COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

BOARD OF SUPERVISORS

GLORIA MOLINA
MARK RIDLEY-THOMAS
ZEV YAROSLAVSKY
DON KNABE
MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

Reply To: (213) 738-4601
Fax: (213) 386-1297

June 09, 2010

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

REQUEST APPROVAL TO EXTEND THE TERM OF CONSULTANT SERVICES AGREEMENTS WITH MENTAL HEALTH AMERICA OF LOS ANGELES AND PACIFIC CLINICS FOR FISCAL YEAR 2010-11 (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

Request approval to extend the term of the Consultant Services Agreements with Mental Health America of Los Angeles and Pacific Clinics to continue delivering training services outlined in the Mental Health Services Act Workforce Education and Training Plan.

IT IS RECOMMENDED THAT YOUR BOARD:

Approve and instruct the Director of Mental Health, or his designee, to prepare, sign, and execute Consultant Services Amendments for term extensions, substantially similar to Attachment I, with Mental Health America of Los Angeles (MHALA) No. MH050019 and Pacific Clinics No. MH050017, to continue delivering Mental Health Services Act (MHSA) Workforce Education and Training (WET) services during Fiscal Year (FY) 2010-11. The Total Contract Amount (TCA) for FY 2010-11 will be $581,100 for MHALA and $200,000 for Pacific Clinics, both funded with MHSA WET funds. The amendment for MHALA will be effective July 1, 2010 through June 30, 2011, and the amendment for Pacific Clinics will be effective from July 1, 2010 through December 31, 2010.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Board approval is required to enable the Department of Mental Health (DMH) to extend the term of

the existing agreements with MHALA and Pacific Clinics, both of which are scheduled to expire on June 30, 2010.

DMH requests term extensions with MHALA and Pacific Clinics to prevent interruption of MHSA WET training programs offered to consumers, family members, parent advocates/partners, public mental health staff (including DMH staff and its contracted agencies), and college faculty and students. The term extension for these Agreements will allow the Contractors to continue delivering four distinct WET programs: 1) Mental Health Rehabilitation Specialist Training Services, 2) Public Mental Health Workforce Staff Immersion Training, 3) College Faculty Immersion Training, and 4) Peer Support Training.

Without the Mental Health Rehabilitation Specialist Training Services program, the public mental health system is in danger of losing a valuable resource, one that serves as a pipeline in channeling employment-eligible consumers and family members towards the public mental health system, a core tenet of MHSA. The Immersion Training programs effectively reinforce and prepare those of the current and future public mental health workforce, including DMH staff and its contracted agencies, college faculty and students, to transform traditional mental health services into services that better embrace MHSA values. The Peer Support Training program provides certificated training in peer supportive services and skills for individuals who are interested in entering the public mental health workforce as mental health peer supporters. These programs are collectively designed to enhance the skills of its targeted audience above.

Each of the WET programs offers specialized lectures as well as interactive learning experiences to guide participants in using recovery-oriented approaches in their work with clients enrolled in MHSA programs and services. The training services have become a significant resource for qualified individuals to be employed by MHSA-funded programs as well as those programs transforming to serve clients using a recovery model approach.

Implementation of Strategic Plan Goals

The recommended actions support the County's Strategic Plan Goal 1, Operational Effectiveness and Goal 4, Health and Mental Health.

FISCAL IMPACT/FINANCING

There is no net County cost.

The TCA for the MHALA extension is $581,100, funded by MHSA WET funds. The TCA for Pacific Clinics' Mental Health Rehabilitation Specialist Training is $200,000, also funded by MHSA WET funds. Both funded amounts are included in the
FY 2010-11 Proposed Budget.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On June 16, 2009, your Board approved a one-year term extension for the Agreements with MHALA and Pacific Clinics, beginning July 1, 2009 through June 30, 2010, for the continuation of services under the MHSA WET Plan.

DMH recently conducted a revision process in December 2009 of the WET Plan, which involved community input in its reprioritization, changing it from being hiring-oriented into one more focused on enhancing its current workforce. As a result of delayed development of solicitation documents for these services, DMH was programmatically impacted and thus unable to prepare and release a Request-For-Services (RFS) in the time needed to have services in place by the beginning of FY 2010-11. The Department estimates the completion of the solicitation process within the next 12 months, which is the average timeframe for development, release, evaluation, and award of a RFS.

