

COUNTY OF SANTA CLARA
MENTAL HEALTH DEPARTMENT

**REQUEST FOR PROPOSALS TO PROVIDE
PREVENTION OF AND INTERVENTIONS FOR
EARLY ONSET PSYCHOSIS**

Patrick Garcia
Director of Administration
Santa Clara Valley Health & Hospital System
Mental Health Department
828 S. Bascom Avenue, Suite 200
San Jose, California 95128

Submit Proposals
by 3:00 p.m.
Monday, June 7, 2010

PROPOSALS WILL NOT BE ACCEPTED AFTER THIS DATE AND TIME.

NO EXCEPTIONS

REQUEST FOR PROPOSALS TO PROVIDE

PREVENTION OF AND INTERVENTIONS FOR EARLY ONSET PSYCHOSIS

Proposals must be submitted to:

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PROPOSAL

This Request for Proposals (RFP) is not a commitment or contract of any kind. The Santa Clara County Mental Health Department (SCCMHD) reserves the right to pursue any and/or all ideas generated by this request. Costs for developing the proposals are entirely the responsibility of the vendors and will not be reimbursed. SCCMHD reserves the right to reject any and all proposals. SCCMHD reserves the right to waive any requirements of this RFP when it determines that waiving a requirement is in the best interest of SCCMHD.

Government Code Sections 6550 et. seq., the "Public Record Act" defines public record as any writing containing information relating to the conduct of the public business. The Public Record Act provides that public records will be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure. SCCMHD cannot represent or guarantee that any information submitted in response to this RFP will be confidential. If SCCMHD receives a request for any document submitted in response to this request, it will not assert any privileges that may exist on behalf of the person or business entity submitting the proposal. It is the responsibility of the person or business entity submitting the proposal to assert any applicable privileges or reasons why the document should not be produced.

This RFP is for services that will be evaluated on criteria set forth in **Attachment G** Format and Evaluation Criteria, contained herein. There will be no public bid pending for this RFP. After award of final contract(s), all proposals will be available for public review.

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A. OVERVIEW

On June 24, 2009, the Board of Supervisors approved submission of the County's initial (FY09-10) Prevention & Early Intervention (PEI) plan, which was approved by the Mental Health Services Oversight and Accountability Commission (OAC) on September 28, 2009. Annually, the PEI plan will fund about \$13.4M in program services and administration. In addition, approximately \$290,000 is set aside for training, technical assistance and capacity building. The County's entire PEI plan can be viewed by going to www.sccmhd.org/mhsa/pei.

First, the plan establishes – county-wide – a base of prevention services that increase access to services by increasing awareness and reducing stigma and discrimination among underserved cultural communities. Second, the plan establishes countywide prevention and early interventions for individuals at key stages in the lifespan – early childhood, transition age youth and the transition into older adulthood. Finally, in four “investment communities,” the plan concentrates services along the entire lifespan and continuum of need.

The PEI Plan is organized into four discrete yet highly interrelated and complementary projects that are intended to achieve critical outcomes for those to be served. The projects are further divided into components and/or strategies.

Under this RFP, the SCCMHD is seeking proposals for the provision of *Prevention of and Interventions for Early Onset Psychosis* to provide new outreach, education and early community-based treatment services to individuals of any age experiencing prodromal symptoms and the onset of first psychosis associated with serious mental illness (SMI).

Research has shown that early identification of symptoms and subsequent treatment can prevent subsequent psychotic episodes associated with severe mental illness (SMI). Early outreach, education and treatment play a critical role in reducing risks of school failure, juvenile justice involvement and suicide due to onset of psychosis among transitional age youth (TAY).

This project will offer culturally sensitive services to Santa Clara County's diverse population and their families, including under- and inappropriately served ethnic and linguistic populations, such as African Americans, Asian/Pacific Islanders, Latinos, Native Americans and South Asians. In addition, this project will provide culturally sensitive services to other groups that have been historically under- and inappropriately served, such as those defined by gender, disability status and sexual orientation. Providers are expected to engage and involve representatives of these groups in program planning, implementation and evaluation to promote culturally appropriate services.

B. VENDOR INFORMATION

1. Who Should Apply

SCCMHD welcomes proposals from vendors who can serve the target population by providing the services as outlined in **Attachment A**, Scope of Work, contained herein. Applicants should be mental health treatment/service providers who have experience working with TAY. Successful applicants will demonstrate the desire, willingness and

capacity to successfully develop and implement the outreach, education and early community-based treatment components of this project. Although open to all age ranges, this project focuses primarily on youth and TAY in the age range of 11 to 25.

2. Copies of This RFP

Copies of this RFP may be obtained through any of the following:

- (a) Mental Health Administration at 828 S. Bascom Ave., Suite 200, San Jose CA 95128;
- (b) Santa Clara County Mental Health Department's website under Staff and Contractor Information: www.sccmhd.org;
- (c) The County's RFP Depot at www.rfpdepot.com.

C. SUBMITTAL OF QUESTIONS

Vendors with questions regarding this RFP must submit their questions in writing to the person below by May 7, 2010.

Patrick Garcia
Director of Administration, Mental Health Department
828 S. Bascom Avenue
San Jose, California 95128
Telephone: (408) 793-1809
Fax: (408) 885-5792

or

Email to: Pat.Garcia@hhs.co.santa-clara.ca.us

The SCCMHD will answer vendors' questions in writing via an addendum which will be posted both on the SCCMHD website and on the County's RFP Depot website. In addition, a bidders' conference will occur on May 14, 2010. SCCMHD is responsible only for what is expressly stated in this RFP and any authorized written addenda thereto. SCCMHD is not responsible for and will not be bound by any person not authorized to act on its behalf.

D. TIMELINE

Dates and/or the process in this timeline may be changed by SCCMHD if necessary. The following is an estimated timeline for the proposal, evaluation and selection process:

April 26, 2010	Publish Request for Proposals
May 7, 2010	Submittal of Questions Regarding RFP
May 14, 2010	Bidders Conference
June 7, 2010	Proposals Due
June 8 - June 11, 2010	Review process, vendors notified of rejected proposals
June 14 - June 28, 2010	Award Notifications and appeal process
June 29 – July 7, 2010	Contract Development, Negotiations
July 9, 2010	Contract start date

E. COUNTY POLICY REGARDING LOCAL PREFERENCE AND COMMUNICATION

1. Local Preference

In the procurement of Independent Contractors to perform services for the County, regardless of the dollar value of the proposed contract, when two or more competing vendors are equally qualified, local firms will be given preference. In the procurement of Independent Contractors to perform services for the County, for contracts with a total dollar value greater than \$100,000, local firms will be given a preference in the selection process as follows: During the evaluation of proposals, 5 points will be awarded to vendors claiming and providing written evidence that services will be rendered by a local firm. A vendor may qualify for local preference if it has a main, or branch facility located within the County of Santa Clara.

2. Communication with County Employees

As of the issuance date of this RFP and continuing until the final date for submission of proposals, contact with Santa Clara County employees is strictly limited. All personnel representing the County are specifically directed not to hold meetings, conferences or technical discussions with any vendor for purposes of responding to this RFP. Any vendor found to be acting in any way contrary to this directive will be disqualified from entering into any contract that may result from this RFP.

F. TERM OF CONTRACT - RENEWAL LANGUAGE

The term of the contract resulting from this RFP is estimated to be from July 1, 2010 through June 30, 2011. Contract renewal will be dependent upon continued MHSA funding.

G. SCOPE OF WORK

1. The intention of SCCMHD is to negotiate a contract with a vendor who will design a comprehensive program to serve the target population as described fully in **Attachment A**, Scope of Work. The target population that will be served is youth and TAY in the age range 11-25.

H. BUDGET

1. Budget submissions are in accordance with **Attachment B** instructions, contained herein.
2. The total ongoing annual expense budget for the Onset of Serious Psychiatric Illness with Psychotic Features project is \$1,350,000. This will be the maximum annual award from all funding sources. The Contractor should estimate the portion of the total expense budget that will be covered by MediCal revenue (direct services revenue and/or MediCal Administrative Activities claiming revenue) or any other revenues, with the remainder being requested from MHSA PEI funding.
3. The funding for this project will be prorated for the first fiscal year based on program implementation as outlined in the phased budget. One-time funding of \$50,000 for program start-up is available and these expenses should be itemized in the phased budget. We anticipate that the level of MediCal revenue will likely be lower during the implementation stage of the project.
4. Contract payments will be made based on costs incurred until the program has reached full service capacity.

I. CONTRACT RESERVATIONS

With respect to this RFP, Santa Clara County reserves certain rights at any time as follows:

1. Reject any proposal without indicating any reason for such rejection;
2. Waive or correct any minor or inadvertent defect, irregularity or technical error in a proposal, or in the RFP process, or as part of any subsequent contract negotiation;
3. Request that vendors supplement or modify all or certain aspects of their proposals or other documents or materials submitted;
4. Request the vendor make an oral and/or written presentation if more information is deemed necessary;
5. Terminate this RFP and issue a new RFP;
6. Modify the selection process, the specifications or requirements for materials or services, or the content or format of the proposals;
7. Extend a deadline specified in this RFP, including deadlines for accepting proposals;
8. Negotiate with any or none of the vendors;
9. Modify the final contract from terms described in this RFP;

10. Terminate failed negotiations with a vendor without liability, and negotiate with other vendors;
11. Disqualify any vendor on the basis of a real or apparent conflict of interest, or evidence of collusion that is disclosed by the proposal or other data available to the County;
12. Request that services be provided by certain staff of a vendor, or request that certain staff of a vendor be excluded from providing services as determined by the County to be in its best interest;
13. Award multiple contracts if it is deemed necessary to provide the specified services.
14. Reject a vendor's proposal if any of the RFP forms are left blank or are materially altered;
15. Reject a vendor's proposal if any document or item necessary to the proposal is incomplete, improperly executed, indefinite, ambiguous, or is missing;
16. Reject a vendor's proposal for any attempt to improperly influence any member of the Evaluation Panel;
17. Reject any proposal if your agency or a related agency is currently in litigation with the County of Santa Clara, or the County is contemplating litigation against your agency or a related agency relating to contract performance;
18. Reject any proposal for any false, misleading or otherwise unresponsive statements, documents or information provided to the County either through disclosure or non-disclosure if, in the County's judgment, the false, misleading or otherwise unresponsive statements, documents or information are material.
19. Reject a vendor's proposal where the vendor is in breach of, or in default under, any other agreement with the County;
20. Reject any proposal if your agency or a related agency is currently being investigated by the County of Santa Clara for non-performance of obligations under any contract with the County, and such non-performance or alleged non- performance has resulted in actual non-renewal or termination of your contract with the County.

J. ADMINISTRATIVE AND LEGAL REQUIREMENTS

Vendors must meet Administrative and Legal Requirements and/or submit documentation as stated and must understand that they will be a part of any contract resulting from this RFP. Below is an outline of the Administrative and Legal Requirements, stated in **Attachment D** and contained herein:

1. Licensure
2. Federal, State and Local Laws
3. County Ordinances, Resolutions, Policies and Procedures, and Guidelines
4. Business Conduct
5. Independent Contractor
6. Non-Discrimination in Services, Facilities, and Employment
7. Cultural Competency
8. Training
9. Admission Procedure
10. Records
11. Disclosure of Violations or Unusual Incidents
12. Performance Evaluations
13. Compensation

Vendors will obtain consent to treat each client covered by any resulting contract using a legally adequate consent form in a specific form or format pursuant to California Welfare and Institutions Code Section 5326.2 or any other statute or regulation.

K. CONTRACTING PRINCIPLES

Any contract resulting from this RFP will be subject to the resolution of Contracting Principles. If it is not known if a Vendor meets Contracting Principle's Type I or Type II requirements; therefore, all vendors must complete the Type II documentation and include the completed documents in the submission of the proposal as described in **Attachment E**, Contracting Principles, contained herein.

L. INDEMNIFICATION AND INSURANCE REQUIREMENTS

1. Indemnification—Vendor will indemnify, reimburse, hold harmless and defend the County of Santa Clara (hereinafter "County"), its officers, agents and employees from any claim, liability, loss, injury or damage arising out of, or in connection with performance of a contract by vendor and/or its agents, employees or sub-contractors; excepting only loss, injury or damage caused by the sole negligence or willful misconduct of personnel employed by the County. It is the intent of the parties to a contract to provide the broadest possible coverage for the County. The vendor shall reimburse the County for all costs, attorneys' fees, expenses and liabilities incurred with respect to any litigation in which the vendor is obligated to indemnify, defend and hold harmless the County under any such contract.
2. Insurance—A certificate of insurance or letter is required from vendor's insurance broker indicating compliance or ability to comply with the insurance requirements as stated in **Attachment F**, contained herein. Proof of insurance is to be provided with vendors' proposals.

