COUNTY OF LOS ANGELES

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

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

BOARD OF SUPERVISORS

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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

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

February 07, 2012

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:

AUTHORIZATION FOR A SOLE SOURCE AMENDMENT WITH CALIFORNIA INSTITUTE FOR MENTAL HEALTH FOR TRAINING AND TOOLKIT SERVICES ON INTEGRATING SPIRITUAL INTERESTS OF MENTAL HEALTH CLIENTS (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

Approval of a sole source amendment with California Institute for Mental Health for training and toolkit services on integrating spiritual interests of mental health clients into their recovery and wellness plan.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of Mental Health (Director), or his designee, to prepare, sign and execute a sole source amendment, substantially similar to Attachment (Attachment I), with California Institute for Mental Health (CIMH), to amend its Consultant Services Agreement-MH 050039, to provide training and toolkit services, fully funded with Mental Health Services Act (MHSA) revenue. The amendment increase is $86,590 for Fiscal Year (FY) 2011-12, and $106,875 for FY 2012-13, effective upon Board approval. The revised Total Compensation Amount (TCA) will be $478,990, and $494,875, for FY 2011-12 and FY 2012-13, respectively.

2. Delegate authority to the Director, or his designee, to prepare, sign and execute future amendments to the Agreement, provided that: 1) the County's total payments to CIMH for each fiscal year does not exceed a 10 percent increase from the applicable revised Board-approved TCA; 2)

any such increase is used to provide additional services or to reflect program and/or policy changes; 3) your Board has appropriated sufficient funds for all changes; 4) approval of County Counsel, or designee, is obtained prior to any such amendment; 5) County and CIMH may by written amendment reduce services or programs without reference to the 10 percent limitation and revise the applicable TCA; and 6) the Director notifies your Board and Chief Executive Officer (CEO) of changes to the Agreement in writing within 30 days after execution of each amendment.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

This sole source amendment will enable the Department to obtain necessary specialized training and toolkits for clinical staff to enhance their competency on how to integrate spirituality into their mental health treatment plan and how to build spirituality into clients' recovery and wellness plans.

During the implementation process of MHSA Prevention and Early Intervention Plan, the Department is taking into account for the first time the positive impact spirituality and religion can potentially have on health and mental health, especially in the area of coping with distress such as chronic illness, suffering and loss. Therefore, DMH is implementing a set of practice parameters to guide clinical staff in the assessment and integration of the spiritual interests of clients in their recovery and wellness plans.

CIMH is uniquely qualified to provide the spirituality training sought by the Department. The agency has an established Center for Multicultural Development (the Center) designed to improve access and services within the community mental health system for ethnically and culturally diverse communities. The Center houses the California Mental Health and Spirituality Initiative which has developed introductory trainings for providers, faith communities, clients and families regarding mental health and spirituality. The Center provides a ready foundation on which to develop spiritual training for DMH staff and contractors.

Board approval is needed to execute the sole source amendment because the Department will add new services to the existing Agreement, MH 050039 and the amount of funding to be added exceeds the Department's 20 percent delegated authority to increase the TCA.

Implementation of Strategic Plan Goals

The recommended actions support the County's Strategic Plan Goal 2, Children, Family and Adult Well-Being, and Goal 4, Health and Mental Health.

FISCAL IMPACT/FINANCING

There is no net County cost associated with the recommended actions.

The amendments in the amount of $86,590 for FY 2011-12 and $106,875 for FY 2012-13 are fully funded with MHSA revenue. The $86,590 for FY 2011-12 is included in the FY 2011-12 Final Adopted Budget. Funding for future fiscal years will be included in the annual budget process.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

CIMH is a private, non-profit agency established by the California Mental Health Director's Association (CMHDA) in 1993 with a mission to promote excellence in California's public mental health services system. The agency assumes a statewide role in supporting the public mental health system through technical assistance, research, policy development, and evidence-based practices. CIMH is the primary training provider for the State Department of Mental Health in statewide projects such as implementation of Managed Care and the Mental Health Services Act. The agency has been successful in implementing its vision of wellness, resiliency, recovery, and full community integration of services for adults, children, and families dealing with mental health and substance abuse-related issues.