The Amendment format (Attachment I), Statement of Work (SOW) for MHALA (Attachment II), and the SOW for Pacific Clinics (Attachment III) have been approved as to form by County Counsel. The Chief Executive Office has reviewed the proposed actions. DMH will continue to administer and supervise the Agreements to ensure that the Agreements' provisions and Departmental policies are followed.

CONTRACTING PROCESS

DMH requests approval to extend the terms of the existing FY 2009-10 Consultation Agreements with MHALA for twelve months and Pacific Clinics for six months for FY 2010-11, to prevent interruption of MHSA WET training programs. Solicitation for these programs occurred in January 2007, with notification of approval of awards sent in September 2007.

With the RFS for these training services now in developmental stages, DMH anticipates returning to your Board within the next 12 months to request authorization to execute the forthcoming Agreement, pending release of the RFS and identification of the most qualified bidders for awards.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Board approval of the proposed action will continue raising staff and educators' awareness of different mental health-related training opportunities. Implementation of WET programs in all Service Areas has significantly enhanced the availability and quality of integrated, recovery-based services for mental health consumers throughout the County.

Respectfully submitted,

MARVIN J. SOUTHARD, D.S.W.
Director

MJS:DM:RK:LTI

Enclosures

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Chairperson, Mental Health Commission

ATTACHMENT I

CONTRACT NO. _____

AMENDMENT NO. ___

THIS AMENDMENT is made and entered into this 1st day of July, 2010, by and between the COUNTY OF LOS ANGELES (hereafter "County") and (Consultant Services Agreement) (hereafter "Consultant").

WHEREAS, County and Consultant have entered into a written Agreement, dated September 18, 2007, identified as County Agreement No. _____, and any subsequent amendment (hereafter collectively "Agreement"); and

WHEREAS, County and Consultant intend to amend Agreement only as described hereunder; and

WHEREAS, for Fiscal Year 2007-08, County and Consultant executed the Agreement to provide Mental Health Services Act (MHSA)/Community Services and Support (CSS) funding for the implementation of the Workforce Education and Training Programs (WET); and

WHEREAS, for Fiscal Year 2008-09, County and Consultant amended the Agreement to extend the term of this Agreement for a period of 12 months, beginning July 1, 2008 through June 30, 2009 to continue MHSA CSS funding for the WET programs; and

WHEREAS, for Fiscal Year 2009-10, County and Consultant amended the Agreement to extend the term of this Agreement for a period of 12 months, beginning July 1, 2009 through June 30, 2010 to continue the implementation of the WET programs; and

WHEREAS, for Fiscal Year 2010-11, County and Consultant intend to amend Agreement to **extend** the term of this Agreement for an additional **6/12** months **(if applicable)**, beginning July 1, 2010 through **December 31, 2010/June 30, 2011 (if**

applicable) to continue MHSA WET programs to provide Mental Health Rehabilitation Specialist Training, the College Faculty Immersion Training, Public Mental Health Workforce Staff Immersion Training, and Peer Support Training Program; and

WHEREAS, the Total Contract Amount (TCA) for Fiscal Year 2010-11 will be **$200,000/$581,100 (if applicable)**

NOW THEREFORE, County and Consultant agree that the Agreement shall be amended only as follows:

1. Paragraph 4.0 (TERM OF AGREEMENT), subparagraphs 4.1 and 4.2 shall be deleted in its entirety and the following substituted therefore:

"4.0 TERM OF AGREEMENT: The period of this Agreement shall commence on July 1, 2010 and shall continue in full force and effect through **December 31, 2010/June 30, 2011**." **(if applicable)**

"4.1 Six Months Notification of Agreement Expiration: Consultant shall notify County when this Agreement is within six (6) months of expiration. Consultant shall send such notice to those persons and addresses which are set forth in Paragraph 47.0 (NOTICES)."

"4.2 Suspension of Payments: Payments to Consultant under this Agreement shall be suspended if Director, for good cause, determines that Consultant is in default under any of the provisions of this Agreement. Except in cases of alleged fraud or similar intentional wrongdoing, at least 30 calendar days notice of such suspension shall be provided to Consultant, including a statement of the reason(s) for such suspension. Thereafter, Consultant may, within 15 calendar days, request reconsideration of the Director's decision. Payments shall not be withheld pending the results of the reconsideration process."

