

EXHIBIT A

**STATEMENT OF WORK
AND ATTACHMENTS**

FOR

COGNITIVE BEHAVIORAL THERAPY

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SOW ATTACHMENTS

- 1** Work Order Discrepancy Report (WODR)
- 2** Performance Requirements Summary (PRS) Chart
- 3** Cognitive Therapy Rating Scale

STATEMENT OF WORK

1.0 SCOPE OF WORK

The Contractor will conduct Cognitive Behavioral Therapy (CBT) trainings in-person and virtually, on behalf of Los Angeles County (County or LAC) Department of Mental Health (DMH), to mental health clinicians (clinicians), mental health student trainees (trainees), and CBT Team Leaders as referred by LACDMH. Each fiscal year (FY), the Contractor will train up to 120 clinicians and student trainees and 10 clinical CBT Team Leaders from LACDMH's directly operated clinics and contracted agencies.

1.1 CBT training for clinicians and student trainees will consist of:

1. Initial training sessions;
2. Booster trainings;
3. Consultative sessions;
4. Review of audio and video recordings;
5. Specialized booster training for graduates of CBT training; and
6. CBT foundational training.

1.2 CBT Team Leader training will consist of:

1. Initial training sessions;
2. Consultative calls;
3. Review of audio calls;
4. Review of case conceptualizations; and
5. Review of tape recordings.

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

2.1 All changes must be made in accordance with Paragraph 8.1 (Amendments) of the Mental Health Services Act (MHSA) Master Agreement (MA).

3.0 QUALITY CONTROL

The Contractor must establish and utilize a comprehensive Quality Control Plan (QCP) to ensure the County receives a consistently high level of service throughout the term of the Work Order (WO). The QCP must be submitted to the LACDMH for review. The QCP must include, but may not be limited to, the following:

- 3.1** Method of monitoring to ensure that WO requirements are being met.
- 3.2** Contractor's regular Information Technology (IT) security audits, at least annually, to verify compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.
- 3.3** A record of all inspections for services provided through this WO 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 must be provided to the County upon request.

3.4 Data Collection

3.4.1 Contractor must track and report on all training participants' progress during the training programs outlined in Section 10.0 (Specific Work Requirements) including attendance during the training sessions and on team consultation calls, scores on session recordings and on case conceptualizations, and audio reviews.

3.4.2 Contractor must develop CBT outcome measures for each training cohort to ensure training participants are meeting the training objectives. The CBT outcome measures must be submitted to the LACDMH for review prior to the start of each cohort.

4.0 QUALITY ASSURANCE PLAN

LACDMH will evaluate the Contractor's performance under this WO using the quality assurance procedures as defined in Paragraph 8.15 (County's Quality Assurance Plan) of the MHSA Master Agreement.

4.1 Meetings

4.1.1 Contractor must attend all meetings as scheduled by LACDMH.

4.2 Work Order Discrepancy Report

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

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

4.2.3 A plan for correction of all deficiencies identified in Attachment 1 (Work Order Discrepancy Report) must be submitted to LACDMH within 10 business days or receipt of WO Discrepancy Report.

4.3 County Observations

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to this WO 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 (CBT)-** an Evidence-Based Practice (EBP) that integrates the rationale and techniques from both cognitive therapy and behavioral therapy to address the role of automatic negative or harmful thoughts on emotions and behavior. Services help individuals address these difficulties by changing their thinking patterns, behaviors, and emotional responses while aiming to improve their quality of life through time-limited, effective treatment.
- 5.2 Cognitive Behavioral Therapy Team Leaders-** leaders of clinic-based CBT teams that oversee the clinical services delivered by the team.
- 5.3 Cohort-** a group of trainees who complete the training protocol together at any given time.
- 5.4 Evidence-Based Practice-** the range of treatment and services of well-documented effectiveness which has 1) quantitative and qualitative data showing positive outcomes; and 2) has been subject to expert/peer review that has determined that a particular approach or strategy has a significant level of evidence of effectiveness in research literature.
- 5.5 Field Instructor-** a clinical supervisor responsible for the clinical supervision of a student trainee.
- 5.6 Mental Health Clinician-** a LACDMH or contracted staff member who is licensed or registered and accruing supervised professional experience hours toward licensure with the Board of Behavioral Science (BBS), Board of Psychology (BOP), or other accredited licensure board to provide clinical services.
- 5.7 Mental Health Services Act (MHSA)-** passed by California voters through Proposition 63 in November 2004 General Election. MHSA gives money to counties across the State of California to improve the delivery of mental health services and treatment.
- 5.8 Mental Health Trainee-** a LACDMH or contracted staff member/student currently training in psychology, social work, or marriage and family therapy.
- 5.9 Virtual Training-** live training delivered through a video conference platform, such as Zoom, WebEx, or Microsoft Teams.

