



Mental Health Services
Oversight and Accountability Commission

Early Psychosis Intervention Plus

Request for Applications

RFA EPI PLUS_001

Addendum 3

Mental Health Services
Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

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1. BACKGROUND

The Mental Health Services Act provides a clear emphasis on transforming the mental health system from a “fail-first” service delivery model to one which provides pathways for prevention and early intervention. In recognition of this perspective, the Commission has identified the opportunity to provide early intervention support for people who are developing signs of psychosis. Psychotic symptoms, such as hallucinations and delusions, often emerge between the ages of 15 and 25. According to the National Institute of Mental Health it is estimated that there are 100,000 new cases of psychosis each year in the United States. Each year in California 8,000 adolescents and young adults experience their first episode of psychosis.

A significant body of literature documents evidence-based strategies and models to identify and treat young adults with early signs of psychosis. A key strategy for improving outcomes is to reduce the duration of time spent without treatment. As such, an early intervention system of care is essential in order to reach the goal to improve outcomes for individuals who experience episodes of psychosis or mood disorder.

In California, there are approximately 30 early psychosis programs across 24 counties. However, there is little uniformity in treatment models, how programs operate, data collection strategies, and levels of fidelity to a particular model of care.

Assembly Bill 1315 (Mullin) established the Early Psychosis Intervention Plus (EPI Plus) Program and the EPI Plus Advisory Committee to advise the Commission regarding the allocation of funds for a competitive selection process to expand the provision of high-quality, evidence-based early psychosis and mood disorder detection and intervention services in the state.

To support a more coordinated effort to decrease the duration of untreated psychosis and mood disorder, the Commission was provided \$19,452,000 through the Budget Act of 2019 to ensure that programs operate with fidelity to an evidence-based model and expand service capacity for early psychosis and mood disorder detection and intervention services in California.

The Advisory Committee recommended, and the Commission approved, that the \$19,452,000 available for this Request for Application (RFA) be allocated to support the expansion and capacity building of programs using the Coordinated Specialty Care (CSC) model across California. The Advisory Committee recommended and the Commission approved that the Commission set aside funds in the amount of \$3.89 million (20% of the total) for a technical assistance contractor who will provide support and guidance to grantees, ensure program quality, and strengthen the statewide network of CSC providers. This contract would be provided over a four-year term. The Commission also approved the apportionment of remainder, \$15,562,000 (80% of the total) to fund program grants to counties or counties acting jointly who will expand the capacity and bring to full fidelity the current early intervention of psychosis and mood disorder services within their communities. Grants will not exceed \$2 million over a four-year grant term.

2. PURPOSE AND GOALS

The EPI Plus Program is intended to improve the lives of Californians with mental health needs before those needs escalate and become severe or disabling, and to support a more coordinated effort to decrease the duration of untreated psychosis and mood disorder. The Commission will provide \$15,562,000 through a competitive process to support counties which are currently providing early

psychosis intervention services. The Commission will provide \$3,890,000 for training and technical assistance. This support will ensure that funded programs operate with fidelity to an evidence-based model and expand service capacity for early psychosis and mood disorder detection and intervention services in California.

Many counties have developed early psychosis (EP) programs to serve individuals in the early stages of threshold psychosis and individuals at clinical high risk for psychosis (CHR). This RFA will support program development and enhancement costs to help currently established EP programs reach fidelity to the CSC model, with the goal of developing a network of comprehensive EP programs at fidelity by the end of the grant period.

In the United States, evidence-based treatment approaches include the following:

- Broad community-based outreach with rapid referral to reduce duration of untreated psychosis
- Comprehensive assessment to determine eligibility
- Team-based Coordinated Specialty Care (CSC)

Program components of CSC include:

- Case management
- Recovery-oriented psychotherapy and relapse prevention
- Family psychoeducation and psychotherapy
- Educational and vocational support
- Pharmacotherapy and primary care coordination

The current gold standard (Fowler et al., 2009) is to deliver these services within a stand-alone program, where all service components are provided by a co-located team. This approach has been shown to be the most effective intervention model and is the most commonly used in the United States. To date, a variety of comparable EP intervention models (NAVIGATE/RAISE, PIER, EDAPT, Felton, EASA) exist and support all or most of these required components.

Some programs may apply for funds to operate an alternative model of EP care, such as creating a “hub and spoke” model (National Collaborating Center for Mental Health, 2016), in which assessment services, brief intervention/case management and MD evaluations are provided centrally with a warm hand off to providers delivering the complete package of EP interventions across a wider region. Similarly, there could be providers placed in rural teams with a central hub that supports the team and coordinates the complete package of services. Alternatively, programs across a region may wish to build a consortium in which they share central resources. For alternative models such as this, the program must ensure access to all EP treatment components to meet fidelity. Funds and resources must be allocated to ensure appropriate ongoing supervision of all staff. Management must be provided appropriately to ensure coordination of care across all locations.

For projects funded through this RFA, the recently revised First Episode Program Fidelity Scale (FEPS-FS, Addington, 2015) will be used to determine if programs are providing the components of EP care at an appropriate level of fidelity. The goal of this RFA is not to impose one model upon all California programs; instead, the Training and Technical Assistance Center will provide training, support and technical assistance to help a group of EP programs attain fidelity to the core components of CSC, building off of their existing program.

Many programs within California are stand-alone programs which provide EP service components in one location with a co-located treatment team. However, some stand-alone programs may not offer all CSC model components or provide the components to the full level of fidelity. Therefore, programs should review the Applicant Program Assessment components (Section 6.D.) to identify which EP services they are already providing to fidelity and what is needed in other areas to reach fidelity.

The goal of this RFA is to fund stand-alone EP programs or alternative programs supported by a stand-alone program. “Integrated” EP programs are not evidence-based (Fowler et al., 2009). These programs may operate within standard outpatient care settings and include EP trained staff who operate within a general mental health team; screen for psychosis but provide no other evidence-based assessment or other EP treatment components; or provide EP-specific services (e.g. CBT for psychosis groups) without other core components of CSC.

References:

- Addington, D. (2015). [First Episode Psychosis Services Fidelity Scale © (FEPS-FS-1.0) Fidelity Review Manual].
- Fowler, D., Hodgekins, J., Howells, L., Millward, M., Ivins, A., Taylor, G., . . . Macmillan, I. (2009). Can targeted early intervention improve functional recovery in psychosis? A historical control evaluation of the effectiveness of different models of early intervention service provision in Norfolk 1998-2007. *Early Interv Psychiatry*, 3(4), 282-288. doi:10.1111/j.1751-7893.2009.00146.x
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3. KEY ACTION DATES

Table 3.1, Key Action Dates provides the key action dates and times by which actions must be taken or completed. If the MHSOAC finds it necessary to change these dates or times, it will be accomplished via an addendum to this solicitation. All times listed are for Pacific Standard Time.

Table 3.1 – Key Action Dates

Action	Date & Time
RFA Release	April 20, 2020
Written Questions Due Date	May 8, 2020
Distribute Questions/Answers	May 15, 2020
Final Application Due Date	June 26 , July 17, 2020, by 4:00 pm
Notice of Intent to Award*	July -August 2020

* Dates after Final Application Due Date are estimates and may be changed by the MHSOAC without the issuance of an addendum.

4. SCOPE OF WORK (SOW)

A. Grantee Responsibilities

1. The Grantee will be responsible for and agree to:
 - a. Participate in fidelity monitoring and improvement processes
 - b. Collaborate with and take direction from the MHSOAC Training and Technical Assistance (TTA) contractor
 - c. Collaborate with local entities such as school districts, colleges, primary care physicians, youth drop-in centers, and other community programs which provide health and mental health services to transition age youth and young adults to ensure appropriate linkage to services
 - d. Invest 15% of total grant funding for data collection and program outcomes data. This data will be provided to both the MHSOAC and the TTA contractor, including, but not limited to key program outcomes, as requested. Data collection funds may come from the grant or from other funding sources.
 - e. Use the local funds listed in the grant application that are committed to support the program.
 - f. Continue to provide services under this program through local contributions after grant funding is expended
 - g. Participate in a learning collaborative of grantees and other program representatives who are operating a CSC early psychosis intervention program within their counties
 - h. Maintain up to date early psychosis intervention information on the grantee’s website(s)

5. GRANT APPLICATION AND FUNDING

A. Eligibility Criteria

1. Applicants are limited to:
 - a. County, city, or multi-county mental health or behavioral health departments, including multi-county partnerships are eligible to apply.

B. Funding

1. A total of \$15,562,000 is available for this procurement. Applicants may request up to \$2 million with their application. Based on the \$15,562,000 available, grant awards may not exceed \$2 million each. If additional funds become available during this procurement, they may be allocated at the discretion of the Commission to award additional grants to applicants who submitted an application and were not awarded a grant, or to support the objectives of the procurement such as providing additional technical assistance. Awards will be based on the criteria stated in this procurement.
 - a. Incentive points will be awarded for a contribution of funds, which includes local funds, based on the amount of the contribution.
 - b. Grants will be awarded until funds run out. If there are not enough funds to fully fund the last grant, the MHSOAC will work with the last grantee to determine the best option for supporting their proposed program. This may include, providing partial funding over the 4-year grant term, reducing the grant term to fully fund the program to the level of funds that are available, or other options to be determined.
 - c. If there are excess funds available after grants have been awarded, the MHSOAC reserves the right to determine the allocation of these funds in support of the EPI Plus programs. This may include, but is not limited to, allocating the excess funds to each grant awardee based on a pro-rated share of their grant award, adding additional funds to TTA contract, or other options that best support the EPI Plus programs.
2. Funds awarded to a grantee that are unspent within the grant term and unspent accumulated interest at the end of the four-year grant (grant term) shall be returned to the MHSOAC within 30 days of the end of the grant.
3. Funds may be used to supplement but not supplant local funding for early psychosis intervention programs.

C. Grant Term

1. Grants will be awarded for a four-year grant term with funds disbursed in quarterly installments each year. Grant disbursements will be subject to the Grantee's compliance with the RFA requirements as submitted through Grantee's application, which will be incorporated into the contract.
 - a. The MHSOAC reserves the right to reduce the grant term for any partially funded grant award, if it is in the best interest of the MHSOAC to fully fund a program, for a shorter amount of time.
2. In order to assist Grantees in managing their contract and provide the MHSOAC with an understanding of the program status, there will be monthly check-in meetings either in-person, by phone or some other agreed upon arrangement. The intent is for the Grantee to provide a status on their program including, but not limited to, reporting requirements,

hiring, spending, schedule, and any other relevant issues. In addition, the MHSOAC will check-in with the TTA contractor to verify the program status.

3. The MHSOAC may withhold funds from a Grantee who fails to meet the reporting requirements, falls behind schedule, has unexpended funds, or modifies the scope of the program. If a Grantee finds itself in this position, the Grantee shall immediately contact the MHSOAC and provide a mitigation plan to address the contractual program deficiency. The MHSOAC may withhold funds until an agreed upon mitigation plan is presented and accepted by the MHSOAC.

D. Allowable Costs

1. Grant funds must be used as proposed in the grant Application approved by the MHSOAC as follows:
 - a. Allowable costs include:
 1. Personnel and/or peer support.
 2. Program costs, which include, but are not limited to services, technology, data collection, and facilities improvements as they relate to expanding services to reach full fidelity to the CSC model.
 3. Administration.
 4. All costs must be directly related to expanding the current early psychosis intervention program as outlined in the application.
 - b. Grant funds may be used to supplement, but not supplant existing financial and resource commitments of the county, city, or multi-county mental health or behavioral health departments, or their designee entities.
 - c. Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant.

6. INFORMATION REQUIRED IN THE GRANT APPLICATION

A. GRANT APPLICATION COVER SHEET (**ATTACHMENT 1**)

Enter the name of the County Mental Health or Behavioral Health department or the Lead County Mental Health or Behavioral Health department if the application is for a multi-county collaborative. The County Mental Health or Behavioral Health Director or other official must sign the Grant Application Cover Sheet.

B. MINIMUM REQUIREMENTS (**ATTACHMENT 2**)

Each of the minimum qualifications below must be met by the Applicant. The Applicant shall include documentation and reference the documentation within the application that verifies each qualification.

The purpose of establishing these minimum qualifications is to ensure that the entities applying for funding have adequate experience and capacity to perform the duties as outlined in the RFA.

1. Applicants must be county, city, or multi-county mental health or behavioral health departments.
 - a. Provide Applicant name
2. Applicants must identify a contribution of local funds which will support the program.

- a. State the amount of local funds that will be committed to support this program over the term of the grant (4-years)
 - b. Amount must equal the total amount entered on the Budget worksheet for Total Other Contribution of Funds (Attachment 8, Line (40)).
 - c. For the purposes of this RFA Minimum Qualification, Local funds are defined as funds under the local control, including, Federal grants, and MHSA funds.
 - d. If the Applicant proposes to use funds under the local control that ultimately comes from the Federal or State government, the applicant must provide enough detailed support for the MHSOAC to validate with other entities (e.g. Department of Finance, Department of Health Care Services) that the funds may be used to support the CSC/EPI Plus program. If the MHSOAC cannot confirm the validity of using these funds for this grant program, they will not be counted towards meeting any requirement in this RFA
3. Applicants must have demonstrated knowledge and experience operating a Coordinated Specialty Care clinic within their county.
- a. Complete, Demonstrated Knowledge and Experience form (**ATTACHMENT 2A**) to attest to meeting this requirement.

C. APPLICANT BACKGROUND (ATTACHMENT 3)

Applicants must respond to the following requirements:

1. Current Early Psychosis Intervention Program
 - a. Describe your current early psychosis intervention program, including all program components.
 - b. Who is your target population and what are their needs?
 1. What needs are currently being met by your program?
 2. What needs are not currently being met by your program?
 - c. How many staff or contractors do you employ?
 1. For each staff or contractor employed, individually provide their title and describe their roles and responsibilities.
 - d. What are the eligibility requirements to receive services from the program?
 - e. What are any restriction requirements that limit who is eligible to receive services?
 - f. Does the program accept insurances other than Medi-Cal? Please explain
 - g. Provide a comprehensive list as to the types of data currently being collected through the program
 - h. What outcomes have been achieved by the program? Provide a complete list and descriptions.