CIMH will provide training to DMH and contractor staff on spirituality and provide them with the necessary toolkits to develop their competency. The goal is to enable trained staff to utilize acquired knowledge, skill and toolkits to assess and integrate the spiritual interest of the clients into their wellness and recovery.

The training curriculum includes introductory, intermediate and advanced courses on mental health and spirituality. It will cover the personal, cultural and diversity aspects of spirituality and religion, and their impact on health in general and mental health recovery and wellness in particular. The toolkits will provide a standardized approach to expand the array of services to include self-help activities that help clients to integrate their spirituality into recovery and wellness.

The amendment action is consistent with DMH's current strategic plan of "partnerships with faith-based organizations to enhance opportunities for clients to utilize their spiritual choices in support of their recovery goals."

The amendment has been approved as to form by County Counsel. The CEO has been advised of the proposed actions. The Statement of Work (Attachment I, Exhibit A-3) provides detailed deliverables required of CIMH.

The required Sole Source Checklist, justifying the need for the sole source amendment, has been approved by the CEO and is included as Attachment II for your reference.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

This amendment will allow DMH to continue its effort to enhance the trainings and tools available to mental health staff in supporting recovery and wellness for clients.

Respectfully submitted,

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

MJS:KM

Enclosures

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

ATTACHMENT I

CONTRACT NO. MH050039

AMENDMENT NO. 2

THIS AMENDMENT is made and entered into this _day of _____ 2012, by and between the COUNTY OF LOS ANGELES (hereafter "County") and California Institute for Mental Health (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated June 15, 2010, identified as County Agreement No. MH050039, and any subsequent amendments (hereafter collectively "Agreement"); and

WHEREAS, for Fiscal Years (FYs) 2011-12 and 2012-13, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, for FY 2011-12 and FY 2012-13, County and Contractor intend to add Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding to the Total Compensation Amount (TCA) for the provision of training services and toolkits on integrating spiritual interests of mental health clients into their recovery and wellness plan; and

WHEREAS, for FY 2011-12 and FY 2012-13, County and Contractor intend to add MHSA PEI funds in the amount of $86,590 to the FY 2011-12 TCA, and add MHSA PEI funds in the amount of $106,875 to the FY 2012-13 TCA, to fund the subject training services and toolkits. Contractor shall provide services as specified in the attached Exhibit A-2, Statement of Work; and

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WHEREAS, the revised FY 2011-12 TCA will be $478,990; and the revised FY 2012-13 TCA will be $494,875.

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

1. Paragraph 5.0 COMPENSATION, Subparagraphs 5.1 and 5.2 shall be deleted in their entirety and replaced by:

"5.0 COMPENSATION:

5.1 Notwithstanding such limitation of funds, Contractor agrees to satisfactorily complete all work specified in Statements of Work (SOW), Exhibit A, and Exhibit A-2. In consideration of the performance by Contractor in a manner satisfactory to County of the services described in Exhibits A, and A-2, Contractor shall be paid from appropriate funds in accordance with Funding Sources established in Exhibit B-2 and shall comply with approval procedures established in Payment Procedures-2.

5.2 Total Compensation Amount for this Agreement shall not exceed FOUR HUNDRED SEVENTY-EIGHT THOUSAND NINE HUNDRED NINETY DOLLARS ($478,990) for Fiscal Year 2011-12; FOUR HUNDRED NINETY-FOUR THOUSAND EIGHT HUNDRED SEVENTY-FIVE DOLLARS ($494,875) for Fiscal Year 2012-13."

2. EXHIBIT A-2, Statement of Work, attached hereto and incorporated herein by reference, shall be added to the Agreement.

3. EXHIBIT B-2, Funding Sources attached hereto and incorporated herein by reference, shall supersede and replace the previously effective Exhibit B-2, Fee Schedule to the Agreement.

4. Payment Procedures-2 attached hereto and incorporated herein by reference shall be added to the Agreement.

5. 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 Contractor 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

California Institute for Mental Health
CONTRACTOR

By_____

Name Sandra Goodwin, Ph.D.

