

# EXHIBIT A

## STATEMENT OF WORK

### EARLY PSYCHOSIS INTERVENTION – LOS ANGELES (EPI-LA)

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# STATEMENT OF WORK (SOW)

## 1.0 SCOPE OF WORK

1.1 The Los Angeles County (County or LAC) Department of Mental Health (Department or DMH) is expanding its Early Psychosis (EP) services by contracting for the provision of the Early Psychosis Interventions – Los Angeles (EPI-LA) Program which focuses on treating adolescents and young adults between the ages of 12 and 25 with psychosis in the Clinical High Risk (CHR) state or within the first two years of the first episode of psychosis.

Contractor will develop community outreach and mental health services teams in LAC that will provide EP services to: 1) reduce the incidence of chronic psychosis in consumers with CHR for psychosis (previously referred to as the prodromal phase of psychosis) and First Episode Psychosis (FEP) and 2) reduce potential long-term disability in this population. Contractor's EP teams will consist of dedicated staff trained in evidence-based Coordinated Specialty Care (CSC) Model.

1.1.1 The CSC Model is a team-based, multi-element approach to treating FEP. Component interventions include assertive case management, individual or group psychotherapy, supported employment and education services, family education and support, and low doses of select antipsychotic agents. In addition, LACDMH is expanding this model to include treatment of youth with CHR for psychosis.

## 2.0 ADDITION AND/OR DELETION OF FACILITIES, 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 QUALITY CONTROL

Contractor will establish and utilize a comprehensive Quality Control Plan (Plan) to assure a consistently high level of service throughout the term of the Contract. The Plan will be submitted to the LACDMH Project Monitor, upon request, for review. The plan will include, at a minimum, the following:

3.1 A method of self-monitoring to ensure that Contract requirements are met;

3.2 A record of all inspections conducted by the Contractor for services provided through this Contract, any corrective action taken, the time the problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action must be provided to LACDMH upon request.

3.3 Contractor's Plan shall also include the following outcomes:

### 3.3.1 Outcomes-Individuals

Contractor's EP team(s) will produce the following outcomes for individuals referred to the program:

3.3.1.1 Client engagement in at least part-time education or employment activities by completion of program.

- 3.3.1.2 Client improvement in social functioning, including meaningful interpersonal relationships and positive social interactions as reported by client and family.
- 3.3.1.3 Improvement of overall global functioning as evidenced by increase in Global Assessment of Functioning – Modified (GAF-M) score or similar.
- 3.3.1.4 Reduction of CHR or first episode symptoms of psychosis as evidenced by reduction of client scores on the Structured Interview for the Psychosis-Risk Syndromes or similar measure of mental health and psychosis symptoms as approved by LACDMH.

3.3.2 **Outcomes-Community**

Contractor’s EP team(s) will produce the following outcomes for the community-at-large in their contracted Service Area (SA):

- 3.3.2.1 Increased early identification and service referral of youth ages 12-25 experiencing CHR and FEP as evidenced by monthly Referral In/Out logs.
- 3.3.2.2 Increased knowledge about EP symptoms by those who live or work with youth ages 12-25 within the designated SA as reported by number of community members outreached on the monthly Outreach log.

**3.4 Data Collection**

Contractor’s EP Teams will submit a Referral In/Out Log, Outreach Log and Enrollment Log by the 10<sup>th</sup> of each month to the LACDMH EP Practice Lead or designee. Contractor’s EP Team will comply with all data collection requirements of LACDMH and State-Sponsored EP Training and Technical Assistance (TTA) Center, including required paper outcome measures not included in electronic data collection. Paper outcome measures may require manual entry into LACDMH Outcome Measurement Application (OMA).

**4.0 QUALITY ASSURANCE PLAN**

The County will evaluate Contractor’s performance under the Contract using the quality assurance procedures as defined in Paragraph 8.15 County’s Quality (QA) Assurance Plan in the Contract.