D. APPLICANT PROGRAM ASSESSMENT (ATTACHMENT 4)

Applicants must provide the status/assessment of the following program practices, by selecting “Yes” for the appropriate assessment level on Attachment 4:

1. Timely contact within 2 weeks of referrals
2. Comprehensive clinical assessment using semi-structured evidence-based approaches

3. Comprehensive risk assessment and plan for crisis/relapse prevention using evidence-based approaches
4. Antipsychotic medication within dosing recommendations, with access to IM and clozapine
5. Client psychoeducation and CBT intervention provided by trained providers available in individual and group formats
6. CBT intervention provided by trained providers available in individual and group formats
7. Treatment for substance use disorders is provided
8. Treatment for substance use disorders is provided using either Motivational Enhancement (ME) or Cognitive Behavioral Therapy (CBT)
9. Supported employment using Individual Placement and Support (IPS) and supported education services provided by dedicated staff who is part of the team
10. Targeted Outreach to community groups
11. Use of proactive outreach/engagement to reduce missed appointments and engage individuals with FEP and their support persons.
12. Active engagement of natural supports in all areas of program
13. Assignment of case manager or primary clinician (Ratio of active client/provider is 20:1)
14. Assigned prescriber for each patient (< 29 patients per 0.2 FTE with supervision as appropriate) that attends team meeting and is accessible
15. Team leader provides administrative direction and supervision to all staff
16. Multidisciplinary team to deliver a range of specific services including qualified professionals to provide both case management and specific service elements
17. Length of treatment up to 4 years (if needed) with appropriate discharge planning/linkage
18. Multidisciplinary team to deliver a range of specific service components. Team meets weekly
19. Explicit admission criteria (e.g. diagnoses served, DUP, age range) and standard screening procedure
20. Population served (specific geographic population, use of annual incidence to assess success in reaching all new incidence cases)
21. Inclusion of peers in program level decision-making, providing direct services (individual and group), and sharing lived experience across all levels of the program
22. Timely follow up after hospital discharge or crisis evaluation (15 days)

E. FULL FIDELITY PLAN (ATTACHMENT 5)

1. Describe how will you spend this grant money. Provide a comprehensive description of the early psychosis and mood disorder detection and intervention services and supports to be established or expanded with this grant
2. For each program practice listed “yes” on Attachment 4, provide the following information:
 - a. The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain.
 - b. Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice
 - c. Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services
 1. Milestones include, but are not be limited to when you plan on reaching full fidelity and/or expansion of the practice
 2. Activities are the tasks needed to be accomplished to achieve the Milestone

3. For the purposes of this RFA, quarters are defined as follows:

Quarter	Months after Contract Execution	Quarter	Months after Contract Execution
1	1 – 3	9	25 – 27
2	4 – 6	10	28 – 30
3	7 – 9	11	31 – 33
4	10 – 12	12	34 – 36
5	13 - 15	13	37 – 39
6	16 – 18	14	40 – 42
7	19 – 21	15	43 – 45
8	22 – 24	16	46 – 48

- d. The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services.
 - 1. For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?
 - 2. Note, the expectation is that there are risks/barriers.
- 3. Describe the need within the county which will be addressed by a Coordinated Specialty Care Clinic operating in full fidelity to the model:
 - a. How will the stated need(s) be met through the implementation of the CSC program?
 - b. What is the target population of the early psychosis intervention program?
 - c. How will the stated needs be addressed through linkage with other public systems of health and mental health care?
 - d. How will the stated needs be addressed through linkage with schools and community social services, and related assistance?
 - e. Describe how your CSC program will operate within the county’s continuum of mental health and behavioral health care for youth and adults. List all programs and/or services that will interact and/or link to the CSC program. This includes, but is not limited to, mental health services, schools, CBOs, primary care services, etc.
- 4. For each provider or collaborative partner in which there is a contractual relationship and/or MOU or similar, provide the following information:
 - a. Entity/Individual name
 - b. Contact name, title, email address
 - c. Role/Responsibility
 - d. Service or support provided
 - e. Is there an existing contract or relationship at the time of the grant application submission? Explain.

F. SUSTAINABILITY PLAN (ATTACHMENT 6)

The purpose of requiring Applicants to write a Sustainability Plan is to ensure that any system improvements created by the grants are sustainable after the grant ends. Applicants are required to include information on the steps they will take to help build their sustainability capacity.

1. The Sustainability Plan shall include the following:
 - a. Describe, in detail, the plan to ensure the continuation of the early psychosis intervention program after the grant ends.
 - b. Describe, in detail, the plan to maintain current funding and/or acquire additional/new funding to sustain the program after the grant term.
 1. Identify the target sources of funding
 - c. Contribution of funds committed during the grant term. For purposes of this requirement, break out the contribution into the following categories:
 1. Medi-Cal reimbursements
 - a. Amount committed for Grant Year 1, 2, 3, and 4 (contract term)
 2. Local funds (Does not include Medi-Cal or Other/Private funds)
 - a. Amount committed for Grant Year 1, 2, 3, and 4 (contract term)
 - b. Identify the source of the funding.
 3. Other/Private funds.
 - a. Amount committed for Grant Year 1, 2, 3, and 4 (contract term)
 - b. Identify the source of the funding.

G. FOCUSED OUTREACH PLAN (ATTACHMENT 7)

1. Describe, in detail, your outreach plan which will increase awareness of and increase participation in the early psychosis intervention program in the community or region where it exists. The plan must outline how individuals in clinically high-risk categories, including foster youth and justice involved youth will be engaged and made aware of the early psychosis intervention services provided in the county.

H. BUDGET REQUIREMENTS (ATTACHMENT 8)

1. Complete the Budget Worksheet (ATTACHMENT 8)
2. This is the proposed budget for application evaluation purposes. If awarded a grant, the Grantee will work with the TTA contractor to develop a more accurate budget to implement the CSC model. The updated budget is due within 60 days of grant contract execution or within 60 days of execution of the MHSOAC's contract with the TTA, whichever is later. The updated budget is subject to the review and approval by the MHSOAC. The updated budget worksheet will be used to manage the grant over the grant term.
3. If you will be using personnel services during the grant term, you must include a cost in your application, and include the appropriate support, as defined in I., BUDGET NARRATIVE, below.
4. The total of the updated budget worksheet grant request must equal the amount of the grant approved. Only the individual component of the budget worksheet grant request can be changed.
5. Grant funds will not be released, until the updated budget worksheet is approved by the MHSOAC.
6. Budget Requirements

- a. Budget Worksheet (ATTACHMENT 8) – The budget worksheet is to include all the costs budgeted to be funded by the EPI Plus grant. See ATTACHMENT 8- 1 for the Budget Worksheet Instructions on filling out the Budget Worksheet (ATTACHMENT 8.)
 1. Complete Budget Worksheet with the following information, on an annual basis:
 - a. List the costs per staff, peer, personnel, etc.
 - b. List the costs per contractor, if applicable
 - c. List all other budgeted costs
 - d. List the Administration cost
 1. Total administration cost cannot exceed 15% of the total grant request
 - e. The total amount of the budget grant request over the 4 years, must agree with the grant amount requested in the application.
 - f. Contribution of Funds
 1. Enter the amount committed for Medi-Cal, Local, and Other/Private contribution of funds
 - g. The total of the budget grant request and local fund contribution is the total program cost.

I. BUDGET NARRATIVE (ATTACHMENT 9)

The Budget Narrative (ATTACHMENT 9) must be prepared in conjunction with the Budget Worksheet (ATTACHMENT 8).

1. Hire Staff
 - a. For each “Hire Staff” listed on the Budget Worksheet, explain how the salaries were determined and provide support for the stated salary. For example, state the classification and provide the published salary range for the employee in the stated classification.
 - b. Provide a statement for each classification listed on the Budget Worksheet as to the time base (Full Time Equivalent) of work proposed. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for GY 1, GY 2, GY 3 and GY 4. If the position is half-time, state that the position is 50% for GY 1, GY 2, GY 3 and GY 4.
2. Personnel Services Benefits
 - a. Explain what is included in the cost and how were the costs determined. Provide support for the costs. For example, provide published guidance from HR (or some other entity) stating percentage of salary or actual dollars used for employee benefits, including medical, retirement, taxes, etc.
3. Hire Contractors or other non-staff
 - a. For each “Hire Contractors or other non-staff” listed on the Budget Worksheet, explain how the costs were determined and provide support for the stated cost. For example, support could include an existing or new contract which states the classification, the cost, and time period in order to support the requested funds for each grant year.
 - b. Provide a statement for each classification listed on the Budget Worksheet as to the Full Time Equivalent of the proposed work. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is

100% for GY 1, GY 2, GY 3 and GY 4. If the position is half-time, state that the position is 50% for GY 1, GY 2, GY 3 and GY 4.

4. Other Costs (non-staff and non-contracted services)
 - a. For each “Other Costs (non-staff and non-contracted services)” listed on the Budget Worksheet, explain what the costs are for, how the costs were determined and provide support for the stated cost.

7. EVALUATION

In order to determine program success, Grantees are required to collect and provide to the MHSOAC and the TTA contractor client, provider, program and county-level data on the specific measures as outlined.

8. REPORTING

- A. Grantees will be required to submit an updated budget worksheet within 60 days of the grant contract execution or within 60 days of execution of the MHSOAC’s contract with the TTA contractor, whichever is later.
 1. Grantee will work with the TTA contractor to develop the updated Budget worksheet
 2. Updated budget worksheet must comply with all of the requirements in this RFA
 3. The updated budget worksheet is subject to the review and approval of the MHSOAC before grant funds will be released.
- B. Grantees will be required to provide implementation status information (Full Fidelity Plan Status Report) to the MHSOAC on a quarterly basis within 30 days after the end of each reporting period. The MHSOAC may modify the reporting date to better fit in with a Grantee’s normal month-end financial cycle. The Grantee, in collaboration with the TTA contractor, shall complete a quarterly Implementation status report that shall include the following:
 1. Status of implementing each of the components listed in the Full Fidelity Plan submitted with the application.
 2. List each type of personnel hired by the Grantee and/or hired as a contractor (e.g., peers, social workers, psychiatrists, nurses, clinicians, mental health workers, etc.). Identify which staff are Grantee staff and which are contractors.
 3. NOTE - The Full Fidelity Plan Status Report template will be provided to the Grantee at the start of the contract.
- C. Grantees will be required to report all Grant expenditure information in the Annual Fiscal Report within 30 days of the end of the grant year. Funds awarded to a grantee that are unspent within the grant term and unspent accumulated interest at the end of the four-year grant (grant term) shall be returned to the MHSOAC within 30 days of the end of the grant

9. APPLICATION INSTRUCTIONS

A. APPLICANT ADMONISHMENT

This procurement will follow an approach designed to increase the likelihood that Applicants have a full understanding of the requirements before attempting to develop their Applications.

It is the Applicant’s responsibility to:

1. Carefully read the entire solicitation.
2. Ask appropriate questions in a timely manner, if clarification is necessary.

3. Submit all required responses by the required dates and times.
4. Make sure that all procedures and requirements of the solicitation are accurately followed and appropriately addressed.
5. Carefully re-read the entire solicitation before submitting an Application.

B. WRITTEN QUESTIONS

The MHSOAC website (www.MHSOAC.ca.gov) and Cal eProcure (www.caleprocure.ca.gov) will be used to communicate with prospective Applicants. Information and ongoing communications for this solicitation will be posted at each location.

Only questions submitted in writing and answered in writing by the Procurement Official shall be binding and official. Written questions must be submitted by email to the Procurement Official identified in section 8.C, Procurement Official, in the format provided for in ATTACHMENT 13, Questions Template. All written questions submitted by the deadline, specified in the Key Action Dates (Table 3.1), will be responded to by the MHSOAC. At its discretion, MHSOAC reserves the right to contact an Applicant to seek clarification of any inquiry received.

Any changes to the RFA will be made in the form of an addendum. Please note that no verbal information given will be binding upon the MHSOAC unless such information is confirmed in writing as an official addendum.

C. PROCUREMENT OFFICIAL

The Procurement Official is the MHSOAC's designated authorized representative regarding this procurement.

Applicants are directed to communicate, submit questions, deliver bids, and submit all correspondence regarding this procurement to the Procurement Official.

Tom Orrock, Procurement Official
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814
E-mail: mhsoac@mhsoac.ca.gov

D. SOLICITATION DOCUMENT

This solicitation document includes, in addition to an explanation of the MHSOAC requirements which must be met, instructions which prescribe the format and content of bids to be submitted and the model of the Contract to be executed between the MHSOAC and the successful Applicant.

If an Applicant discovers any ambiguity, conflict, discrepancy, omission, or other error in this solicitation document, the Applicant shall immediately notify the Procurement Official identified in section 8.C., of such error in writing and request clarification or modification of the document.

If the solicitation document contains an error known to the Applicant, or an error that reasonably should have been known, the Applicant shall bid at its own risk. If the Applicant fails to notify the MHSOAC of the error prior to the date fixed for submission of bids, and is awarded the Contract, the Applicant shall not be entitled to additional compensation or time by reason of the error or its later correction.

E. CONFIDENTIALITY

Applicant material becomes public only after the notice of Intent to Award is released. If material marked “confidential,” “proprietary,” or “trade secret” is requested pursuant to the California Public Records Act, Government Code Section 6250 et seq., the MHSOAC will make an independent assessment whether it is exempt from disclosure. If the MHSOAC disagrees with the Applicant, the MHSOAC will notify the Applicant and give them a reasonable opportunity to justify their position or obtain a court order protecting the material from disclosure.

The Applicant should be aware that marking a document “confidential” or “proprietary” in an Application may exclude it from consideration for award and will not keep that document from being released after notice of award as part of the public record, unless a court has ordered the MHSOAC not to release the document.

Any disclosure of confidential information by the Applicant is a basis for rejecting the Applicant’s bid and ruling the Applicant ineligible to further participate. Any disclosure of confidential information by a MHSOAC employee is a basis for disciplinary action, including dismissal from State employment, as provided by Government Code Section 19570 et seq.

F. ADDENDA

The MHSOAC may modify the solicitation prior to Contract award by issuance of an addendum to all Applicants who are participating in the bidding process at the time the addendum is issued. Addenda will be numbered consecutively.