M. PROPOSAL FORMAT AND EVALUATION PROCESS

The vendors' proposals will be reviewed to determine their capability to render services to the target population as outlined in this RFP. Instructions for proposal format and explanation of the evaluation criteria are described in **Attachment G**, Proposal Format and Evaluation Process, contained herein.

All proposals must be submitted by **3 p.m. on Monday, June 7, 2010** and addressed to:

Patrick Garcia, Director of Administration
Santa Clara Valley Health & Hospital System,
Mental Health Department
828 S. Bascom Avenue, Suite 200

Failure of a proposal to fully comply with the instructions in this RFP may eliminate vendor from further consideration for this proposal as determined by the sole discretion of the County of Santa Clara. The County reserves the sole right to evaluate the contents of proposals submitted in response to this RFP and to select successful vendor(s), if any. The County reserves the right to waive any requirements of this RFP when it determines that waiving a requirement is in the best interest of the County.

N. CONTRACT NEGOTIATION

After the evaluation process is completed, the Evaluation Committee will recommend one or more vendors to the Director of Mental Health or designee, who will offer the vendor(s) the opportunity to negotiate a contract(s). If a contract cannot be satisfactorily negotiated with those vendors who have been selected to enter into negotiations, Santa Clara County may, at its sole discretion, begin to negotiate a contract with one or more of the remaining eligible vendors.

O. APPEAL PROCESS

On June 14, 2010, SCCMHD will provide written notice to applicants advising of the applicants whose proposals were selected. Applicants whose proposals were not selected may appeal the award of the contract ("Appellants").

A. Filing an Appeal

The appeal of an award must be in writing. The written appeal must be mailed to the following official, who will conduct an independent review of the appeal ("Reviewing Officer"):

Nancy Peña, Ph.D.
Santa Clara County Mental Health Department
828 S. Bascom Avenue, Suite 200
San Jose, CA 95128

Subject to appeal process, timeline for this Request for Proposal may change.

All appeals must be received by the Reviewing Officer by 5:00 p.m. within seven (7) days after receipt of notice from SCCMHD informing applicant that their proposal has not been selected. Any appeals received after this time will not be considered. The following must be written on the cover of the appeal: "Appeal Relating to RFP for Prevention of and Interventions for Early Onset Psychosis".

The written appeal must contain the following information: (1) the name, street address, electronic mail address, and telephone and facsimile number of the Appellant; (2) signature of the Appellant or its representative; (3) a detailed statement of the legal, including regulatory and statutory, and factual grounds of the appeal; (4) copies of any relevant documents; (5) the form of relief requested; and (6) where the Reviewing Officer should send his written appeal decision. The written appeal must clearly state the regulatory, legal or review process violation that is grounds for the appeal. Appeals should be concise and logically arranged.

The Reviewing Officer has discretion to not consider an appeal that does not comply with any of the requirements set forth in this Appeal Process. Only the information submitted with a timely appeal will be considered by the Reviewing Officer. The Reviewing Officer has the authority to request additional information from the Appellant or SCCMHD to clarify or confirm information submitted in a timely written appeal.

B. Hearing

If an Appellant wishes to have a hearing, the Appellant must include a request for a hearing in its written appeal that is due within seven (7) days after receipt of notice from SCCMHD informing applicant that their proposal has not been selected. This request for a hearing must explain the reasons that a hearing is needed to resolve the appeal. The Reviewing Officer has sole discretion, after reviewing an appeal, to determine if an appeal hearing is necessary.

If the Reviewing Officer determines that a hearing is necessary, the Reviewing Officer will notify the Appellant and schedule a pre-hearing conference to discuss the procedures to be followed, including the issues and documents to be considered and the witnesses who will testify.

C. Decision of Reviewing Officer

The Reviewing Officer will review an appeal to determine whether there was any legal violation, including violations of a regulation or statute, or the review process violation. Only the information contained in a timely appeal will be considered by the Reviewing Officer. SCCMHD Reviewing Officer has the authority to request additional information from the Appellant or SCCMHD to clarify or confirm information submitted in a timely written appeal to assist with the Reviewing Officer's review of an appeal.

The Reviewing Officer will issue a written decision on a timely written appeal within five (5) days after the date that appeals are due. The Reviewing Officer will issue the written decision to the Appellant and SCCMHD. If the Appellant failed to specify in its written appeal where the Reviewing Officer should send the written decision, the Reviewing Officer will send his written decision to the Appellant by mail. The Reviewing Officer will also include in his decision if a hearing is necessary.

D. Remedies

If the Reviewing Officer determines that there was a legal or review process violation, the Reviewing Officer may recommend that SCCMHD implement any combination of the following remedies:

1. Issue a new Request for Proposal;
2. Award a contract consistent with statute and regulation;
3. Grant the relief requested by the Appellant; or
4. Such other recommendation(s) as the Reviewing Officer determines necessary to promote compliance.

In determining the appropriate recommendations(s), the Reviewing Officer may consider the degree of prejudice to other parties or to the integrity of the competitive procurement system, the good faith of the parties, the extent of performance, the cost to SCCMHD, the urgency of procurement, and the impact of the recommendations(s) on SCCMHD's mission.

E. Suspension of Contract Negotiations or Performance

All contract negotiations and/or performance that are being conducted in connection with an award under this RFP will be suspended until five (5) days after the date that appeals are due. At that time, SCCMHD will determine whether the negotiation or performance of a contract, notwithstanding a pending appeal, is in County's best interest. SCCMHD will then determine whether to continue with contract negotiations or performance, with the other negotiating or performing party having full knowledge of the status of the appeal process and agreeing to move forward, without regard to any cost or disruption from terminating, re-competing or re-awarding the contract that may result from the Reviewing Officer's decision.

PREVENTION OF AND INTERVENTIONS FOR EARLY ONSET PSYCHOSIS

1. Overview

- 1.1** This program will provide early detection, prevention and intervention services to individuals experiencing onset of serious psychiatric illness with psychotic features (Schizophrenia and Bipolar Disorder),
- 1.2** Services will be targeted for adolescents and transition age youth (TAY, ages 16-25).
- 1.3** Research has shown that early identification of symptoms and subsequent treatment can prevent full onset of psychotic episodes and reduce the risks of school failure; juvenile justice involvement; and suicide related to the onset of psychosis.
- 1.4** Applicants should have experience in providing mental health treatment/service to the TAY population
- 1.5** , Applicants should have experience in the development and implementation of outreach, education and treatment services to the TAY population.
- 1.6** This program will implement the *Early Detection and Intervention for the Prevention of Psychosis* (EDIPP) model developed by the Maine Medical Center, Portland, ME.

2. Program Values and Goals

2.1 Values

- 2.1.1** Services are consumer- and family-driven and respect the individual needs of consumers.
- 2.1.2** Services have a “Wellness and Recovery” focus, which is designed as a “strength based model” of intervention and treatment.
- 2.1.3** Services and interventions will be designed with an understanding that many mental health problems are preventable through early detection, and that early intervention is cost effective in terms of dollars and human suffering, and recovery is expected.
- 2.1.4** Services will be culturally appropriate with outreach and engagement of consumers who are under-served, un-served and who are not detected and served during the early onset of the mental health issues.

2.2 Goals

- 2.2.1.** Assist consumers experiencing early onset psychosis to remain in the community, attend school/work, and prevent hospitalizations and involvement in the juvenile justice system.

- 2.2.2. Utilize age specific comprehensive evidence-based and informed practices that address mental health, substance abuse and physical health issues in order to improve outcomes in all life domains.
- 2.2.3. Develop a robust referral network by creating community partnerships especially with TAY-serving institutions such as high schools, youth centers, employment centers, community colleges and universities, the Juvenile Justice System, and community health clinics to meet the health and human services needs of consumers.
- 2.2.4. Incorporate peer mentors and family members services in the outreach and treatment components of the program.

3. Target population

- 3.1 Although initial onset of a serious psychiatric illness can occur at any time over the lifespan, it occurs most commonly during adolescence and early adulthood. The typical onset of schizophrenia is between the ages of 16 and 25. Therefore, although open to all age ranges, this project will primarily target youth and TAY in the age range of 11 to 25.
- 3.2 This project will offer culturally sensitive services to Santa Clara County's diverse population, including underserved and inappropriately served ethnic populations, such as African Americans, Asian/Pacific Islanders, Latinos, Native Americans and South Asians. In addition, this project will provide culturally sensitive services to other groups that have been historically underserved and inappropriately served, such as those defined by gender, disability status and sexual orientation. Providers are expected to engage and involve representatives of these groups in program planning, implementation and evaluation to promote culturally appropriate services.
- 3.3 Services will be available and accessible to residents of all County regions.

4. Scope of Service

- 4.1 This program will implement the *Early Detection and Intervention for the Prevention of Psychosis* (EDIPP) intervention, currently implemented at 6 sites throughout the country, including Maine Medical Center, Portland, ME and UC Davis, Sacramento, CA.
- 4.2 The EDIPP model is documented by the Maine PIER training institute, in a document titled "The PIER Model, Early Detection and Intervention for the Prevention of Psychosis", attached as Appendix I, and hereafter called the PIER document. Services and implementation of this project will be guided by the practices and requirements described in the PIER document. This document will serve as the basis for information about the Model, Program components, Instruments to be used, Staffing recommendations and Evaluation.

- 4.3** In addition to what is described in the PIER document, the following describes the expected service levels, and additional local requirements for the program to be implemented in Santa Clara County.

4.3.1 Community Outreach services

- 4.3.1.1 Educate and train the provider community about the early warning signs of severe mental illness. Service level: **500 individuals**.
- 4.3.1.2 Teach community members how to identify young people who are manifesting prodromal or active symptoms of major psychotic disorders. Messages will be culturally responsive to the needs of the specific populations being reached. Service level: **1000 individuals**.
- 4.3.1.3 Establish a community-wide system of early detection and intervention for individuals at-risk for prodromal psychosis.
 - 4.3.1.3.1 A culturally diverse parent-youth advisory board will be developed and maintained to help create policies and procedures that are culturally appropriate to TAY.
 - 4.3.1.3.2 An accessible resource guide will be developed to connect families with existing resources in the community, such as those related to mental health, primary care, substance abuse, employment and recreation.
 - 4.3.1.3.3 Collaborative relationships will be developed with TAY-serving acute and crisis care facilities for the early implementation of this campaign.
 - 4.3.1.3.4 A website will be developed detailing available resources and services offered, written to address multiple audiences including consumers, parents and mental health practitioners.
- 4.3.1.4 Individuals identified as at risk of developing psychosis will be referred for assessment and treatment.

4.3.2 Assessment and Treatment services.

- 4.3.2.1 As described in the PIER document, services are provided by clinical teams. Each bidder may bid for one or two clinical teams. After training completion, the team(s) can start conducting outreach, receiving referrals, administering SIPS assessments and admitting clients. Each team is expected to recruit an **average of 30 new clients a year**. It is expected that by six-months of the initial contract the vendor(s) will have a full caseload (30 clients). After an initial

intensive treatment phase, clients will continue in the program at a lower level of care. The average service duration is two years. The full contract amount covers expenditures for **two clinical teams**. Services will be contracted for a **two-year period**.

4.3.2.2 In addition to the services described in the PIER document, the following services are required for the Santa Clara County program.

4.3.2.2.1 Crisis intervention and stabilization, including a 24/7 on-call requirement which can be met through telephone availability.

4.3.2.2.2 Substance abuse counseling, which is inclusive of the harm-reduction model.

4.3.2.2.3 Peer to Peer Service: Peer mentoring and Family Partner Support from among those who have participated in the program or have completed the program will serve as role models offering information and support on a peer-to-peer basis to persons entering the program.

5. Staffing

5.1 The bidder will adhere to the staffing requirements documented in the Clinical Operations Proposal section of the PIER document. Two clinical teams will be assembled and trained at the same time.

5.2 In addition to the specific clinical positions recommended by the PIER model, it is expected that the provider will provide staff for creating/maintaining surveys and reports, and data entry into the SCC MHD Unicare system.

5.3 Moreover, it is expected that specific positions would be designated for staff with lived experience as peer consumers and family members. These job roles are crucial for the success of this project.

6. Training

6.1 Training and Technical Assistance will be provided by California Institute of Mental Health (CiMH), in collaboration with the PIER Training Institute, Portland, Maine. Extensive training will be provided in all project activities, outreach, assessment and treatment. CiMH will provide technical assistance in the form of clinical supervision and monitoring, fidelity requirements and certification, as described in the PIER document.

6.2 Funding for this Training and Technical Assistance will be provided through one time MHSA funds.

6.3 Specific training schedule and logistics will be agreed to during contract negotiation.

- 6.4** The SCC MHD will contract directly with CiMH for training and technical assistance.