2. Paragraph 5.0 (COMPENSATION), subparagraphs 5.1 and 5.2 shall be deleted in their entirety and the following substituted therefor:

5.0 COMPENSATION:

5.1 In consideration of the performance by Consultant in a manner satisfactory to County of the services described in Exhibit A-4, Consultant shall be paid in accordance with the Fee Schedule established in Exhibit B-4. Total compensation for all services furnished hereunder shall not exceed the sum of _____DOLLARS ($_____) for Fiscal Year 2010-11. Notwithstanding such limitation of funds, Consultant agrees to satisfactorily complete all work specified in Exhibit A-4. To request payment, Consultant shall present County's Program Manager monthly in arrears invoices accompanied by a statement of the number of hours worked daily by each individual assigned to the project and a report of work completed for the invoice period. This report shall be prepared in a format satisfactory to County's Program Manager or his/her designated representative.

5.2 The Total Compensation Amount for this Agreement shall not exceed _____DOLLARS ($_____) for Fiscal Year 2010-11. In no event shall County pay Consultant more than this Total Compensation Amount for Consultant's performance hereunder. Payment to Consultant shall be only upon written approval of the invoice and report by County's Program Manager or his/her designated representative.

Consultant shall submit invoices to:

County of Los Angeles - Department of Mental Health
Program Support Bureau
Workforce Education and Training Administration
550 South Vermont Avenue, 6th floor
Los Angeles, California 90020
ATTN: MHSA WET Coordinator

2. Exhibit A-__ (Statement of Work) shall be deleted in its entirety and replaced with Exhibit A-__ (Statement of Work), attached hereto and incorporated herein by reference.
3. Exhibit B-__ (Fee Schedule) shall be deleted in its entirety and replaced with Exhibit B-____ (Fee Schedule), attached hereto and incorporated herein by reference.
4. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by County's Director of Mental Health or his designee, and Consultant has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By_____
MARVIN J. SOUTHARD, D.S.W.
Director of Mental Health

_____
CONSULTANT

By _____

Name_____

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM
OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By _____
Chief, Contracts Development
and Administration Division

FY 10-11 AMENDMENT No.

EXHIBIT A-5

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

MENTAL HEALTH SERVICES ACT (MHSA)
WORKFORCE EDUCATION AND TRAINING (WET) ADMINISTRATION

MENTAL HEALTH AMERICA OF LOS ANGELES (MHALA)

STATEMENT OF WORK

I. OBJECTIVE

Workforce Education and Training (WET) services are a component of Los Angeles County's MHSA Plan that supports the development of the current and prospective workforce in the public mental health system. The emphasis of the WET services is on increasing the capacity of the public mental health system to deliver best practice recovery-oriented and mental health rehabilitation services. These training and development services promote recovery and sustained wellness through an emphasis on increasing the availability of a workforce prepared to promote clients' progress toward increased responsibility for their own wellness and recovery. These training projects have become a significant resource for well-qualified individuals to staff MHSA-funded programs and those programs transforming to serve clients using a recovery approach.

II. DMH'S RESPONSIBILITIES

Responsibilities held by DMH will include but not be limited to:

A. Oversight of contractor's activities to ensure compliance with agreement terms and conditions
B. DMH shall provide MHALA with information regarding DMH's payment authorization policies and procedures as necessary for MHALA to invoice DMH for training services provided under this Exhibit.
C. Review/approved as appropriate all payments of invoices
D. Establish and review monthly reports due with monthly invoices. Such monthly reports must include all reporting requirements outlined with each training program as listed under "Monitoring of Program Outcomes" sections of each training component in this Statement of Work.

III. CONTRACTOR'S RESPONSIBILITIES

MHALA will be responsible for delivering a comprehensive curriculum that provides for intensive training and ongoing on-site consultation to help guide staff in using recovery-oriented approaches in their work with clients involved in the public mental health system, including MHSA programs. Individuals from all Service Areas will be invited to participate in these projects. Each of the planned workforce training projects will offer specialized didactic as well as interactive in experiential learning experiences. The WET Services to be provided by MHALA include the following components:

A. Mental Health Rehabilitation Specialist Training Services – This program will prepare people with a Bachelors degree, advanced degree, equivalent certification, or experience, including consumers and family members, to work in the field of mental health as psycho-social rehabilitation specialists.