Applicants are allowed five (5) business days to submit written questions related solely to the changes made in the addendum.

G. APPLICANT’S COST

Costs for developing the Application are the responsibility entirely of the Applicant and shall not be chargeable to the MHSOAC.

H. SIGNATURE OF BID (APPLICATION)

A Grant Application Cover Sheet is considered an integral part of the Application. Any application form requiring signature, must be signed by an individual who is authorized to legally bind the Applicant. The signature block must indicate the title or position that the individual holds. An unsigned Application may be rejected.

I. FALSE OR MISLEADING STATEMENTS

Applications which contain false or misleading statements may be rejected. If, in the opinion of the MHSOAC, such information was intended to mislead the MHSOAC in its evaluation of the bid, and the attribute, condition, or capability is a requirement of this solicitation document, it will be the basis for rejection of the Application.

J. DISPOSITION OF APPLICATIONS

All materials submitted in response to this solicitation will become the property of the State of California and will be returned only at the MHSOAC's option and at the Applicant's expense. At a minimum, the master copy of the Application shall be retained for official files and will become a public record after the Notification of Intent to Award is posted. However, materials the MHSOAC considers as confidential information will be returned upon request of the Applicant.

K. APPEALS

Although not required by law, the MHSOAC will have an appeal process for the awarding of the grants under this RFA. The provisions for the process are as follows:

1. An Intent to Appeal letter from an Applicant must be received at the following address no later than 5:00pm (Pacific Time) five (5) working days from the date of the posting of Notice of Intent to Award.
2. The only acceptable delivery method for Intent to Appeal letter is by a postal service (United States Post Office, Federal Express, etc.). The Intent to Appeal letter cannot be hand delivered by the Applicant, faxed, or sent by electronic mail. Any Intent to Appeal letter received without an original signature and/or by a delivery method other than a postal service will not be considered.
3. Include the following label information and deliver the Intent to Appeal and the Letter of Appeal in a sealed envelope:

Applicant Name
Street Address
City, State, Zip Code

APPEAL LETTER: RFA EPI_Plus_001 Grant Award
Tom Orrock, Procurement Official
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700, Sacramento, California 95814

4. Within five (5) working days from the date the MHSOAC receives the Intent to Appeal letter, the protesting Applicant must file with the MHSOAC at the above address a Letter of Appeal detailing the grounds for the appeal. The only acceptable delivery method for the Letter of Appeal is by a postal service (United States Post Office, Federal Express, etc.). The Letter of Appeal cannot be hand delivered by the Applicant, faxed or sent by electronic mail. Any Letter of Appeal received without an original signature and/or by a delivery method other than a postal service will not be considered.

5. The Letter of Appeal must describe the factors that support the Applicant's claim that the appealing Applicant would have been awarded the contract had the MHSOAC correctly applied the prescribed evaluation rating standards in the RFA or if the MHSOAC had followed the evaluation and scoring methods in the RFA. The appeal letter may not appeal the evaluation and scoring of a competing Application. The Letter of Appeal must identify specific information in the Application that the Applicant believes was overlooked or misinterpreted. The Letter of Appeal may not provide any additional information that was not included in the original Application.
6. If a Letter of Appeal is filed, the contract shall not be awarded until the MHSOAC has reviewed and resolved the appeal.

The Executive Director of the MHSOAC will render a decision in writing to the appeal and the decision will be considered final. The written decision will be sent to the appealing Applicant via a postal service.

10. APPLICATION SUBMISSION INSTRUCTIONS

This section contains the format requirements and instructions on how to submit an Application. The format is prescribed to assist the Applicant in meeting State bidding requirements and to enable the MHSOAC to evaluate each Application uniformly and fairly. Applicants must follow all Application format instructions, answer all questions, and supply all required documents.

A. REQUIRED DOCUMENTS

Applications shall include all required attachments and be organized in the following order:

1. Attachment 1: Grant Application Cover Sheet
2. Attachment 2: Minimum Requirements
3. Attachment 2A: Demonstrated Knowledge and Experience
4. Attachment 3: Applicant Background
5. Attachment 4: Applicant Program Assessment
6. Attachment 5: Full Fidelity Plan
7. Attachment 6: Sustainability Plan
8. Attachment 7: Focused Outreach Plan
9. Attachment 8: Budget Worksheet
10. Attachment 9: Budget Narrative
11. Attachment 10: Final Submission Checklist
12. Attachment 11: Payee Data Record (Std 204)

Applications not including all of the above listed items, with proper signatures when required, shall be deemed non-compliant. ***A non-compliant Application is one that does not meet the basic Application requirements and may be rejected.***

B. REQUIRED FORMAT FOR AN APPLICATION

Applications shall be submitted in three-ring binders with tabs between each section. A Table of Contents shall be included, and all pages shall be numbered. An electronic copy of the Application on a USB drive must be submitted to the MHSOAC with the physical copies. Applications must comply with all RFA requirements. Before submitting a response to this RFA, Applicants should review the Application, correct all errors, and confirm compliance with the RFA requirements. Not complying with all of the RFA requirements is cause for an Application to be rejected.

C. NUMBER OF COPIES

Applicants must submit one (1) original Application plus four (4) paper copies of the Application. All hard copy submittals must use clearly marked tabs, page numbers and table of contents for effective access to the Applicant's material. The original Application must be marked "MASTER." All documents contained in the original Application package must have wet signatures and must be signed by a person who is authorized to bind the proposing Applicant. All additional Application sets may contain photocopies of the original package. If discrepancies exist between two (2) or more copies of the Application, the Application may be rejected. However, if not rejected, the Master Copy will provide the basis for resolving such discrepancies

The original Application package, all required copies, and the electronic copy of the Application must be submitted together by the due date. If they are not submitted together by the due date the Application will be considered non-compliant.

D. PACKAGING AND LABELING

Applications must be received by ~~June 26~~, July 17, 2020, by 4:00 pm Pacific Time. Applications must be in a sealed package and must be delivered in person, by a postal service (United States Post Office, Federal Express, etc.), or by overnight delivery. Faxed and emailed Applications will not be accepted. It is not sufficient to postmark Applications by this date or to leave the Applications at the MHSOAC office without a MHSOAC staff member confirming delivery. The MHSOAC office is open 8:00 a.m. to 5:00 p.m., Monday-Friday except state holidays.

Please mail or deliver the Application to the address listed below. Include the following label information and deliver your Application in a sealed package:

Applicant Name
Street Address
City, State, Zip Code

DO NOT OPEN
RFA EPI_Plus_001
Tom Orrock, Procurement Official
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700, Sacramento, California 95814

All Applications must be submitted under sealed cover and received by the MHSOAC by the date and time shown above. Late Applications will not be accepted regardless of the method sent. Applicant

assumes all risk of late delivery by any method. Applications received after the deadline will be rejected without review. Incomplete submissions may be rejected without review.

E. OTHER ATTACHMENTS

There are many attachments included in this RFA. Many of them are described within the body of this RFA in their appropriate sections. The remaining attachments will be explained here.

ATTACHMENT 11, Payee Data Record (Std 204), is required to receive a payment from the State of California and is completed in lieu of an IRS W-9 or W-7. The information provided is used to populate the check (warrant) when payments are made. In addition, the information is used for California state agencies to prepare Information Returns (Form1099).

ATTACHMENT 12, Sample Contract, provides an example of the resulting contract that will be awarded. Nothing is required to be done at this time in responding to the RFA:

EXHIBIT A – Scope of Work, includes the scope of work to be performed under this contact, contact information for the duration of the contract, contract term, deliverables, termination and amendment clauses. The Application will be included by reference in this Exhibit. This is only a sample of Exhibit A and does not represent the actual exhibit to be included in the contract.

EXHIBIT B – Budget Detail and Payment Provisions include the invoicing and payment process and budget contingency clause, which states that the contract is in force as long as the budget is appropriated to cover this contract. Since the contract covers multiple fiscal years, funds need to be approved as part of the Governor’s annual budget at the start of each fiscal year. This is only a sample of Exhibit B and the actual exhibit may differ.

EXHIBIT C – General Terms and Conditions are the rules covering this contract and are standard language on all non-information technology contracts. This document is the actual document to be included in the contract.

EXHIBIT D – Special Terms and Conditions are the rules specific to the MHSOAC for this contract and covers areas not addressed in the General Terms and Conditions. This document is the actual document to be included in the contract.

11. APPLICATION SCORING

This section explains how the Applications will be scored.

A. APPLICATION SCORING

Applications will be reviewed and scored based on the Applicant’s response to each requirement. Points will be awarded to responses meeting the requirement.

Evaluation will be conducted in the following areas:

1. Mandatory Requirements
2. Scored Requirements
3. Budget Worksheet

Each of these areas are described below.

B. MANDATORY REQUIREMENTS

All requirements are considered mandatory, in that they all require a response. Responding “Not Applicable” (N/A) is appropriate if true. Not responding to all of the requirements, or providing false information are grounds for disqualification.

C. SCORED REQUIREMENTS

Requirements as stated in Section 5. Information Required in the Grant Application (ATTACHMENT 1 through ATTACHMENT 9) will be scored.

Scoring criteria is listed below.

SCORING CRITERIA APPLICATION			
Response does not address the requirement, including reasonableness	Response is partially complete, including reasonableness (less than 50%)	Response is partially complete, including reasonableness (50% or more)	Response is complete, including reasonableness
0% of available points	25% of available points	50% of available points	100% of available points

Total points available

	Requirement	Points Available
ADMINISTRATIVE REQUIREMENTS		
1	GRANT APPLICATION COVER SHEET (ATTACHMENT 1)	Pass/Fail
2	MINIMUM REQUIREMENTS (ATTACHMENTS 2 and 2A)	Pass/Fail
SCORED REQUIREMENTS		
3	APPLICANT BACKGROUND (ATTACHMENT 3)	1,400
4	APPLICANT PROGRAM ASSESSMENT (ATTACHMENT 4)	2,200
5	FULL FIDELITY PLAN (ATTACHMENT 5)	5,300
6	SUSTAINABILITY PLAN (ATTACHMENT 6)	5,450
7	FOCUSED OUTREACH PLAN (ATTACHMENT 7)	500
8	BUDGET (ATTACHMENTS 8-9)	1,150
	TOTAL POINTS AVAILABLE	16,000

Detailed scoring is listed below. Scores will be applied based on the completeness of the response, which includes the quality of listed items asked for in the requirements and capacity to implement the core components of a CSC clinic. The more complete the response, the more points will be awarded up to the total point designated for each requirement.

Note, the table below does not contain the full requirements, as the intent is only to provide the possible points for each requirement. Refer to the respective RFA sections for the complete requirement.

No.	Requirement	Points Available
6. INFORMATION REQUIRED IN THE GRANT APPLICATION		
A.	GRANT APPLICATIONS COVER SHEET (ATTACHMENT 1)	
A.	Enter the name of the County Mental Health or Behavioral Health department or the Lead County Mental Health or Behavioral Health department if the application is for a multi-county collaborative. The county Mental Health or Behavioral Health Director or other official must sign the Grant Application Cover Sheet.	Pass / Fail
B.	MINIMUM REQUIREMENTS (ATTACHMENTS 2 and 2.A)	
B.1.	Applicants must be county, city, or multi-county mental health or behavioral health departments.	Pass / Fail
B.2.	Applicants must identify a contribution of local funds which will support the programs.	Pass / Fail

B.3.	Applicants must have demonstrated knowledge and experience operating a Coordinated Specialty Care clinic within their county.	Pass / Fail
C.	APPLICANT BACKGROUND (ATTACHMENT 3)	
C.1.	Current Early Psychosis Intervention Program	
C.1.a.	Describe your current early psychosis intervention program, including all program components	100
C.1.b.	Who is your target population and what are their needs?	50
C.1.b.1.	What needs are currently being met by your program?	50
C.1.b.2.	What needs are not currently being met by your program?	50
C.1.c.	How many staff or contractors do you employ?	50
C.1.c.1.	For each staff or contractor employed, individually provide their title and describe their roles and responsibilities	100
C.1.d.	What are the eligibility requirements to receive services from the program?	100
C.1.e.	What are any restriction requirements that limit who is eligible to receive services?	50
C.1.f.	Does the program accept insurances other than Medi-Cal? Please explain	50
C.1.g.	Provide a comprehensive list as to the types of data currently being collected though the program	400
C.1.h.	What outcomes have been achieved by the program? Provide a complete list and descriptions.	400
D.	APPLICANT PROGRAM ASSESSMENT (ATTACHMENT 4)	
	<ol style="list-style-type: none"> 1. Timely contact within 2 weeks of referrals 2. Comprehensive clinical assessment using semi-structured evidence-based approaches 3. Comprehensive risk assessment and plan for crisis/relapse prevention using evidence-based approaches 4. Antipsychotic medication within dosing recommendations, with access to IM and clozapine 5. Client psychoeducation and CBT intervention provided by trained providers available in individual and group formats 6. CBT intervention provided by trained providers available in individual and group formats 7. Treatment for substance use disorders is provided 8. Treatment for substance use disorders is provided using either Motivational Enhancement (ME) or Cognitive Behavioral Therapy (CBT) 9. Supported employment using Individual Placement and Support (IPS) and supported education services provided by dedicated staff who is part of the team 10. Targeted Outreach to community groups 	2,200