7. Evaluation measures and reporting requirements

- 7.1** The provider is expected to enter all project data (outreach and all treatment services) into the UNICARE data system and submit regular progress reports to SCC MHD for reporting MHSA projects to the State Department of Mental Health.
- 7.2** The provider will capture all data necessary to provide the evaluation measures as described in the PIER document.
- 7.3** SCC MHD will require d the vendor(s) to provide specific outcome measures for clients served in this project..
- 7.4** The California Department of Mental Health requires each county to select one Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) project to evaluate and report on to the State. The *Prevention of and Early Interventions for Prevention of Psychosis* Project was selected as the local project for evaluation. The SCC MHD will work with the selected Bidder to identify and implement evaluation measures and meet California DMH reporting requirements.

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
DIVISION: MHSA Prevention and Early Intervention
FISCAL YEAR: 2010 - 2011
PROGRAM: Early Onset
AGENCY NAME:

Ongoing Total Expense Budget (All Funding Sources)	\$1,350,000
FY11 One-Time Start Up Funding	\$50,000

FISCAL YEAR: 2010 - 2011													
PROGRAM: Early Onset													
AGENCY NAME:													

PROPOSAL COVER PAGE

Name of Vendor: _____

Mailing Address: _____

City, State, and Zip Code: _____

Facility Location _____

Telephone Number: _____ Fax Number: _____

Name & Title of Contact Person: _____

Contact Person's
Telephone Number: _____ Fax Number: _____

Email Address: _____

Do you wish to claim LOCAL PREFERENCE status? YES () NO ()

If yes, please provide a copy of your County of Santa Clara Business License and/or written evidence of a principal business office or branch or satellite office with at least one full time employee located in Santa Clara County with your submittal. If you fail to submit the proper information with your proposal, you will be denied consideration for local preference. The information cannot be submitted later.

Certification of Authorized Vendor Representative

I hereby certify that I am an authorized representative of the above named vendor.

- To the best of my knowledge and belief the data in this proposal is true and accurate.
- I have read and understand the request for proposal (RFP) in all its aspects, and I am aware of all facts pertaining to the procedures described in the RFP. I am submitting this proposal with the understanding that I can successfully undertake and complete the responsibilities and obligations contained in my response.
- If I am awarded the contract, I will comply with the necessary certifications and assurances stated in the proposal. I agree to provide mental health clients with the comprehensive services described in this RFP— Scope of Work and I will be able to meet all of the minimum proposal requirements as specified in my proposal response.

Representative's Name and Title (print): _____

Representative's Signature: _____ Date: _____

ADMINISTRATIVE AND LEGAL REQUIREMENTS

Vendors must meet the following Administrative Requirements and/or submit documentation as stated below:

1. **LICENSURE**

- A. Facilities—Vendor will ensure that any facilities used in providing services pursuant to any resulting contract will meet all requirements of applicable laws, regulations, codes, ordinances and permits.
- B. Personnel—Vendor must meet all applicable licensing, certification or other legal requirements with regard to staff.

2. **FEDERAL, STATE AND LOCAL LAWS** - Vendor must provide services in accordance with all laws effective at the inception of an agreement and that become effective during the term of any agreement entered into with SCCMHD, including but not limited to the following:

- A. Title 22 Division 6, Chapter 6 of the California Code of Regulations Manual of Policies and Procedures Community Care Licensing Division Adult Residential Facilities;
- B. Title 9 of the California Code of Regulations;
- C. Health Insurance Portability and Accountability Act (HIPAA);
- D. Title XIX of Social Security;
- E. Welfare and Institutions Codes Section 5600 et seq.

3. **COUNTY ORDINANCES AND RESOLUTIONS** - Vendors will provide services in accordance with the ordinances and resolutions of the County of Santa Clara Board of Supervisors and all applicable policies, procedures and guidelines of County of Santa Clara, Santa Clara Valley Health and Hospital System, and SCCMHD.

4. **BUSINESS CONDUCT** - Vendors will comply with all applicable laws regarding the conduct of their respective business and profession. Vendor will also comply with all laws governing Conflict of Interest and Referral of Clients, which are in effect or which become effective during the term of any agreement with SCCMHD. These laws include prohibitions on:

- A. Payments for referral to induce the referral of Clients (Cal. Business and Professions Code section 650; Cal. Labor Code section 3215; and section 1128B of the Social Security Act); and
- B. The referral of clients by a vendor for certain designated health care services to an entity with which the vendor (or the referring party's immediate family) have a financial relationship (Cal. Labor Code sections 139.3 and 139.31, applicable to referrals for Workers' Compensation services; Cal. Business and Professions Code sections 650.01 and 650.02 applicable to all other client referrals within the State and section

1877 of the Social Security Act, applicable to referrals of Medicare and Medi-Cal Clients).

5. INDEPENDENT CONTRACTOR

Vendor will perform all work and services described herein as an independent contractor and not as an officer, agent, servant or employee of Santa Clara County. None of the provisions of any resulting contract is intended to create, nor will be deemed or construed to create, any relationship between the parties other than that of independent parties contracting with each other for purpose of effecting the provisions of any resulting contract. The parties are not, and will not be construed to be in a relationship of joint venture or partnership, or employer-employee. Neither party will have the authority to make any statements, representations or commitments of any kind on behalf of the other party, except with the written consent of the other party.

Vendor will be solely responsible for the acts and omissions of its officers, agents, employees, and subcontractor, if any. Santa Clara County will be solely responsible for the acts and omissions of its officers, agents, employees, vendors and subcontractors, if any. Personnel of the vendor who render services under any resulting contract will not have any of the rights or privileges of Santa Clara County or State employees. Vendor and its agents, employees and subcontractors will not have any claim against Santa Clara County or the State of California for any employment privileges and benefits, including but not limited to vacation pay, sick leave, retirement benefits, Social Security, workers compensation, unemployment benefits, disability benefits, etc. Notwithstanding any reference to a managed care plan or system of care, vendor will act as an entity separate and apart from Santa Clara County, and will be considered an independent vendor for all purposes, including liability and litigation.

6. NON-DISCRIMINATION

A. Services, Benefits and Facilities

Vendor will not discriminate in the admission of Consumers, assignment of accommodations, treatment, evaluation, or in any other respect, on any invidious ground including race, color, religion, creed, national origin or ancestry, sex, marital status, sexual orientation, age, HIV status, or physical or mental condition, as defined in applicable laws and regulations, including the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973 as amended, and implementing regulations. Unlawful discrimination includes, but is not limited to, the following: providing a person with a different level of care than is provided to all other individuals; discrimination in admission practices, such as placement in special wings or rooms or provision of separate meals; denying persons any service or benefit; providing to persons any service or benefit which is different, or is provided in a different manner, place or time from that provided to other persons under an agreement; subjecting persons to segregation or separate treatment in any manner related to their receipt of

any service; restricting persons in any manner in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; treating persons differently from others in determining whether they satisfied any admission criteria, enrollment quota, eligibility, membership, or other requirement or condition which individuals must meet in order to be provided any service or benefit; and the assignment of times or places for the provision of services on the basis of prohibited discrimination.

B. Non-Discrimination in Employment

Santa Clara County is an equal opportunity employer. Vendors will comply with all applicable laws including Santa Clara County's equal opportunity requirements. Such laws include but are not limited to the following:

- (1) Title VII of the Civil Rights Act of 1964 as amended;
- (2) Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973 (sections 503 and 504);
- (3) California Fair Employment and Housing Act (Government Code sections 12900, et seq;
- (4) California Labor Code sections 1101 and 1102

In addition, vendors will not discriminate against any subcontractor, employee, or applicant for employment because of age, race, color, national origin, ancestry, religion, sex/gender, sexual orientation, mental disability, physical disability, medical condition, political beliefs, organizational affiliations, or marital status in the recruitment, selection for training including apprenticeship, hiring, employment, utilization, promotion, layoff, rates of pay or other forms of compensation.

C. Notices

Vendor will give written notice of its obligations under this clause as follow:

- (1) Vendors will post in a conspicuous place such notices to potential applicants and to employees, setting forth their right to be treated in conformity with the non-discrimination provisions of any resulting contract.
- (2) Position Advertisements. All solicitations or advertisements for employees placed by or on behalf of vendor will state that vendor is an Equal Opportunity Employer.

D. Non-compliance

Failure to comply with any of the requirements of this section, Non-Discrimination, will be considered a material breach of any resulting contract. Such failure will be grounds for suspension of any resulting contract in whole or in part. Nothing in any resulting contract will be deemed a limitation on the right of Santa Clara County to take any other action with respect to vendor as a means of enforcing the anti-discrimination provisions of any resulting contract as the State may require.

7. CULTURAL COMPETENCY

Vendor will work with ethnic consumers, family members, and the community in planning and designing culturally competent services.

8. TRAINING

Vendor will implement and maintain a training program in which all of the personnel designated by vendor will participate. At a minimum, such in-service training programs will cover treatment review, case conferences, and confidentiality of consumers' information. In addition, all personnel providing social services or mental health services will receive training regarding the special needs and circumstances of persons with disabilities including Acquired Immune Deficiency Syndrome ("AIDS") or AIDS Related Complex ("ARC").

9. ADMISSION PROCEDURE

Vendor will maintain admissions procedures and eligibility criteria in writing and must make such procedures and eligibility criteria available to the public upon request. Such procedures must be in conformance with Title 22, Chapter 6, Division 6, and any other requirements of any resulting agreement.

10. RECORDS--MAINTENANCE, RETENTION, CONFIDENTIALITY, ACCESS AND FINANCIAL/STATISTICAL

A. RECORDS

- (1) Vendor must maintain, in English, legible and adequate medical, clinical, and/or rehabilitation records on each enrollee as required by all applicable laws for the services included in this program including laws related to the funding source.
- (2) Vendor will maintain such records in the form determined or approved by the State of California, Federal laws, rules and regulations, and the County of Santa Clara. Moreover, vendor commits that such records will be in sufficient detail to facilitate evaluation of the services provided pursuant to any resulting contract and will maintain all data necessary to prepare any reports required by the California Department of Mental Health.

B. RECORD RETENTION

Vendor will maintain consumers' records as required by the California Code of Regulations or any other applicable statutes or regulations. At a minimum, records will be retained for older adult consumers for a period of seven (7) years from the date of discharge.

C. CONFIDENTIALITY

Vendor will maintain confidentiality of consumer's records as required by both Federal and State laws including, but not limited to, California Welfare and Institutions Code section 5328 et seq., California Evidence

Code section 1010 et seq., Health Insurance Portability and Accountability Act ("HIPAA") 45 Code of Federal Regulations (C.F.R.) Parts 160 & 164, and 45 C.F.R. section 205.50. Within the confines of the foregoing, vendor agrees to provide information regarding consumers to qualified professionals having medical and/or psychological responsibility for such consumers' care, or for use in a conservatorship proceeding. Vendor agrees to utilize legally approved "Consent to Release Information" forms to advise consumers of disclosure of records.

D. ACCESS TO CONSUMER

Vendor will provide access to consumers' records at conclusion of any resulting agreement. Upon request by the County of Santa Clara, vendor will deliver records to the County within fifteen (15) working days of the date of expiration or termination of any agreement. Records include all consumer records, utilization and peer review records, and all fiscal records regarding funding received under any resulting agreement. If vendor is required to retain such records, vendor will supply copies of the records to the County of Santa Clara and allow inspection of the original records by the County upon request during the duration of the entire retention period. Although vendor will, in this event, have possession of consumers' records and information, County of Santa Clara will own all such information and records.

E. FINANCIAL AND STATISTICAL RECORDS. Vendor will maintain all financial, statistical or accounting records associated with the provision of services provided under any resulting agreement, in accordance with generally accepted accounting principles. Vendor will maintain such data in a format specified by the State of California or by SCCMHD.

- (1) Vendor must maintain such financial records for a period of seven (7) years from the termination or expiration of any resulting agreement.
- (2) Unless otherwise stipulated in law, vendor will provide access during normal business hours and upon proper notice to the following entities:
 - (a) SCCMHD;
 - (b) County of Santa Clara;
 - (c) State of California, including but not limited to officials from the State Department of Mental Health, the State Department of Health Services;
 - (d) Any designated official of Department of Health and Human Services;
 - (e) The fiscal intermediary; or,
 - (f) The Comptroller General of the United States.
- (3) Vendor will allow the agencies listed in E (2) above to do the following:

- (a) Inspect or evaluate the cost, quality, appropriateness, and timeliness of services performed;
 - (b) Audit and inspect any books and records of vendor which pertain to services performed and/or determination of the amounts payable under any resulting agreement; and
 - (c) Have reasonable access to facilities, programs, materials, clients, or other persons, that such officials deem necessary to monitor or audit services rendered.
- (4) Vendor will comply with Section 1861(v)(1)(I) of the Social Security Act, as amended, and any written regulations thereto, governing the maintenance of documentation to verify the cost of services rendered under any agreement.

11. DISCLOSURE OF VIOLATIONS AND UNUSUAL INCIDENTS

- A. Vendor will notify SCCMHD by telephone of the violation of any provision of any agreement within twenty-four (24) hours of obtaining reasonable cause to believe that a violation occurred. Vendor will deliver to SCCMHD a written notice of such incident within seventy-two (72) hours of obtaining reasonable cause to believe that such violation occurred. The written notice required pursuant to this section will describe the violation in detail using SCCMHD Policy and Procedure 243 Regarding Incident Reports, (see Referenced Documents).
- B. Vendor will comply with all County of Santa Clara policies, procedures and requirements concerning the reporting of unusual occurrences and incidents.