6.0 RESPONSIBILITIES

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

LACDMH

6.1 Personnel

LACDMH will administer the WO according to Exhibit D (County's Administration) of Appendix A (Sample MHSA MA WO). Specific duties will include:

- 6.1.1** Monitoring the Contractor's performance in the daily operation of this WO.
- 6.1.2** Providing direction to the Contractor in areas relating to policy, information, and procedural requirements.

6.1.3 Facilitating meetings as needed to provide technical assistance to Contractor regarding data collection and invoicing.

6.1.4 Preparing Amendments in accordance with Paragraph 8.1 (Amendments) of the MHSA Master Agreement.

6.2 Intentionally Omitted (Furnished Items)

CONTRACTOR

6.3 Project Manager

6.3.1 Contractor must provide a full-time Project Manager and designated alternate. LACDMH must have access to the Project Manager during regular business hours. Contractor must provide a telephone number and e-mail address where the Project Manager and/or alternate may be reached between the hours of 8:00 a.m. and 5:00 p.m., Pacific Standard Time (PST) Monday through Friday. The Project Manager or designated alternate must respond to all work-related inquiries within 24 hours or the next business day.

6.3.2 Project Manager must act as a central point of contact with the County.

6.3.3 Contractor will notify LACDMH in writing within five (5) business days of any change in name, contact information (e.g., phone number and email address), of the Project Manager.

6.3.4 Project Manager and alternate must have full authority to act for Contractor on all matters relating to the daily operation of the WO. Project Manager and alternate must be able to effectively communicate, in English, both orally and in writing.

6.4 Personnel

6.4.1 Contractor will assign a sufficient number of staff to perform the required work.

6.4.2 Contractor will be required to background check their staff as set forth in Paragraph 7.5 (Background and Security Investigations), of the MHSA Master Agreement.

6.5 Identification Badges

6.5.1 During in-person training sessions, Contractor must ensure their staff are appropriately identified as set forth in Paragraph 7.4 (Contractor's Staff Identification), of the MHSA Master Agreement.

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 must use materials and equipment that are safe for the environment and safe for use by the employee.

6.7 Training

- 6.7.1** Contractor must provide training programs for all new employees and continuing in-service training for all staff that provide services through this WO.
- 6.7.2** All staff that provide services through this WO must be trained in their assigned tasks and in the safe handling of Protected Health Information (PHI).
- 6.7.3** Contractor will provide mandatory training for all staff that provide services through this WO as required by Federal and State law, including but not limited to, HIPAA, Sexual Harassment, and Cybersecurity.
- 6.7.4** Contractor will document and make available upon request the type and number of hours of training provided to staff that provide services through this WO.

6.8 Contractor's Office

Contractor must maintain an office with a telephone in the company's name where the Contractor conducts business. The office must be staffed during the hours of 8:00 a.m. to 5:00 p.m. PST, 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 WO. When the office is closed, an answering service must be provided to receive calls. The Contractor must answer calls received by the answering service within 24 hours of receipt of the call.

7.0 HOURS/DAY OF WORK

- 7.1** Contractor will provide CBT training services Monday through Friday, from 8:30 a.m. to 5:00 p.m. PST. The Contractor is not required to provide services on [County-recognized holidays](#).

8.0 WORK SCHEDULES

- 8.1** Contractor must submit work schedules to LACDMH upon request. Work schedules must be set on an annual calendar identifying all the required on-going tasks and task frequencies. The schedules must list the time frames by day of the week the tasks will be performed.
- 8.2** Contractor must submit revised schedules when actual performance differs substantially from planned performance. All revisions must be submitted to LACDMH for review and approval within 10 working days prior to the change.

9.0 INTENTIONALLY OMITTED (UNSCHEDULED WORK)

10.0 SPECIFIC WORK REQUIREMENTS

Contractor must provide CBT trainings in a hybrid (in-person and virtual) environment and must adhere to the following:

- 10.1** Contractor must utilize an online application service that has a chat function, raise hand feature, and the functionality for breakout rooms for virtual trainings and consultative sessions. A "HIPAA compliant chat room" refers to a digital communication platform designed to securely transmit and store sensitive patient health information (PHI) by adhering to the Health Insurance Portability and Accountability Act (HIPAA) regulations, ensuring that all messages are encrypted, access is controlled, and data is protected from unauthorized access, thus maintaining patient privacy. When using a chat platform, the Contractor must comply with HIPAA regulations stipulated in the BAA.
- 10.2** Contractor must provide a HIPAA compliant website approved by the LACDMH. This website has the infrastructure to coordinate the uploading of the audio files, case conceptualization documents, and training/personnel information for all CBT training participants.
- 10.3** Contractor must have multi-lingual capacity to provide consultative services in key threshold languages including Spanish, Farsi, Korean, Japanese, and Chinese, when therapy is required in a language other than English.
- 10.4** Contractor must provide the following LACDMH approved manuals (or equivalents) for the CBT training protocol to all CBT Team Leaders, clinicians, and students trained:
 - A. The Ultimate Cognitive Behavioral Therapy Workbook – Sokol & Fox
 - B. The Comprehensive Clinician's Guide to Cognitive Behavioral Therapy – Sokol & Fox
 - C. The Multicultural Counseling Workbook – Korn
 - D. Socratic Questioning for Therapists and Counselors – Waltman & Codd

10.5 CBT Clinicians and Trainee Training Cohorts

Contractor must train two (2) cohorts per FY with training lasting no more than six (6) months per cohort. Each training cohort will accommodate 60 clinicians and trainees and include the following:

10.5.1 Initial Training

- A. Three (3)-day introductory training for six (6) hours each day.