	<ol style="list-style-type: none"> 11. Use of proactive outreach/engagement to reduce missed appointments and engage individuals with FEP and their support persons. 12. Active engagement of natural supports in all areas of program 13. Assignment of case manager or primary clinician (Ratio of active client/provider is 20:1) 14. Assigned prescriber for each patient (< 29 patients per 0.2 FTE with supervision as appropriate) that attends team meeting and is accessible 15. Team leader provides administrative direction and supervision to all staff 16. Multidisciplinary team to deliver a range of specific services including qualified professionals to provide both case management and specific service elements 17. Length of treatment up to 4 years (if needed) with appropriate discharge planning/linkage 18. Multidisciplinary team to deliver a range of specific service components. Team meets weekly 19. Explicit admission criteria (e.g. diagnoses served, DUP, age range) and standard screening procedure 20. Population served (specific geographic population, use of annual incidence to assess success in reaching all new incidence cases) 21. Inclusion of peers in program level decision-making, providing direct services (individual and group), and sharing lived experience across all levels of the program 22. Timely follow up after hospital discharge or crisis evaluation (15 days) <p><i>(Scoring – 100 points available for each practice x 22 practices = 2,200 points available)</i></p>	
E.	FULL FIDELITY PLAN (ATTACHMENT 5)	
E.1.	Describe how will you spend this grant money? Provide a comprehensive description of the early psychosis and mood disorder detection and intervention services and supports to be established or expanded with this grant	500
E.2.	<p>For each program practice listed “yes” on Attachment 4, provide the following information:</p> <ol style="list-style-type: none"> a. The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain. b. Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice c. Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the practice 2. Activities are the tasks needed to be accomplished to achieve the Milestone 	4,400

	<p>d. The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services.</p> <ol style="list-style-type: none"> 1. For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? 2. Note, the expectation is that there are risks/barriers <p><i>(Scoring – 200 points available for each practice x 22 practices = 4,400 points available)</i></p>	
E.3.	<p>Describe the need within the county which will be addressed by a Coordinated Specialty Care Clinic operating in full fidelity to the model:</p> <ol style="list-style-type: none"> a. How will the stated need(s) be met through the implementation of the CSC program? b. What is the target population of the early psychosis intervention program? c. How will the stated needs be addressed through linkage with other public systems of health and mental health care? d. How will the stated needs be addressed through linkage with schools and community social services, and related assistance? e. Describe how your CSC program will operate within the county’s continuum of mental health and behavioral health care for youth and adults. List all programs and/or services that will interact and/or link to the CSC program. This includes, but is not limited to, mental health services, schools, CBOs, primary care services, etc. 	200
E.4.	<p>For each provider or collaborative partner in which there is a contractual relationship and/or MOU or similar, provide the following information:</p> <ol style="list-style-type: none"> a. Entity/Individual name b. Contact name, title, email address c. Role/Responsibility d. Service or support provided e. Is there an existing contract or relationship at the time of the grant application submission? Explain. 	200
F.	SUSTAINABILITY PLAN (ATTACHMENT 6)	
F.1.a.	Describe, in detail, the plan to ensure the continuation of the early psychosis intervention program <u>after</u> the grant ends	400
F.1.b.	Describe, in detail, the plan to maintain current funding and/or acquire additional/new funding to sustain the program <u>after</u> the grant. <ol style="list-style-type: none"> 1. Identify the target sources of funding 	400
F.1.c.1.	<p>Medi-Cal reimbursements</p> <ol style="list-style-type: none"> a. Amount committed for Grant Year 1, 2, 3, and 4 (contract term) 	50
	Ratio of Medi-Cal funds committed to the proposed program ÷ Grant amount x 750 <i>(1500 points max)</i>	1,500
F.1.c.2.	<p>Local funds</p> <ol style="list-style-type: none"> a. Amount committed for Grant Year 1, 2, 3, and 4 (contract term) b. Identify the source of the funding. 	50

	Ratio of Local funds committed to the proposed program ÷ Grant amount x 750 <i>(1500 points max)</i>	1,500
F.1.c.3.	Other/Private funds. a. Amount committed for Grant Year 1, 2, 3, and 4 (contract term) b. Identify the source of the funding	50
	Ratio of Other/Private funds committed to the proposed program ÷ Grant amount x 750 <i>(1500 points max)</i>	1,500
G.	FOCUSED OUTREACH PLAN (ATTACHMENT 7)	
G.1.	Describe, in detail, your outreach plan which will increase awareness of and increase participation in the early psychosis intervention program in the community or region where it exists. The plan must outline how individuals in clinically high-risk categories, including foster youth and justice involved youth will be engaged and made aware of the early psychosis intervention services provided in the county	500
H. and I.	BUDGET REQUIREMENTS (ATTACHMENTS 8 and 9)	
H.6.a.	Budget	400
I.1.	Hire Staff	200
I.2.	Personnel Service Benefits	150
I.3.	Hire Contractors or other non-staff	200
I.4.	Other Costs (non-staff and non-contracted services)	200
TOTAL POINTS		16,000

A. BUDGET WORKSHEET

The Budget will be scored based on the reasonableness of the information provided, as determined by the amounts and support for the information provided.

B. GRANT AWARD DETERMINATION

1. Awards will be based on the criteria stated in this procurement. Applications will be ranked, based on score, with the top applications receiving a grant of up to \$2,000,000 each, until funds run out.
2. If additional funds become available during this procurement, they may be allocated at the discretion of the Commission to award additional grants to applicants who submitted an application and received partial funding and/or were not awarded a grant, or to support the objectives of the procurement such as providing additional technical assistance. Any funds available that are not issued as a grant, will be left to the MHSOAC to decide the appropriate use to meet the objectives of the procurement (e.g. additional Technical Assistance)
3. The Notice of Intent to Award Funds will be posted on the Commission Web page located at <http://www.mhsoac.ca.gov>

ATTACHMENT 1: GRANT APPLICATION COVER SHEET

Provide the name of the entity submitting the Application in the table below.

Name of Lead County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Director or Designee Signature		Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant; and that this grant Application is consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	
3.	Name:	
	Signature:	

County or City Lead Grant Coordinator Contact Information:

Name:	
Title:	
Email:	
Phone Number:	

ATTACHMENT 2: MINIMUM REQUIREMENTS

B. MINIMUM REQUIREMENTS	
B.1.	Applicants must be county, city, or multi-county mental health or behavioral health department
a.	Provide Applicant name:
B.2.	Applicants must identify a contribution of local funds which will support the programs
a.- d.	<p>State the amount of local funds that will be committed to support this program over the term of the grant (4-years)</p> <p>Amount must equal the total amount entered on the Budget worksheet for Total Other Contribution of Funds (Attachment 8, Line (40)).</p> <p>For the purposes of this RFA Minimum Qualifications, Local funds are defined as funds under the Local control, including, Federal grants, and MHSA funds.</p> <p>If the applicant proposes to use funds under the local control that ultimately comes from the Federal or State government, the applicant must provide enough detailed support for the MHSOAC to validate with other entities (e.g. Department of Finance, Department of Health Care Services) that the funds may be used to support the CSC/EPI Plus program. If the MHSOAC cannot confirm the validity of using these funds for this grant program, they will not be counted towards meeting any requirement in this RFA:</p> <p style="margin-left: 20px;">\$</p>
B.3.	Applicants must have demonstrated knowledge and experience operating a Coordinated Specialty Care clinic within their county
a.	<p>Complete, Demonstrated Knowledge and Experience form (ATTACHMENT 2A) to attest to meeting this requirement:</p> <p>Attachment 2A is completed and signed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

ATTACHMENT 2A: DEMONSTRATED KNOWLEDGE AND EXPERIENCE

Name of County and/or City Mental Health/Behavioral Health Department Coordinated Specialty Care (CSC) Program	
Director/Official in charge of the CSC program	
Name:	
Title:	
Phone Number:	
Email Address:	
Signature of Director/Official in charge of the CSC program (This cannot be the same person who signed Attachment 1, Grant Application Cover Sheet)	Date

I HEREBY CERTIFY that the Grant Applicant (County and/or City Mental Health/Behavioral Health Department) has demonstrated knowledge and experience operating a Coordinated Specialty Care clinic within their county.

ATTACHMENT 3: APPLICANT BACKGROUND

C. APPLICANT BACKGROUND	
C.1.	Current Early Psychosis Intervention Program
a.	Describe your current early psychosis intervention program, including all program components:
b.	Who is your target population and what are their needs?
1.	What needs are currently being met by your program?
2.	What needs are not currently being met by your program?
c.	How many staff or contractors do you employ?
1.	<p>For each staff or contractor employed, individually provide their title and describe their roles and responsibilities. <i>(add lines as necessary)</i></p> <p>Staff: <input type="checkbox"/> Contractor: <input type="checkbox"/></p> <p>Title:</p> <p>Role and Responsibility:</p>
	<p>Staff: <input type="checkbox"/> Contractor: <input type="checkbox"/></p> <p>Title:</p>

		Role and Responsibility:
		Staff: <input type="checkbox"/> Contractor: <input type="checkbox"/> Title: Role and Responsibility:
		Staff: <input type="checkbox"/> Contractor: <input type="checkbox"/> Title: Role and Responsibility:
		Staff: <input type="checkbox"/> Contractor: <input type="checkbox"/> Title: Role and Responsibility:
		Staff: <input type="checkbox"/> Contractor: <input type="checkbox"/>

		Title: Role and Responsibility:
d.		What are the eligibility requirements to receive services from the program?
e.		What are any restriction requirements that limit who is eligible to receive services?
f.		Does the program accept insurances other than Medi-Cal? Please explain
g.		Provide a comprehensive list as to the types of data currently being collected though the program
h.		What outcomes have been achieved by the program? Provide a complete list and descriptions

ATTACHMENT 4: APPLICANT PROGRAM ASSESSMENT

D.	ASSESSMENT LEVEL				
	1	2	3	4	5
1. Timely contact within 2 weeks of referrals	Target met for in-person appointment for 0-19% patients YES: <input type="checkbox"/>	Target met for in-person appointment for 20-39% patients YES: <input type="checkbox"/>	Target met for appointment for 40-59% patients YES: <input type="checkbox"/>	Target met for appointment for 60-79% patients YES: <input type="checkbox"/>	Target met in-person appointment for 80+% patients YES: <input type="checkbox"/>
2. Comprehensive clinical assessment using semi-structured evidence-based approaches	All assessment items found in 0-19 % of patients YES: <input type="checkbox"/>	All assessment items found in 20-39% of patients YES: <input type="checkbox"/>	All assessment items found in 40-59% of patients YES: <input type="checkbox"/>	All assessment items found in 60-79% of patients YES: <input type="checkbox"/>	All assessment items found in 80+% of patients YES: <input type="checkbox"/>
3. Comprehensive risk assessment and plan for crisis/relapse prevention using evidence-based approaches.	All assessment items found in 0-19 % of patients YES: <input type="checkbox"/>	All assessment items found in 20-39% of patients YES: <input type="checkbox"/>	All assessment items found in 40-59% of patients YES: <input type="checkbox"/>	All assessment items found in 60-79% of patients YES: <input type="checkbox"/>	All assessment items found in 80+% of patients YES: <input type="checkbox"/>
4. Antipsychotic medication within dosing recommendations, with access to IM and clozapine	< 1 % patients on Clozapine at 2 years YES: <input type="checkbox"/>	1-3% patients on Clozapine at 2 years YES: <input type="checkbox"/>	3-5% patients on Clozapine at 2 years YES: <input type="checkbox"/>	6-8% patients on Clozapine at 2 years YES: <input type="checkbox"/>	> 8% patients on Clozapine at 2 years YES: <input type="checkbox"/>
5. Client psychoeducation provided by trained providers available in individual and group formats.	0-19% patients receive at least 12 sessions of psychoeducation YES: <input type="checkbox"/>	20-39% patients receive at least 12 sessions of psychoeducation YES: <input type="checkbox"/>	40-59% patients receive at least 12 sessions of psychoeducation YES: <input type="checkbox"/>	60-79% patients receive at least 12 sessions of psychoeducation YES: <input type="checkbox"/>	80+% patients receive at least 12 episodes of psychoeducation YES: <input type="checkbox"/>
6. CBT intervention provided by trained providers available in individual and group formats.	0-15 % patients participated in at least 10 sessions of CBT YES: <input type="checkbox"/>	16-20 % patients participated in at least 10 sessions of CBT YES: <input type="checkbox"/>	21-25% patients participated in at least 10 sessions of CBT YES: <input type="checkbox"/>	26-30 % patients participated in at least 10 sessions of CBT YES: <input type="checkbox"/>	> 30% patients participated in at least 10 sessions of CBT YES: <input type="checkbox"/>
7. Treatment for substance use disorders is provided	7 assessment items found in 20 – 30% of annual assessments YES: <input type="checkbox"/>	7 assessment items found in 31- 39% of annual assessments YES: <input type="checkbox"/>	7 assessment items found in 40-59% of annual assessments YES: <input type="checkbox"/>	7 assessment items found in 60-79% of annual assessments YES: <input type="checkbox"/>	7 assessment items found in 80+% of annual assessments YES: <input type="checkbox"/>

D.	ASSESSMENT LEVEL				
	1	2	3	4	5
8. Treatment for substance use disorders is provided using either Motivational Enhancement (ME) or Cognitive Behavioral Therapy (CBT)	0-19% patients with SUD receive at least three sessions of either ME or CBT YES: <input type="checkbox"/>	20-39% patients with SUD receive at least three sessions of either ME or CBT YES: <input type="checkbox"/>	40-59% patients with SUD receive at least three sessions of either ME or CBT YES: <input type="checkbox"/>	60-79% patients with SUD receive at least three sessions of either ME or CBT YES: <input type="checkbox"/>	80 + % patients with SUD receive at least three sessions of either ME or CBT YES: <input type="checkbox"/>
9. Supported employment using Individual Placement and Support (IPS) and supported education services provided by dedicated staff who is part of the team.	Program staff do not actively assess work interest of patients and do not encourage a return to work YES: <input type="checkbox"/>	Documented assessment of patient interest in work and encourage patients to apply for jobs YES: <input type="checkbox"/>	Documented referral to an employment program that does not provide high fidelity SE services YES: <input type="checkbox"/>	Documented assessment of work interest and referral to supported employment program that provides high fidelity SE services YES: <input type="checkbox"/>	Documented assessment of work interest engagement by ES who is part of FEP team and provides high fidelity SE services YES: <input type="checkbox"/>
10. Targeted Outreach to community groups	0- Community Outreach events are conducted within a calendar year YES: <input type="checkbox"/>	1-4 Community Outreach events are conducted within a calendar year YES: <input type="checkbox"/>	5-8 Community Outreach events are conducted within a calendar year YES: <input type="checkbox"/>	9-11 Community Outreach events are conducted within a calendar year YES: <input type="checkbox"/>	>12 Community Outreach events are conducted within a calendar year YES: <input type="checkbox"/>
11. Use of proactive outreach/engagement to reduce missed appointments and engage individuals with FEP and their support persons.	0- 9% of all patient and support persons are proactively engaged to reduce the number of missed appointments YES: <input type="checkbox"/>	10-19% of all patient and support persons are proactively engaged to reduce the number of missed appointments YES: <input type="checkbox"/>	20-29% of all patient and support persons are proactively engaged to reduce the number of missed appointments YES: <input type="checkbox"/>	30-39% of all patient and support persons are proactively engaged to reduce the number of missed appointments YES: <input type="checkbox"/>	>40 % of all patient and support persons are proactively engaged to reduce the number of missed appointments YES: <input type="checkbox"/>
12. Active engagement of natural supports in all areas of program	0- 9% of all patient and family visits are out-of- office visit to facilitate engagement YES: <input type="checkbox"/>	10-19% of all patient and family visits are out-of- office visit to facilitate engagement YES: <input type="checkbox"/>	20-29% of all patient and family visits are out-of- office visit to facilitate engagement YES: <input type="checkbox"/>	30-39% of all patient and family visits are out-of- office visit to facilitate engagement YES: <input type="checkbox"/>	>40 % of all patient and family visits are out-of-office visit to facilitate engagement YES: <input type="checkbox"/>