**4.1 Meetings**

- 4.1.1 Contractor will attend monthly Service Area Leadership Team (SALT) meetings, Health Neighborhood meetings, monthly SA Quality Assurance and Quality Improvement meetings Countywide and in their respective SA.
- 4.1.2 Contractor will participate in the Collaborative Statewide EP 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 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 EP teams countywide and all EP programs statewide. EP 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.

- 4.1.3 Contractor will participate in the EPI-CAL EP TTA Center activities. The EPI-CAL TTA was established to expand the provision of high-quality, evidenced-based early psychosis and mood disorder detection and intervention services in California. As part of LACDMH's participation in the Substance Abuse and Mental Health Services Administration (SAMHSA) Community Mental Health Block Grant, administered by the California Department of Health Services (DHCS), Contractor's EP Teams will participate in learning collaboratives and trainings hosted by the TTA.

## **4.2 Contract Discrepancy Report - SOW (Attachment I)**

- 4.2.1 Verbal notification of a Contract discrepancy will be made to the Contractor Project Monitor as soon as possible whenever a Contract discrepancy is identified. The problem must be resolved within a time period mutually agreed upon by LACDMH and the Contractor.
- 4.2.2 LACDMH Contract Project Monitor will determine whether a formal Contract Discrepancy Report must be issued. Upon receipt of this document, the Contractor will be required to respond in writing to the LACDMH Contract Project Monitor within five workdays, 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 the LACDMH Contract Project Monitor within 10 workdays of Contractor acknowledging the reported discrepancies.

## **4.3 Performance-based Criteria**

LACDMH will monitor and evaluate providers monthly, at a minimum, on performance-based criteria which will include:

- 4.3.1 Completion of at least two (2) outreach presentations a month in the community including target population (e.g., educational, medical, mental health, etc.) and recording information and number of attendees on the monthly Outreach Log.
- 4.3.2 Screening of clients referred to EP team within two (2) business days of referral using approved interview and screening tools. All clients screened will be recorded on the Monthly Referral In/Out log.
- 4.3.3 Initiation of required assessment and evaluation tools as indicated by LACDMH to assess client's baseline symptoms and functioning monitor client's progress within five (5) business days of initial screening.

- 4.3.4 Engagement based on percentage of referrals admitted for treatment and maintained to successful completion of program as reported in the Referral In/Out Log.
- 4.3.5 Percentage of clients enrolled in school and/or work activities as reported in the Referral In/Out Log.
- 4.3.6 Electronic collection of required outcome measures using an electronic tablet with all enrolled clients for EP Learning Network.
- 4.3.7 Data entry of additional Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) outcome measures as determined by LACDMH into the LACDMH OMA system. "Pre" treatment outcome measures will 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 will be administered every six (6) months during treatment. "Post" treatment outcome measures will 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 will be collected for at least 70% of all clients by discharge.

#### 4.4 County Observations

In addition to Departmental contracting 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 **Cognitive Behavioral Therapy for Psychosis (CBTp)** - Cognitive Behavioral Therapy (CBT) is an evidence-based therapy that concentrates on how an individual's thoughts, behaviors, and emotions are connected. CBTp is based on the principals of CBT, but also focuses on helping clients to make sense of, normalize and accept psychotic experiences while addressing issues of distress and stigma that come with psychotic symptoms.
- 5.2 **Coordinated Specialty Care (CSC) for Early Psychosis (EP)** - CSC is a team-based, multi-element approach to treating FEP. Component interventions include assertive case management, individual or group psychotherapy, supported employment and education services, family education and support, and low doses of select antipsychotic agents. Los Angeles County is expanding this to include treatment of youth with CHR for psychosis as well.
- 5.3 **Community Mapping** - Community mapping refers to the practice of collecting field data within a specified area. In this program, community mapping will involve identifying schools, service providers, cultural and religious organizations, after-school organizations, etc. that have contact with youth ages 12-25 within the specified SA.
- 5.4 **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.