Title Executive Director
(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

cc\h\cimh bl attachment 1, fy 2011-12 amend #2 spirituality training (final 2-7-12)

STATEMENT OF WORK/FEE SCHEDULE
FOR STAFF TRAINING AND TOOLKIT TO ASSESS AND INTEGRATE
SPIRITUAL INTERESTS OF CLIENTS IN THEIR RECOVERY AND WELLNESS

Overview

The California Mental Health Services Oversight and Accountability Commission has included in its *California Strategic Plan on Reducing Mental Health Stigma and Discrimination* a specific focus on spirituality ("Plan"). The Plan calls for utilizing "spirituality and faith-based practices as tools for wellness and recovery". The Los Angeles County Department of Mental Health (DMH) is currently engaged in implementing its Mental Health Services Act (MHSA) Prevention and Early Intervention Plan taking into account the positive impact spirituality and religion can potentially have on health and mental health, especially in the area of coping with distress such as chronic illness, suffering and loss. To accomplish this, DMH is developing a set of practice parameters to guide mental health staff in the assessment and integration of the spiritual interests of clients in their recovery and wellness plan. The implementation of these parameters requires staff to be trained to assess the spiritual interest of mental health clients and integrate, as necessary, these interests, into the clients' recovery and wellness plans.

Training Objectives and Requirements

- CIMH shall educate DMH staff and contractors on the impact of spirituality on mental health and the role clients' spirituality can play in their recovery and wellness.
- CIMH shall educate DMH staff and contractors on the diverse spiritual perspectives and worldviews of various cultural population groups in Los Angeles County and how such perspectives and worldviews may impact these population groups' understanding of mental health, treatment and recovery.
- CIMH shall train DMH staff and contractors on adhering to practice boundaries, including the requirement to not proselytize to clients.
- CIMH shall train DMH staff and contractors to competently assess the spiritual interests of clients based on the clients' understanding of spirituality, diverse cultural views of it and its potential role in recovery and wellness.
- CIMH shall utilize didactic and experiential methods in training DMH staff and contractors to conduct culturally competent therapeutic interactions with clients regarding their spiritual interests.
- CIMH shall train DMH staff and contractors to incorporate clients' spiritual interests into their care coordination plan and recovery goals,.
- CIMH shall develop a toolkit and train DMH staff and contractors in the use of the toolkit to assist clients with self-help activities to incorporate spirituality into their recovery and wellness.

Deliverables

CIMH shall specifically perform and provide the following:

1. Develop and implement a training curriculum to enhance the competency of mental health staff to appropriately assess and integrate the spiritual interests of clients in their recovery and wellness, with particular attention to the cultural importance of spirituality.

    a. Develop an introductory course on mental health and spirituality. This course should be designed for mental health staff to learn about the potential roles spirituality or religion can play in mental health recovery and wellness. It should increase the knowledge, confidence and comfort level of staff in addressing spiritual interests of clients and families. It should cover the personal, cultural and diversity aspects of spirituality and religion, and their impact on health in general and mental health recovery and wellness in particular. The introductory shall be fully developed by February 29, 2012.

    b. Develop an intermediate course on mental health and spirituality. This course should be designed to broaden the competency of mental health staff in inquiring about, assessing and including spiritual interests of clients as a resource for their wellness and recovery in an ethical and culturally competent way. This course shall be fully developed by April 30, 2012.

    c. Develop an advanced course on mental health and spirituality. This course should focus on specific tools and techniques to be used in assessing the spiritual interests of clients and using the information to conceptualize and write clinical case formulations, and develop the care coordination plan and recovery goals. This course should also address the provision of ongoing, appropriate and holistic support for clients and enhance mental health staffs' skill in addressing clients' spiritual and religious problems that impact mental health. This course shall be fully developed by June 30, 2012.

    d. Develop eight (8) scripted vignettes that can provide experiential learning on therapeutic interactions between mental health staff and clients that address: 1) spiritual coping, 2) disclosure of staff's spiritual orientation to client, 3) responding to request by client to help with or participate in the client's spiritual practice or ceremony, and 4) responding to a need to refer client to a spiritual resource in the community. Half of the scripted vignettes shall be fully developed by June 30, 2012 and the remainder by December 31, 2012.

    e. Deliver a total of twelve (12) training sessions of the introductory course, initial six (6) by June 30, 2012, and six (6) more by September 30, 2012.

    f. Deliver four (4) training sessions of the intermediate course by January 31, 2013.

g. Deliver four (4) training sessions of the advanced course by June 30, 2013.

