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
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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

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

March 13, 2012

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
25 March 13, 2012
SACHI A. HAMAI
EXECUTIVE OFFICER

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:

APPROVAL TO AMEND LEGAL ENTITY AGREEMENT WITH PEDIATRIC & FAMILY MEDICAL CENTER (SUPERVISORIAL DISTRICT 1) (3 VOTES)

SUBJECT

Request approval to amend existing Department of Mental Health Legal Entity Agreement with Pediatric & Family Medical Center dba Eisner Pediatric & Family Medical Center to expand the existing Mental Health Services Act Prevention and Early Intervention Program.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and authorize the Director of Mental Health (Director), or his designee, to prepare, sign, and execute an amendment, substantially similar to Attachment I, to the existing Department of Mental Health (DMH) Legal Entity (LE) Agreement with Pediatric & Family Medical Center dba Eisner Pediatric & Family Medical Center (Eisner) to expand the mental health and community education services, and staff training at the existing Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Program. The amendment will be effective upon your Board's approval and add $29,202 for Fiscal Year (FY) 2011-12, increasing the Maximum Contract Amount (MCA) to $995,814.

2. Delegate authority to the Director, or his designee, to prepare, sign, and execute future amendments to this LE Agreement and establish as a new MCA, the aggregate of the original Agreement and all amendments; and to further amend this LE Agreement as necessary provided that: 1) the County's total payments to this contract provider for each fiscal year will not exceed an increase of 20 percent from the Board approved MCA; 2) any such increase will be 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) the County and Contractors, may by written amendment, reduce programs or services without reference to the 20 percent limitation and revise the applicable MCA; and 6) the Director, or his designee, notifies your Board and the Chief Executive Officer (CEO) of Agreement changes in writing within 30 days after execution of each amendment.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the requested actions will allow DMH to amend its LE Agreement with Eisner to expand the mental health and community education services, and staff training at the existing PEI Program targeting individuals aged 20 and under. The prevention and early intervention treatment for this population has potential to benefit individuals in need at an early stage and restore their adaptive functional level in the community. The amendment amount for Eisner is above the previously approved 20 percent delegated authority, thus requiring your Board's approval.

Implementation of Strategic Plan Goals

The recommended actions are consistent with County's Strategic Plan Goal 4, Health and Mental Health.

FISCAL IMPACT/FINANCING

The total cost of this amendment is $29,202 and is fully funded by State MHSA revenue in the amount of $18,875, Federal Financial Participation (FFP) Medi-Cal in the amount of $5,964, and AB100 Realignment in the amount of $4,363 increasing the MCA for FY 2011-12 to $995,814. Funding for this amendment is included in DMH's FY 2011-12 Final Adopted Budget. Funding for future years will be requested through DMH's annual budget request.

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

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Eisner is located at 1530 S. Olive Street, Los Angeles, CA 90015 in Supervisorial District 1, Mental Health Service Area 4. Eisner is a quality-focused, non-profit community health center dedicated to improving the physical, social, and emotional well-being of people, regardless of their income, in the communities that Eisner provides services. Eisner is one of few providers in downtown and South Los Angeles area that provides accessible, free or low-cost primary care services, providing a "medical home" to over 26,000 clients.

In accordance with your Board Policy Manual, Section 5.120, Authority to Approve Increases to Board Approved Contract Amounts, DMH notified your Board on January 31, 2012, (Attachment II) of its intent to request delegated authority of more than 10 percent with Eisner. This authority will allow DMH greater capacity to amend the Agreement and implement additional services in a more timely and expeditious manner.

The attached amendment format has been approved as to form by County Counsel. The CEO has been advised of the proposed actions. DMH clinical and administrative staff will administer and monitor the agreement, evaluate programs to ensure that quality services are being provided to clients, and make certain that agreement provisions and departmental policies are followed.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Board approval of the proposed actions is expected to expand treatment capacity to serve a wide diversity of individuals aged 20 and under. The prevention and early intervention treatment for this population has potential to benefit individuals in need at an early stage and restore their adaptive functional level in the community.

Respectfully submitted,

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

MJS:MM:RK:EV

Enclosures

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

Attachment I

CONTRACT NO. MH120790

AMENDMENT NO. 3

THIS AMENDMENT is made and entered into this ___ day of_____, 2011, by and between the COUNTY OF LOS ANGELES (hereafter "County") and Pediatric & Family Medical Center dba Eisner Pediatric & Family Medical Center (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated June 14, 2011, identified as County Agreement No. MH120790, and any subsequent amendments (hereafter collectively "Agreement"); and

WHEREAS, as the result of the Department of Mental Health's implementation and expansion of Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) programs across all age groups, including Adult and Older-Adult, County desires to increase Contractor's MHSA PEI funds to allow Contractor to serve additional clients; and

WHEREAS, as the Department proceeds with the implementation and expansion of MHSA PEI programs, contracted agencies, including Contractor, are given the opportunity to develop their clinical and service capacity by preparing/training direct-service staff to implement Evidence-Based Practices (EBPs), Promising Practices (PPs), Community-Defined Evidence (CDEs), and/or other PEI related programs with one-time PEI funds. The one-time PEI funds are available only for the current fiscal

year to agencies with staff who have attended training for their credential/certification in a DMH approved PEI practice through June 30, 2012; and

WHEREAS, for Fiscal Year (FY) 2011-12 only, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, for FY 2011-12 only, County and Contractor intend to amend Agreement to **increase** MHSA PEI (Non Medi-Cal/Healthy Families) Funded Program in the amount of $6,080; and

WHEREAS, for FY 2011-12 only, County and Contractor intend to amend Agreement to **increase** MHSA PEI (Medi-Cal/Healthy Families) Funded Program in the amount of $11,507; and

WHEREAS, for FY 2011-12 only, County and Contractor intend to amend Agreement to **increase** MHSA One-Time Funding in the amount of $11,615; and

WHEREAS, for FY 2011-12 only, the Maximum Contract Amount (MCA) will **increase** by $29,202 and the revised MCA will be $995,814; and

WHEREAS, County and Contractor intend to amend Agreement to change the Business Address from 1500 South Olive St. Los Angeles, CA 90015 to 1530 S. Olive St. Los Angeles, CA 90015; and

WHEREAS, County and Contractor intend to amend Agreement to **add** Service Exhibit 1047 (Prevention and Early Intervention Program).