- 5.5 Early Psychosis (EP) Program** - 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.
- 5.6 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.
- 5.7 Multi-family Group (MFG)** - MFG is a highly structured multifamily psychoeducation group that focuses on problem-solving. It is one of the services included in the EP Model.
- 5.8 Nurse Practitioner (NP)** - An NP is a registered nurse with advanced training and prescribes psychotropic medication. In the State of California, NPs are required by law to receive supervision from a licensed psychiatrist. An NP’s primary role within the EP team is to provide Intensive Medication Support (as trained in the EP Model) and participate in community outreach activities (as requested by other members of the EP team).
- 5.9 Portland Identification and Early Referral (PIER) Model** - Developed by William McFarlane, M.D., the EP Model focuses on treating psychosis in the CHR state and is designed for adolescents and young adults between the ages of 12 and 25.
- 5.10 Prevention and Early Intervention (PEI)**- PEI is a Mental Health Services Act plan focusing on the prevention of and early intervention for 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).
- 5.11 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 to determine the effectiveness of treatment. Outcome Measure data are entered electronically into the Outcome Measure Application maintained by LACDMH.
- 5.12 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.
- 5.13 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.
- 5.14 Mini-Structured Interview for the Psychosis-Risk Syndromes (SIPS)** - The Mini-SIPS is a condensed version of the Structured Interview for Psychosis-Risk Syndromes (SIPS), which is a structured interview that can be used to determine if a person is experiencing Attenuated Psychosis Syndrome. It is used in CSC to determine if a person is at CHR for psychosis or has already experienced psychosis symptoms.
- 5.15 Structured Clinical Interview for DSM Disorders (SCID)** -

The SCID is a semi-structured interview guide for making diagnoses according to the diagnostic criteria published in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

- 5.16 **Supportive Education/Supportive Employment (SE/SE)** - SE/SE will be provided by the Occupational Therapist on the EP 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.
- 5.17 **Transitional-Aged Youth (TAY)** - TAY are identified as youth between the ages of 16 and 25.
- 5.18 **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 cost.

## 6.0 RESPONSIBILITIES

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

### **LACDMH**

#### 6.1 Personnel

LACDMH will administer the Contract according to Paragraph 6.0 (Administration of Contract – County) of the Contract. 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 Preparing amendments in accordance with the Contract, Subparagraph 8.1 - Amendments.

#### 6.2 Furnished Items

LACDMH will loan Contractor at least one (1) electronic tablet supplied by the LACDMH EP Learning Network administrative team to collect outcome data from clients enrolled in the program. This item will be returned to LACDMH upon termination of the EPI-LA Program or upon request by LACDMH.

### **CONTRACTOR**

#### 6.3 EP Liaison

- 5.3.1 Contractor will provide a full-time EP Liaison and designated alternate. LACDMH must have access to the EP Liaison during hours of 8 a.m. to 5 pm., Monday

through Friday, except on [County-designated holidays](#). Contractor will provide a telephone number and e-Mail address where the EP Liaison and alternate may be reached during normal business hours.

5.3.2 EP Liaison will act as a central point of contact with the County.

5.3.4 EP Liaison and alternate must have full authority to act for Contractor on all matters relating to the daily operation of the Contract. EP Liaison must be able to effectively communicate, in English, both orally and in writing.

## 6.4 Personnel

6.4.1 Contractor will 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 will ensure that EP team staffing patterns meet or exceed the following requirements for qualified staff:

All licensed, waived, or registered staff will maintain their licenses, certifications, and requirements to practice in the State of California. Contractor will assign a sufficient number of employees to perform the required work. EP Teams will 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, professional clinical counselor, social worker, or psychologist) who will serve as the EP team supervisor and EP Liaison to LACDMH (see paragraph 5.3).

A. The EP supervisor will carry a small caseload and will participate in community outreach.

B. The EP Supervisor should have at least four (4) years' experience in providing therapy to children and TAY clients and their families, and at least two (2) years' experience supervising a multi-disciplinary mental health team.