1. Target Population: MHALA shall target services to:

   a. Students who are interested in implementing the MHSA Plan, consumer providers, or others interested in or currently performing a role in the delivery of social or mental health services in the Los Angeles community.

   b. Mental health clients who, due to their level of recovery, are ready for and desire to help others by providing social rehabilitation services as part of the mental health services delivery system.

   c. Emphasis shall be placed on developing training for unserved and/or underserved ethnic minority populations in geographic areas where the availability of social rehabilitation services is not proportionate to the need.

2. Services to Be Delivered: Mental Health Rehabilitation Specialist Training Services must include the following:

   a. Enhancement and delivery of a 15-week training program that must be:
      - Delivered at a Community College, University of California, California State University or private college campus; and
      - Delivered to at least 40 students, of whom 25% are consumers or family members, and 50% are from unserved and/or underserved ethnic communities.

   b. Development and execution of the logistical support and marketing functions required to deliver a successful training program, including:

- Recruitment of students from the appropriate populations, including placement in conveniently located courses and a fair method of selecting students if a course or the program is oversubscribed;
- Recruitment and approval of instructional staffing;
- Scheduling of classes;
- Arrangement of facilities and related services such as parking, refreshment, provision for handicapped persons, and so forth;
- Approved educational and learning theory design for adults, including adults with disabilities; and
- Approved content.

3. Monitoring of Program Outcomes:

Monitoring, tracking and reporting of program outcomes are essential to public accountability. As part of the monthly billing, MHALA commits to provide to DMH a monthly report that includes, but not limited to, the following data:

a. Name and number of participants enrolled, graduated, or dropped during that invoicing period. This is to be summarized, and include sign in sheets as back up documentation.
b. Name and total financial benefit distributed to each participants
c. Amount of stipends earned by each supervisor for services provided to training participants
d. Detailed reports of employment status of graduated students
e. Detailed cost associates with each monthly invoice
f. Any other data deemed necessary by DMH to ensure accurate outcome reporting to the State DMH.

B. Public Mental Health Staff Immersion Training Program – This program will update the recovery knowledge and skills of public mental health clinical staff and supervisors who are engaged in the transformation of the system that focuses on recovery-oriented services and the implementation of the MHSA Plan.

1. Target Populations: MHALA shall target services to:

a. One hundred twenty (120) public mental health workforce staff and supervisors that work for the directly-operated and community-based organizational clinical programs that are transforming, or have transformed, during the ongoing implementation of the CSS Plan.

b. To the extent relevant and feasible, program and administrative support staff from the public mental health workforce organizations whose direct services influence the recruitment, selection, training and development of the future public mental

health workforce, such as the Human Resources Division, the Contracts Development and Administration Division, or the Training Division.

2. Services to Be Delivered: Public Mental Health Workforce Immersion Training program is expected to include, but not be limited to, the following components:

   a. Intensive expository and didactic training sessions on the concepts and practice requirements for evidence-based practice, promising practice, recovery-orientation, peer support, cultural sensitivity, and appropriate mental health services for all public mental health workforce staff involved in CSS service delivery.

   b. Formal and structured site visits and assigned in-service clinical or field work designed for experiential learning by the staff participating in the program as participant-observers.

   c. Formal and informal sessions to de-brief and evaluate the impact of the immersion training services on clinical practice in the public mental health system, and the practicality of disseminating the knowledge and methods as designed throughout the service delivery system.

   d. Practice sessions for the repeated delivery of the acquired knowledge in classroom or other teaching settings including internships, temporary employment, and standard new-employee orientation programs.

   e. Consultation with representatives of the various MHSA-funded programs, such as: Full Service Partnerships; Wellness Centers; Client Run Centers; Field Capable Clinical Services; Service Area Navigators; Residential and Bridging services; Jail Transition and Linkage services; Housing Specialists; and the full array of public mental health services to ensure that all promising approaches and evidence-based practices are included in the immersion training.