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

1. For FY 2011-12 only, **increase** MHSA PEI (Non Medi-Cal/Healthy Families) Funded Program in the amount of $6,080, MHSA PEI (Medi-Cal/Healthy

Families) Funded Program in the amount of $11,507, and One-Time Funding in the amount of $11,615. The MCA will increase by $29,202.

2. The Business Address changes from 1500 South Olive Street, Los Angeles, CA 90015 to 1530 South Olive Street, Los Angeles, CA 90015.

3. Financial Exhibit A (FINANCIAL PROVISIONS), Attachment II, Paragraph C (Reimbursement for Initial Period) shall be deleted in its entirety and the following substituted therefore:

"C. REIMBURSEMENT FOR INITIAL PERIOD

(1) The Maximum Contract Amount for the Initial Period of this Agreement as described in Paragraph 1 (TERM) of the Legal Entity Agreement shall not exceed **NINE HUNDRED NINETY-FIVE THOUSAND EIGHT HUNDRED FOURTEEN** DOLLARS ($995,814) and shall consist of Funded Programs as shown on the Financial Summary."

4. Financial Summary – 1 for FY 2011-12, shall be deleted in its entirety and replaced with Financial Summary – 3 for FY 2011-12 attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary – 1 for FY 2011-12, shall be deemed amended to state "Financial Summary – 3 for FY 2011-12."

5. Financial Summary – 1 for FY 2012-13, shall be deleted in its entirety and replaced with Financial Summary – 3 for FY 2012-13 attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary – 1 for FY 2012-13, shall be deemed amended to state "Financial Summary – 3 for FY 2012-13."

6. Financial Summary Subprogram Schedule – 1 for FY 2011-12, shall be deleted in its entirety and replaced with Financial Summary Subprogram Schedule – 3 for FY 2011-12 attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary Subprogram Schedule – 1 for FY 2011-12, shall be deemed amended to state "Financial Summary Subprogram Schedule – 3 for FY 2011-12."

7. Service Exhibit 1047, PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM, shall be added to this Agreement, attached hereto and incorporated herein by reference.

8. Attachment V, Service Delivery Site Exhibit – 1 shall be deleted in its entirety and replaced with Attachment V, Service Delivery Exhibit – 3 attached hereto and incorporated herein by reference. All references in Agreement to Service Delivery Site Exhibit – 1 shall be deemed amended to state "Service Delivery Site Exhibit – 3."

9. Attachment VI, Service Exhibits – 1, shall be deleted in its entirety and replaced with Attachment VI, Service Exhibits – 3 attached hereto and incorporated herein by reference. All references in Agreement to Service Exhibits – 1 shall be deemed amended to state "Service Exhibits – 3."

10. Contractor shall provide services in accordance with Contractor's FY 2010-11 Negotiation Package for this Agreement and any addenda thereto approved in writing by director.

11. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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

Pediatric & Family Medical Center dba
Eisner Pediatric & Family Medical Center
CONTRACTOR

By _____

Name Carl E. Coan

Title President & CEO
(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

mrm: Eisner Amendment No. 3 PEI expansion

Financial Summary

Contractor Name: Pediatric & Family Medical Center dba Eisner Pediatric & Family Medical Center
LE Number: 00711
Agreement Period: July 1, 2011 through June 30, 2013
Fiscal Year: 2011-12

DMH Legal Entity Agreement - Attachment III
The Financial Summary - 3
Amendment No. 3