6.4.2.2 One part-time equivalent (0.5) Psychiatrist or Psychiatric-Mental Health NP.

A. A Psychiatric-Mental Health NP will hold and maintain American Nursing Credentialing Center (ANCC) advanced level certification (PMHNP-BC for child/adolescent or family) and will have at least one (1) year of clinical experience in working with children and TAY clients.

B. A Psychiatrist will be Board eligible/certified as a child and adolescent psychiatrist.



- 6.4.2.3 Four (4) FTE licensed/waivered/registered mental health therapists, professional clinical counselors, social workers or psychologists with at least one (1) year of experience each, in providing therapy with children and TAY clients and their families.
- 6.4.2.4 One (1) FTE Supportive Employment and Education Specialist with at least two (2) years' experience advocating for educational AND employment needs of children and TAY clients with mental illness.
- 6.4.2.5 One (1) FTE Case Manager with a bachelor's degree in psychology, Sociology, Social Work or Human Services and at least two (2) years' experience working with families with children and TAY clients.
- 6.4.2.6 One (1) FTE Peer Specialist with lived experience of being diagnosed with a mental illness, preferably EP with at least one (1) year of experience in providing peer support and community linkage.
- 6.4.2.7 One (1) FTE Peer Specialist with lived experience of having a family member diagnosed with a mental illness, preferably EP, with at least one (1) year of experience in providing peer support and community linkage.

6.4.3 The EP team members will participate in the didactic trainings, consultation calls, webinars and fidelity reviews as required by DMH according to their discipline. The EP team will participate in community outreach at least one hour a week during the program.

6.4.4 Contractor will conduct EP team meetings at least once a week order to assign assessed clients; discuss screened clients, outreach efforts, and progress in treatment; and coordinate outreach efforts. All EP team members and the EP team supervisor should be present.

## **6.5 Identification Badges**

6.5.1 Contractor will ensure its employees are appropriately identified as set forth in Subparagraph 7.4 (Contractor's Staff Identification) of the Contract.

## **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 will use materials and equipment that are safe for the environment and safe for use by the employee.

6.6.2 All training materials such as video cameras for recording of MFGs for fidelity review and outreach presentation materials are the responsibility of the Contractor.

## **6.7 Training**

6.7.1 Trainings for the Contractor's EP team will be scheduled and sponsored by LACDMH. The Contractor's EP team will attend CSC trainings delivered by

LACDMH-approved trainers. Prior training in EP models, including previous PIER trainings and/or CSC models may be accepted at the discretion of LACDMH administration and is subject to review.

6.7.2 Contractor's EP team members who have received CSC training will deliver EP services at the designated sites as set forth in the Contract after completion of the training.

6.7.3 Contractor will maintain appropriate technology and internet access to enable the EP team to participate in training webinars, distance learning and remote supervision needed to fulfill training requirements as well as participation in TTA.

## **6.8 Contractor's Administrative Office**

6.8.1 Contractor will maintain an office with a telephone in the company's name in the SA where Contractor conducts business. The office will 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 which may be received about the Contractor's performance of the Contract. When the office is closed, an answering service will be provided to receive calls and take messages. The Contractor will answer calls received by the answering service within twenty-four (24) hours of receipt of the call.

## **7.0 HOURS/DAY OF WORK**

Contractor will provide services at each site for a minimum of eight (8) hours a day and will offer pre-designated evening appointments to accommodate clients' school and work schedules. Contractor will provide services Monday through Friday, except on [County-designated holidays](#). LACDMH will provide a list of holidays.

## **8.0 WORK SCHEDULES**

8.1 Contractor will submit for review and approval an EP teamwork schedule for each facility where EP services are offered to LACDMH staff upon request. Said work schedules will be set on an annual calendar indicating all non-County holidays or other closures for the year.