D.	ASSESSMENT LEVEL				
	1	2	3	4	5
13. Assignment of case manager or primary clinician (Ratio of active client/provider is 20:1).	51+ patients/ provider FTE YES: <input type="checkbox"/>	41-50 patients/ provider FTE YES: <input type="checkbox"/>	31-40 patients/ provider FTE YES: <input type="checkbox"/>	21-30 patients/ provider FTE YES: <input type="checkbox"/>	20 or fewer patients/ provider FTE YES: <input type="checkbox"/>
14. Assigned prescriber for each patient (< 29 patients per 0.2 FTE with supervision as appropriate) that attends team meeting and is accessible.	51+ patients/ provider FTE YES: <input type="checkbox"/>	41-50 patients/ provider FTE YES: <input type="checkbox"/>	31-40 patients/ provider FTE YES: <input type="checkbox"/>	21-30 patients/ provider FTE YES: <input type="checkbox"/>	20 or fewer patients/ provider FTE YES: <input type="checkbox"/>
15. Team leader provides administrative direction and supervision to all staff	Team leader provides only administrative managerial direction. No responsibility to ensure clinical supervision YES: <input type="checkbox"/>	Team leader provides administrative direction and ensures clinical supervision by others YES: <input type="checkbox"/>	Team leader provides administrative direction and supervision to some staff YES: <input type="checkbox"/>	Team leader provides administrative direction and supervision to all staff YES: <input type="checkbox"/>	Team leader provides administrative direction and supervision to all staff and some direct clinical service YES: <input type="checkbox"/>
16. Multidisciplinary team to deliver a range of specific services including qualified professionals to provide both case management and specific service elements including: 1. Nursing services; 2. Evidence Based Psychotherapy; 3. Addictions services; 4. Supported Employment; 5. Family Education and Support; 6. Social and community living skills; and 7. Case management	Team delivers 3 or fewer of listed elements YES: <input type="checkbox"/>	Team delivers 4 of the listed elements YES: <input type="checkbox"/>	Team delivers 5 of the listed elements YES: <input type="checkbox"/>	Team delivers 6 of the listed elements YES: <input type="checkbox"/>	Team delivers 7 of the listed elements YES: <input type="checkbox"/>
17. Length of treatment up to 4 years (if needed) with appropriate discharge planning/linkage	FEP program serves patients for 1 year or less YES: <input type="checkbox"/>	FEP program serves patients for 1 year to 2 years YES: <input type="checkbox"/>	FEP program serves patients for 2 years to 3 years YES: <input type="checkbox"/>	FEP program serves patients for 3 years to 4 years YES: <input type="checkbox"/>	FEP program serves patients for 4+ years YES: <input type="checkbox"/>

D.	ASSESSMENT LEVEL				
	1	2	3	4	5
18. Multidisciplinary team to deliver a range of specific service components. Team meets weekly.	No team meetings held YES: <input type="checkbox"/>	Monthly team meetings YES: <input type="checkbox"/>	Team meetings held more often than once a month, but less often than every two weeks YES: <input type="checkbox"/>	Bi-weekly team meetings YES: <input type="checkbox"/>	Weekly team meetings YES: <input type="checkbox"/>
19. Explicit admission criteria (e.g. diagnoses served, DUP, age range) and standard screening procedure	< 60% population served meet admission criteria YES: <input type="checkbox"/>	60-69% population served meet admission criteria YES: <input type="checkbox"/>	70-79% population served meet admission criteria YES: <input type="checkbox"/>	80-89% population served meet admission criteria YES: <input type="checkbox"/>	> 90% population served meet admission criteria YES: <input type="checkbox"/>
20. Population served (specific geographic population, use of annual incidence to assess success in reaching all new incidence cases)	0-19% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 – 45 YES: <input type="checkbox"/>	20-39% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 – 45 YES: <input type="checkbox"/>	40-59% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 – 45 YES: <input type="checkbox"/>	60-79% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 – 45 YES: <input type="checkbox"/>	80+% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 – 45 YES: <input type="checkbox"/>
21. Inclusion of peers in program level decision-making, providing direct services (individual and group), and sharing lived experience across all levels of the program.	Target met for 0-19% patients YES: <input type="checkbox"/>	Target met for 20-39% patients YES: <input type="checkbox"/>	Target met for 40-59% patients YES: <input type="checkbox"/>	Target met for 60-79% patients YES: <input type="checkbox"/>	Target met for 80+% patients YES: <input type="checkbox"/>
22. Timely follow up after hospital discharge or crisis evaluation (15 days)	Target met for 0-19% patients YES: <input type="checkbox"/>	Target met for 20-39% patients YES: <input type="checkbox"/>	Target met for 40-59% patients YES: <input type="checkbox"/>	Target met for 60-79% patients YES: <input type="checkbox"/>	Target met for 80+% patients YES: <input type="checkbox"/>

ATTACHMENT 5: FULL FIDELITY PLAN

E. Full Fidelity Plan

E.1. Describe how will you spend this grant money? Provide a comprehensive description of the early psychosis and mood disorder detection and intervention services and supports to be established or expanded with this grant

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.1) Timely contact within 2 weeks of referrals

E.2.	For each program practice listed “yes” on Attachment 4, provide the following information:									
	(6.D.1) Timely contact within 2 weeks of referrals									
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain								
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice								
	c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 85%;"></th> <th style="width: 15%;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1. Activity:</td> <td></td> </tr> <tr> <td>2. Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1. Activity:		2. Activity:	
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	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
	1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.2) Comprehensive clinical assessment using semi-structured evidence-based approaches

(6.D.2) Comprehensive clinical assessment using semi-structured evidence-based approaches											
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain										
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice										
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> <tr> <td>3) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:		3) Activity:	
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	d. The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
	1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.3) Comprehensive risk assessment and plan for crisis/relapse prevention using evidence-based approaches

(6.D.3) Comprehensive risk assessment and plan for crisis/relapse prevention using evidence-based approaches.									
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain								
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice								
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:	
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d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.4) Antipsychotic medication within dosing recommendations, with access to IM and clozapine

(6.D.4) Antipsychotic medication within dosing recommendations, with access to IM and clozapine											
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain										
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice										
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> <tr> <td>3) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:		3) Activity:	
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	d. The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
	1. For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.5) Client psychoeducation and CBT intervention provided by trained providers available in individual and group formats

(6.D.5) Client psychoeducation and CBT intervention provided by trained providers available in individual and group formats.									
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain								
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice								
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 85%;"></th> <th style="width: 15%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:	
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d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.6) CBT intervention provided by trained providers available in individual and group formats

(6.D.6) CBT intervention provided by trained providers available in individual and group formats											
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain										
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice										
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> <tr> <td>3) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:		3) Activity:	
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	d. The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
	1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.7) Treatment for substance use disorders is provided

(6.D.7) Treatment for substance use disorders is provided											
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain										
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice										
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <p>3. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service</p> <p>4. Activities are the tasks needed to be accomplished to achieve the Milestone</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>5) Milestone:</td> <td></td> </tr> <tr> <td>6) Activity:</td> <td></td> </tr> <tr> <td>7) Activity:</td> <td></td> </tr> <tr> <td>8) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	5) Milestone:		6) Activity:		7) Activity:		8) Activity:	
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	d. The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
	1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.8) Treatment for substance use disorders is provided using either Motivational Enhancement (ME) or Cognitive Behavioral Therapy (CBT)

(6.D.8) Treatment for substance use disorders is provided using either Motivational Enhancement (ME) or Cognitive Behavioral Therapy (CBT)									
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain								
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice								
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <p>5. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service</p> <p>6. Activities are the tasks needed to be accomplished to achieve the Milestone</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 85%;"></th> <th style="width: 15%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>9) Milestone:</td> <td></td> </tr> <tr> <td>11) Activity:</td> <td></td> </tr> <tr> <td>12) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	9) Milestone:		11) Activity:		12) Activity:	
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	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
	1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.9) Supported employment using IPS and supported education services provided by dedicated staff who is part of the team

(6.D.9) Supported employment using IPS and supported education services provided by dedicated staff who is part of the team									
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain								
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice								
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <p>7. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service</p> <p>8. Activities are the tasks needed to be accomplished to achieve the Milestone</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 90%;"></th> <th style="width: 10%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>13) Milestone:</td> <td></td> </tr> <tr> <td>16) Activity:</td> <td></td> </tr> <tr> <td>17) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	13) Milestone:		16) Activity:		17) Activity:	
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	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
	1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.10) Targeted Outreach to community groups

(6.D.10) Targeted Outreach to community groups											
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain										
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice										
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> <tr> <td>3) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:		3) Activity:	
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	d. The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
	1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.11) Use of proactive outreach/engagement to reduce missed appointments and engage individuals with FEP and their support persons

(6.D.11) Use of proactive outreach/engagement to reduce missed appointments and engage individuals with FEP and their support persons									
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain								
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice								
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:	
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d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.12) Active engagement of natural supports in all areas of program

(6.D.12) Active engagement of natural supports in all areas of program.											
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain										
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice										
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> <tr> <td>3) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:		3) Activity:	
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	d. The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
	1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.13) Assignment of case manager or primary clinician (Ratio of active patient/provider is 20:1)

(6.D.13) Assignment of case manager or primary clinician (Ratio of active client/provider is 20:1)											
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain										
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice										
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 85%;"></th> <th style="width: 15%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> <tr> <td>3) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:		3) Activity:	
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	d. The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
	1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.14) Assigned prescriber for each patient (< 29 patients per 0.2 FTE with supervision as appropriate) that attends team meeting and is accessible.

(6.D.14) Assigned prescriber for each patient (< 29 patients per 0.2 FTE with supervision as appropriate) that attends team meeting and is accessible.									
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain								
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice								
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 85%;"></th> <th style="width: 15%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:	
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d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.15) Team leader provides administrative direction and supervision to all staff

(6.D.15) Team leader provides administrative direction and supervision to all staff											
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain										
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice										
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 85%;"></th> <th style="width: 15%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> <tr> <td>3) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:		3) Activity:	
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	d. The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
	1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.16) Multidisciplinary team to deliver a range of specific services Including qualified professionals to provide both case management and specific service elements

(6.D.16) Multidisciplinary team to deliver a range of specific services including qualified professionals to provide both case management and specific service elements									
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain								
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice								
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:	
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d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.17) Length of treatment up to 4 years (if needed) with appropriate discharge planning/link

(6.D.17) Length of treatment up to 4 years (if needed) with appropriate discharge planning/link.											
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain										
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice										
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> <tr> <td>3) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:		3) Activity:	
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	d. The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
	1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.18) Multidisciplinary team to deliver a range of specific service components. Team meets weekly

(6.D.18) Multidisciplinary team to deliver a range of specific service components. Team meets weekly											
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain										
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice										
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 85%;"></th> <th style="width: 15%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> <tr> <td>3) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:		3) Activity:	
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	d. The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
	1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.19) Explicit admission criteria (e.g. diagnoses served, DUP, age range) and standard screening procedure

(6.D.19) Explicit admission criteria (e.g. diagnoses served, DUP, age range) and standard screening procedure									
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain								
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice								
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 85%;"></th> <th style="width: 15%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:	
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d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.20) Population served (specific geographic population, use of annual incidence to assess success in reaching all new incidence cases)

(6.D.20) Population served (specific geographic population, use of annual incidence to assess success in reaching all new incidence cases)									
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain								
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice								
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 85%;"></th> <th style="width: 15%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:	
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d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.21) Inclusion of peers in program level decision-making, providing direct services (individual and group), and sharing lived experience across all levels of the program

(6.D.21) Inclusion of peers in program level decision-making, providing direct services (individual and group), and sharing lived experience across all levels of the program									
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain								
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice								
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d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.22) Timely follow up after hospital discharge or crisis evaluation (15 days)

(6.D.22) Timely follow up after hospital discharge or crisis evaluation (15 days)											
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain										
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice										
c.	<p>Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services</p> <ol style="list-style-type: none"> 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Qtr End</th> </tr> </thead> <tbody> <tr> <td>1) Milestone:</td> <td></td> </tr> <tr> <td>1) Activity:</td> <td></td> </tr> <tr> <td>2) Activity:</td> <td></td> </tr> <tr> <td>3) Activity:</td> <td></td> </tr> </tbody> </table>		Qtr End	1) Milestone:		1) Activity:		2) Activity:		3) Activity:	
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	d. The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services	
	1. For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	

E.3.	Describe the need within the county which will be addressed by a Coordinated Specialty Care Clinic operating in full fidelity to the model.
a.	How will the stated need(s) be met through the implementation of the CSC program?
b.	What is the target population of the early psychosis intervention program?
c.	How will the stated needs be addressed through linkage with other public systems of health and mental health care?
d.	How will the stated needs be addressed through linkage with schools and community social services, and related assistance?
e.	Describe how your CSC program will operate within the county's continuum of mental health and behavioral health care for youth and adults. List all programs and/or services that will interact and/or link to the CSC program. This includes, but is not limited to, mental health services, schools, CBOs, primary care services, etc.
E.4.	<p>For each provider or collaborative partner in which there is a contractual relationship and/or MOU or similar, provide the following information (Add lines as needed)</p> <p>Provider: <input type="checkbox"/> Collaborative Partner: <input type="checkbox"/></p> <p>Entity/Individual name:</p> <p>Contact name, title, email address:</p> <p>Role/Responsibility:</p> <p>Service or support provided:</p>

Is there an existing contract or relationship at the time of the grant application submission? Explain.