A Rank	B Funded Programs	C Medi-Cal Reimbursable (Y/N)[1]	D Match Funds	E Funded Program Amount (Gross Dollars)
CATEGORICALLY FUNDED PROGRAMS (100-399)				
100N	Family Preservation Program	N		
110N	Child Abuse Prevention Intervention and Treatment (AB2994)	N		
120N	Special Education Pupil (SEP) (AB 3632/SB90 only) (Non Medi-Cal/Non Healthy Families)	N		
120M	Special Education Pupil (SEP) (AB 3632/SB90 only) (Medi-Cal/Healthy Families Only)	Y		
130N	Specialized Foster Care - DCFS MAT (Non Medi-Cal/Non Healthy Families)	N		
130M	Specialized Foster Care - Child Welfare Services (Medi-Cal/Healthy Families Only)	Y		
140N	Comprehensive SOC Program (SAMHSA, CFDA #93.958)	N		
141N	Child MH Initiative-Project ABC (SAMHSA, CFDA #93.104)	N		
142N	Family Wellness Network (SAMHSA, CFDA #93.243)	N		
150N	Juvenile Justice Program (STOP)	N		
151N	Juvenile Justice Program (JJCPA -- MHSAT)	N		
152N	Juvenile Justice Program (JJCPA -- MST)	N		
153N	Juvenile Justice Program (Co-occurring Disorder)	N		
154N	Juvenile Justice Program (FFT) (Non Medi-Cal/Non Healthy Families)	N		
154M	Juvenile Justice Program (FFT) (Medi-Cal/Healthy Families Only)	Y		
160N	Path McKinney, CFDA #93.150	N		
170N	Homeless Services (NCC) (Non Medi-Cal/Non Healthy Families)	N		
170M	Homeless Services (NCC) (Medi-Cal/Healthy Families Only)	Y		
180N	CalWORKs	N		
181N	CalWORKs Homeless Family Project	N		
182N	GROW	N		
190N	PES Relief Plan (Non Medi-Cal/Non Healthy Families)	N		
190M	PES Relief Plan (Medi-Cal/Healthy Families)	Y		
	Unique Categorically Funded Programs (Specify)			
300N	DCFS Medical Hubs (VIP)	N		
301N	DCFS Starview PHF	N		
302N	DCFS Independent Living (Hillview)	N		
303N	DCFS THP (HFLF)	N		
310N	DHS Social Model	N		
311N	DHS LAMP	N		
312N	DHS Dual Diagnosis (BHS)	N		
320M	Juvenile Justice Program/Title IV-E - MST (Starview)	Y		
330N	Other Employment Services/CCJCC (SSG)	N		
340N	CGF IMD Step Down (Non Medi-Cal/Non Healthy Families)	N		
340M	CGF IMD Step Down (Medi-Cal/Healthy Families)	Y		
350N	In-Jail Treatment & Linkage	N		
360M	Tri-City Realignment	Y		
CGF FUNDED PROGRAMS (400-499)				
400N	DMH (Non Medi-Cal/Non Healthy Families)	N		
400M	DMH (Medi-Cal/Healthy Families)	Y	23,720	301,714
MENTAL HEALTH SERVICES ACT (MHSA) PROGRAMS (500-899)				
500N	Full Service Partnerships (Non Medi-Cal/Non Healthy Families)	N		
500M	Full Service Partnerships (Medi-Cal/Healthy Families)	Y		
510N	FCCS (Non Medi-Cal/Non Healthy Families)	N		
510M	FCCS (Medi-Cal/Healthy Families)	Y		
520N	Wellness Centers (Non Medi-Cal/Non Healthy Families)	N		
520M	Wellness Centers (Medi-Cal/Healthy Families)	Y		
530N	Alternative Crisis Services (Non Medi-Cal/Non Healthy Families)	N		
530M	Alternative Crisis Services (Medi-Cal/Healthy Families)	Y		
540N	IMD Step-Down (Non Medi-Cal/Non Healthy Families)	N		
540M	IMD Step-Down (Medi-Cal/Healthy Families)	Y		
600N	Prevention & Early Intervention Programs (Non Medi-Cal/Non Healthy Families)	N		143,516
600M	Prevention & Early Intervention Programs (Medi-Cal/Healthy Families)	Y	38,509	500,874
700N	Innovation Programs (Non Medi-Cal/Non Healthy Families)	N		
700M	Innovation Programs (Medi-Cal/Healthy Families)	Y		
	Unique MHSA Programs (Specify)			
800N	Probation Camps	N		
810N	Jail Transition & Linkage	N		
820N	Planning, Outreach & Engagement	N		
830N	One-Time Funding	N		49,710
	Maximum Contract Amount			$ 995,814

1Medi-Cal reimbursable reflects DMH program guidelines in addition to applicable state and federal regulations.

v4/18/11

Financial Summary Subprogram Schedule

Contractor Name: Pediatric & Family Medical Center dba Eisner Pediatric & Family Medical Center
Legal Entity Number: 00711
Agreement Period: July 1, 2011 through June 30, 2012
Fiscal Year: 2011 -2012

DMH Legal Entity Agreement - Attachment IV
The Financial Summary - 3
Amendment Number - 3