8.2 Contractor will submit revised EP team schedules when actual performance differs substantially from planned performance (e.g., fall and winter holiday alternative schedules). Said revisions will be submitted to LACDMH staff for review and approval within ten (10) working days prior to scheduled time for work.

## **9.0 INTENTIONALLY OMITTED**

## **10.0 SPECIFIC WORK REQUIREMENTS**

Contractor's EP team members trained under the CSC Model will provide EP services to youth with FEP and those at clinical risk for psychosis and follow fidelity to the CSC Model. Services for each client will be based on the individual needs and as determined by the treatment team at the weekly EP team meetings (as indicated in section 4.1).

Contractor will provide linguistically appropriate services for clients and families. This may require that some services be provided in County threshold languages other than English to accommodate monolingual family members.

## **10.1 CSC Model Training**

Contractor's teams will attend didactic trainings and subsequent consultation calls in the multidisciplinary interventions that are part of the CSC Model as sponsored by LACDMH. Trainings will introduce the foundation of the CSC Model, provide general and discipline-specific training in outreach, assessment, and clinical interventions. Upon completion of initial trainings, Contractor's teams will implement the three main components of the CSC Model: outreach, screening and assessment, and clinical intervention.

## **10.2 Community Outreach**

10.2.1 Community outreach will be completed by all EP team members. Community outreach will have two goals: 1) To increase community awareness within the agency's awarded SA on how to identify early psychosis signs before a youth has reoccurring psychotic symptoms; and 2) to establish a presence in the agency's awarded SA as an EP services provider.

- a) For Contractor(s) with newly established EP program through this Contract, community outreach will be conducted full-time during the initial stages of the program. Once clients are enrolled and begin receiving direct EP services from EP team members, outreach will continue on a part-time basis thereafter.
- b) For Contractor(s) with previously established EP programs and clients, part-time outreach will continue.

10.2.2 Community mapping:

Contractor's EP team members will identify agencies and communities within their contracted LAC SA with whom they can partner to identify youth who can benefit from EP services and provide referrals to the EP team. Identified agencies and communities will have regular contact with young people in the at-risk target group in the community.

## **10.3 Screening and Assessment**

After the initial phase of community outreach, Contractor's EP team members will screen, enroll, and assess clients utilizing, among other tools, the Structured Interview for Psychosis-Risk Syndromes (SIPS), Mini-SIPS and the SCID.

10.3.1 Contractor's EP team member shall conduct an initial screening for all referred clients within 2 business days of referral.

10.3.2 Contractor's EP team member will complete an initial assessment, Mini-SIPS, SIPS, additional assessment tools, and outcome measures for clients that meet program criteria to begin within 5 business days of initial screening.

10.3.3 Contractor's EP team shall conduct follow up assessments at six months and 12 months with enrolled clients with indicated screening tools and outcome measures as required by LACDMH.

## 10.4 Clinical Intervention

After screening and assessment is completed, Contractor's EP team will provide family psychoeducation workshops, MFGs, individual CBTp, and psychiatric medication services as appropriate to client's individual treatment plan. Additional services shall include SE/SE Services to help support educational or employment goals, case management for linkage to social services, and peer and parent support in needed areas.

- A. Contractor will provide clinical services at their Medi-Cal certified facility(ies).
- B. Contractor shall have adequate space to meet individually with clients.
- C. Group rooms will be available to accommodate confidential MFGs and EP team meetings.
- D. Contractor will have a HIPAA-secure video telehealth platform available to provide remote mental health services to clients if needed.

### 10.4.1 MFG

Contractor's EP team will provide a minimum of one (1) biweekly MFG psychoeducation group in each contracted SA for enrolled clients and either a parent/caregiver, sibling, or other designated family member. The group should be primarily staffed by EP Team therapists; however, a secondary staff may be a medical case worker or community worker if a second therapist is not available.