Provider: Collaborative Partner:

Entity/Individual name:

Contact name, title, email address:

Role/Responsibility:

Service or support provided:

Is there an existing contract or relationship at the time of the grant application submission? Explain.

Provider: Collaborative Partner:

Entity/Individual name:

Contact name, title, email address:

Role/Responsibility:

Service or support provided:

Is there an existing contract or relationship at the time of the grant application submission? Explain.

Provider: Collaborative Partner:

Entity/Individual name:

Contact name, title, email address:

Role/Responsibility:

Service or support provided:

Is there an existing contract or relationship at the time of the grant application submission? Explain.

Provider: Collaborative Partner:

Entity/Individual name:

Contact name, title, email address:

Role/Responsibility:

Service or support provided:

Is there an existing contract or relationship at the time of the grant application submission? Explain.

ATTACHMENT 6: SUSTAINABILITY PLAN

F. Sustainability Plan			
			The purpose of requiring Applicants to write a Sustainability Plan is to ensure that any system improvements created by the grants are sustainable after the grant ends. Applicants are required to include information on the steps they will take to help build their sustainability capacity.
F.1.	The Sustainability Plan shall include the following:		
	a.	Describe, in detail, the plan to ensure the continuation of the early psychosis intervention program <u>after</u> the grant ends.	
	b.	Describe, in detail, the plan to maintain current funding and/or acquire additional/new funding to sustain the program <u>after</u> the grant ends. 1. Identify the target sources of funding	
	c.	Contribution of funds committed <u>during</u> the grant term. For purposes of this requirement, break out the contribution into the following categories:	
		1.	Medi-Cal reimbursements
		a.	Amount committed for Grant Year 1, 2, 3, and 4 (contract term): Grant Year 1: Grant Year 2: Grant Year 3: Grant Year 4:
		2.	Local Funds (Does not include Medi-Cal or Other/Private funds)
		a.	Amount committed for Grant Year 1, 2, 3, and 4 (contract term): Grant Year 1: Grant Year 2: Grant Year 3: Grant Year 4:
		b.	Identify the source of the funding:

ATTACHMENT 7: FOCUSED OUTREACH PLAN

G. Focused Outreach Plan

G.1

Describe, in detail, your outreach plan which will increase awareness of and increase participation in the early psychosis intervention program in the community or region where it exists. The plan must outline how individuals in clinically high-risk categories, including foster youth and justice involved youth will be engaged and made aware of the early psychosis intervention services provided in the county.

ATTACHMENT 8: BUDGET WORKSHEET

The Budget Worksheet (ATTACHMENT 8) must be prepared according to the Budget Worksheet Instructions found in ATTACHMENT 8-1. The total cost on the Budget Worksheet must equal the total amount of the Grant.

File name is: MHSOAC RFA_EPI_Plus_001 - ATTACHMENT 8 – Budget Worksheet

Complete the Budget Worksheet Excel workbook and attach to the Application.

ATTACHMENT 8-1: BUDGET WORKSHEET INSTRUCTIONS

Budget Worksheet Instructions

Information provided in the **Budget Worksheet (Attachment 8)** should reflect the Applicant's plans to implement the components of a Coordinate Specialty Care Clinic. The staff and contractors to be hired shall be itemized and be comprised of personnel related to providing the services in the proposed program, including staff devoted to data collection, county evaluation, and administrative staff. Costs include personnel (salary and benefits), administration, and other. The information entered into the Budget Worksheet should correspond with the information provided in the **Budget Narrative**.

The Applicant should provide its best estimate in terms of types of staff being sought for positions and anticipated expenditures.

This is the proposed budget for evaluation purposes. If awarded a grant, the Grantee will work with the TTA contractor to develop a more accurate budget to implement the components of a Coordinate Specialty Care Clinic. The updated budget is due within 60 days of grant contract execution or within 60 days of execution of the MHSOAC's contract with the TTA contractor, whichever is later. The updated budget is subject to the review and approval of the MHSOAC. The updated budget worksheet will be used to manage the grant over the grant term.

The following instructions are in worksheet order, and the numbers pertain to each line item identified on the Budget Worksheet. All amounts shall be entered using whole dollars only.

A. PERSONNEL EXPENDITURES

1. Hire Staff (Employees)
 - a. List each staff position /classification proposed to be hired for this program
2. Hiring Month
 - a. List the hiring month in which each staff will be hired. For instance, entering a "1" means that the staff will be hired within the first 30 days of the contract execution. Entering a "2" means that the position will be hired within 31-60 days of contract execution. Enter a number between 1 and 48.
3. GY 1
 - a. Enter the cost (salary) of the staff for the first Grant year (i.e. months 1-12 from the contract execution date)
4. GY 2
 - a. Enter the cost (salary) of the staff for the second Grant year (i.e. months 13 -24 from the contract execution date)

5. GY 3
 - a. Enter the cost (salary) of the staff for the third fiscal year (i.e. months 25-36 from the contract execution date)
6. GY 4
 - a. Enter the cost (salary) of the staff for the fourth fiscal year (i.e. months 37-48 from the contract execution date)
7. Total of All GYs
 - a. Summation of all Grant years for each line items on the Cost Worksheet
8. Personnel Services Salaries
 - a. Summation, by Grant year, of personnel service salaries for staff hired
9. Personnel Services Benefits
 - a. Enter the total amount for personnel services/employee benefits for all the positions listed above.
10. Total Personnel Services
 - a. Summation, by Grant year, of Personnel Services Salaries and Personnel Services Benefits.
11. Hire Contractors or other non-staff
 - a. List each role/classification that will be hired as a contractor for this program
12. Hiring Month
 - a. List the hiring month in which each staff will be hired. For instance, entering a "1" means that the staff will be hired within the first 30 days of the contract execution. Entering a "2" means that the position will be hired within 31-60 days of contract execution. Enter a number between 1 and 48.
13. GY 1
 - a. Enter the cost for each role/classification listed for the first Grant year (i.e. months 1-12 from the contract execution date)
14. GY 2
 - a. Enter the cost for each role/classification listed for the second Grant year (i.e. months 13-24 from the contract execution date)
15. GY 3
 - a. Enter the cost for each role/classification listed for the third Grant year (i.e. months 25-36 from the contract execution date)

16. GY 4

- a. Enter the cost for each role/classification listed for the fourth Grant year (i.e. months 37-48 from the contract execution date)

17. Total of All GYs

- a. Summation of all Grant years for each line items on the Cost Worksheet

18. Total Contracted Services

- a. Summation, by Grant year, of Contracted role/classifications cost

19. Total Personnel/Contracted Services

- a. Summation, by Grant year, of Total Personnel Services and Total Contracted Services

20. Other Costs (non-staff and non-contracted services)

- a. List each Other Costs that will be incurred by the Applicant as part of the operating the Program. Costs may be grouped into categories (e.g. training)

21. Exp Month

- a. List the month in which the expenditure will occur. For instance, entering a "1" means that the Other Costs will be incurred within the first 30 days of the contract execution. Entering a "2" means that Other Costs will be incurred within 31-60 days of contract execution. Enter a number between 1 and 48.

22. GY 1

- a. Enter the cost for each Other Costs listed for the first Grant year (i.e. months 1-12 from the contract execution date)

23. GY 2

- a. Enter the cost for each Other Costs listed for the second Grant year (i.e. months 13-24 from the contract execution date)

24. GY 3

- a. Enter the cost for each Other Costs listed for the third Grant year (i.e. months 25-36 from the contract execution date)

25. GY 4

- a. Enter the cost for each Other Costs listed for the fourth Grant year (i.e. months 37-48 from the contract execution date)

26. Total of All GYs

- a. Summation of all Grant years for each line items on the Cost Worksheet

27. Total Other Costs

- a. Summation, by Grant year, of Other Costs

28. Total Program Costs before Administration

- a. Summation, by Grant year, of Total Personnel/Contracted Services and Total Other Costs

29. Administration (includes indirect costs, overhead)

- a. Include costs for Administration of the program, not to exceed 15% of the total grant program cost (EPI Plus Grant Only). This includes any Administration Cost incurred by collaborators, contractors, or anyone else. The total amount of all Administration Cost may not exceed 15% of the total program cost for the EPI Plus Grant only.
- b. The 15% maximum Administration Cost can be calculated as follows: multiply line 28 (Total Program Costs before Administration) by 17.647%. Total Grant Program Costs before Administration shall not include any Administration Costs. All Administration Costs shall be entered onto this line item.
- c. Total Administration costs cannot exceed \$300,000 for the 4-year contract term (based on EPI Plus Grant amount).

30. Total Proposed Grant Program Costs/Grant Request

- a. Summation of all grant costs proposed by Grant year
- b. The total of all 4 years shall equal the total amount of the Grant request.

31. Other Contribution of Funds

- a. All Contribution of funds committed by Grant year
- b. The total of all 4 years shall equal the total amount of the Contribution of funds committed to the program.

32. GY 1

- a. Enter the amount for each Other Contribution of Funds listed for the first Grant year (i.e. months 1-12 from the contract execution date)

33. GY 2

- a. Enter the amount for each Other Contribution of Funds listed for the second Grant year (i.e. months 13-24 from the contract execution date)

34. GY 3

- a. Enter the amount for each Other Contribution of Funds listed for the third Grant year (i.e. months 25-36 from the contract execution date)

35. GY 4

- a. Enter the amount for each Other Contribution of Funds listed for the fourth Grant year (i.e. months 37-48 from the contract execution date)

36. Total of All GYs

- a. Summation of all Grant years for each line items on the Cost Worksheet

37. Medi-Cal Reimbursements

- a. Enter the amount committed for contribution for each Grant year
- b. Amount shall equal the amount entered in response to requirements E.1.c.1.a.

38. Local Funding

- a. Enter the amount committed for contribution for each Grant year
- b. Amount shall equal the amount entered in response to requirements E.1.c.2.a.

39. Other/Private Funding

- a. Enter the amount committed for contribution for each Grant year
- b. Amount shall equal the amount entered in response to requirements E.1.c.3.a.

40. Total Other Contribution of Funds

- a. Summation of all Other Contribution of Funds by Grant year

41. Total Proposed Program Costs

- a. Summation of all Costs and Contribution of funds proposed by Grant year
- b. The total of all 4 years shall equal the total amount of the Program.

See Budget Worksheet Example on the next page.

EXAMPLE BUDGET WORKSHEET

ATTACHMENT 8						
BUDGET WORKSHEET – EPI Plus GRANT						
(Whole Dollars)						
Applicant: EPI Plus Program						
(1) Hire Staff (list individual role/classification) (add rows as needed)	(2) Hiring Month	(3) GY 1	(4) GY 2	(5) GY 3	(6) GY 4	(7) Total All GYs
Team Leader	7	40,000	80,000	80,000	80,000	280,000
Educ./Employment Specialist	7	30,000	60,000	60,000	60,000	210,000
Psychiatrist	7	50,000	100,000	100,000	100,000	350,000
Recovery Coach	4	30,000	40,000	40,000	40,000	150,000
Outreach/Referral Specialist	1	40,000	40,000	40,000	40,000	160,000
Subtotal - (8) Personnel Services Salaries		190,000	320,000	320,000	320,000	1,150,000
Add: (9) Personnel Services Benefits		62,370	105,043	105,043	105,043	377,500
(10) Total Personnel Services		252,370	425,043	425,043	425,043	1,527,500
(11) Hire Contractors or other non-staff (If applicable, list individual role/classification) (Add rows as needed)	(12) Hiring Month	(13) GY 1	(14) GY 2	(15) GY 3	(16) GY 4	(17) Total All GYs
						-
PEER Provider 1	1	10,000	10,000	10,000	10,000	40,000
PEER Provider 1	4	7,500	10,000	10,000	10,000	37,500
PEER Provider 1	7	5,000	10,000	10,000	10,000	35,000
(18) Total Contracted Services		22,500	30,000	30,000	30,000	112,500
(19) Total Personnel/Contracted Services		274,870	455,043	455,043	455,043	1,640,000

(20) Other Costs (non-staff and non-contracted services)	(21) Exp Month	(22) GY 1	(23) GY 2	(24) GY 3	(25) GY 4	(26) Total All GYs
						-
Training	7	5,000	5,000	5,000	5,000	20,000
Technology	7	10,000	10,000	10,000	10,000	40,000
(27) Total Other Costs						
		15,000	15,000	15,000	15,000	60,000
(28) Total Grant Program Costs before Total Administration						
		289,870	470,043	470,043	470,043	1,700,000
(29) Administration (includes indirect costs and overhead, limited to 15%)						
		51,153	82,949	82,949	82,949	300,000
(30) Total Grant Program Costs / Grant Request (Cannot exceed \$2,000,000)						
		341,024	552,992	552,992	552,992	2,000,000
(31) Other Contribution of Funds						
		(32) GY 1	(33) GY 2	(34) GY 3	(35) GY 4	(36) Total All GYs
(37) Medi-Cal Reimbursements		40,000	60,000	60,000	60,000	220,000
(38) Local Funds		100,000	100,000	100,000	100,000	400,000
(39) Other/Private Funding		50,000	50,000	50,000	50,000	200,000
(40) Total Other Contribution of Funds						
		190,000	210,000	210,000	210,000	820,000
(41) Total Program Costs						
		531,024	762,992	762,992	762,992	2,820,000

ATTACHMENT 9: BUDGET NARRATIVE

I. Budget Narrative	
The Budget Narrative (ATTACHMENT 8) must be prepared in conjunction with the Budget Worksheet (ATTACHMENT 7).	
I.1.	Hire Staff
a.	For each “Hire Staff” listed on the Budget Worksheet, explain how the salaries were determined and provide support for the stated salary. For example, state the classification and provide the published salary range for the employee in the stated classification
b.	Provide a statement for each classification listed on the Budget Worksheet as to the time base (Full Time Equivalent) of work proposed. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for GY 1, GY 2, GY 3 and GY 4. If the position is half-time, state that the position is 50% for GY 1, GY 2, GY 3 and GY 4.
I.2.	Personnel Services Benefits
a.	Explain what is included in the cost and how were the costs determined. Provide support for the costs. For example, provide published guidance from HR (or some other entity) stating percentage of salary or actual dollars used for employee benefits, including medical, retirement, taxes, etc.
I.3.	Hire Contractors or other non-staff
a.	For each “Hire Contractors or other non-staff” listed on the Budget Worksheet, explain how the costs were determined and provide support for the stated cost. For example, support could include an existing or new contract which states the classification, the cost, and time period in order to support the requested funds for each grant year.

	b.	Provide a statement for each classification listed on the Budget Worksheet as to the Full Time Equivalent of the proposed work. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for GY 1, GY 2, GY 3 and GY 4. If the position is half-time, state that the position is 50% for GY 1, GY 2, GY 3 and GY 4.
I.4.	Other Costs (non-staff and non-contracted services)	
	a.	For each “Other Costs (non-staff and non-contracted services)” listed on the Budget Worksheet, explain what the costs are for, how the costs were determined and provide support for the stated cost. For example, training could be supported through a published catalog of classes and rates.