12. PERFORMANCE EVALUATIONS

Vendors will comply with performance evaluation requirements established in SCCMHD's policies and procedures, required for any contract that results from this RFP. Vendors may be required to participate in a semi-annual Consumer Perception Survey and/or an annual Administrative Review.

13. COMPENSATION

Payment Process: Monthly interim payments for direct services will be based on the units of service entered into the Mental Health Billing Application and contracted service unit payment rates. Interim payments will be reconciled with actual costs in the annual MediCal cost reporting and settlement processes. Budgeted startup expenses will be reimbursed based on invoiced expenditures.

**Contracting Principles
October 1997**

WHEREAS the County of Santa Clara purchases contract services;

WHEREAS the County of Santa Clara purchases these services in the interests of meeting the needs of its residents and such services are integral to the County's mission to serve the public;

WHEREAS the County of Santa Clara is concerned over the increased costs of providing health care to the uninsured through the services of the Santa Clara Valley Health and Hospital System;

WHEREAS the County of Santa Clara is committed to the provision of quality services, whether provided directly by the County or by contract agencies;

WHEREAS the County of Santa Clara is committed to insuring that services are provided by responsible contract agencies;

WHEREAS the County of Santa Clara seeks to maximize direct resident/client services while minimizing indirect service costs and seeks to promote fiscal responsibility;

WHEREAS the County of Santa Clara has an interest in encouraging, to the extent possible, an environment in which labor and employment disputes do not disrupt the continuous delivery of purchased services;

WHEREAS the County of Santa Clara has a strong and ongoing interest in providing continuous services to the consumers of those services;

WHEREAS the County of Santa Clara needs to know the level of pay and benefits provided by County contractors in order to intelligently consider their impact;

WHEREAS this consideration should take place in the County's open and public discussion of contract awards;

NOW, THEREFORE, be it resolved that effective June 1, 1998, as a condition of the renewal of any contract or the letting of any new contract any agency or company contracting to deliver services for the County shall comply with the following contracting principles;

I. Contracting Principles

A. All Type I and Type II contracts, as hereinafter defined, shall include a contract provision specifying that the contractor shall comply with all applicable federal, state and local rules, regulations and laws.

B. In order to assure fiscal responsibility, strength and compliance with these principles all Type I and Type II contracts shall include a contract provision specifying that the contractor shall maintain financial records, that would be adequate to show that County funds were used for purposes consistent with the terms of the service contract.

C. All Type II contractors shall provide specific information in addition to that which is required of a responsible bidder. The information will be delineated in the contractor selection process document but shall, at a minimum, include the following information pertaining to the actual provision of services and/or expenditures charged to the contract:

1. Information regarding the wage level, pay range and benefits for positions and job classifications.

- a) The wage and benefit information for executive, managerial and supervisory positions may be presented as one aggregate figure. For example: "Executive, Managerial and Supervisory wage and benefits costs for this contract are (or in the case of a new program the projected level) \$X for each year of the contract." However, in no instance would an individual be identified by employee name.

- b) The wage level, pay range and benefit costs for all other positions and job classifications that will be providing actual services and/or expenditures charged to the contract should specify actual distribution (or in the case of a new program the projected level) of wage rates within each pay range by the specific salary level. However, in no instance would an individual salary be identified by employee name. In the case of single position job classes the information may be aggregated with similar job classes.

For example: "In Job Classification A there are five positions with a pay range of \$X to \$Y. With two employees paid at \$X, two employees paid at \$Y and one paid at \$Z midpoint between \$X and \$Y."

- c) If medical insurance is provided a summary of coverage for each plan must be submitted (or in the case of a new program the projected level). In addition, the County may also request the entire plan document.

The summary must include the total premium cost, the amount of the premium paid by the employer and employee, and any co-payments or other employee costs.

If medical insurance is not provided, the County Agency/Department presenting the contract for approval shall calculate and disclose the costs of providing medical insurance to the employees of the contractor. Costs shall be determined by the County Executive based on a standard cost provided by the Santa Clara Valley Health and Hospital System.

2. Length of Service

a) The length of continuous employment with the contractor by job classification (information shall not include employee names).

b) In addition, the contractor may submit information detailing the relevant prior experience of employees within each job classification (information shall not include employee names).

3. The annual rate of staff turnover.

4. The number of hours of training for each position in subject matters directly related to providing services to County residents/clients.

5. The number of legal complaints issued by an enforcement agency for alleged violations of applicable federal, state or local rules, regulations or laws and the number of citations, court findings or administrative findings for violations of applicable federal, state or local rules, regulations or laws. The information must include the date, enforcement agency, the rule, law or regulation involved and any additional information the contractor may wish to submit.

6. Copies of any collective bargaining agreements or summary of personnel policies covering the employees providing services to the County.

D. All Type II contracts shall include a contract provision specifying that in order to determine compliance to these principles as well as the contract, the contractor shall be required to provide the County or its agents, except where prohibited by federal or state laws, regulations or rules, reasonable access, through representatives of the contractor, to facilities, records and employees that are used in conjunction with the provision of contract services.

E. During the term of any contract all Type II contractors shall provide to the County copies of any financial audits that have been completed. The contractor

shall use County funds for County services and shall not use County funds for general employer costs that do not support or otherwise directly relate to the scope of contracted services. Consistent with the financial provisions of the contracts, this shall not preclude the realization of profits or savings.

F. During the term of any contract all Type II contractors shall advise the County Department/Agency responsible for monitoring the contract of the issuance of any legal complaint by an enforcement agency, or of any enforcement proceedings by any Federal, State or Local agency for alleged violations of federal, state or local rules, regulations or laws. In addition, the specific contract may include additional provisions regarding notice to the County of specific client/patient service issue complaints.

G. During the term of any contract all Type II contractors shall advise the County of the issuance of citations, court findings or administrative findings for violations of applicable federal, state or local rules, regulations or laws.

H. Violations of this policy may be considered material breaches of any Type I or Type II contract, and may, at the option of the county, constitute grounds for the termination or non-renewal of any such contract, according to its terms. The contractor shall be provided reasonable notice of any intended termination or non-renewal and the opportunity to respond and discuss the County's intended action.

II. Definitions

- A. For purpose of this Resolution renewal of any contract shall not include modifications or amendments that do not extend the original length of the contract.
- B. For purposes of this Resolution services shall not include the rental, purchase, sale, lease, lease back or lease purchase of goods. Nor shall the rental, purchase, sale, lease, lease back or lease purchase of any facility or property be included.
- C. For purposes of this resolution Type 1 Service contracts shall include **any** of the following in which the county purchases services from:

- 1. Sole Source
- 2. Construction or other work required by law to be contracted out.
- 3. Individuals and contractors that employ less than twenty-five (25) employees.

4. Contract which provides for immediate needs necessary to preserve public health, safety or peace and any other emergency work which cannot be handled because staff and equipment have been allocated and the work must be done post-haste.
 5. Contract necessary to provide immediate emergency repair of facilities or equipment in order to preserve or provide continuous public, inmate, patient or client services or for the safety and health of the public or employees.
 6. Contract with other public agencies.
 7. Contract of One Hundred Thousand Dollars (\$100,000) or less (excluding contractors where the aggregate of multiple contracts for the same or similar services with the same contractor exceeds \$100,000), except where a labor contract contains a specific provision that requires notice to the County labor organization, then the labor contract provision and threshold dollar amount shall be applied.
 8. Contract with Professionals (such as legal, financial, engineering, architectural, management consulting services, and physician and medical consulting services) where the primary services contracted for will be provided by those professionals.
 9. Contract requires work to be performed with specialized equipment (such as trucks, cranes and other similar large equipment) including those contracts when the contractor provides an operator for the equipment.
 10. Contract for facility or equipment maintenance except such facility or equipment maintenance provided by County employees at the time of adoption of this resolution (i.e., FY 1998).
 11. Contract is for maintenance services incidental to the purchase (or lease etc.) Of goods or equipment.
 12. Contracts to provide employee benefits pursuant to provisions of County labor contracts.
- D. For purposes of this Resolution Type II Service Contracts include all service contracts in which the County purchases services not covered under Definitions I.B. and I.C. of this Resolution.

III. Implementation

- A. The County Executive shall direct the preparation and dissemination of any administrative guidelines and directives to County Departments/Agencies as are necessary to implement this Resolution as of June 1, 1998. These directives shall include a requirement that each County Department or

Attachment E

Agency advise current service contractors of the implementation of this Resolution prior to June 1, 1998.

- B. The County Counsel shall develop and disseminate standardized contract provisions that implement this Resolution.
- C. This Resolution and its requirements shall be a part of, and shall be added to, the previously adopted Board policy on Bidding and Contracting.
- D. The implementation and actual experience under terms of this resolution shall be reviewed by the Board Finance Committee and then the full Board beginning one year after adoption of this resolution. The Board shall affirmatively seek out and consider the input of contractors operating under these contracting principles. In addition, the County Executive shall provide quarterly reports to the Finance Committee.

DECLARATION OF CONTRACTOR

To be completed by all Type I and Type II contractors)

- ☐ This is a Type I service contract under the Board of Supervisor's Resolution of Contracting Principles.
If this box is checked, please complete the following:

Type I Category: _____

Explanation: _____

- ☐ This is a Type II contract under the Board of Supervisor's Resolution on Contracting Principles.

The contractor currently has other County contracts for the same or similar services:

☐

Yes

☐

No

If **Yes** is checked, please list and describe contracts, types and dollar amounts.

I am authorized to complete this form on behalf of _____

_____ [Name of contracting entity]. I have used due diligence in obtaining this information, and this information contained herein is complete and accurate.

Contractor Signature: _____

Name: _____

Title: _____

Date: _____

TYPE II CONTRACTOR INFORMATION PACKET

This set of forms is applicable generally for contractors providing service to the County of Santa Clara. It is not intended for contractors that provide rental, purchase, sale, lease, lease back or lease purchase of goods to the County.

It should be assumed that contractors are Type II providers unless they meet the exceptions as described in II. C. 1-12 of the Resolution of Contracting Principles.

SECTION 1

Information regarding the wages and benefits for executive, managerial and supervisory positions pertaining to services provided under the proposed contract. (Please do not provide employee names)

Aggregate total wages for the above positions pertaining to services provided under the proposed contract. (Please do not provide employee names)

= _____

Aggregate total medical benefit employer costs for the above positions pertaining to services provided under the proposed contract:

= _____

If no medical benefits are provided, County Agency/Departments will consider and include such costs for these employees, as determined by the Santa Clara Valley health and Hospital system and set by the County Executive.

Equivalent total medical benefit employer costs attributed to the above positions:

= _____

SECTION 2

Information regarding the wages and benefits for all other positions except: executive, managerial and supervisory positions, pertaining to services provided under the proposed contract.

(Please do not provide employee names)

Job Class	Pay Ranges	Employees at this level	Pay Subtotals
A	_____	_____	_____
B	_____	_____	_____
C	_____	_____	_____
D	_____	_____	_____
E	_____	_____	_____

Total medical benefit employer costs attributed to the above positions:

= _____

If no medical benefits are provided, County Agency / Department will consider and include such costs for these employees, as set by the County Executive and determined by the Santa Clara Valley Health and Hospital System.

Equivalent total medical benefit costs attributed to the above positions:

= _____

(Use additional sheets of Section 2 page for more job classes or more positions)

SECTION 3

Medical cost (medical, dental, vision and life insurance premium) breakdown for employees in Sections 1 and 2; if a different benefit package is offered to management employees, please identify and describe:

Medical Cost	Employer Contribution	Employee Self Contribution	Total Cost
Employee only			
Employee plus one dependent			
Employee plus multiple dependents			

Please check one:

- ☐ Administrative/Management Employees Only
☐ Line Employees Only
☐ All employees

Please attach a summary of all medical (medical, dental, vision and life insurance premium) plans for employees reported in Sections 2 and 3.

The County reserves the right to have contractor provide entire plan documents.

(Use additional sheets of Section 3 page for additional plans)

SECTION 4

Please provide information for length of service of contractor staff in the area of service currently provided to the County or proposed to be provided to the County:

Job Class:	Length of continuous agency service	Prior Experience (Optional)
Employee A		
Employee B		
Employee C		
Employee D		
Employee E		
Employee F		
Employee G		
Employee H		

Job Class:	Length of continuous agency service	Prior Experience (Optional)
Employee A		
Employee B		
Employee C		
Employee D		
Employee E		
Employee F		
Employee G		
Employee H		

Job Class:	Length of continuous agency service	Prior Experience (Optional)
Employee A		
Employee B		
Employee C		
Employee D		
Employee E		
Employee F		
Employee G		
Employee H		

(Use additional sheets of Section 4 page for more job classes)

SECTION 5

Please provide the annual rate of turnover of staff for prior 1 year.