A	B	C	D	E	F		G			H
					Non-Medi-Cal Funds		Medi-Cal/Healthy Family Funds (Gross)			
Rank	Funded Programs	Subprograms	IS Plans	Medi-Cal Reimbursable (Y/N)[1]	Direct/ Indirect Services (IS)	Manual Invoice	EPSDT Medi-Cal	Non-EPSDT Medi-Cal	Healthy Families	Subprogram Amount (Gross Dollars)
CATEGORICALLY FUNDED PROGRAMS (100-399)										
100N	Family Preservation Program	Family Preservation Program	2011	N						$ -
110N	Child Abuse Prevention Intervention and Treatment (AB2994)	Child Abuse Prevention, Intervention and Treatment (AB2994)	2002	N						$ -
120N	Special Education Pupil (SEP) (AB 3632/SB90 only) Non Medi-Cal/Non Healthy Families	Special Education Pupil (SEP) Non Medi-Cal/Non Healthy Families	2004	N						$ -
120M	Special Education Pupil (SEP) (AB 3632/SB90 only) Medi-Cal/Healthy Families	Special Education Pupil (SEP) (Medi-Cal/Healthy Families)	2004	Y						$ -
130N	Specialized Foster Care - DCFS MAT (Non Full Scope Medi-Cal/Non Healthy Families)	Specialized Foster Care - Child Welfare Services DCFS MAT	2077	N						$ -
130M	Specialized Foster Care - Child Welfare Services (Medi-Cal/Healthy Families Only)	Enhanced Mental Health Services	2064	Y						$ -
		MAT	2072	Y						$ -
		Wraparound	2079	Y						$ -
140N	Comprehensive SOC Program (SAMHSA, CFDA #93.958)	Comprehensive SOC Program (SAMHSA, CFDA #93.958)	2035	N						$ -
141N	Child MH Initiative-Project ABC (SAMHSA, CFDA #93.104)	Child MH Initiative-Project ABC (SAMHSA, CFDA #93.104)	None	N						$ -
142N	Family Wellness Network (SAMHSA, CFDA #93.243)	Family Wellness Network (SAMHSA, CFDA #93.243)	None	N						$ -
150N	Juvenile Justice Program (STOP)	Juvenile Justice Program (STOP)	2027	N						$ -
151N	Juvenile Justice Program (JJCPA -- MHSAT)	Juvenile Justice Program (JJCPA -- MHSAT)	2024	N						$ -
152N	Juvenile Justice Program (JJCPA -- MST)	Juvenile Justice Program (JJCPA -- MST)	2049	N						$ -
153N	Juvenile Justice Program (Co-occurring Disorder)	Juvenile Justice Program (Co-occurring Disorder)	2081	N						$ -
154N	Juvenile Justice Program (FFT) Non Medi-Cal/Non Healthy Families	Second Chance FFT Program	2123	N						$ -
154M	Juvenile Justice Program (FFT) Medi-Cal/Healthy Families	Juvenile Justice Program (FFT)	2071	Y						$ -
160N	Path McKinney, CFDA #93.150	Path McKinney, CFDA #93.150	2023	N						$ -
170N	Homeless Services (NCC) Non Medi-Cal/Non Healthy Families	Homeless Services (NCC) Non Medi-Cal/Non Healthy Families	2089	N						$ -
170M	Homeless Services (NCC) Medi-Cal/Healthy Families	Homeless Services (NCC) Medi-Cal/Healthy Families	2089	Y						$ -
171N	Post-Release Community Supervision-Community Reintegration Program (Non Medi-Cal/Non Healthy Families)	Post-Release Community Supervision-Community Reintegration Program (Non Medi-Cal/Non Healthy Families)	2134	N						$ -
171M	Post-Release Community Supervision-Community Reintegration Program (Medi-Cal/Healthy Families)	Post-Release Community Supervision-Community Reintegration Program (Medi-Cal/Healthy Families)	2134	Y						$ -
180N	CalWORKs	CalWORKs Mental Health Services	2006	N						$ -
		Community Outreach Services	2006	N						$ -
181N	CalWORKs Homeless Family Project	CalWORKs Homeless Family Project	2040	N						$ -
		Community Outreach Services	2040	N						$ -
182N	GROW	GROW	2013	N						$ -
190N	PES Relief Plan (Non Medi-Cal/Non Healthy Families)	PES Relief Plan (Non Medi-Cal/Non Healthy Families)	2045	N						$ -
190M	PES Relief Plan (Medi-Cal/Healthy Families)	PES Relief Plan (Medi-Cal/Healthy Families)	2045	Y						$ -
	Unique Categorically Funded Programs (Specify)									
300N	DCFS Medical Hubs (VIP)	DCFS Medical Hubs	2044	N						$ -
301N	DCFS Starview PHF	DCFS Starview PHF	2038	N						$ -
302N	DCFS Independent Living (Hillview)	DCFS Independent Living (Hillview)	2039	N						$ -
303N	DCFS THP (HFLF)	DCFS THP (HFLF)	2039	N						$ -
310N	DHS Social Model	DHS Social Model	New	N						$ -
311N	DHS LAMP	DHS LAMP	New	N						$ -
312N	DHS Dual Diagnosis (BHS)	DHS Dual Diagnosis (BHS)	2010	N						$ -
320M	Juvenile Justice Program/Title IV-E - MST (Starview)	Juvenile Justice Program/Title IV-E - MST (Starview)	2127	Y						$ -
330N	Other Employment Services/CCJCC (SSG)	Other Employment Services/CCJCC (SSG)	None	N						$ -
340N	CGF IMD Step Down (Non Medi-Cal/Non Healthy Families)	CGF IMD Step Down (Non Medi-Cal/Non Healthy Families)	2119	N						$ -
340M	CGF IMD Step Down (Medi-Cal/Healthy Families)	CGF IMD Step Down (Medi-Cal/Healthy Families)	2119	Y						$ -
350N	In-Jail Treatment & Linkage	CalEMA	2115	N						$ -
		BJA-In-Jail Treatment & Linkage	2118	N						$ -
360M	Tri-City Realignment	Tri-City Realignment	2082	Y			290,457		11,257	$ 301,714

