end of the program.
[Click or tap here to enter text.](#)

Other Outcomes Measures

14. You indicated that you did not administer the BUPPS to your participants.

- What outcome measure are you using to determine whether protective factors increased or risk factors decreased during the prevention program?

Please tell us the name and version of the outcome measure you are using if applicable

[Click or tap here to enter text.](#)

Annual Report Narrative

15. If the number of surveys collected differs from the number of individuals served, please briefly explain why.

If you were unable to collect survey responses for all of the participants served please briefly explain why. If the number of individuals served equal the number of surveys collected, please indicate N/A.

[Click or tap here to enter text.](#)

16. Please explain the purpose and reason for your prevention program.

Describe the target population, participants' risk of mental illness, the problem and need, negative outcomes as a consequence of untreated mental illness, how the program is likely to bring about reduction of negative outcomes, how the program's effectiveness has been demonstrated for the intended population, how the program meets standards of cultural competence, etc.

[Click or tap here to enter text.](#)

17. Please provide a few statements about changes in average aggregate outcomes among your population served.

In other words, which protective factors increased, and by how much? Or, which risk factors decreased, and by how much? For example, you might say something like: "The protective factor of hopefulness as measured by question #1 on the BUPPS 12+ increased from an average of 2.2 to an average of 3.1 indicating an increase in hopefulness."

[Click or tap here to enter text.](#)

Demographics - Sex Designated or Listed at Birth

Per the Prevention Outcomes Handbook: -The total number of respondents for this section should equal the total number of single event and/or baseline survey respondents. -Please verify that the responses sum to the total number of unduplicated individuals served this fiscal year-to-date. Do not include responses to "update" surveys or "post" surveys.

18. Number of **Male** responses [Click or tap here to enter text.](#)
19. Number of **Female** responses [Click or tap here to enter text.](#)
20. Number of **X** responses [Click or tap here to enter text.](#)
21. Number of **Another category (e.g. Intersex)** responses [Click or tap here to enter text.](#)
22. Number of **Decline to answer/Missing/Unknown** responses [Click or tap here to enter text.](#)
23. Total Number of Respondents [Click or tap here to enter text.](#)

Demographics - Gender Identity

Per the Prevention Outcomes Handbook: -This question is not required for youth under 12 years of age. -Respondents can select more than one option. -Do not include responses to "update" surveys or "post" surveys.

24. Number of **Man** responses [Click or tap here to enter text.](#)
25. Number of **Woman** responses [Click or tap here to enter text.](#)
26. Number of **Transgender man/Transmasculine** responses [Click or tap here to enter text.](#)
27. Number of **Transgender woman/Transfeminine** responses [Click or tap here to enter text.](#)
28. Number of **Non-binary (e.g. genderqueer or gender expansive)** responses [Click or tap here to enter text.](#)
29. Number of **Another category (e.g. Two-Spirit)** responses [Click or tap here to enter text.](#)
30. Number of **Undecided/unknown at this time** responses [Click or tap here to enter text.](#)
31. Number of **Prefer not to answer/Missing/Not sure what this question means** responses [Click or tap here to enter text.](#)
32. Total Number of Respondents (Current Gender Identity) [Click or tap here to enter text.](#)

Demographics - Age

Per the Prevention Outcomes Handbook: -The total number of respondents for this section should equal the total number of single event and/or baseline survey respondents. -Please verify that the responses sum to the total number of unduplicated individuals served this fiscal year-to-date. Do not include responses to "update" surveys or "post" surveys.