The groups will follow the CSC MFG model as presented in either the PIER or CSC training. Groups must be offered in languages appropriate to meet the needs of clients and families. The groups will be led by Contractor's EP Team therapists; however, a secondary staff may be a medical case worker or community worker if a second therapist is not available.

10.4.1.1 Alternative services will be made available for families who cannot participate in a MFG due to language difficulties.

### 10.4.2 Intensive Medication Support

Intensive Medication Support will be provided by Contractor's EP Team Psychiatrists and/or NP as follows:

10.4.2.1 An initial medication assessment for all enrolled clients unless it is documented that client declined such assessment.

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

### 10.4.3 Individual CBTp or other individual therapy.

Weekly Individual CBTp services, or other individual therapy, will be provided by Contractor's EP Team therapists as indicated in client's treatment plan.

#### 10.4.4 Supportive Education/Supportive Employment (SE/SE) Services

SE/SE services will be provided by Contractor's EP team's Supportive Education and Employment Specialist. SE/SE services will be provided as follows:

10.4.4.1 Assist individuals to meet their educational and/or vocational goals by advocating with school staff and administration and/or employers to seek necessary accommodations based on their current symptoms.

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

10.4.4.3 Provide support with education and employment when indicated.

### 10.5 Case Management

Contractor's EP team Medical Case Workers will meet with clients at least once per month or as needed and will provide community supports, assistance with medication, (e.g. reminder calls; pharmacy calls); health insurance; and resource applications including food stamps, transportation, etc.; and applications for disability when warranted. Medical Case Workers will provide support to clients regarding education and employment as needed. Case Managers will join individual sessions and MFGs, provide rehabilitation services as needed, provide family psychoeducation, and act as collateral supports as needed.

### 10.6 Peer Support

Contractor's EP team members with mental health lived experience will provide peer support. Contractor's Peer Specialist will be open to share about their own mental health recovery and provide support to clients. Peer support staff will assist clients with obtaining community services, including accompanying and advocating for clients, when needed.

### 10.7 Parent Partner Support

Parent Partner Support will be provided by Contractor's EP team Community Worker with lived experience of a family member diagnosed with a mental illness. Community Workers will assist caregivers and clients in obtaining community services including accompanying and advocating for clients, when needed. Contractor's Community Worker will also provide support to clients regarding education and employment, as needed.

### 10.8 Field-based Services

10.8.1 Contractor will meet with clients in the field when clinically appropriate. Contractors will also be prepared to hold groups in the community to meet the needs of clients and their families. Contractors will secure appropriate venues, if needed.

10.8.2 Contractor will visit sites within the SA to provide presentations and community education.

## 11.0 GREEN INITIATIVES

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

# CONTRACT DISCREPANCY REPORT

## EARLY PSYCHOSIS INTERVENTION – LOS ANGELES (EPI-LA)

**CONTRACTOR RESPONSE DUE BY \_\_\_\_\_ (enter date and time)**

<b>Date:</b> <a href="#">Click or tap here to enter text.</a>		<b>Contractor Response Received:</b> <a href="#">Click or tap here to enter text.</a>	
<b>Contractor:</b> <a href="#">Click or tap here to enter text.</a>	<b>Contract No.</b> <a href="#">Click or tap here to enter text.</a>	<b>County's Project Manager:</b> <a href="#">Click or tap here to enter text.</a>	
<b>Contact Person:</b> <a href="#">Click or tap here to enter text.</a>	<b>Telephone:</b> <a href="#">Click or tap here to enter text.</a>	<b>County's Project Manager Signature:</b>	
<b>Email:</b> <a href="#">Click or tap here to enter text.</a>		<b>Email:</b> <a href="#">Click or tap here to enter text.</a>	

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	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>
2	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>
3	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>

\*Use additional sheets if necessary

<i>Contractor's Representative Signature</i>	<a href="#">Click or tap here to enter text.</a> <i>Date Signed</i>
----------------------------------------------	------------------------------------------------------------------------

**Additional Comments:** [Click or tap here to enter text.](#)