A	B	C	D	E	F		G			H
					Non-Medi-Cal Funds		Medi-Cal/Healthy Family Funds (Gross)			
Rank	Funded Programs	Subprograms	IS Plans	Medi-Cal Reimbursable (Y/N)[1]	Direct/ Indirect Services (IS)	Manual Invoice	EPSDT Medi-Cal	Non-EPSDT Medi-Cal	Healthy Families	Subprogram Amount (Gross Dollars)
CGF FUNDED PROGRAMS (400-499)										
400N	DMH (Non Medi-Cal/Non Healthy Families Services)	DMH Mental Health Services (Non Medi-Cal/Non Healthy Families)	1000	N						$ -
400M	DMH (Medi-Cal/Healthy Families Services)	DMH Mental Health Services (Medi-Cal/Healthy Families)	1000	Y						$ -
MENTAL HEALTH SERVICES ACT (MHSA) PROGRAMS (500-899)										
500N	Full Service Partnerships (Non Medi-Cal/Non Healthy Families)	Child FSP - Family Support Services	2050	N						$ -
		Child FSP (Non Medi-Cal/Non Healthy Families)	2047	N						$ -
		TAY FSP (Non Medi-Cal/Non Healthy Families)	2051	N						$ -
		Adult FSP (Non Medi-Cal/Non Healthy Families)	2054	N						$ -
		Older Adult FSP (Non Medi-Cal/Non Healthy Families)	2057	N						$ -
500M	Full Service Partnerships (Medi-Cal/Healthy Families)	Child FSP (Medi-Cal/Healthy Families)	2047	Y						$ -
		TAY FSP (Medi-Cal/Healthy Families)	2051	Y						$ -
		Adult FSP (Medi-Cal)	2054	Y						$ -
		Older Adult FSP (Medi-Cal)	2057	Y						$ -
		Child Wraparound (Medi-Cal/Healthy Families)	2107	Y						$ -
		TAY Wraparound (Medi-Cal/Healthy Families)	2114	Y						$ -
510N	Field Capable Clinical Services (FCCS) Non Medi-Cal/Non Healthy Families	Child FCCS (Non Medi-Cal/Non Healthy Families)	2058	N						$ -
		TAY FCCS (Non Medi-Cal/Non Healthy Families)	2078	N						$ -
		Adult FCCS (Non Medi-Cal/Non Healthy Families)	2052	N						$ -
		Adult FCCS - Service Extenders	None	N						$ -
		Older Adult FCCS (Non Medi-Cal/Non Healthy Families)	2070	N						$ -
		Older Adult FCCS - Service Extenders	None	N						$ -
510M	Field Capable Clinical Services (FCCS) Medi-Cal/Healthy Families	Child FCCS (Medi-Cal/Healthy Families)	2058	Y						$ -
		TAY FCCS (Medi-Cal/Healthy Families)	2078	Y						$ -
		Adult FCCS (Medi-Cal)	2052	Y						$ -
		Older Adult FCCS (Medi-Cal)	2070	Y						$ -
520N	Wellness Centers (Non Medi-Cal/Non Healthy Families)	Wellness/Client-Run Centers (Non Medi-Cal/Non Healthy Families)	2068	N						$ -
520M	Wellness Centers (Medi-Cal/Healthy Families)	Wellness/Client-Run Centers (Medi-Cal/Healthy Families)	2068	Y						$ -
530N	Alternative Crisis Services (Non Medi-Cal/Non Healthy Families)	Enriched Residential Services (Non Medi-Cal/Non Healthy Families)	2060	N						$ -
		Urgent Care Center (Non Medi-Cal/Non Healthy Families)	2062	N						$ -
530M	Alternative Crisis Services (Medi-Cal/Healthy Families)	Enriched Residential Services (Medi-Cal/Healthy Families)	2060	Y						$ -
		Urgent Care Center (Medi-Cal/Healthy Families)	2062	Y						$ -
540N	IMD Step-Down (Non Medi-Cal/Non Healthy Families)	IMD Step Down (Non Medi-Cal/Non Healthy Families)	2056	N						$ -
540M	IMD Step-Down (Medi-Cal/Healthy Families)	IMD Step Down (Medi-Cal/Healthy Families)	2056	Y						$ -
600N	Prevention & Early Intervention Programs (PEI) Non Medi-Cal/Non Healthy Families	PEI - Children	2098	N	11,050					$ 11,050
		PEI - TAY	2101	N						$ -
		PEI - Adult	2092	N						$ -
		PEI - Older Adult	2093	N						$ -
		PEI - Special Programs	2091	N	115,908	16,558				$ 132,466
600M	Prevention & Early Intervention Programs (PEI) Medi-Cal/Healthy Families	PEI - Children	2098	Y			485,267		15,607	$ 500,874
		PEI - TAY	2101	Y						$ -
		PEI - Adult	2092	Y						$ -
		PEI - Older Adult	2093	Y						$ -
		PEI - Special Programs	2091	Y						$ -
700N	Innovation (Non Medi-Cal/Non Healthy Families)	Integrated Mobile Health Team (IMHT)	2130	N						$ -
		Integrated Services Management Model (ISM)	2129	N						$ -
		Integrated Clinic Model (ICM)	2128	N						$ -
		Integrated Peer-Run Model - Community Outreach Services	2132	N						$ -
700M	Innovation (Medi-Cal/Healthy Families)	Integrated Mobile Health Team (IMHT)	2130	Y						$ -
		Integrated Services Management Model (ISM)	2129	Y						$ -
		Integrated Clinic Model (ICM)	2128	Y						$ -
	Unique MHSA Programs (Specify)									
800N	Probation Camps	Probation Camp Program	2053	N						$ -
810N	Jail Transition & Linkage	Jail Transition & Linkage	None	N						$ -
820N	Planning, Outreach & Engagement	Planning, Outreach & Engagement	2084	N						$ -
830N	One-Time Funding	PEI Training	None	N		16,593				$ 16,593
		Tier II One-Time Expenditure	None	N		33,117				$ 33,117
	Maximum Contract Amount									$ 995,814

[1]Medi-Cal reimbursable reflects DMH program guidelines in addition to applicable state and federal regulations.

v9/27/11

Service Delivery Site Exhibit - 3

CONTRACTOR NAME: Pediatric & Family Medical Center dba Eisner Pediatric & Family Medical Center

LEGAL ENTITY NO.: 00711

PERIOD: July 1, 2011 through June 30, 2013

*DESIGNATED PROGRAM OFFICE	SERVICE EXHIBIT NO.	PROV. NO.	SERVICE DELIVERY SITE(S)	M.H. SERVICE AREA(S) SERVED	SITE SUP. DISTRICT
MHSA-PEI C	1,2,3 4,5,6,7	7582	1500 South Olive Street Los Angeles, CA 90015	4	1

*Legend: Adult Systems of Care (A)
Child, Youth and Family Program Administration (C)
Critical Care (CC)
Court Programs (CP)
Older Adult Program (OA)
Transition Age Youth (TAY)
Homeless (H)
Managed Care (MC)

SERVICE EXHIBITS - 3

A duplicate original of the Service Exhibit(s) will be on file in the Department of Mental Health's Contracts Development and Administration Division and is deemed incorporated herein by reference as though fully set forth, and will be made available to interested persons upon request.