3. Monitoring of Program Outcomes:

   Monitoring, tracking and reporting of program outcomes are essential to public accountability. As part of the monthly billing, MHALA commits to provide to DMH a monthly report that includes, but not limited to, the following data:

   a. Name and number of participants attending immersion trainings during that invoicing period. This is to be summarized, and include sign in sheets as back up documentation.
   b. Detailed cost associates with each monthly invoice

c. Any other data deemed necessary by DMH to ensure accurate outcome reporting to the State DMH.

C. **College Faculty Immersion Training Program** – Immersion training services update college and graduate school faculty on the current best practices and requirements for the human services workforce in real-world jobs.

1. Target Population: MHALA shall target services to:

   a. Fifty (50) post-secondary faculty and teaching staff who are currently engaged in preparing eight hundred (800) adults for joining the mental health services delivery workforce in Los Angeles County within the next four years.

   b. Institutions specializing in the recruiting, instruction and development of human services professionals with an emphasis on the needs of unserved and/or underserved ethnic minority populations in geographic areas where current human services resources may not be fully appropriate to the meet the culturally specific needs.

2. Services to Be Delivered: The College Faculty Immersion Training program is expected to include, but not be limited to, the following components:

   a. Immersion trainings on the concepts of requirements for evidence-based practices, promising practices, recovery-orientation, peer support, cultural sensitivity, and age-appropriate mental health services for all professions involved in the services;

   b. Formal and informal sessions to de-brief and evaluate the impact of the immersion training curriculum, the feasibility of including the subjects in future lesson plans and training programs, and the practicality of disseminating the knowledge and curricula throughout the systems in which the participating college faculty teach;

   c. Consultation services with faculty on curriculum adaptation to successfully incorporate MHSA tenets and recovery oriented evidence based practices;

   d. Deliver in-class presentations to faculty and students on MHSA principles and the transformation of public mental health system to a consumer-driven, recovery-oriented delivery system;

   e. Consultation with representatives of the various MHSA-funded programs, such as: Full Service Partnerships; Wellness Centers; Client Run Centers; Field Capable Clinical Services; Service

Area Navigators; Residential and Bridging services; Jail Transition and Linkage services; Housing Specialists; and the full array of public mental health services to ensure that all promising or evidence-based practices are included in the immersion training services.

3. Monitoring of Program Outcomes:

Monitoring, tracking and reporting of program outcomes are essential to public accountability. As part of the monthly billing, MHALA commits to provide to DMH a monthly report that includes, but not limited to, the following data:

a. Name and number of participants attending immersion trainings during that invoicing period. This is to be summarized, and include sign in sheets as back up documentation.
b. Name and number of college faculty who received consultation services, including the number of contacts and hours rendered.
c. Detailed cost associates with each monthly invoice
d. Any other data deemed necessary by DMH to ensure accurate outcome reporting to the State DMH.

D. **Peer Support Training Program** – The target population includes those individuals interested in work as mental health peer supporters in public mental health system.

1. Target Populations: MHALA shall target services to:

a. For core basic Peer Support Training, individuals with psychiatric disabilities interested in becoming part of the public mental health workforce as mental health peer supporters.

b. For Advanced and Peer Trainer trainings, individuals who are currently employed in the mental health system in a peer support capacity.

2. Services to Be Delivered: Peer Support Training Program is expected to include, but not limited to, the following components:

a. Training workshops to provide basic core peer support skills for mental health consumer peers, advanced peer support skills and peer Trainer training for successful employment in the public mental health system.

b. The curriculum consists of such areas as recovery model skills, group facilitation, active listening and motivational interviewing, conflict resolution, advocacy and basic work skills.

c. Through at least three (3) courses within FY10-11, conduct certificated training in core peer supportive services, advanced

peer support skills, and peer trainer training to a total of no less than 60 individuals.

3. Monitoring of Program Outcomes:

Monitoring, tracking and reporting of program outcomes are essential to public accountability. As part of the monthly billing, MHALA commits to provide to DMH a monthly report that includes, but not limited to, the following data:

a. Name and number of participants attending peer trainings during that invoicing period. This is to be summarized, and include sign in sheets as back up documentation.
b. Trainee demographics, job skills, job placement location and setting, skill integration and training satisfaction
c. Detailed costs associated with each monthly invoice
d. Any other data deemed necessary by DMH to ensure accurate outcome reporting to the State DMH.