33. Number of **Age 15 and under** responses [Click or tap here to enter text.](#)
34. Number of **Between 16 and 25** responses [Click or tap here to enter text.](#)
35. Number of **Between 26 and 59** responses [Click or tap here to enter text.](#)
36. Number of **Older than 60** responses [Click or tap here to enter text.](#)
37. Number of **Decline to answer/Missing/Unknown** responses [Click or tap here to enter text.](#)
38. Total Number of Respondents (Age) [Click or tap here to enter text.](#)

Demographics - Ethnicity

Per the Prevention Outcomes Handbook: -The total number of respondents for this section should equal the total number of single event and/or baseline survey respondents. -Please verify that the responses sum to the total number of unduplicated individuals served this fiscal year-to-date. Do not include responses to "update" surveys or "post" surveys.

39. Number of **Caribbean (Hispanic/Latino)** responses [Click or tap here to enter text.](#)
40. Number of **Central American (Hispanic/Latino)** responses [Click or tap here to enter text.](#)
41. Number of **Mexican/Mexican-American/Chicano (Hispanic/Latino)** responses [Click or tap here to enter text.](#)
42. Number of **Puerto Rican (Hispanic/Latino)** responses [Click or tap here to enter text.](#)
43. Number of **South American (Hispanic/Latino)** responses [Click or tap here to enter text.](#)
44. Number of **Other (Hispanic/Latino)** responses [Click or tap here to enter text.](#)
45. Number of **African** responses [Click or tap here to enter text.](#)
46. Number of **Asian Indian/South Asian** responses [Click or tap here to enter text.](#)
47. Number of **Cambodian** responses [Click or tap here to enter text.](#)
48. Number of **Chinese** responses [Click or tap here to enter text.](#)
49. Number of **Eastern European** responses [Click or tap here to enter text.](#)
50. Number of **European** responses [Click or tap here to enter text.](#)
51. Number of **Filipino** responses [Click or tap here to enter text.](#)
52. Number of **Japanese** responses [Click or tap here to enter text.](#)
53. Number of **Korean** responses [Click or tap here to enter text.](#)
54. Number of **Middle Eastern** responses [Click or tap here to enter text.](#)
55. Number of **Vietnamese** responses [Click or tap here to enter text.](#)
56. Number of **More than one ethnicity** responses [Click or tap here to enter text.](#)
57. Number of **Other** responses [Click or tap here to enter text.](#)
58. Number of **Decline to answer/Missing/Unknown** responses [Click or tap here to enter text.](#)
59. Total Number of Respondents (Ethnicity) [Click or tap here to enter text.](#)

Demographics - Race

Per the Prevention Outcomes Handbook: -The total number of respondents for this section should equal the total number of single event and/or baseline survey respondents. -Please verify that the responses sum to the total number of unduplicated individuals served this fiscal year-to-date. Do not include responses to "update" surveys or "post" surveys.

60. Number of **American Indian or Alaska Native** responses [Click or tap here to enter text.](#)
61. Number of **Asian** responses [Click or tap here to enter text.](#)
62. Number of **Black or African American** responses [Click or tap here to enter text.](#)
63. Number of **Native Hawaiian or other Pacific Islander** responses [Click or tap here to enter text.](#)
64. Number of **White** responses [Click or tap here to enter text.](#)
65. Number of **Other** responses [Click or tap here to enter text.](#)
66. Number of **More than one race** responses [Click or tap here to enter text.](#)
67. Number of **Decline to answer/Missing/Unknown** responses [Click or tap here to enter text.](#)
68. Total Number of Respondents (Race) [Click or tap here to enter text.](#)

Demographics - Language

Per the Prevention Outcomes Handbook: -The total number of respondents for this section should equal the total number of single event and/or baseline survey respondents. -Please verify that the responses sum to the total number of unduplicated individuals served this fiscal year-to-date. Do not include responses to "update" surveys or "post" surveys.