DESCRIPTION	CODES	
Targeted Case Management Services (Rehab. Option)	104-A	1
Short-Term Crisis Residential Services (Forensic)	201	
Crisis Stabilization Services (Rehab. Option)	202-A	
Vocational Services	304-A	
Day Rehabilitation Services (Adult) (Rehab. Option)	308-B	
Day Rehabilitation Services (Children/Adolescents) (Rehab. Option)	309-B	
Day Treatment Intensive Services (Adult) (Rehab. Option)	310-B	
Day Treatment Intensive Services (Children/Adolescents) (Rehab. Option)	311-B	
Mental Health Services (Rehab. Option)	402	2
Medication Support Services (Rehab. Option)	403	3
Crisis Intervention Services (Rehab. Option)	404-A	
Mental Health Service Treatment Patch (La Casa)	405	
Therapeutic Behavioral Services	406-A	
Outreach Services	501-A	
Outreach Services (Suicide Prevention Services)	502-A	
Intensive Skilled Nursing Facility Services	601	
Mental Health Rehabilitation Centers (La Casa Mental Health Rehabilitation Center)	602	
Intensive Skilled Nursing Facility Services (La Paz)	603	
Intensive Skilled Nursing Facility Services Forensic Treatment	604	
Skilled Nursing Facilities (Psychiatric Services)	605	
Skilled Nursing Facility – Special Treatment Program Services (SNF-STP/Psychiatric Services)	608	
Intensive Skilled Nursing Facility Services – Enhanced Treatment Program (ETP)	609	
Socialization Services	701-A	
Life Support Services	801	
Case Management Support Services	802-A	
Case Management Support Services (Forensic)	803-A	
Case Management Support Services (Children & Youth)	804-A	
Life Support Services (Forensic)	805	
Independent Living Services	901	
Local Hospital Services	902	

Revised: 05/16/2011

1	Semi-Supervised Living Services	904	
2	Adult Residential Treatment Services (Transitional) (MSHA)	912	
3	Adult Residential Treatment Services (Long Term)	913	
4	Non-Hospital Acute Inpatient Services (La Casa PHF)	914	
5	Comprehensive Adult Residential Treatment Services (Bio-Psycho-Social Services)	915	
6	Assertive Community Treatment Program (ACT)	921	
7	Psychiatric Inpatient Hospital Services	930	
8	Primary Linkage and Coordination Program	1001	
9	Service Provisions (Organizational Provider Only)	1003	
10	Consumer Run/Employment Program	1005	
11	Client Supportive Services (***Includes Attachment A Reimbursement Procedures***		
12	***and Attachment B Monthly Claim for Cost Reimbursement***)	1010-A	
13	Mental Health 24-Hour Services Interim Placement Funding for Basic Care Services	1011	
14	Mental Health 24-Hour Services Children Under Age 18 Basic Services	1012	
15	Supportive Services – Residential Programs (***Includes Attachment A***		
16	***Reimbursement Procedures and Attachment B- Monthly Claim for***		
17	***Cost Reimbursement)***	1013	
18	Client Supportive Services-Mental Health Services Act Programs (***Includes***		
19	***Attachment A - Reimbursement Procedures and Attachment B - Monthly***		
20	***Claim for Cost Reimbursement)***	1014-A	
21	Full Service Partnership (FSP)	1015	
22	Supportive Services – Intensive Residential Program (***Includes Attachment A-***		
23	***Reimbursement Procedures and Attachment B - (Monthly Claim for***		
24	***Cost Reimbursement)***	1016	
25	Client Supportive Services (New Directions) (***Includes Attachment A***		
26	***Reimbursement Procedures and Attachment B Monthly Claim for Cost***		
27	***Reimbursement***)	1018	
28	Family Support Services	1019	
29	Service Extender Stipend Program Mental Health Services Act Programs		
30	***(Includes Attachment A Reimbursement Procedures and Attachment B***		
31	***Monthly Claim for Cost Reimbursement)***	1020	
32	Client Supportive Services Field Capable Clinical Services (FCCS) Mental Health		
33	Services Act Programs (***Includes Attachment A Reimbursement Procedures***		
34	***and Attachment B Monthly Claim for Cost Reimbursement)***	1021	
35	Intensive In-Home Mental Health Services	1022	
36	Intensive Treatment Foster Care	1025	

1	One-Time Expenses Associated with Program Development for Intensive		
2	In-Home Evidence Based Practices ***(Includes Attachment A Reimbursement***		
3	***Procedures and Attachment B Monthly Claim Cost Reimbursement)***	1026	
4	Outreach and Engagement Services (MHSA Only)	1027	
5	Enriched Residential Services (Alternative Crisis) (Adults)	1028	
6	IMD Step-Down Programs (Adults)	1029	
7	Urgent Care Centers (Alternative Crisis) (Adults)	1030	
8	Client Supportive Services Homeless CalWORKs Families Project ***(Includes***		
9	***Attachment A Reimbursement Procedures and Attachment B Monthly***		
10	***Claim for Cost Reimbursement)***	1031	
11	Star View-PHF-Supplemental Financial Support	1032	
12	Star View-CTF-Supplemental Financial Support	1033	
13	Field Capable Clinical Services (FCCS)	1035	
14	Suicide Prevention Program Mental Health Services Act (MHSA) Prevention and		
15	Early Intervention (PEI) Plan	1036	
16	One-Time Expenses Associated with Starting a new MHSA Program for PEI Early		
17	Start Suicide Prevention Program ***(Includes Attachment A-Reimbursement***		
18	***Procedures and Attachment B Monthly Claim Cost Reimbursement)***	1037	
19	One-Time Expenses Associated with Starting a New MHSA Program for		
20	Urgent Care Center – Exodus Recovery, Inc. ***(Includes Attachment A***		
21	***Reimbursement Procedures and Attachment B Monthly Claim for Cost***		
22	***Reimbursement)***	1038	
23	PEI Early Intervention EBP programs for Children & TAY	1039	4
24	Exodus Recovery, Inc. Urgent Care Center	1040	
25	MHSA Program for Innovation (INN) Plan Integrated Mobile Health Team	1041	
26	Client Supportive Services for MHSA INN Plan Programs	1042	
27	One-Time Expenses Associated with Implementing a New MHSA Program for		
28	Prevention and Early Intervention (PEI) Program ***(Includes Attachment A***		
29	***Reimbursement Procedures and Attachment B Monthly Claim for Cost***		
30	***Reimbursement)***	1046	5
31	Prevention and Early Intervention (PEI) Program ***(Includes Attachment A***		
32	***MHSA PEI Programs Core Interventions and Ancillary Services Guide and***		
33	***Attachment B PEI Evidenced Based Practices (EBP) Outcome Measures)***	1047	7
34	Mental Health Integration Program Model	1048	6