EXHIBIT B-5

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Mental Health Services Act (MHSA)
Workforce Training and Development Services

MENTAL HEALTH AMERICA OF LOS ANGELES (MHALA)

FEE SCHEDULE

I. DISBURSEMENT SCHEDULE

For the services described in Section III ("Contractor Responsibilities"), DMH shall pay to MHALA the grand total of $581,100 for services rendered during FY 2010-11.

Payment to MHALA for the following funds shall be based on monthly invoices from MHALA to DMH as described on the following page. No payment shall be made without prior approval of a designated DMH representative. The DMH representative shall review the invoice and project report to determine whether MHALA is in substantial compliance with the terms and conditions of this Exhibit B. The County of Los Angeles WET Coordinator will work with MHALA to determine appropriate format for outcomes reporting.

DELIVERABLES - PAYMENT SCHEDULE		Delivery Date	Total
MENTAL HEALTH REHABILITATION SPECIALIST TRAINING SERVICES			
1	Enhancement/updating of Training Curriculum	July 31, 2010	$15,000
2	Marketing and Recruitment of 40 students, of whom 25% are consumers or family members, and 50% are from unserved and/or underserved ethnic communities.	Aug. 31, 2010	$10,000
3	Completion of didactic and experiential lessons.	Dec. 10, 2010	$160,000
4	Provide job placement assistance to all graduates.	Dec. 31, 2010	$15,000
Subtotal			**$200,000**
PUBLIC MENTAL HEALTH WORKFORCE STAFF IMMERSION TRAINING SERVICES			
1	Enhancement/updating of Training Curriculum	July 31, 2010	$11,500
2	Marketing of Training Services to public mental health system	Aug. 31, 2010	$5,000
3	Provide MHSA Immersion training services to 120 workforce staff	June 30, 2011	$96,000
Subtotal			**$112,500**

COLLEGE FACULTY IMMERSION TRAINING SERVICES			
1	Enhancement/updating of Training Curriculum	July 31, 2010	$10,000
2	Marketing of training services to college faculty instructors	Aug. 31, 2010	$5,600
3	Curriculum consultation with faculty to incorporate MHSA tenets into lesson plans, including immersion trainings to 50 college faculty instructors and 800 college students.	June 30, 2011	$73,000
Subtotal			**$88,600**
PEER SUPPORT TRAINING PROGRAM			
1	Development/Enhancement/updating of Training Curricula	August 31, 2010	$20,000
2	Trainee recruitment and coordination of training services including field placement sites and opportunities etc. in the public mental health workforce as peer advocates.	March 30, 2011	$20,000
3	Through at least three (3) courses within FY10-11, conduct certificated training in core peer supportive services, advanced peer support skills, and peer trainer training to a total of no less than 60 individuals.	April 30, 2011	$130,000
4	Outcomes/Evaluation of trainee demographics, job skills, job placement location and setting, skill integration and training satisfaction.	June 30, 2011	$10,000
Subtotal			**$180,000**
TOTAL PAYMENTS			**$581,100**

II. SUBMISSION AND CERTIFICATION OF INVOICES

MHALA shall submit to DMH monthly invoices, billable services not to extend beyond June 30, 2011. Each monthly invoice shall be submitted within thirty (30) days of the last date the invoiced services were provided. The MHALA Program Administrator shall certify that invoices are for services and costs eligible under the terms and conditions for reimbursement.

MHALA shall submit invoices to:

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
MHSA WORKFORCE EDUCATION AND TRAINING ADMINISTRATION
550 SOUTH VERMONT AVENUE, 6TH FLOOR, RM 607
LOS ANGELES, CALIFORNIA 90020
ATTN: MHSA WET COORDINATOR

III. PAYMENT PROCEDURES

Upon receipt of invoices from MHALA, DMH shall make payment to MHALA within forty-five (45) days of the date the invoice was approved for payment. If any portion of the invoice is disputed by DMH, DMH shall reimburse MHALA for the undisputed services contained on the invoice and work diligently with MHALA to resolve the disputed portion of the claim in a timely manner.