2. Gather information, develop a toolkit and train DMH staff and contractors in the use of the toolkit to assist clients with self-help activities to incorporate spirituality into their recovery and wellness.

   a. Conduct nine dialogue sessions with mental health staff, consumers and family members, capture information to ascertain the level and nature of need for self-help activities that can help integrate spirituality into recovery and wellness, and determine strategies for their introduction and implementation. The nine dialogues sessions will be spread around the County in order to provide geographic coverage. The nine sessions shall be conducted by May 31, 2012.

   b. Utilize the information gathered through the nine dialogue sessions to develop a comprehensive written toolkit on engaging in self-help activities that can help clients learn to utilize spirituality in their recovery and wellness. The toolkit shall be developed by December 31, 2012. The toolkit shall include:
      - A well-researched summary of applicable self-help practices and their reported effectiveness.
      - A step-by-step guidance on assessing need, analyzing gaps, organizing support and implementing self-help activities, including a practical checklist of do's and don'ts.
      - A well-researched list of applicable self-help activities.
      - A well-researched list of references/resources that can provide additional information on the topic.

   c. Deliver four (4) training sessions to DMH staff and contractors on the use of the toolkit by June 30, 2013.

FEE SCHEDULE

For all services, CIMH shall submit periodic invoices for actual deliverables received by DMH noted in the Fee Schedule Table included in this section. CIMH shall retain all relevant supporting documents and make them available to DMH at any time for audit purposes. Payments shall not exceed the maximum indicated in the Fee Schedule Table included in this section.

Each payment shall be made only upon approval by the designated DMH program representative following review and determination that CIMH has satisfactorily performed all tasks in each respective Deliverable as stated in the SOW.

Fee Schedule Table:

DELIVERABLES FY 2011-12	DUE DATE	MAXIMUM PAYMENT
1a. Develop introductory course	Feb. 29, 2012	$20,400
1b. Develop intermediate course	Apr. 30, 2012	
1c. Develop advanced course	Jun. 30, 2012	
1d. Develop 4 scripted vignettes	June 30, 2012	$19,250
1e. Deliver 6 initial sessions of introductory training	June 30, 2012	$23,250
2a. Conduct 9 dialogue sessions & capture information	June 30, 2012	$23,690
	TOTAL FY 2011-12	**$86,590**
DELIVERABLES FY 2012-13	**DUE DATE**	**MAXIMUM PAYMENT**
1d. Develop 4 additional scripted vignettes	Dec. 30, 2012	$19,250
1e. Deliver 6 additional sessions of introductory training	Sep. 30, 2012	$61,000
1f. Deliver 4 sessions of intermediate training	Jan. 31, 2013	
1g. Deliver 4 sessions of advanced training	June 30, 2013	
2b. Develop written toolkit	Dec. 31, 2012	$11,500
2c. Deliver 4 sessions of toolkit training	June 30, 2013	$15,125
	TOTAL FY 2012-13	**$106,875**

CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CIMH)
Exhibit B-2
Funding Sources

Funding Sources:	FY 2010-11	FY 2011-12	FY 2012-13
DPSS CalWORKS	$ 150,000	$ 150,000	$ 150,000
Probation IFT	24,000	24,000	24,000
MHSA	200,000	200,000	200,000
Katie A. TF CBT	140,000	-	
Katie A. Core Practice Model	296,000		
SAMHSA COD Center	163,500		
SAMHSA COJAC	20,000		
MHSA for FFT	18,400	18,400	$ 14,000
Board Adopted Total Compensation Amount	**$ 1,011,900**	**$ 392,400**	**$ 388,000**
Amend No. 1 MHSA Language (8-10-10)	-	-	-
Amend No. 2 Board Letter Sole Source			
Board Date February 7, 2012			
Sprirituality/Toolkits Training Services			
Funding Source: MHSA PEI funds		86,590	$ 106,875
Revised Board AdoptedTotal Compensation Amount		**$ 478,990**	**$ 494,875**

Payment Procedures-2

Fiscal Years (FYs) 2010-11, 2011-12 and 2012-13

PAYMENT PROCEDURES

DMH shall disburse each payment upon approval of the designated DMH program representative who has reviewed and determined CIMH has satisfactorily performed the services as stated in applicable, respective Deliverables / Statement of Work.