Immediate past 12 months / prior fiscal year / prior calendar year
[Please circle one]

Note:

This section pertains to contractor staff in the area of service currently provided to the County or proposed to be provided to the County. (Example: if 10 positions are covered and 5 employees left their positions in the last year, the annual turnover rate is 50%)

SECTION 6

Training records for prior 1 year - immediate past 12 months / prior fiscal year / prior calendar year [please circle one] for contractor staff in the area of service currently provided to the County or proposed to be provided to the County:

Training subject matter related to contracted services	Employee classes	Date	Total hours

SECTION 7

Please list legal complaints, citations, court findings, or administrative findings for violations issued by enforcement agencies for the previous five (5) years for alleged violations of applicable federal, state or local rules, regulations or laws:

Rules, laws, regulations involved	Type	Enforcement Agency	Date of Issue

SECTION 8

Please list and provide copies of collective bargaining agreements covering contractor staff in the area of service currently provided to the County or proposed to be provided to the County.

Bargaining Units	Union	Term of Agreement

If there are no collective bargaining agreements, please provide summaries or actual personnel policies covering contractor staff in the area of service currently provided to the County or proposed to be provided to the County.

SECTION 9

DECLARATION THAT INFORMATION IS COMPLETE

I am authorized to complete this packet of forms on behalf of

[Name of contracting entity]

I have used due diligence in obtaining this information, and this information contained herein is complete and accurate.

Signature: _____

Name: _____

Title: _____

Date: _____

**INSURANCE REQUIREMENTS FOR
PROFESSIONAL SERVICES CONTRACTS**
(e.g. Medical, Legal, Financial services, etc.)

Insurance

Without limiting the vendor's indemnification of the County, the vendor shall provide and maintain at its own expense, during the term of this Agreement, or as may be further required herein, the following insurance coverages and provisions:

A. Evidence of Coverage

Prior to commencement of this Agreement, the vendor shall provide a Certificate of Insurance certifying that coverage as required herein has been obtained. Individual endorsements executed by the insurance carrier shall accompany the certificate. In addition, a certified copy of the policy or policies shall be provided by the vendor upon request.

This verification of coverage shall be sent to the requesting County department, unless otherwise directed. The vendor shall not receive a Notice to Proceed with the work under the Agreement until it has obtained all insurance required, and such insurance has been approved by the County. This approval of insurance shall neither relieve nor decrease the liability of the vendor.

B. Qualifying Insurers

All coverages, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A-V, according to the current Best's Key Rating Guide or a company of equal financial stability that is approved by the County's Insurance Manager.

C. Notice of Cancellation

All coverage as required herein shall not be canceled or changed so as to no longer meet the specified County insurance requirements without 30 days' prior written notice of such cancellation or change being delivered to the County of Santa Clara or their designated agent.

D. Insurance Required

1. Commercial General Liability Insurance - for bodily injury (including death) and property damage which provides limits as follows:
 - a. Each occurrence - \$1,000,000
 - b. General aggregate - \$2,000,000

c. Personal Injury - \$1,000,000

2. General liability coverage shall include:

- a. Premises and Operations
- b. Personal Injury liability
- c. Severability of interest

3. General liability coverage shall include the following endorsement, a copy of which shall be provided to the County:

Additional Insured Endorsement, which shall read:

“County of Santa Clara, and members of the Board of Supervisors of the County of Santa Clara, and the officers, agents, and employees of the County of Santa Clara, individually and collectively, as additional insureds.”

Insurance afforded by the additional insured endorsement shall apply as primary insurance, and other insurance maintained by the County of Santa Clara, its officers, agents, and employees shall be excess only and not contributing with insurance provided under this policy. Public Entities may also be added to the additional insured endorsement as applicable and the vendor shall be notified by the contracting department of these requirements.

4. Automobile Liability Insurance

For bodily injury (including death) and property damage which provides total limits of not less than one million dollars (\$1,000,000) combined single limit per occurrence applicable to owned, non-owned and hired vehicles.

4a. Aircraft/Watercraft Liability Insurance (Required if Contractor or any of its agents or subcontractors will operate aircraft or watercraft in the scope of the Agreement)

For bodily injury (including death) and property damage which provides total limits of not less than one million dollars (\$1,000,000) combined single limit per occurrence applicable to all owned non-owned and hired aircraft/watercraft.

5. Workers' Compensation and Employer's Liability Insurance

- a. Statutory California Workers' Compensation coverage including broad form all-states coverage.

- b. Employer's Liability coverage for not less than one million dollars (\$1,000,000) per occurrence.

6. Professional Errors and Omissions Liability Insurance

- a. Coverage shall be in an amount of not less than one million dollars (\$1,000,000) per occurrence/aggregate.
- b. If coverage contains a deductible or self-retention, it shall not be greater than fifty thousand dollars (\$50,000) per occurrence/event.
- c. Coverage as required herein shall be maintained for a minimum of two years following termination or completion of any agreement resulting from this RFP.

7. Claims Made Coverage

If coverage is written on a claims made basis, the Certificate of Insurance shall clearly state so. In addition to coverage requirements above, such policy shall provide that:

- a. Policy retroactive date coincides with or precedes the vendors start of work (including subsequent policies purchased as renewals or replacements).
- b. Policy allows for reporting of circumstances or incidents that might give rise to future claims.

E. Special Provisions

The following provisions shall apply to this Agreement:

- 1. The foregoing requirements as to the types and limits of insurance coverage to be maintained by the vendor and any approval of said insurance by the County or its insurance consultant(s) are not intended to and shall not in any manner limit or qualify the liabilities and obligations otherwise assumed by the vendor pursuant to this Agreement, including but not limited to the provisions concerning indemnification.
- 2. The County acknowledges that some insurance requirements contained in this Agreement may be fulfilled by self-insurance on the part of the vendor. However, this shall not in any way limit liabilities assumed by the vendor under this Agreement. Any self-insurance shall be approved in writing by the County upon satisfactory evidence of financial capacity. The vendor's obligation hereunder may be satisfied in whole or in part by an adequately funded self-insurance program or a self-insurance retention.

3. Should any of the work under this Agreement be sublet, the vendor shall require each of its subcontractors of any tier to carry the aforementioned coverages, or vendor may insure subcontractors under its own policies.
4. The County reserves the right to withhold payments to the vendor in the event of material noncompliance with the insurance requirements outlined above.

F. Fidelity Bonds (Required only if vendor will be receiving advanced funds or payments)

Before receiving compensation under this Agreement, vendor will furnish County with evidence that all officials, employees, and agents handling or having access to funds received or disbursed under this Agreement, or authorized to sign or countersign checks, are covered by a BLANKET FIDELITY BOND in an amount of AT LEAST fifteen percent (15%) of the maximum financial obligation of the County cited herein. If such bond is canceled or reduced, vendor will notify County immediately, and County may withhold further payment to vendor until proper coverage has been obtained. Failure to give such notice may be cause for termination of this Agreement, at the option of County.

PROPOSAL FORMAT AND EVALUATION CRITERIA
For
Prevention of and Interventions for Early Onset Psychosis

The following instructions outline the guidelines governing the format and content of the proposal and the approach to be used in its development and presentation. Only that information which is essential to an understanding and evaluation of the proposal should be submitted. No limitation on the content of the proposal is intended in these instructions and inclusion of any pertinent data or information is permitted

A. GENERAL FORMAT REQUIREMENTS

1. Use English Language that is free of ambiguities, alterations or erasures.
2. Proposal should be typewritten using Times New Roman font, 12-point font size.
3. Consecutively numbered pages, including any exhibits, charts, or other attachments.
4. Submit one (1) original securely bound, and (5) copies, of the complete proposal.
5. Submit proposal in a sealed package that clearly indicates the title of the RFP and the vendor's name and address in the upper left hand corner.
6. Final filing date - 3 p.m. on June 7, 2010
7. Address and deliver proposals to:

Patrick Garcia, Director of Administration
Santa Clara Valley Health & Hospital System,
Mental Health Department
828 S. Bascom Avenue, Suite 200
San Jose, California 95128

B. HOW TO ASSEMBLE PROPOSAL

1. **Cover Page** - Complete and sign the attached Cover Page. See **Attachment C**.
2. **Proposal Narrative** - Limit narrative to 10 pages. Use the outline below to develop and present your proposal narrative. Provide only the essential information.
 - a. **Organizational Structure and Experience**
 - Describe your organization's capacity to implement this program.
 - Describe your organization's experience in working with and for the TAY population.

Attachment G
Proposal Format and Evaluation Criteria

- Describe your organization's background and experience in providing similar Mental Health outreach and treatment services.
- Describe your organization's experience in coordinating collaboration.
- Describe your organization's experience in data management.
- Describe your organization's experience responding to an array of cultural needs.
- List the licensed and unlicensed staff you employ and the languages in which they are fluent.
- Provide the job descriptions of all personnel, including the administrative team who will be providing services as described in **Attachment A & Attachment I**.

b. Proposed Program

- Describe how the Bidder's proposed design and activities will accomplish the desired outcomes described in Attachment A.
- Describe how the design includes sufficient licensed and unlicensed staffing and partnerships to achieve proposed activities and desired outcomes.
- Describe how proposed services are appropriate for individuals from an array of racial/ethnic, linguistic and cultural backgrounds and other populations that have been historically underserved or inappropriately served.
- Describe how services are appropriate for consumers and family members.
- Describe how services are outreached and accessible to residents from all County Regions.
- Describe how the Bidder's proposed design ensures collaboration with key partners.
- Describe how the Bidder's proposed design ensures program evaluation and quality improvement.

c. Budget and Financial Requirements

- Provide copies of most recent audited financial statements, if the bidder is not currently a Mental Health Department contract agency.
- State financial capability and disclose any balances owed to the County and the payment status on such balance. **If none, please state so.**
- Provide budget as described in **Attachment B**, budget forms and instructions.

e. Local Preference-Provide information substantiating that vendor currently works within Santa Clara County.

f. Additional attachments to be included in the Proposal Submittal:

- (1) Completed forms for Type II contractors from the Contracting Principles, see **Attachment E**.
- (2) A certificate of insurance or letter from vendor's insurance broker indicating compliance or ability to comply with the insurance requirements as stated in **Attachment F**.

C. METHOD OF EVALUATING PROPOSALS

SCCMHD will appoint an unbiased Review Panel that will evaluate the submitted proposals. Next, an Evaluation Committee comprised of unbiased experts in the field will assess the proposals. The Panel's referrals, together with the Evaluation Committee's recommendations will be submitted to the Director of Mental Health Services for the final step in the selection process.

1. **First Review** – The Review Panel will review proposals for completeness and for the vendor's adherence to the format described above, including attachments. If the proposal meets these standards it will be given a "pass" rating.

Rating: Pass or Fail. Those that fail will not move to the second review.

2. **Second Review** – The Evaluation Committee will evaluate proposals in accordance with the following scoring criteria and will award each proposal up to 100 points:

a. Organization Structure and Experience - Maximum 30 points

- Capacity of your organization to implement this program.
- Experience your organization has in providing these mental health services
- Job descriptions of all personnel that will be involved with this program
- Describe your experience in cross departmental collaborations that are relevant to the scope of this RFP.
- Describe your organization capacity to collect the various process and outcome evaluation data that is required.
- Provide a summary of your organizations plan for providing culturally competence services to the target populations to be served in this project

b. Proposed Program Description - Maximum 55 Points

- Describe how the design and services that you intend to provide will be appropriate for desired outcomes of this project
- Describe how your program will implement to fidelity the EDIPP model of Services.
- Describe your plan for collaboration with key partners in this program and the desired outcomes of this collaboration.
- Describe your plan for ensuring continuous quality improvement in the provision of the services listed within this project..
- Describe the expertise and structure of your program that will ensure a high-quality of services to the target population.
- Describe your plan for providing the community with training in the early warning signs and symptoms of mental illness.
- Describe your plan for working with community members in learning how to identify youth manifesting prodromal or active symptoms of a major psychotic disorder.
- Describe how your program will provide 24/7 on call services
- Describe the interventions that you will provide youth with active substance abuse issues.

Attachment G
Proposal Format and Evaluation Criteria

- Describe your plan for incorporating peer to peer services and advocacy into your system of care for this project.
 - Describe your plan for recruiting and hiring staff with “lived experience” as peer to peer advocate and specialists.
- c. Proposed Budget - Maximum 10 points.**
- Budget will be reviewed by HHC Finance Department for accuracy and completeness and rated accordingly.
- d. Local Preference - Maximum 5 points.**
Determined in Administrative review.
1. Second Review –Those vendors that receive a score of 80 or above will be forwarded for final review by Director of Mental Health and selection of a vendor.
 2. Final Selections - In making the final selection of vendors for this solicitation, the Director of Mental Health will consider reviewers scores as well as Santa Clara County's overall needs, geographic distribution of services, utilization of contractors, past contract performance history, and the assessment of the vendor's ability to meet the consumers' specific needs.