DMH shall make reimbursement payable to Mental Health America of Los Angeles. DMH shall send payments to:

MENTAL HEALTH AMERICA OF LOS ANGELES
100 W. BROADWAY, SUITE 5010
LONG BEACH, CA 90802

IV. MENTAL HEALTH SERVICES ACT FUNDS

In the event MHSA funds are not available to pay MHSA claims or if the State denies any or all of the MHSA claims submitted by County on behalf of Contractor, County is not responsible for any substantive payment obligation.

County shall evaluate Contractor utilization of MHSA funding allocated under this Agreement and shall adjust and reallocate amounts to any one or a combination of the following: 1) another Legal Entity contractor, 2) DMH directly operated clinics, and/or 3) the County DMH reserve of unallocated funding for MHSA services. Amounts to be reduced and reallocated will be based on County's projected underutilization of such MHSA funds.

EXHIBIT A-3

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

MENTAL HEALTH SERVICES ACT
WORKFORCE EDUCATION AND TRAINING ADMINISTRATION

PACIFIC CLINICS

STATEMENT OF WORK

I. OBJECTIVE

Workforce Education and Training (WET) services are a component of Los Angeles County's Mental Health Service Act (MHSA) Plan that supports the development of the current and prospective workforce in the public mental health system. The emphasis of the WET services is on increasing the capacity of the public mental health system to deliver best practice recovery-oriented and mental health rehabilitation services. These training and development services promote recovery and sustained wellness through an emphasis on increasing the availability of a workforce prepared to promote clients' progress toward increased responsibility for their own wellness and recovery. These training projects have become a significant resource for well-qualified individuals to staff MHSA-funded programs and those programs transforming to serve clients using a recovery approach.

II. DMH'S RESPONSIBILITIES

Responsibilities held by Department of Mental Health (DMH) will include but not be limited to:

A. Oversight of contractor's activities to ensure compliance with agreement terms and conditions.
B. DMH shall provide Pacific Clinics with information regarding DMH's payment authorization policies and procedures as necessary for Pacific Clinics to invoice DMH for training services provided under this Exhibit.
C. Review/approve as appropriate all payments of invoices.
D. Establish and review monthly reports due with monthly invoices. Such monthly reports must include all reporting requirements outlined in the "Monitoring of Program Outcomes" section of this Statement of Work.

III. CONTRACTOR'S RESPONSIBILITIES

Pacific Clinics will be responsible for delivering a comprehensive curriculum that provides for intensive training and ongoing on-site consultation to help guide staff in using recovery-oriented approaches in their work with clients involved in the public mental health system, including MHSA programs. Individuals from all Service Areas will be invited to participate in these projects. Each of the planned workforce training projects will offer specialized didactic as well as interactive in experiential learning experiences. The WET Services to be provided by Pacific Clinics are:

A. Mental Health Rehabilitation Specialist Training Services – This program will prepare people with a Bachelors degree, advanced degree, equivalent certification, or experience, including consumers and family members, to work in the field of mental health as psycho-social rehabilitation specialists.

1. Target Population: Pacific Clinics shall target services to:

   a. Students who are interested in implementing the MHSA Plan, consumer providers, or others interested in or currently performing a role in the delivery of social or mental health services in the Los Angeles community.

   b. Mental health clients who, due to their level of recovery, are ready for and desire to help others by providing social rehabilitation services as part of the mental health services delivery system.

   c. Emphasis shall be placed on developing training for unserved and/or underserved ethnic minority populations in geographic areas where the availability of social rehabilitation services is not proportionate to the need.

2. Services to Be Delivered: Mental Health Rehabilitation Specialist Training Services must include the following:

   a. Enhancement and delivery of a 15-week training program that must be:
      - Delivered at a Community College, University of California, California State University or private college campus; and
      - Delivered to at least 40 students, of whom 25% are consumers or family members, and 50% are from unserved and/or underserved ethnic communities.

   b. Development and execution of the logistical support and marketing functions required to deliver a successful training program, including:

- Recruitment of students from the appropriate populations, including placement in conveniently located courses and a fair method of selecting students if a course or the program is oversubscribed;
- Recruitment and approval of instructional staffing;
- Scheduling of classes;
- Arrangement of facilities and related services such as parking, refreshment, provision for handicapped persons, and so forth;
- Approved educational and learning theory design for adults, including adults with disabilities; and
- Approved content.