Contractor No. _____

SERVICE EXHIBIT 7

PREVENTION AND EARLY INTERVENTION (PEI) PROGRAMS

Provided under the
Mental Health Services Act

1. **GENERAL**

The Prevention and Early Intervention (PEI) Plan, the second largest component of the Mental Health Services Act (MHSA) focuses on evidence-based services, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issue. Providing mental health education, outreach and early identification (prior to diagnosis) can mitigate costly negative long-term outcomes for mental health consumers and their families.

2. **PEI PROGRAMS**

Early Intervention programs, include evidence-based programs (EBPs), promising practices (PPs) and community-defined evidence (CDEs) practices, and are services delivered by clinical staff, as part of multi-disciplinary treatment teams. The intent of the programs are to 1) identify Young Children (ages 0-5), Children (ages 6-15), TAY (ages 16-25), Adults (ages 26-59), and Older Adults (ages 60 and over) who have experienced or have been exposed to or experienced traumatic events such as child sexual abuse, domestic violence, traumatic loss, and/or who are diagnosed with or experiencing difficulty related to symptoms such as Post-Traumatic Stress Disorder (PTSD), depression, anxiety, or co-occurring disorders, and 2) provide early intervention mental health services to reduce the impact of the identified symptoms. Specifically, the focus of the early intervention model is 1) to reduce trauma related symptoms and/or substance abuse, increase resilience, increase peer and parental support for young children/children/TAY/adults/older adults, and 2) improve access to mental health services for those who are underserved either because they are unaware of available services or because they may be reluctant to access services due to stigma and/or discrimination. The services to be provided hereunder are described in Contractor's/Provider's (Contractor's) Proposal/Negotiation Package for the Legal Entity Agreement (Agreement), including any addenda thereto, as approved in writing by the Director of Mental Health.

Table 1. PEI Programs

	Program Name	Summary Description	Age Groups Served
1	Aggression Replacement Training (ART)	A multi-level, family-centered intervention targeting youth at risk for substance abuse or behavior problems. Designed to address the family dynamics of adolescent problem behavior, the long term goals are to arrest the development of teen antisocial behaviors and drug experimentation. The intervention uses a "tiered" strategy with each level (universal, selective, and indicated) building on the previous level. Strategies targeting parents: based on evidence about the role of coercive parenting strategies in the development of problem behaviors in youth. Curriculum for teens: takes a social learning approach to behavior change and concentrates on setting realistic goals for behavior change, defining reasonable steps toward goal achievement, providing peer support for pro-social and abstinent behavior.	Children (ages 12-15) TAY (ages16-17)
2	Alternatives for Families – A Cognitive Behavioral Therapy (AF-CBT)	AF-CBT is designed for children, parents, caregivers, and families at risk of physically abusive or coercive behavior. AF-CBT incorporates several behavioral and cognitive-behavioral methods that have been described and examined for use with physically abusive or at-risk families in several studies over the past four decades. AF-CBT emphasizes training in both intrapersonal and interpersonal skills designed to enhance self-control, promote positive family relations, and reduce violent behavior. Its primary techniques include affect regulation, behavior management, social skills training, cognitive restructuring/problem-solving, and communication. Common treatment goals include reducing a caregiver's level of anger and use of force, promoting non-aggressive (alternative) discipline strategies, minimizing family risks for re-abuse, enhancing a child's coping skills, and encouraging non-aggressive family problem-solving and communication.	Children (ages 5-15)
3	Brief Strategic Family Therapy (BSFT)	A family-based intervention designed to prevent and treat child and adolescent behavior problems. BSFT targets children and adolescents who are displaying or are at risk for developing behavior problems, including substance abuse. The goal of BSFT is to improve a youth's behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems. BSFT is a short-term, problem oriented EBP intervention targeted for youth with substance abuse and conduct problems.	Children
4	Caring for Our Families (CFOF)	A culturally appropriate adaptation of national "Family Connections" model that includes community outreach, family assessment, and individually tailored program of counseling, referrals and linkages. The goal is to help families meet the basic needs of their children and reduce the risk of child neglect. The core components of FC include (a) emergency assistance/concrete services; (b) home-based family intervention (e.g., family assessment, outcome-driven service plans, individual and family counseling); (c) service coordination with referrals targeted toward risk (e.g., substance abuse treatment) and protective factors (e.g., mentoring program); and (d) multi-family supportive recreational activities (e.g., theme-based gatherings such as Black History month, trips to museums, etc.).	Children
5	Child-Parent Psychotherapy (CPP)	Specialized services delivered by mental health clinicians, as part of multi-disciplinary treatment teams. CPP is a psychotherapy model that integrates psychodynamic, attachment, trauma, cognitive-behavioral, and social-learning theories into a dyadic treatment approach designed to restore the child-parent relationship and the child's mental health and developmental progression that have been damaged by the experience of domestic violence. CPP is intended as an early intervention for children ages birth to 5 years who may be at risk for acting-out and experiencing symptoms of depression and trauma, particularly those individuals who are not currently receiving mental health services.	Young Children (ages 0-5)