ATTACHMENT H
ACRONYM AND TERM GLOSSARY
Prevention of and Interventions for Early Psychosis

Unless otherwise noted, the terms below may be upper or lower case. Acronyms will always be uppercase.

Assessment	A service that is based on a method of interview, observation, and testing. This service may include a clinical analysis of the history and current status of a client's or patient's mental, emotional, or behavior disorder, relevant cultural issues and history, diagnosis, and the use of testing procedures.
Best Practice	Those clinical and administrative practices based upon outcome evaluations that have been replicated across a number of programs or community settings and are widely accepted as having demonstrated reliable positive/successful results.
Bid or Proposal	Bidders'/Contractors' response to this Request.
Bidder	When capitalized, shall refer to the specific agency or agencies responding to this RFP.
Board	Shall refer to the Santa Clara County Board of Supervisors.
Case Management	The total provision of services to a consumer that addresses the needs of the client to function at his or her best level in the community, often arranging for appropriate services and support. A case manager coordinates mental health, social work, educational, health care, vocational, housing, transportation, advocacy, respite care, and recreational services, as needed. The case manager makes sure that the changing needs of the consumer and family are met.
CBO (Community-Based Organization)	A public or private non-profit organization of demonstrated effectiveness which is representative of communities or significant segments of communities and which provides services such as those related to health, education or job training.
COLA	Cost Of Living Allowance.
Consumer/Client	Any individual who does or could receive mental health, alcohol, drug and other care services to improve the quality of his or her life.
Contractor	When capitalized, shall refer to selected Bidder that is awarded a contract.
Co-Occurring Capable	Design of a program's policies, procedures, screening, assessment, content, treatment planning, discharge planning, interagency relationships, and staff competencies to routinely provide integrated co-occurring disorder services to the individuals and families with co-occurring disorders who routinely present for care in their program, within the context of the program's mission, design, licensure, and resources.
Co-Occurring Disorder	Any combination of any mental health problem with any substance abuse problem (including gambling disorders) whether or not these issues have already been diagnosed.
Cultural Competence	The practice of continuous self-assessment and community awareness on the part of service providers to assure a focus on the cultural, linguistic, socio-economic, educational and spiritual experiences of consumers and their families/support systems relative to their care.
Early Intervention	A short-duration (usually less than one year), relatively low-intensity intervention used to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from

	getting worse.
Early Periodic Screening, Diagnostic and Treatment (EPSDT)	Federal law defines EPSDT funding to cover certain ‘screening,’ ‘diagnostic,’ and ‘treatment’ services, including some related to mental health, to children and youth under age 21 who are enrolled in the Medi-Cal program.
Evidence-Based Practice	Those clinical and administrative practices that have been proven to consistently produce specific intended results through research using controlled (randomized) clinical trials in relevant community settings and programs.
Family Member	A person, who has provided primary support for, is a primary caregiver of, or whose daily life is impacted by being a family member (by personal or biological definition) of a person who is living with symptoms of mental illness. Family members may be the biological parents, foster parents, siblings, spouses, children, aunts, uncles, cousins, friends, or anyone else whom the consumer defines as “their family members.”
Federal	Refers to United States Federal Government, its departments and/or agencies.
GSA	The General Services Agency of the County of Santa Clara. The GSA is responsible for, among other things, building maintenance.
Involuntary	Actions taken without regard to the willingness, or in opposition to the intentions of the client and/or his parent/guardians.
Master Contract	The formal contract between SCCMHD and the Contractor.
MHSA	Mental Health Services Act
Outreach	The act of extending services or assistance to those in the community who may benefit from care but who have not, or have not been able to, come forth to seek it.
PEI	Prevention and Early Intervention. This term applies to the Prevention and Early Intervention Component of the Mental Health Services Act, which enables local public mental health systems to conduct specific programs around the prevention and early intervention of mental health illness.
Prevention	Involves reducing risk factors or stressors, building protective factors and skills and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in the face of changing and sometimes challenging circumstances
PO	Shall refer to Purchase Order(s).
Psychosis	Psychosis is a symptom, or feature, of mental illness typically characterized by symptoms of hallucinations, delusions and mental confusion that prevent an individual from distinguishing between their personal, subjective experience and the reality of the external world. Psychosis can be attributable to an organic lesion, prolonged substance abuse or serious mental illness.
Qualified	Competent by training and experience to be in compliance with specified requirements.
Recovery	A process where mental health clients learn how to self-direct their lives and mental health, regain hope and optimism and reclaim positive social experiences beyond the mental health system.
Request for Proposal (RFP)	Shall mean this document, which is the Santa Clara County’s request for Contractors’/Bidders’ proposal to provide the goods and/or services being solicited herein.
Resilience	The enduring ability of someone to recover from assaults to their person, whether physical, mental or emotional and, in the midst of that, maintain a sense of spirit and hope.

SCCMHD	Santa Clara County Mental Health Department
Serious Mental Illness (SMI)	SCCMHD defines a Severe Mental Illness to be a condition associated with a diagnosis within the DSM-IV-TR that meets the medical necessity criteria as specified in the California Code of Regulations, Title 9, Chapter 11, Sections 1820.205(a)(1) for Psychiatric Inpatient Hospital Services and 1830.205(b)(1) for Specialty Mental Health Services. Same definition as Major Mental Disorder.
Service Provider	Individuals, groups, and organizations, including County-operated programs, that deliver services to clients and patients under an agreement or contract with SCCMHD
SLEB	Small Local Emerging Business.
Stakeholder	(a) A person or group of people who impacts or is impacted by mental health services; (b) A person who represents others' interests relative to mental health services.
State	Refers to State of California, its departments and/or agencies
System Of Care (SOC)	In a system of care, mental health, education, welfare, judicial, and other agencies work together to ensure that individuals with mental, emotional, and behavioral problems and their families have access to the services and supports they need to succeed.
TA	Technical Assistance.
Transition-Age Youth (TAY)	Individuals aged 16-25 years. In terms of service delivery, this is the age when young adults begin to age-out of the Children's System of Care and move into the Adult System of Care.
Treatment	Specified mental health, medical and appropriate ancillary services to be assessed, prescribed, implemented, and monitored for clients by the Contractor or SCCMHD designees.
Unserved or Underserved Populations	Groups that have received no services or are receiving inadequate services to meet their needs.
Voluntary	To receive services by request and/or consent. In the case of a minor, refers to the request and/or consent of a parent, guardian, or other responsible agent unless the minor may give consent.
Wellness, Recovery and Resiliency Model	Effective mental health services and supports offer people opportunities to build their <u>resiliency</u> , giving people the internal resources required to fully pursue <u>recovery</u> and manage <u>wellness</u> . - Wellness is the experience of vibrant health across the dimensions of mind, body and spirit - Recovery refers to the process of people returning to a meaningful life, guided by their own choices, in their natural community - Resiliency is a person's innate capacity for positive growth and transformation across the life span despite difficult challenges¹

¹ P. Ridgway 1999 "Deepening the Mental Health Recovery Paradigm, Defining Implications for Practice, University of Kansas School of Social Welfare

The PIER Model

*Early Detection and Intervention
for the Prevention of Psychosis*

***PIER Training Institute
Portland, Maine***
Advancing Innovations in Mental Health Care

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1. The PIER Model Overview

The PIER Model, an early detection and intervention approach based on the Portland Identification and Early Referral (PIER) Program, focuses on the pre-psychotic (prodromal) phase of a developing psychotic illness. The current literature refers to these individuals as ultra high risk (UHR). The prodromal phase is a time when psychotic disorders are highly treatable and interventions may set the foundation for an unusually good outcome and long-term prognosis (Auther, Gillett, & Cornblatt, 2008). This model includes early identification of those individuals with prodromal and active symptoms, as well as state-of-the-art treatment that can continue, perhaps in a less intense form, for as long as the person remains vulnerable.

Adolescents and young adults between the ages of 12 and 25 have been the targeted population for organizations following the PIER Model. These young people have experienced prodromal symptoms of psychosis, as assessed by the Structured Interview for Prodromal Syndromes (SIPS) (McGlashan, Miller, Woods, Rosen, Hoffmann, & Davidson, 2003).

Community Outreach

An important component of the PIER model is community outreach. The goal of community outreach is to reach those school and healthcare professionals and lay people, such as families and youth workers, who interact frequently with young people. Those community members are in a key position to detect early changes in an adolescent's or young adult's functioning and behaviors, and once given appropriate information about early signs of psychosis, they can intervene on that young person's behalf.

The goals of community outreach are to:

- Educate and train the provider community, particularly school-based professionals, primary care physicians, and mental health clinicians about the early warning signs of severe mental illness.
- Teach community members (families, clergy, youth workers, students) how to identify young people who are manifesting prodromal or active symptoms of major psychotic disorders.
- Establish a community wide system of early detection and intervention of youth and young adults at-risk for prodromal psychosis.

The medical and educational professionals who work directly with youth tend to be highly receptive to this outreach and tend to understand the benefits of early intervention along with the positive outcomes that can be achieved with rapid referral to treatment. Additional audiences include college health and counseling staff, residential life staff; mental health professionals, including hospital and community based psychiatrists, social workers, psychologists, and nurses; students of the aforementioned disciplines; and community leaders from local businesses and employers.

Attachment I - PIER Model

Assessment

This treatment model relies on the Structured Interview for Prodromal Syndromes (SIPS) to assess whether a young person meets criteria for the prodrome, and therefore, the program. The most common way for an individual to meet criteria is by endorsing a certain level of symptomatology on the positive symptom scale (Attenuated Positive Symptom Prodromal Syndrome). The positive symptom scores of the SIPS determine an individual's inclusion in an early intervention program (a rating between 3 and 5 on one of the positive symptom scales).

When a site is part of a larger organization, staff may be required to use specific tools for assessing a young person's social and role functioning. It is possible to get a sense of overall functioning by using the Global Assessment of Functioning (GAF), which is included in the SIPS and is described in the DSM-IV (American Psychiatric Association, 1994). However, the GAF does not break out and rate specific areas of functioning, such as socialization and role performance. Therefore, the PIER model recommends training in and use of the *Global Functioning Scale: Social* and the *Global Functioning Scale: Role*. These measures are used together and as their names imply, they give a clear picture of these two important areas of functioning.

Within the first 2 months following the baseline assessment process, the team occupational therapist administers cognitive and functional assessments to help identify the individual's strengths and in what performance areas additional supports might be needed to promote functioning. These assessments are most useful when administered close to the other baseline assessments, but the client's tolerance for additional assessments needs to be carefully considered.

Treatment

In the early intervention model, the treatment for prodromal symptoms of psychotic disorders includes a combination of pharmacologic and psychosocial interventions to promote functioning:

- Family psychoeducation (primarily in multifamily groups)
- Supported education/employment
- Low-dose medication, as indicated

PIER has found that combining all three of these evidence-based treatments not only achieves very low rates of relapse and substantial reductions of symptoms, but also achieves remarkable functional outcomes, particularly in the domains of education and competitive employment. Some clients may require cognitive therapy, family or supportive psychotherapy or case management, as well. This approach has been shown to be particularly well suited to earlier phases of illness. Currently, implementation of an early intervention program is supported by fairly consistent evidence but should not be considered an evidence-based practice. We are still building the evidence.

2. Community Outreach

What is community outreach?

In the PIER model, outreach is defined as activities designed to educate the key audiences about the importance of early detection and intervention of psychosis for the purposes of developing a network of "early identifiers", while developing and maintaining relationships with community members.

Outreach stages

The first stage of outreach is to identify key audiences to educate about the signs and symptoms of prodromal psychosis, as well as the concept of prevention as a potential outcome of early intervention. The essential message is to understand the early warning signs, prompt referrals, and engage the person in the clinical intake and assessment process.

This leads to the second stage of outreach, which is the clinical staff's engagement with community stakeholders. It is the first step toward successful and ongoing interactions with community contacts, and ultimately, referrals for treatment. During this stage, the credibility of the clinician is established and trust is gained. In terms of dissemination activities, this is when key stakeholders in the community are identified, preferably those who are influential within their own professional spheres, in hopes they will adopt the early intervention model and provide the first successes as new cases emerge and are successfully treated. For a school based professional, this may include working with teachers within the classroom setting to structure a learning environment conducive to learning for a student whose cognitive processing is disrupted.

This stage requires significant information exchange and processing between the clinician and the referring professional. It is labor intensive. The clinician has a major role in the emerging relationship, which requires a collaborative approach. Outreach in this stage is characterized by creativity and exploring opportunities for further innovation. For the clinician, it requires offering multiple methods for material distribution and may include a formal presentation, a round table discussion, participation in staff meetings, consultation on a specific case, or perhaps just passing out bookmarks, brochures or posters, or directing contacts to a website. Since clinicians are exploring, then offering what other professionals need, given their own time constraints and work load demands, it is also the area where most of the innovation around dissemination is warranted.