3. Monitoring of Program Outcomes:

Monitoring, tracking and reporting of program outcomes are essential to public accountability. As part of the monthly billing, Pacific Clinics commits to provide to DMH a monthly report that includes, but not limited to, the following data:

a. Name and number of participants enrolled, graduated, or dropped during that invoicing period. This is to be summarized with the inclusion of sign in sheets as back up documentation.
b. Name and total financial benefit distributed to each participants.
c. Amount of stipends earned by each supervisor for services provided to training participants.
d. Detailed reports of employment status of graduated students.
e. Detailed cost associated with each monthly invoice.
f. Any other data deemed necessary by DMH to ensure accurate outcome reporting to the State DMH.

EXHIBIT B-3

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Mental Health Services Act
Workforce Training and Development Services

PACIFIC CLINICS

FEE SCHEDULE

I. DISBURSEMENT SCHEDULE

For the services described in Section III ("Contractor Responsibilities"), DMH shall pay to Pacific Clinics the grand total of $200,000 for services rendered during FY 2010-11, more specifically for training services rendered from July 1, 2010 through December 31, 2010.

Payment to Pacific Clinics for the following funds shall be based on monthly invoices from Pacific Clinics to DMH as described on the following page. No payment shall be made without prior approval of a designated DMH representative. The DMH representative shall review the invoice and project report to determine whether Pacific Clinics is in substantial compliance with the terms and conditions of this Exhibit B. The County of Los Angeles WET Coordinator will work with Pacific Clinics to determine appropriate format for outcomes reporting.

DELIVERABLES - PAYMENT SCHEDULE		Delivery Date	Total
MENTAL HEALTH REHABILITATION SPECIALIST TRAINING SERVICES			
1	Enhancement/updating of Training Curriculum	July 31, 2010	$15,000
2	Marketing and Recruitment of 40 students, of whom 25% are consumers or family members, and 50% are from unserved and/or underserved ethnic communities.	Aug. 31, 2010	$10,000
3	Completion of didactic and experiential lessons.	Dec. 10, 2010	$160,000
4	Provide job placement assistance to all graduates.	Dec. 31, 2010	$15,000
Subtotal			**$200,000**

II. SUBMISSION AND CERTIFICATION OF INVOICES

Pacific Clinics shall submit to DMH monthly invoices, billable services not to extend beyond December 31, 2010. Each monthly invoice shall be submitted within thirty (30) days of the last date the invoiced services were provided. The Pacific Clinics Program Administrator shall certify that invoices are for services and costs eligible under the terms and conditions for reimbursement.

Pacific Clinics shall submit invoices to:

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
MHSA WORKFORCE EDUCATION AND TRAINING ADMINISTRATION
550 SOUTH VERMONT AVENUE, 6TH FLOOR, RM 607
LOS ANGELES, CALIFORNIA 90020
ATTN: MHSA WET COORDINATOR

III. PAYMENT PROCEDURES

Upon receipt of invoices from Pacific Clinics, DMH shall make payment to Pacific Clinics within forty-five (45) days of the date the invoice was approved for payment. If any portion of the invoice is disputed by DMH, DMH shall reimburse Pacific Clinics for the undisputed services contained on the invoice and work diligently with Pacific Clinics to resolve the disputed portion of the claim in a timely manner.

DMH shall make reimbursement payable to Pacific Clinics. DMH shall send payments to:

PACIFIC CLINICS
800 SOUTH SANTA ANITA AVENUE
ARCADIA, CA 91006

IV. MENTAL HEALTH SERVICES ACT FUNDS

In the event MHSA funds are not available to pay MHSA claims or if the State denies any or all of the MHSA claims submitted by County on behalf of Contractor, County is not responsible for any substantive payment obligation.

County shall evaluate Contractor utilization of MHSA funding allocated under this Agreement and shall adjust and reallocate amounts to any one or a combination of the following: 1) another Legal Entity contractor, 2) DMH directly operated clinics, and/or 3) the County DMH reserve of unallocated funding for MHSA services. Amounts to be reduced and reallocated will be based on County's projected underutilization of such MHSA funds.