ATTACHMENT 10: FINAL SUBMISSION CHECKLIST

Complete this checklist to confirm the items in your application. Place a check mark or “X” next to each item that you are submitting to the MHSOAC. For your application to be complete, all required attachments along with this checklist shall be returned with your application package.

Check	DESCRIPTION
	Attachment 1: Application Cover Sheet
	Attachment 2: Minimum Qualifications
	Attachment 2A: Demonstrated Knowledge and Experience
	Attachment 3: Applicant Background
	Attachment 4: Applicant Program Assessment
	Attachment 5: Full Fidelity Plan
	Attachment 6: Sustainability Plan
	Attachment 7: Focused Outreach Plan
	Attachment 8: Budget Worksheet
	Attachment 9: Budget Narrative
	Attachment 10: Final Submission Checklist
	Attachment 11: Payee Data Record (Std 204)

ATTACHMENT 11 PAYEE DATA RECORD (STD 204)

The Applicant must complete and submit Payee Data Record (STD. 204) with its Final Application.

Payee Data Record (Std 204), is required to receive a payment from the State of California and is completed in lieu of an IRS W-9 or W-7. The information provided is used to populate the check (warrant) when payments are made.

This form is available at: <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>

ATTACHMENT 12: SAMPLE CONTRACT

EXHIBIT A – SCOPE OF WORK

A. GENERAL

The scope of work for this contract is contained in the proposal submitted by Grantee in response to RFA EPI Plus_001 and is incorporated by reference and made part of this contract as if attached hereto.

B. CONTACTS

State Agency: MHSOAC	Grantee:
Name:	Name:
Phone:	Phone:
E-Mail:	E-Mail:

Direct all administrative inquiries to:

State Agency: MHSOAC	Grantee:
Section/Unit:	Section/Unit:
Attention:	Attention:
Address: 1325 J Street, Suite 1700, Sacramento, CA 95814	Address:
Phone:	Phone:
Fax: (916) 445-4927	Fax:
E-Mail:	E-Mail:

C. CONTRACT TERM

The term of this contract is for four (4) years, with all funds disbursed on a quarterly basis.

Grant funding is based on the Grantee’s compliance with the RFA requirements as submitted through the Grantee’s application, which is incorporated by reference and made part of this contract as if attached hereto.

The MHSOAC may withhold funds from the Grantee if the Grantee fails to meet the reporting requirements, falls behind schedule, or modifies the scope of the work performed.

D. DELIVERABLES

Deliverables shall be submitted in an electronic format, to be agreed upon prior to start of work, which are easily posted on the MHSOAC website, pursuant to Government Code §11135, and in

compliance with accessibility requirements of §508 of the Rehabilitation Act of 1973, as amended and implemented through regulations.

All deliverables shall be developed in consultation with the MHSOAC Project Representative.

The Grantee may seek advice from subject matter experts, form an advisory group, seek technical assistance from the MHSOAC and/or pursue other strategies to support the development and completion of all deliverables. Subject to resources, the MHSOAC shall strive to provide consultation and technical assistance to support the implementation of this agreement.

The Grantee may submit deliverables prior to due dates. If Grantee experiences reasonable delays with regard to a deliverable, Grantee shall notify the MHSOAC Project Representative, prior to the deliverable due date for which a delay is anticipated. In no instance shall a delay exceed 30 calendar days. For any deliverable in which the delay is anticipated to exceed 30 calendar days, the MHSOAC Deputy Director, or designee, may grant the Grantee additional time to complete the deliverable. Such additional time must be confirmed by the MHSOAC in writing.

E. TERMINATION

Either party may terminate this agreement by giving 30-days written notice to the other party. The notice of termination shall specify the effective date of termination. In the event of such termination, MHSOAC agrees to pay the pro rata share of the contract based upon the actual services provided.

F. AMENDMENTS

This agreement may be amended as necessary for project completion.

EXHIBIT B - BUDGET DETAIL AND PAYMENT PROVISIONS

1. Invoicing and Payment

- A. Grants funds will be allocated in quarterly installments each year. Grant disbursements will be subject to the Grantee's compliance with the RFA requirements as submitted through Grantee's application, which is incorporated into the contract.
- B. For activities/tasks satisfactorily rendered (i.e., upon receipt and approval of agreed upon deliverables), and upon receipt and approval of the invoices, the MHSOAC agrees to compensate the Grantee in accordance with the rates specified in this contract.
- C. Invoices shall include the Contract Number and shall be submitted in triplicate not more frequently than monthly in arrears to:

MHSOAC
Attention: Accounting Office
1325 J Street, Suite 1700
Sacramento, CA, 95814

2. Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Contract does not appropriate sufficient funds for the program, this Contract shall no longer be in full force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Contract and Grantee shall not be obligated to perform any provisions of this Contract.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Contract with no liability occurring to the State or offer an agreement amendment to Grantee to reflect the reduced amount.
- C. If this Contract overlaps Federal and State fiscal years, should funds not be appropriated by Congress and approved by the Legislature for the fiscal year(s) following that during which this Contract was executed, the State may exercise its option to cancel this Contract.
- D. In addition, this Contract is subject to any additional restrictions, limitations, or conditions enacted by Congress or the Legislature which may affect the provisions or terms of funding of this contract in any manner.

3. Cost

The total amount of this Agreement shall not exceed: \$2,000,000

4. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927. Payment for deliverables is meant to be inclusive of all of the preparatory work, planning, and material cost involved in the completion of the intent of the deliverable not just the report itself.

EXHIBIT C – GENERAL TERMS AND CONDITIONS (GTC 610)

1. APPROVAL: This Agreement is of no force or effect until signed by both parties and approved by the Department of General Services, if required. Grantee may not commence performance until such approval has been obtained.
2. AMENDMENT: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or Agreement not incorporated in the Agreement is binding on any of the parties.
3. ASSIGNMENT: This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of the State in the form of a formal written amendment.
4. AUDIT: Grantee agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Grantee agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., CCR Title 2, Section 1896).
5. INDEMNIFICATION: Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of this Agreement.
6. DISPUTES: Grantee shall continue with the responsibilities under this Agreement during any dispute.
7. TERMINATION FOR CAUSE: The State may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination the State may proceed with the work in any manner deemed proper by the State. All costs to the State shall be deducted from any sum due the Grantee under this Agreement and the balance, if any, shall be paid to the Grantee upon demand.
8. INDEPENDENT CONTRACTOR: Grantee and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.
9. RECYCLING CERTIFICATION: The Grantee shall certify in writing under penalty of perjury, the minimum, if not exact, percentage of post-consumer material as defined in the Public Contract Code

Section 12200, in products, materials, goods, or supplies offered or sold to the State regardless of whether the product meets the requirements of Public Contract Code Section 12209. With respect to printer or duplication cartridges that comply with the requirements of Section 12156(e), the certification required by this subdivision shall specify that the cartridges so comply (Pub. Contract Code §12205).

10. **NON-DISCRIMINATION CLAUSE**: During the performance of this Agreement, Grantee and its subcontractors shall not deny the contract's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Grantee shall insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination. Grantee and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §§11135-11139.5), and the regulations or standards adopted by the awarding state agency to implement such article. Grantee shall permit access by representatives of the Department of Fair Employment and Housing and the awarding state agency upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or Agency shall require to ascertain compliance with this clause. Grantee and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. (See Cal. Code Regs., tit. 2, §11105.)

Grantee shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the Agreement.

11. **CERTIFICATION CLAUSES**: The CONTRACTOR CERTIFICATION CLAUSES contained in the document CCC 307 are hereby incorporated by reference and made a part of this Agreement by this reference as if attached hereto.
12. **TIMELINESS**: Time is of the essence in this Agreement.
13. **COMPENSATION**: The consideration to be paid Grantee, as provided herein, shall be in compensation for all of Grantee's expenses incurred in the performance hereof, including travel, per diem, and taxes, unless otherwise expressly so provided.
14. **GOVERNING LAW**: This contract is governed by and shall be interpreted in accordance with the laws of the State of California.

15. ANTITRUST CLAIMS: The Grantee by signing this agreement hereby certifies that if these services or goods are obtained by means of a competitive bid, the Grantee shall comply with the requirements of the Government Codes Sections set out below.
- a. The Government Code Chapter on Antitrust claims contains the following definitions:
 - i. "Public purchase" means a purchase by means of competitive bids of goods, services, or materials by the State or any of its political subdivisions or public agencies on whose behalf the Attorney General may bring an action pursuant to subdivision (c) of Section 16750 of the Business and Professions Code.
 - ii. "Public purchasing body" means the State or the subdivision or agency making a public purchase. Government Code Section 4550.
 - b. In submitting a bid to a public purchasing body, the Applicant offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder. Government Code Section 4552.
 - c. If an awarding body or public purchasing body receives, either through judgment or settlement, a monetary recovery for a cause of action assigned under this chapter, the assignor shall be entitled to receive reimbursement for actual legal costs incurred and may, upon demand, recover from the public body any portion of the recovery, including treble damages, attributable to overcharges that were paid by the assignor but were not paid by the public body as part of the bid price, less the expenses incurred in obtaining that portion of the recovery. Government Code Section 4553.
 - d. Upon demand in writing by the assignor, the assignee shall, within one year from such demand, reassign the cause of action assigned under this part if the assignor has been or may have been injured by the violation of law for which the cause of action arose and (a) the assignee has not been injured thereby, or (b) the assignee declines to file a court action for the cause of action. See Government Code Section 4554.
16. CHILD SUPPORT COMPLIANCE ACT: For any Agreement in excess of \$100,000, the grantee acknowledges in accordance with Public Contract Code 7110, that:
- a. The grantee recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and

- b. The grantee, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.
17. UNENFORCEABLE PROVISION: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.
18. PRIORITY HIRING CONSIDERATIONS: If this Contract includes services in excess of \$200,000, the Grantee shall give priority consideration in filling vacancies in positions funded by the Contract to qualified recipients of aid under Welfare and Institutions Code Section 11200 in accordance with Pub. Contract Code §10353.
19. SMALL BUSINESS PARTICIPATION AND DVBE PARTICIPATION REPORTING REQUIREMENTS:
 - a. If for this Contract Grantee made a commitment to achieve small business participation, then Grantee must within 60 days of receiving final payment under this Contract (or within such other time period as may be specified elsewhere in this Contract) report to the awarding department the actual percentage of small business participation that was achieved. (Govt. Code § 14841.)
 - b. If for this Contract Grantee made a commitment to achieve disabled veteran business enterprise (DVBE) participation, then Grantee must within 60 days of receiving final payment under this Contract (or within such other time period as may be specified elsewhere in this Contract) certify in a report to the awarding department: (1) the total amount the prime Grantee received under the Contract; (2) the name and address of the DVBE(s) that participated in the performance of the Contract; (3) the amount each DVBE received from the prime Contractor; (4) that all payments under the Contract have been made to the DVBE; and (5) the actual percentage of DVBE participation that was achieved. A person or entity that knowingly provides false information shall be subject to a civil penalty for each violation. (Mil. & Vets. Code § 999.5(d); Govt. Code § 14841.)
20. LOSS LEADER: If this contract involves the furnishing of equipment, materials, or supplies then the following statement is incorporated: It is unlawful for any person engaged in business within this state to sell or use any article or product as a “loss leader” as defined in Section 17030 of the Business and Professions Code. (PCC 10344(e).)

EXHIBIT D – SPECIAL TERMS AND CONDITIONS (SAC 1216)

1. SUBCONTRACTS: Except for subcontracts identified in the Application in accordance with the Request for Application, Grantee shall submit any subcontracts which are proposed to be entered into in connection with this Contract to the State Agency (State) for its prior written approval before entering into the same. No work shall be subcontracted without the prior written approval of the State. Upon the termination of any subcontract, State shall be notified immediately. Any subcontract shall include all the terms and conditions of this Contract and its attachments.
2. PUBLICATIONS AND REPORTS:
 - A. The State reserves the right to use and reproduce all publications, reports, and data produced and delivered pursuant to this Contract. State further reserves the right to authorize others to use or reproduce such materials, provided the author of the report is acknowledged in any such use or reproduction.
 - B. If the publication and/or report are prepared by non-employees of the State, and the total cost for such preparation exceeds \$5,000, the publication and/or report shall contain the numbers and dollar amounts of all contracts and subcontracts relating to the preparation of the publication and report in a separate section of the report (Government Code Section 7550).
3. PROGRESS REPORTS: Unless otherwise specified in Exhibit A, if progress reports are required by the Contract, Grantee shall provide a progress report in writing, or orally if approved by the State Contract Manager, at least once a month to the State Contract Manager. This progress report shall include, but not limited to, a statement that the Grantee is or is not on schedule, any pertinent reports, or interim findings. Grantee shall cooperate with and shall be available to meet with the State to discuss any difficulties, or special problems, so that solutions or remedies can be developed as soon as possible.
4. PRESENTATION: Upon request, Grantee shall meet with the State to present any findings, conclusions, and recommendations required by the Contract for approval. If set forth in the Contract, Grantee shall submit a comprehensive final report for approval. Both the final meeting and the final report shall be completed on or before the date indicated in the Contract.
5. MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION STAFF: Mental Health Services Oversight and Accountability Commission staff shall be permitted to work side by side with Grantee's staff to the extent and under conditions as directed by the State Contract Manager. In this connection, Mental Health Services Oversight and Accountability Commission staff shall be given access to all data, working papers, etc., which Grantee seeks to utilize.
6. CONFIDENTIALITY OF DATA AND DOCUMENTS:
 - A. Grantee shall not disclose data or documents or disseminate the contents of the final or any preliminary report without written permission of the State Contract Manager. However, all public entities shall comply with California Public Records Act (Government Code Sections 6250 et seq.) and the Freedom of Information Act (Title 5 of the United States Code Section 552), as applicable.
 - B. Permission to disclose information or documents on one occasion shall not authorize Grantee to further disclose such information or documents on any other occasions except as otherwise provided in the Contract or required by law.