The final stage is when collaborators become advocates for early intervention and can be relied upon to recruit other professionals to refer to the program. At this stage, someone within the school, university, clinic or social service agency has been identified and is likely to engage in an on-going dialogue about getting out the message of early intervention and carrying this message forward to others in the organization. This stage of dissemination is about nurturing and sustaining

developed relationships. It is centered on a shared experience of treating and collaborating in individual treatment.

3. Treatment Component Descriptions

Family Psychoeducation

The original Family Psychoeducation model was designed for families and individuals with serious, persistent illness and consists of four treatment stages. These stages roughly correspond to the phases of an episode of schizophrenia, acute mania or severe major depression, from the acute phase through the recuperative and rehabilitation phases. They are: 1) Joining, 2) Family Education Workshop, 3) Community Re-entry (MFG participation), and 4) Social/Vocational Re-engagement. Although these four stages are applicable to the UHR and early psychotic phases of a psychotic illness, the approaches for these early phases of illness may differ from the traditional model (outlined in *Multifamily Groups in the Treatment of Severe Psychiatric Disorders*).

Joining: Engagement in treatment with the client and his/her family is initiated within 48 hours after confirmation of eligibility criteria and admission to the program. Initial contacts with the client are deliberately brief and non-stressful. UHR youth are included in at least one of the joining sessions and are excluded from at least one. The sessions with parents allows for expressions of fear, grief, sadness, disbelief, frustration, etc. It also allows for validation of their experiences and emotions. If the patient is in the early stages of a psychotic process (i.e., psychotic symptoms for less than 30 days), he/she may not be included in these sessions but only engaged in individual sessions with the clinician.

The intention of joining is to:

1. establish rapport with all participating family members,
2. provide helpful information about what is happening on a biological level,
3. gather information about early symptoms and how they impact functioning and relationships,
4. offer guidance on dealing with troublesome symptoms, and
5. attain consent and commitment to include the family in the on-going treatment process.

Initial contact with families occurs either during a visit to the program or during the referral phone call. Family members learn that the clinician is willing to partner with them to help their relative recover and avoid an onset of psychosis, relapse, and further deterioration. The family is asked to partner with the clinician to establish a working relationship, the purpose of which is to provide the best psychosocial environment for the patient to avoid psychosis and recover functioning. The joining phase is typically three weekly sessions for the multifamily group format, but more sessions may be required until a sufficient number of families are engaged to form a group.

Family Education Workshop: Once the family is engaged and while the young person is being stabilized (if necessary), the family is invited to a workshop

Attachment I - PIER Model

conducted by the clinicians who will be leading the Multifamily Group (MFG), along with other relevant staff. This four- to five-hour session is conducted in a classroom-like format and includes other program families. Ideally, the family participates in the workshop by the 4th or 5th week of entering the program, following 3 weekly "joining" sessions. At times, there are only 1-2 new families who are ready to join a MFG. In these situations, a small workshop or a single family, intensive educational session held over several evenings should be held rather than waiting for a larger number of families to assemble. The goal at this stage is to get a family into a MFG as quickly as possible.

The workshop serves as the first meeting of the multifamily group. Biological, psychological, and social information about psychotic disorders and the prodrome, as well as their management, are presented through a variety of formats such as videotapes, slide presentations, lectures, discussion, and question/answer periods. Information about the way in which the clinicians, client, and family will continue to work together in MFG is presented. The families are also introduced to guidelines for management of the symptoms and the underlying vulnerability to stress and information overload. Normal reactions to early symptoms are explored and validated by the clinicians. Clients attend these workshops if clinically stable, willing, interested, and able to tolerate the social and informational stress.

Community Re-entry: During this phase of the family psychoeducation model, families enter the Multifamily Group (MFG). Approximately two weeks following the workshop, the two clinicians who are the MFG co-facilitators begin meeting twice monthly with the family and client in the group. Approximately 5-6 families are invited to join one MFG. If a new family enters a program, it is ideal to quickly bring that family into an existing MFG rather than waiting for a new group to form. Experience has shown that MFG has the greatest impact on lowering stress, improving functioning for the individual, and improving communication for the family if it is begun quickly.

The goal at this stage of treatment is to plan and implement strategies to cope with the changes experienced by a person recovering from an acute episode of psychosis, or to facilitate recovery from the prodromal state. It is often explained as a "work group". Common MFG issues include treatment compliance, stress reduction, providing support, avoiding life events, avoiding street drugs and/or alcohol, lowering expectations during the period of negative symptoms, and a temporary increase in tolerance for prodromal or psychotic symptoms. Participating members also learn two special techniques which support the efforts to follow family guidelines: formal problem solving and communications skills training.

MFG can be considered a second generation treatment model which incorporates aspects of the psychoeducational model, as well as aspects of family behavioral management and multiple family therapies. This combination incorporates the advantages of each of its sources and diminishes their negative features, leading to a number of effects which have been shown to produce the optimal results.

Attachment I - PIER Model

MFGs address elements of expressed emotion, social isolation, stigmatization and burden directly through education, training and modeling ways to control emotional expression and communicate more clearly. These groups increase the size and density of the social network and reduce the experience of being stigmatized. They also provide a forum for mutual support and an opportunity to hear similar experiences while finding workable solutions.

Periodically, a family declines MFG. Reasons for this can include:

- Cultural beliefs about sharing personal information with other families in the community
- The family may lack the organizational abilities needed to get to a group on time
- The parents' work schedules might interfere with the timing of the MFG
- The family may not have reliable transportation
- Family members may have had negative group experiences in the past

In such situations, the clinician can meet with the family individually every other week for one hour to review pertinent issues, select an issue that seems to be increasing family/individual stress, and then work on that issue using the problem-solving format. In the Family Psychoeducation model, this individual family work is referred to as Single Family Therapy (SFT). The clinician should emphasize with the family that SFT is a stepping stone towards entering MFG. Some families continue with SFT indefinitely, but they are still receiving the intervention of Family Psychoeducation.

Social/Vocational Re-engagement: Within several weeks or months following initiation of treatment (or after an acute episode), most clients begin to show signs of a return to spontaneity and active engagement with those around them. This is usually a sign that the individual can now tolerate more challenges in the domains of functioning that may have become impaired. The focus of this phase deals more specifically with the re-engagement needs of the young person. MFG sessions often address the two areas of functioning in which there are the most common deficits: social skills and the ability to meet educational expectations and/or work opportunities.

Supported Education and Employment

The PIER Model has included external support to retain and/or improve functioning for school and work. Supported education and employment have emerged as the major focus of effort for the prodromal population, as it has become clear that preventing psychosis is somewhat less challenging than expected, while preventing or reversing functional decline has been more challenging. With the student's and family's permission, the team can provide active outreach, engagement and consultation to the young person's school counselor, to selected teachers and, if necessary, school administrative personnel, using the principles and practices of supported education. These supports can also be used for work environments.

Supported Education: Support with education is generally provided by occupational therapy practitioners (OT's) and employment specialists (ES's). They evaluate the

Attachment I - PIER Model

individual's functional and cognitive abilities and then share that information in functional terms with the appropriate people (the individual, family, clinical staff, school staff, and employers). Prodromal symptoms often interfere with cognition, which in turn makes new learning difficult. The over-learned activities of daily living may not be affected, but when learning new information, the individual might struggle to pay attention, remember directions, associate new information with learned information, and prioritize tasks. These cognitive abilities are all necessary for understanding new information, making associations to assist with recall, and knowing which step to perform next. When these abilities are impaired, the student experiences academic decline and a sense of failure.

Supported education includes collaboration with schools along with individual skill development. Some students stop attending school due to intense anxiety and bothersome symptoms, which only adds to the family's level of stress. Therefore, an educational advocate can ease the family's sense of burden by offering information to the school staff about the biology of the pre-illness process and how it impacts learning. This information is instrumental in the development of useful accommodations for the student. Once everyone involved with the student's education understands that learning is difficult as a result of altered brain functioning, accommodations are easier to develop. When the academic demands decrease and proper learning supports are put in place, the young person generally feels relief and seems better able to manage symptoms, school, and learning. Stress is reduced, which is necessary to minimize risk for psychosis and prevent relapse of symptoms.

Supported Employment: This intervention can be helpful for the individual with prodromal symptoms. Work can be therapeutic for someone who feels anxious, detached, disorganized, and unproductive. When the appropriate level of assistance is given to find a job that matches an individual's interests and abilities, s/he can become more organized and productive. Ensuring a good job match generally requires the skills of an employment specialist (ES), who can work directly with an employer to develop accommodations, provide job coaching, and assist with job-related skill development (e.g., writing a resume, practicing interviewing techniques, presenting well for an interview, developing good work habits). Of course, the individual might want support from a distance, which means the ES does not interact with the employer. As with supported education, the OT can provide valuable information about the individual's cognitive and functional abilities. This information helps determine on-the-job accommodations and appropriate levels of support. Supported employment provides similar benefits to those of supported education; when stress is reduced and functioning improves, the risks for psychosis tend to diminish.

Pharmacotherapy

The PIER model uses a pharmacotherapy algorithm that is based on current research about the effectiveness and side-effects of specific medications for UHR youth. Because of emerging information on the efficacy of psychiatric drugs in general, and the significant controversy about medicating youth, each early intervention program should determine best practice for treating UHR youth with

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psychiatric medications. The standard of care for sub-threshold psychosis is still being established; therefore, treatment recommendations should reflect the client's clinical status and functioning.

In the PIER model, UHR youth who meet criteria for prodromal psychotic symptoms and/or a DSM-IV psychotic disorder can be offered antipsychotic medication according to FDA criteria: <http://www.nimh.nih.gov/health/publications/mental-health-medications/complete-index.shtml#pub9> . When an UHR youth experiences moderate to severe positive symptoms on any of the five positive symptom scales (revealed during the SIPS and rated at a 4 or 5), the PIER protocol stipulates that low doses of atypical antipsychotic medications can be prescribed. The PIER algorithm suggests the use of aripiprazole first (secondary to lower risk of metabolic symptoms); the algorithm allows for other second generation antipsychotics to be used in the event of adverse medication reactions or sub-optimal response. A recent study also found that omega-3 fatty acids (EPA and DHA) were preventive of an initial psychotic episode with few effects (Amminger et al., 2010).

Because side effects from medications can lead to non-adherence, the PIER model uses a *very conservative protocol*. With the use of any antipsychotic medication, it is imperative that regular monitoring of weight, metabolic status, and medication side-effects (EPS, dystonia) be incorporated into the treatment protocol. Information regarding healthy lifestyles, such as exercise and diet, are an important part of treatment. If weight gain occurs at greater than 5% of BMI (body mass index) and lifestyle changes are not completely effective, then medication change or adjustment would be necessary.

Using standard clinical practice guidelines, antimanic, antidepressant and anxiolytic medications are often prescribed. The team psychiatrist or nurse practitioner administers medications in close collaboration with team members, the client, the family physician/pediatrician and family input. Treatment adherence is assessed based on all sources of information.

If the individual experiences symptoms at a psychotic level, the goal is to protect the young person from harm and clinical deterioration. Antipsychotic medication, hospitalization and partial hospitalization can be considered in the context of the client and his/her clinical and family situation, using standard practice guidelines.

4. Clinical Operations Proposal

Staffing: To serve a population of 300,000 – 400,000, the following multi-disciplinary staffing is suggested:

- Master's level social worker (1.0 FTE)
- Nurse (1.0 FTE) or additional master's level social worker (1.0 FTE)
- Psychiatrist (0.4-0.5 FTE) or Nurse Practitioner (0.4-0.5 FTE)
- Occupational therapist (0.5 FTE)
- Education/employment specialist (0.5 FTE)

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Based on the PIER Program's experience and incidence rates, it is anticipated that for a service area with the above-mentioned population, an early detection and intervention program can expect to recruit approximately 25 new clients the first year. However, if extensive outreach and networking are done, it is possible for a program to recruit up to 35 clients annually (roughly 3 new clients a month) for the same service area.

If the service area size increases, the staffing can increase proportionally to the size of that area. For example, a service area with a population of 1 million people would require a team that minimally consists of 3-4 full-time social workers, 1.5 full-time psychiatrists or nurse practitioners, 1 occupational therapy practitioner, and 1 full-time education/employment specialist.

Client attrition: PIER and other early intervention replication programs have experienced a range of 13-22% attrition over time following the assessment process. Withdrawal or "dropping out" seems to occur for a variety of reasons, such as disinterest in treatment, age of client (young adults without families are more apt to disappear), rapid recovery, family dysfunction, and moving out-of-state. However, individuals who are found to be at risk tend to engage in treatment.

Intensity of services: PIER has found that there is a high intensity of services for the first 3 months, which gradually tapers due to family involvement in Family Psychoeducation (generally MFGs), as well as the client's diminishing symptoms due to medications, the client's and family's awareness of the importance of reducing stress, and support with life skills. During the second year, treatment tends to be less intense, especially if the family is well engaged in MFG.