CIMH shall retain all relevant supporting documents and make them available to DMH at any time for audit purposes. Invoices shall be specific as to the type of services provided and shall be submitted to:

I. DPSS CalWORKs:	County of Los Angeles – Department of Mental Health 550 S. Vermont Ave., 3rd Floor Los Angeles, CA 90020 Telephone: (213) 738-2819 ATTN: Dolorese Daniel, District Chief, CalWORKs
II. Probation IFT:	County of Los Angeles – Department of Mental Health 550 S. Vermont Ave., 6th Floor Los Angeles, CA 90020 Telephone: (213) 738-4644 ATTN: Sandra Thomas, Deputy Director
III. MHSA:	County of Los Angeles – Department of Mental Health 550 S. Vermont Ave., 12th Floor Los Angeles, CA 90020 Telephone: (213) 738-4105 ATTN: Angel Baker, Administrative Manager
IV. Katie A. TF CBT:	County of Los Angeles – Department of Mental Health 550 S. Vermont, Ave., 12th Floor Los Angeles, CA 90020 Telephone: (213) 738-2147 ATTN: Bryan Mershon, Deputy Director
V. Katie A. Core Practice Model:	County of Los Angeles – Department of Mental Health 550 S. Vermont, Ave., 12th Floor Los Angeles, CA 90020 Telephone: (213) 738-2147 ATTN: Bryan Mershon, Deputy Director

VI. SAMHSA COD Center:

County of Los Angeles – Department of Mental Health
550 S. Vermont Ave., 3rd Floor
Los Angeles, CA 90020
Telephone: (213) 738-2756
ATTN: Cathy Warner, Deputy Director

VII. SAMHSA COJAC:

County of Los Angeles – Department of Mental Health
550 S. Vermont Ave., 3rd Floor
Los Angeles, CA 90020
Telephone: (213) 738-2756
ATTN: Cathy Warner, Deputy Director

VIII. FFT:

County of Los Angeles – Department of Mental Health
550 S. Vermont Ave., 3rd Floor
Los Angeles, CA 90020
Telephone: (213) 738-2756
ATTN: Cathy Warner, Deputy Director

IX. MHSA PEI

County of Los Angeles – Department of Mental Health
550 S. Vermont, Ave., 12th Floor
Los Angeles, CA 90020
Telephone: (213) 738-4258
ATTN: Kumar Menon

ATTACHMENT II

SOLE SOURCE CHECKLIST

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS California Institute for Mental Health (CIMH)
✓	➢ **Only one bona fide source for the service exists; performance and price competition are not available.** California Institute for Mental Health (CIMH) is uniquely qualified as it has the specialized skills, expertise, experience and the necessary personnel to provide consultation and training to the Department of Mental Health's directly operated programs and contract providers serving Los Angeles County residents who have severe mental illness or at risk for severe mental illness. CIMH has an established Center for Multicultural Development (the Center) designed to improve access and services within the community mental health system for ethnically and culturally diverse communities. The Center houses the California Mental Health and Spirituality Initiative which has developed introductory trainings for providers, faith communities, clients and families regarding mental health and spirituality. The Center provides a ready foundation on which to develop spiritual training for DMH staff and contractors. CIMH's qualifications are recognized by the California State Department of Mental Health (SDMH). CIMH is SDMH's primary training provider in statewide projects such as implementation of the Mental Health Services Act.
	➢ **Quick action is required (emergency situation).**
	➢ **Proposals have been solicited but no satisfactory proposals were received.**
	➢ **Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.**
	➢ **Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.**
	➢ **It is more cost-effective to obtain services by exercising an option under an existing contract.**
	➢ **It is in the best interest of the County, e.g., administrative cost savings, excessive learning curve for a new service provider, etc.**
	➢ **Other reason. Please explain:**

Sheila Shima,
Deputy Chief Executive Officer, CEO

11/14/11
Date