- C. Grantee shall not comment publicly to the press or any other media regarding the data or documents generated, collected, or produced in connection with this contract, or the State's actions on the same, except to the Mental Health Services Oversight and Accountability Commission staff, Grantee's own personnel involved in the performance of this Contract, or as required by law.
- D. If requested by State, Grantee shall require each of its employees or officers who will be involved in the performance of this Contract to agree to the above terms in a form to be approved by State and shall supply State with evidence thereof.
- E. Each subcontract shall contain the foregoing provisions related to the confidentiality of data and nondisclosure.
- F. After any data or documents submitted has become a part of the public records of the State, Grantee may at its own expense and upon written approval by the State Contract Manager, publish or utilize the same data or documents but shall include the following Notice:

LEGAL NOTICE

This report was prepared as an account of work sponsored by the Mental Health Services Oversight and Accountability Commission (MHSOAC), but does not necessarily represent the views of the MHSOAC or any of its employees except to the extent, if any, that it has formally been approved by the MHSOAC. For information regarding any such action, communicate directly with the MHSOAC at 1325 J Street, Suite 1700, Sacramento, CA 95814. Neither the MHSOAC nor the State of California, nor any officer or employee thereof, or any of its contractors or subcontractors makes any warranty, express or implied, or assumes any legal liability whatsoever for the contents of this document. Nor does any party represent that use of the data contained herein, would not infringe upon privately owned rights without obtaining permission or authorization from any party who has any rights in connection with the data.

7. PROVISIONS RELATING TO DATA:

- A. "Data" as used in this Contract means recorded information, regardless of form or characteristics, of a scientific or technical nature. It may, for example, document research, experimental, developmental or engineering work; or be usable or be used to define a design or process; or support a premise or conclusion asserted in any deliverable document called for by this Contract. The data may be graphic or pictorial delineations in media, such as drawings or photographs, charts, tables, mathematical modes, collections or extrapolations of data or information, etc. It may be in machine form, as punched cards, magnetic tape, computer printouts, or may be retained in computer memory.
- B. "Generated data" is that data, which a Grantee has collected, collated, recorded, deduced, read out or postulated for utilization in the performance of this Contract. Any electronic data processing program, model or software system developed or substantially modified by the Grantee in the performance of this Contract at State expense, together with complete documentation thereof, shall be treated in the same manner as generated data.
- C. "Deliverable data" is that data which under terms of this Contract is required to be delivered to the State. Such data shall be property of the State.
- D. Prior to the expiration of any legally required retention period and before destroying any data, Grantee shall notify the State of any such contemplated action; and State may within 30 days of said notification determine whether or not this data shall be further preserved. The State shall pay the

expense of further preserving this data. State shall have unrestricted reasonable access to the data that is preserved in accordance with this Contract.

- E. Grantee shall use best efforts to furnish competent witnesses or to identify such competent witnesses to testify in any court of law regarding data used in or generated under the performance of this Contract.
8. APPROVAL OF PRODUCT: Unless otherwise specified in Exhibit A, each product to be approved under this Contract shall be approved by the Contract Manager. The State's determination as to satisfactory work shall be final absent fraud or mistake.
9. SUBSTITUTIONS: Grantee's key personnel as indicated in its Proposal may not be substituted without Contract Manager's prior written approval.
10. NOTICE: Notice to either party shall be given by first class mail properly addressed, postage fully prepaid, to the address listed in Exhibit A for each respective party. Such notice shall be effective when received as indicated by post office records or if deemed undeliverable by post office, such notice shall be effective nevertheless 15 days after mailing. Alternatively, notice may be given by personal delivery by any means whatsoever to the party, and such notice shall be deemed effective when delivered.
11. WAIVER: No waiver of any breach of this Contract shall be held to be a waiver of any other or subsequent breach. All remedies afforded in this Contract shall be taken and construed as cumulative; that is, in addition to every other remedy provided therein or by law. The failure of State to enforce at any time the provisions of this Contract, or to require at any time performance by the Grantee of any of the provisions, shall in no way be construed to be a waiver of such provisions not to affect the validity of this Contract or the right of State to enforce said provisions.
12. GRATUITIES AND CONTINGENCY FEES: The State, by written notice to the Grantee, may terminate the right of Grantee to proceed under this Contract if it is found, after notice and hearing by the State, that gratuities were offered or given by the Grantee or any agent or representative of the Grantee to any officer or employee of the State with a view toward securing a contract or securing favorable treatment with respect to the awarding, amending, or performing of such contract.

In the event this Contract is terminated as provided in the paragraph above, State shall be entitled (a) to pursue the same remedies against Grantee as it could pursue in the event of the breach of the Contract by the Grantee, and (b) as a predetermined amount of liquidated damages, to exemplary damages in an amount which shall not be less than three times the cost incurred by the Grantee in providing any such gratuities to any such officer or employee.

The rights and remedies of the State provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

The Grantee warrants by execution of this Contract that no person or selling agency has been employed or retained to solicit or secure this Contract for a commission, percentage, brokerage or contingent fee, excepting bona fide employees of Grantee, for the purpose of securing business. For breach or violation of this warranty, the State shall have the right to annul this Contract without liability, paying only for the values of the work actually returned, or in its discretion to deduct from the contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

13. WORKERS' COMPENSATION: Grantee hereby warrants that it carries and shall maintain in full force and effect during the full term of this contract and any extensions to said term, sufficient and adequate Worker's Compensation Insurance for all of its employees who shall be engaged in the performance of this Contract and agrees to furnish to State satisfactory evidence thereof at any time the State may request the same.
14. CONTRACT IS COMPLETE: Other than as specified herein, no document or communication passing between the parties hereto shall be deemed a part of this Contract.
15. CAPTIONS: The clause headings appearing in this Contract have been inserted for the purpose of convenience and ready reference. They do not purport to and shall not be deemed to define, limit or extend the scope or intent of the clauses to which they pertain.
16. PUBLIC HEARINGS: If public hearings on the subject matter dealt with in this Contract are held within one year from the contract expiration date, Grantee shall make available to testify the personnel assigned to this Contract at the hourly rates specified in the Contractor's proposed budget. State shall reimburse Grantee for travel of said personnel at the contract rates for such testimony as may be requested by State.
17. FORCE MAJEURE: Neither the State nor the Grantee shall be deemed to be in default in the performance of the terms of this Contract if either party is prevented from performing the terms of this Contract by causes beyond its control, including without being limited to: acts of God; interference, rulings or decision by municipal, Federal, State or other governmental agencies, boards or commissions; any laws and/or regulations of such municipal, State, Federal, or other governmental bodies; or any catastrophe resulting from flood, fire, explosion, or other causes beyond the control of the defaulting party. If any of the stated contingencies occur, the party delayed by force majeure shall immediately give the other party written notice of the cause of delay. The party delayed by force majeure shall use reasonable diligence to correct the cause of the delay, if correctable.
18. PERMITS AND LICENSES: The Grantee shall procure and keep in full force and effect during the term of this Contract all permits, registrations and licenses necessary to accomplish the work specified in this Contract, and give all notices necessary and incident to the lawful prosecution of the work.

The Grantee shall keep informed of, observe, comply with, and cause all of its agents and employees to observe and to comply with all prevailing Federal, State, and local laws, and rules and regulations made pursuant to said Federal, State, and local laws, which in any way affect the conduct of the work of this Contract. If any conflict arises between provisions of the plans and specifications of this Contract and any such law above referred to, then the Grantee shall immediately notify the State in writing.

19. LITIGATION: The State, promptly after receiving notice thereof, shall notify the Grantee in writing of the commencement of any claim, suit, or action against the State or its officers or employees for which the Grantee must provide indemnification under this Contract. The failure of the State to give such notice, information, authorization or assistance shall not relieve the Grantee of its indemnification obligations. The Grantee shall immediately notify the State of any claim or action against it which affects, or may affect, this Contract, the terms and conditions hereunder, or the State, and shall take such action with respect to said claim or action which is consistent with the terms of this Contract and the interest of the State.
20. DISPUTES: Grantee shall first discuss and attempt to resolve any dispute arising under or relating to the performance of this Contract, which is not disposed of by the Contract, informally with the State Contract Manager. If the dispute cannot be disposed of at this level, then the dispute shall be decided by the MHSOAC's Executive Director. All issues pertaining to this dispute shall be submitted in written

statements and addressed to the Executive Director, MHSOAC, 1325 J Street, Suite 1700, Sacramento, California 95814. Such written notice must contain the Contract Number. The decision of the Executive Director of the MHSOAC shall be final and binding to all parties. Within ten days of receipt of the written grievance report from the Grantee, the Executive Director, or his/her designee, shall meet with the Grantee and Project Manager for the purposes of resolving the dispute. The decision of the Executive Director shall be final. During the dispute process the Grantee shall proceed diligently with the performance of the Contract. Neither the pendency of a dispute, nor its consideration by the Executive Director, shall excuse the Grantee from full and timely performance of the services required in accordance with the terms of the contract.

Notwithstanding any other provisions of this Contract, after recourse to the procedure set forth in the paragraph above, any controversy or claim arising out of or relating to this Contract or breach thereof shall be settled by arbitration at the election of either party in accordance with California Public Contract Code Section 10240 et. seq. and judgment upon the award rendered by the arbitration may be entered in any court having jurisdiction thereof.

21. EVALUATION OF CONTRACTOR'S PERFORMANCE: The Grantee's performance under this Contract shall be evaluated by the State after completion of the contract. A copy of the written evaluation shall be maintained in the contract file and may be submitted to the Office of Legal Services, Department of General Services.
22. CONFIDENTIALITY AND INFORMATION SECURITY PROVISIONS:
- A. The Grantee shall comply with applicable laws and regulations, including but not limited to Sections 14100.2 and 5328 et seq. of the Welfare and Institutions Code, Section 431.300 et seq. of Title 42, Code of Federal Regulations, and the Health Insurance Portability and Accountability Act (HIPAA), and its implementing regulations (including but not limited to Title 45, CFR, Parts 160, 162 and 164) regarding the confidentiality and security of individually identifiable health information (IIHI).
 - B. Nondisclosure. Grantee shall not use or disclose confidential, individually identifiable, or sensitive information other than as permitted or required by the Contract and as permitted or required by law.
23. INSPECTION AND ENFORCEMENT:
- A. From time to time, the State may inspect the facilities, systems, books and records of Grantee to monitor compliance with the Contract.
 - B. Grantee shall promptly remedy any violation of any provision of the Contract and shall certify the same to the MHSOAC in writing.
 - C. The fact that the State inspects, or fails to inspect, or has the right to inspect Grantee's facilities, systems, and procedures does not relieve Grantee of its responsibility to comply with the Contract.
 - D. The State's failure to detect or the State's detection of any unsatisfactory practices, but failure to notify Grantee or require Grantee's remediation of the unsatisfactory practices does not constitute acceptance of such practice or a waiver of the State's enforcement rights under the Contract.
24. USE OF STATE FUNDS: Grantee, including its officers and members, shall not use funds received from the MHSOAC pursuant to this contract to support or pay for costs or expenses related to the following:

- A. Campaigning or other partisan activities to advocate for either the election or defeat of any candidate for elective office, or for or against the passage of any proposition or ballot measure; or,
- B. Lobbying for either the passage or defeat of any legislation.

This provision is not intended and shall not be construed to limit any activities specified in this Contract that are intended to inform, educate, and support advocacy before local and state administrative and legislative bodies regarding policies and issue-based legislation consistent with the Mental Health Services Act.

This provision is not intended and shall not be construed to limit any expression of a view, opinion, or position of any member of Grantee as an individual or private citizens, as long as state funds are not used; nor does this provision limit Grantee from merely reporting the results of a poll or survey of its membership.

ATTACHMENT 13: QUESTIONS TEMPLATE

Use this template for submitting questions in relation to this procurement. Add rows as needed. Follow Key Action Dates in Table 3-1 and submit to the procurement official identified in Section 9.C.

Early Psychosis Intervention Plus RFA		
	RFA Section Reference	Question
1		
2		
3		
4		
5		
6		
7		
8		

APPENDIX 1 – COORDINATED SPECIALTY CARE CORE COMPONENTS

The following information is provided from the Recovery After an Initial Schizophrenia Episode (RAISE) study conducted by the National Institutes of Mental Health.

Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care

Coordinated Specialty Care (CSC) is a team-based, multi-element approach to treating FEP that has been broadly implemented in Australia, the United Kingdom, Scandinavia, and Canada. Component interventions include assertive case management, individual or group psychotherapy, supported employment and education services, family education and support, and low doses of select antipsychotic agents.

At its core, CSC is a collaborative, recovery-oriented approach involving clients, treatment team members, and when appropriate, relatives, as active participants. CSC emphasizes shared decision making as a means for addressing the unique needs, preferences, and recovery goals of individuals with FEP. Collaborative treatment planning in CSC is a respectful and effective means for establishing a positive therapeutic alliance and maintaining engagement with clients and their family members over time. CSC services are also highly coordinated with primary medical care, with a focus on optimizing a client's overall mental and physical health.