69. Number of **Arabic** responses [Click or tap here to enter text.](#)
70. Number of **Armenian** responses [Click or tap here to enter text.](#)
71. Number of **Cambodian** responses [Click or tap here to enter text.](#)
72. Number of **Cantonese** responses [Click or tap here to enter text.](#)
73. Number of **English** responses [Click or tap here to enter text.](#)
74. Number of **Farsi** responses [Click or tap here to enter text.](#)
75. Number of **Hmong** responses [Click or tap here to enter text.](#)
76. Number of **Korean** responses [Click or tap here to enter text.](#)
77. Number of **Mandarin** responses [Click or tap here to enter text.](#)
78. Number of **Other Chinese** responses [Click or tap here to enter text.](#)
79. Number of **Russian** responses [Click or tap here to enter text.](#)
80. Number of **Spanish** responses [Click or tap here to enter text.](#)
81. Number of **Tagalog** responses [Click or tap here to enter text.](#)
82. Number of **Vietnamese** responses [Click or tap here to enter text.](#)
83. Number of **American Sign Language** responses [Click or tap here to enter text.](#)
84. Number of **Other** responses [Click or tap here to enter text.](#)
85. Number of **Decline to answer/Missing/Unknown** responses [Click or tap here to enter text.](#)
86. Total Number of Respondents (Language) [Click or tap here to enter text.](#)

Demographics - Sexual Orientation

Per the Prevention Outcomes Handbook: -This question is not required for youth under 12 years of age. -Respondents can select more than one option. -Do not include responses to "update" surveys or "post" surveys.

87. Number of **Heterosexual/straight** responses [Click or tap here to enter text.](#)
88. Number of **Gay or Lesbian** responses [Click or tap here to enter text.](#)
89. Number of **Bisexual or Pansexual** responses [Click or tap here to enter text.](#)
90. Number of **Something else (e.g. queer, asexual)** responses [Click or tap here to enter text.](#)
91. Number of **Undecided/unknown at this time** responses [Click or tap here to enter text.](#)
92. Number of **Prefer not to answer/Prefer no labels/Not sure what this question means/Missing/Unknown** responses [Click or tap here to enter text.](#)
93. Total Number of Respondents (Sexual Orientation) [Click or tap here to enter text.](#)

Demographics - Disability

Per the Prevention Outcomes Handbook: -The total number of respondents for this section should equal the total number of single event and/or baseline survey respondents. -Please verify that the responses sum to the total number of unduplicated individuals served this fiscal year-to-date. Do not include responses to "update" surveys or "post" surveys.

94. Number of **Yes Disability** responses [Click or tap here to enter text.](#)
95. Number of **No Disability** responses [Click or tap here to enter text.](#)
96. Number of **Decline to answer/Missing/Unknown** responses (Disability) [Click or tap here to enter text.](#)
97. Total Number of Respondents (Disability) [Click or tap here to enter text.](#)

Demographics - Disability Type

Per the Prevention Outcomes Handbook: -Respondents can select more than one option. -Do not include responses to "update" surveys or "post" surveys.

98. Number of **A mental disability** responses [Click or tap here to enter text.](#)
99. Number of **physical/mobility disability** responses [Click or tap here to enter text.](#)
100. Number of **A chronic health condition, such as chronic pain** responses [Click or tap here to enter text.](#)
101. Number of **Difficulty seeing** responses [Click or tap here to enter text.](#)
102. Number of **Difficulty hearing** responses [Click or tap here to enter text.](#)
103. Number of **Another communication disability** responses [Click or tap here to enter text.](#)
104. Number of **Another type of disability** responses [Click or tap here to enter text.](#)
105. Number of **Decline to answer/Missing/Unknown** responses (Disability Type) [Click or tap here to enter text.](#)

Demographics - Veteran Status

Per the Prevention Outcomes Handbook: -This question is not required for youth under 12 years of age. -Do not include responses to "update" surveys or "post" surveys.

106. Number of **Yes** responses [Click or tap here to enter text.](#)
107. Number of **No** responses [Click or tap here to enter text.](#)
108. Number of **Decline to answer/Missing/Unknown** responses [Click or tap here to enter text.](#)
109. Total Number of Respondents (Veteran Status) [Click or tap here to enter text.](#)