5. Clinical Staffing Responsibilities

Ideally, one member of the team should serve as a team leader/manager and have primary responsibility for overseeing and coordinating clinical services. There is some flexibility in this staffing, particularly if a nurse practitioner or certified nurse specialist is available to prescribe psychiatric medication and there is an MD who can provide supervision to that person.

With this proposed staffing, it is anticipated that each full-time clinician would carry a caseload of 10-12 clients. As with any ACT team, roles and responsibilities may overlap, and clinical staff should expect to know one another's caseloads well in order to fill in for one another.

Psychiatrist/Nurse Practitioner (NP)

The team psychiatrist or NP oversees the medical and mental health needs and treatment for all program clients. S/he is also responsible for collaboration with community providers, such as medical doctors/nurses and private counselors. The team psychiatrist/NP works closely with all team members to assist with treatment and to provide the following services:

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- Conduct outreach presentations
- Administer SIPS assessment
- Prescribe medication
- Monitor medication effects
- Review treatment options and plans
- Document services
- Write letters on behalf of clients' and families' needs
- Review clinical cases
- Provide medical information for the Family Education Workshop
- Provide information about the psychobiology of illness to clients and families

Social Worker

The social worker(s) can expect to carry a caseload of 10-12 clients a year and perform the following responsibilities:

- Conduct outreach presentations
- Field referral calls
- Administer SIPS assessment
- Engage with clients and families from the beginning of the intake process through conclusion of treatment
- Provide psychoeducation to the entire family
- Assist with the Family Education Workshop
- Co-lead a multifamily group
- Collaborate with the entire team regarding the client's care
- Address the client's and family member's concerns/needs (some 1:1 counseling as needed)
- Assist with supported education when appropriate

Nurse (optional)

If an early intervention program includes a full-time nurse on the staff, s/he can also expect to carry an individual caseload of 10-12 clients while also assisting the team psychiatrist with medication and safety monitoring for all program clients. Team nurse responsibilities might include the following:

- Conduct outreach presentations
- Field referral calls
- Engage with clients and families from the beginning of the intake process
- Provide psychoeducation to the entire family
- Provide safety monitoring during clinic visits (vital signs, etc)
- Assist with the Family Education Workshop when appropriate
- Co-lead a multifamily group
- Collaborate with the entire team regarding the client's care
- Address the client's and family member's concerns/needs (some 1:1 counseling as needed)
- Assist with supported education when appropriate

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Occupational Therapy Practitioner (OT)

Depending on the number of hours the OT has to work in the program, s/he can carry a small caseload (4-5 clients) and assess overall functioning of any program clients demonstrating declines in any performance areas. Some teams may ask the OT to function as a consultant whose role is to administer functional and cognitive assessments to the client and then generate reports for the family, program team, and school staff about those findings. At the very least, the team OT is responsible for:

- Assessing a client's cognitive and functional abilities as they relate to everyday performance using interviews with the client and family, observation in a natural setting, and standardized assessment tools.
- Working closely with all team members, clients, and families to identify needed accommodations for home, school, work, and leisure community settings to assist clients with functioning at their best.
- Participation in the Family Education Workshop to provide education about cognition and daily functioning.
- Participation in team meetings and case reviews
- Co-facilitation of MFG when appropriate

Education/Employment Specialist (ES)

The ES is an integral part of the team and crucial to enhanced performance at school and work for clients demonstrating the need for additional support. The ES's responsibilities may be as follows:

- Individual work with the client to assess interests, goals, and areas where support is needed to improve functioning
- Collaboration with the OT to understand the client's cognitive strengths and challenges, learning style, possible accommodations to enhance performance at school and work, etc.
- Participation in team meetings and case reviews
- Job development
- Support with work and school
- Co-facilitation of MFG when appropriate
- Participation in the Family Education Workshop to help families understand the importance of support with work and school

6. Assessment Description

The Structured Interview for Prodromal Syndromes (SIPS) is used internationally for assessing the prodrome and has shown that inter-rater reliability is possible to achieve (Miller, McGlashan, Rosen, Cadenhead, Ventura, McFarlane, Perkins, Pearson, Woods, 2003). On average, it takes approximately 1 ½ hours to administer, but may take less or more time, depending on the individual.

The interviewer who administers the SIPS is trained to ask specific, probing questions about the onset, frequency, duration, and intensity of symptoms in four scaled areas: positive symptoms, negative symptoms, disorganization symptoms,

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and general symptoms. Each scaled area includes sub-sets. For instance, in the positive symptom scale, the following sub-sets have multiple questions that are scored according to a rating scale: P-1, Unusual Thought Content/Delusional Ideas; P-2, Suspiciousness/Persecutory Ideas; P-3, Grandiose Ideas; P-4, Perceptual Abnormalities/Hallucinations; P-5, Disorganized Communication.

7. Assessment Staff Responsibilities

Once the clinical staff has conducted telephone screening on referrals, a trained staff member, generally a clinician administers the SIPS to determine the level of symptoms and functioning. S/he then conducts a follow-up SIPS at 6 and 12 months to monitor symptoms. It is also recommended to conduct a SIPS when there appears to be a change in symptoms towards conversion to psychosis (emergency SIPS). The SIPS administrator is responsible for scoring the assessments and sharing results with the clinical team leader to determine eligibility for the program.

8. Training & Supervision Description

The Biosocial Training Institute offers a comprehensive training and certification process in the methods of early detection and intervention of psychosis, including family psychoeducation and other psychosocial interventions. Organizations interested in early detection and intervention will receive:

- One week of in-depth, face-to-face training
- One year of supplemental training on program components
- Two years of regular monitoring and supervision of program components
- Technical support, including procedure manuals, training tapes, and outreach templates
- Certification as an Early Detection and Intervention Program

Organizations will receive instruction on the components of the early detection and intervention model, including:

9. Training Topics and Schedule

Topics to be covered include:

Area	Topics
Assessment	• Structured Interview for Prodromal Syndromes • Global Functioning Scale: Social • Global Functioning Scale: Role

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Clinical Operations	• Overview of the early detection and intervention model • Signs of prodromal psychosis • Working with families • Family psychoeducation • Supported education and supported employment • Occupational therapy • Medication management and monitoring • Intake procedures
Community Outreach	• Audiences • Messages • Methods
Evaluation	• Program • Outcome • Fidelity measures
Data	• Collection and submission processes

In Person Training

There will be a one week, face-to-face training (location to be determined) in which participants will receive in-depth instruction on early detection and intervention model topics. The training, led by experts in the early detection and intervention model, will emphasize skill development through lecture, small group instruction, demonstration, and participatory exercises.

Ongoing Skill Building

Throughout the course of the year, organizations will receive regular monthly monitoring and supervision of program components, which will include ongoing training as needed to develop skills. During the second year, all sites' staff will participate in quarterly reviews and video- and/or teleconferences.

10. Supervision and Monitoring

During the first year, organizations will receive supervision and monitoring to guarantee adherence to the early detection and intervention model. Supervision, in most cases, will be done by the individual (or team) that trained the organization during the in-person training. This process is an excellent opportunity for organizations to problem-solve any issues that have been identified to discuss with an expert in the field. As part of the supervision process, organizations are required to submit six videotaped interview assessments and 3 family psychoeducation sessions to the PIER Training Institute and/or supervisor(s) for review. Organizations will also monitor and report any serious adverse events.

There will be an annual site visit by PIER Training Institute staff and/or supervisors to assess progress in achieving fidelity measures, as well as to problem solve program challenges. During the second year, supervision and monitoring will be reduced to quarterly conference calls for most topics.

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11. Staff Attrition

Recognizing that staffing changes are a natural part of any organization, the PIER Training Institute staff anticipates attrition among staff trained in the early detection and intervention model. When this happens, organizations should notify PIER Training Institute staff to determine a training plan for newly hired staff. Once an organization has achieved certification, staff from its program, working with PIER Training Institute staff, may train new staff members in the model. If an organization does not maintain or loses its certification, it may not train staff on the early detection and intervention model until it has achieved certification status.

12. Evaluation

In order to better understand the successes and challenges of a program, both program and outcomes evaluations are necessary. The components of the evaluation for this effort include:

Program

- Client engagement, accurate identification and retention
- Numbers of and audiences for outreach presentations
- Outreach participant evaluations
- Participation of clients and families in family psychoeducation
- Fidelity assessments for key treatment modalities

Outcomes

- Baseline and follow-up assessment results
- Social and role functioning
- Clients' health and mental health care outcomes
- Psychosis conversion rate
- Intent to participate in family psychoeducation

The following table identifies the program components to be measured as well as the desired outcomes. It includes specific measures, when to gather the information, and who should be responsible for collecting those measures.

Program	Data Source	Measure	Frequency	Staff
Client engagement, accurate identification, retention	Intake log; billing records	% referrals admitted by criteria; % clients & families in treatment at 12 & 24 months	Clinic entry; after 1 and 2 years	Admitting clerk, primary clinician, billing staff
Numbers of and audiences for outreach presentations	Outreach log	Date, # audience participants, sector (i.e., educational, medical, clergy, police)	At outreach presentations	Any staff doing outreach

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Outreach participant evaluations	Participants	Survey (measures learning and satisfaction)	At outreach presentations	Any staff doing outreach
Family Psychoeducation participation	Billing records	% of scheduled family sessions attended by client and family	Every 2 weeks; collected semi-annually	Clinicians; billing staff
MFG fidelity	Videotapes	Checklists; % items meeting fidelity	3 times in year 1	Supervisor
Outcomes	Data Source	Measure	Frequency	Staff
Baseline + follow-up assessment results	Intake + on-going clinical contacts	SIPS/SOPS	Baseline, 6, + 12 months	Primary clinician or rater
Social + role functioning	Intake + on-going clinical contacts	GAF +/- Global Functioning Scale: Social + Global Functioning Scale: Role	Baseline, 6, + 12 months	Primary clinician or rater
Clients' health + mental health care outcomes	Intake + on-going clinical contacts	Hospitalizations; incarcerations; suicide completion and attempts; 50% time employed, in school, or volunteering; graduation from HS	Baseline, 6, + 12 months	Primary clinician or rater
Psychosis conversion rate	On-going clinical contacts	SIPS interview	Baseline, 6, + 12 months; emergency basis to document onset	Primary clinician or rater
Intent to participate in Family Psychoeducation	Survey	MFG Survey	Baseline	Primary clinician or rater

13. Certification Requirements

In order for organizations to be certified as an Early Detection and Intervention Program, they are required to:

- Participate in all contracted training components
- Participate in all monitoring and supervision sessions for a total of 24 months
- Incur travel-related costs for their staff to participate in training
- Collect and submit program and outcome evaluation data
- Submit semi-annual progress reports using the provided format
- Demonstrate knowledge and skill in program components

14. Fidelity Requirements and Certification Process

In order to be eligible for certification as an Early Detection and Intervention Program using the PIER model, organizations must meet basic fidelity requirements at the end of Year One. These requirements include:

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Assessment

- A reliability rating of at least 75% on the Structured Interview for Prodromal Syndromes and Heinrichs Quality of Life Scale (modified).

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Clinical Operations

- An increase of appropriate referrals throughout the year
- A client and family retention rate of 70%
- Family psychoeducation participation rate of 70%
- Family psychoeducation fidelity
- Supported employment fidelity

Community Outreach

- Outreach presentations to 60% of all middle and high schools and colleges within the organization's service area
- Outreach presentations to 50% of all pediatricians and family physicians within the organization's service area

Evaluation

- Ability to obtain hospitalization data for first episode psychosis

At the end of the first year, the PIER TRAINING INSTITUTE staff and supervisors will review the organization's demonstrated understanding and application of the early detection and intervention model, as well as their progress towards achieving the fidelity requirements. If there is satisfactory performance at the end of Year One, supervision will be reduced to quarterly review and technical assistance by PIER TRAINING INSTITUTE staff and supervisors. At the end of Year Two, an organization will be eligible for certification if fidelity requirements have been met. All certified organizations will be listed on and linked to the PIER TRAINING INSTITUTE's website.

15. PIER Model Training Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Overview of PIER model ▪ Rationale ▪ Program design ▪ Current research ▪ Continuum of psychosis ▪ Expectations of trainees & Training Center	Clinical Operations ▪ Team functioning ▪ Intake procedures ▪ Interventions (meds, MFG's, counseling, SE/SE) ▪ Focus on functioning - OT - SE/SE	MFG Overview	MFG	MFG
Clinical operations ▪ Working with families -engagement -retention ▪ SIPS for clinicians ▪ FACT model review	Evaluation of Program ▪ Data collection ▪ Supervision Outreach Review ▪ Community mapping ▪ Assets/needs ▪ Steering Council ▪ Target audiences ▪ Maintaining network connections ▪ Messages ▪ Tools/materials ▪ Evaluation ▪ Tracking ▪ Presentation example	MFG	MFG	MFG Wrap-up Next Steps and training wrap up

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