10.5.2 Booster Training

- A. One (1)-day follow-up training conducted 4-6 weeks after the initial training.

10.5.3 Consultative Sessions

- A. One (1)-hour consultation offered weekly in a group setting with no more than eight (8) participants for 16 weeks for a total of 16 sessions.

10.5.4 Review of Audio or Video Recordings

- A. Review of at least two (2) audio or video recordings per participant utilizing an adherence rating scale, approved by LACDMH, to rate their performance.

10.6 Contractor must provide Specialized Booster Trainings for graduates of the CBT Training as referred by LACDMH:

- A. Four (4) one (1)-day trainings for eight (8) hours per day
- B. Up to 100 clinicians in each training
- C. Training topics to include:
 - i. CBT for Psychosis,
 - ii. CBT for working with difficult clients,
 - iii. CBT for Eating Disorders,
 - iv. Socratic questioning; and
 - v. Challenging and modifying core beliefs using CBT case conceptualizations in advancing clinical care.

10.7 Contractor will provide CBT Foundational Training for 40-60 clinical student trainees as referred by LACDMH:

- A. One (1) cohort per FY,
- B. One (1) day initial training for 5-7 hours,
- C. Two (2) booster sessions,
- D. Access to videos and online resources provided by the Contractor,
- E. Six (6) monthly group consultations with the Contractor's Field Instructors who are trained in CBT, and
- F. Provide manuals (CBT Basics and Beyond by Judith Beck or equivalent as approved by LACDMH).

10.8 CBT Team Leaders

Contractor will provide advance training to ten (10) CBT Team Leaders each FY on the supervision of the clinicians providing CBT services. The training will consist of the following:

10.8.1 Initial Training

- A. One (1) day, lasting 6-7 hours

10.8.2 Consultation Calls

- A. One (1) call per week for 10 weeks
- B. Each call will be a minimum of 55 minutes long

10.8.3 Audio Records

- A. Contractor and CBT Team Leader must review three (3) audio records of a clinician's CBT session.
- B. Audio records: Healthcare providers must obtain explicit patient consent before recording any conversation. Storage of physical or digital media must be HIPAA compliant. Contractor must securely store the audio or physical media data with encryption, limit access to authorized individuals, and ensure that any third-party service used to store or manage the recordings is also HIPAA compliant through a Business Associate Agreement (BAA).
- C. Each audio recording will be scored independently using Attachment 3 (Cognitive Therapy Rating Scale) of Exhibit A (SOW and Attachments). The CBT Team Leader's score must be within five (5) points (+ or -5) of the Contractor.

10.8.4 Case Conceptualizations

- A. Contractor and CBT Team Leader must review two (2) case conceptualizations of a clinician's CBT session.
- B. Each case conceptualization must be scored independently using a scale that assesses CBT case conceptualization. The CBT Team Leader's score must be within four (4) points (+ or -4) of the Contractor.

10.8.5 Tape Recordings

- A. Contractor must review one (1) tape recording of a supervisory session from a CBT Team Leader using a CBT supervision scale to determine if the CBT Team Leader meets the standard.

- 10.8.6** Contractor must develop an approach to grant CBT Team Leaders a status that meets the standard of CBT's best practices for supervising CBT clinicians, including threshold scoring for Audio records (Paragraph 10.4.3), Case Conceptualizations (Paragraph 10.4.4), and Tape Recordings (Paragraph 10.2.5) that identifies those who qualify for CBT Team Leader status.

11.0 GREEN INITIATIVES

- 11.1** Contractor must use reasonable efforts to initiate "green" practices for environmental and energy conservation benefits.
- 11.2** Contractor must notify County's Project Manager of Contractor's new green initiatives prior to WO commencement.

12.0 PERFORMANCE REQUIREMENTS SUMMARY

A Performance Requirement Summary (PRS) Chart, Attachment 2 of Exhibit A (SOW and Attachments) is an important monitoring tool for the County that provides a listing of

required services and deliverables that will be monitored by the County during the term of this WO.

- 12.1** All listings of services and deliverables referenced in the PRS Chart are intended to be completely consistent with the WO and the SOW, and are not meant in any case to create, extend, revise, or expand any obligation of Contractor beyond that defined in the WO and the SOW. In any case of apparent inconsistency between services or deliverables as stated in the WO and the SOW and this PRS, the meaning apparent in the WO and the SOW will prevail. If any service or deliverable seems to be created in this PRS which is not clearly and forthrightly set forth in the WO and the SOW, that apparent service will be null and void and place no requirement on Contractor.