Table 1. PEI Programs

	Program Name	Summary Description	Age Groups Served
6	Center for the Assessment and Prevention of Prodromal States (CAPPS) Program	Designed to provide early prevention strategy aimed at the early identification of individuals at risk for psychosis and to provide preventive interventions targeting both conversion to psychosis and functional disability in TAY clients who are experiencing prodromal symptoms of their first-break psychosis. The CAPPS Program has made significant progress in the prediction of schizophrenia and related disorders, as well as in the identification of biological and psychosocial factors associated with their onset. They have translated this knowledge into their clinical work with clients experiencing their first-break psychosis and early onset of serious mental illnesses with psychotic features. The first year preceding full psychosis provides a critical time when preventive interventions can be made for greatest impact.	TAY
7	Cognitive Behavioral Intervention for Trauma in School (CBITS)	An early intervention for children who may be at risk for acting-out, and symptoms associated with depression and trauma, particularly those individuals who are not currently receiving mental health services. Services are specialized mental health services delivered within the school setting by clinical staff, as part of multi-disciplinary treatment teams. The intent is to identify children who have experienced or have been exposed to traumatic events, identify those students experiencing difficulty related to symptoms of Posttraumatic Stress Disorder (PTSD), depression or anxiety, and provided early intervention mental health services to reduce the impact of the identified symptoms. Specifically, it is to reduce trauma related symptoms, increase resilience, and increase peer and parental support, for students at risk of school failure and improve access to mental health services for those who are underserved, either because they are unaware of available services or may be reluctant to access services due to stigma and/or discrimination.	Children (ages 10-15) TAY
8	Crisis Oriented Recovery Services (CORS)	A short-term intervention designed to provide immediate crisis intervention, address identified case management needs, and assure hard linkage to ongoing services. The primary objective is to assist individuals in resolving and/or coping with psychosocial crises by mitigating additional stress or psychological harm. CORS promotes the development of coping strategies that individuals can utilize to help restore them to their previous level of functioning prior to the crisis event. Services are designed to provide alternatives to emergency room care, acute inpatient hospitalizations or other institutional care. Immediate access to short-term crisis intervention, mental health and case management services is at the core of the program.	Children TAY Adults Older Adults
9	Depression Treatment Quality Improvement Intervention (DTQI)	Service are delivered to individuals experiencing depressive symptoms and impaired functioning. DTQI is an action orientated therapy that assumes that maladaptive, or faulty, thinking patterns cause maladaptive behavior and negative emotions. The treatment focuses on changing an individual's thoughts or cognitive patterns, in order to change his/her behavior and emotional state. Group has two purposes, psychoeducation and psychotherapy. During the psychoeducation component of the program individuals can learn about major depression and ways to decrease the likelihood of becoming depressed in the future. During the psychotherapy component, individuals who are currently depressed can gain understanding about factors that have contributed to the onset and maintenance of their depression and learn ways to treat their disorder.	Children (ages 12-15) TAY (ages16-20)
10	FOCUS (Families OverComing Under Stress): (FOCUS)	FOCUS is a family-centered resiliency training program based on interventions previously found to improve psychological health and developmental outcomes for highly stressed children and families.	Adults
11	Functional Family Therapy (FFT)	A family-based prevention and intervention program for dysfunctional youths targeting ages 11-18. Program has been successful in a variety of multi-ethnic, multicultural contexts to treat a range of high-risk youths and their families. This model allows for successful intervention in complex and multi-dimensional problems through clinical practice that is flexibly structured and culturally sensitive. Specific phases for this model: 1) engagement/motivation, 2) behavior change, and 3) generalization.	Children (ages 10-15) TAY (ages16-18)

Table 1. PEI Programs

	Program Name	Summary Description	Age Groups Served
12	GLBT CHAMPS	Gay/Lesbian/Bisexual/ Transgender Comprehensive HIV & At-Risk Mental Health Service GLBT CHAMPS is a comprehensive package of interventions with enhanced case management and outreach intervention, mobile van HIV testing, and a CDC evidence-based social skills intervention for enhancing risk reduction education and decreasing stigma among HIV+ African American females (SISTA). Some of the elements of this program are consistent with PEI, while others are consistent it CSS.	TAY
13	Group CBT for Major Depression Group CBT)	Group CBT focuses on changing an individual's thoughts (cognitive patterns) in order to change his or her behavior and emotional state. Treatment is provided in a group format and assumes maladaptive, or faulty, thinking patterns cause maladaptive behavior and negative emotions. Group format is particularly helpful in challenging distorted perceptions and bringing thoughts more in line with reality. Cultural tailoring of treatment and case management shows increased effectiveness for low-income Latino and African-American adults.	TAY (18 – 25) Adults Older Adults
14	Incredible Years (IY)	A set of comprehensive, multifaceted, and developmentally based curricula targeting primarily 2-12 year old children, their parents and teachers. Program based on developmental theory of the role of multiple interacting risk and protective factors in the development of conduct problems. The three components are: Parent training intervention (focus on strengthening parenting competencies, parents' involvement in child's activities to reduce delinquent behavior); Child training curriculum (strengthen children's social/emotional competencies); and Teacher training intervention (focus on teachers' classroom management strategies, promoting pro-social behavior and school readiness). This intervention helps teachers work with parents to support their school involvement and promote consistency between home and school. All three training interventions utilize videotaped scenes to structure content and group discussion.	Children (ages 0-12)
15	Interpersonal Psychotherapy for Depression (IPT)	With targeted population of adolescents, with depression, ages 12-18, IPT was developed for the treatment of ambulatory depressed, non-psychotic, non-bipolar patients. Successful treatment for depression, modified to treat other psychiatric disorders and patient populations (late-life, primary medical care). Primary uses: short term therapy (16 weeks), but also has been modified for use as a maintenance therapy for patients with recurrent depression. Includes specific strategies such as assessing the symptoms of depression, relating the onset of the depressive inventory and selecting a focus for the treatment for the following problem areas: delayed/incomplete grief, role transitions, role disputes, or interpersonal deficit. Tasks usually accomplished in the first three sessions.	TAY
16	Loving Intervention Family Enrichment Program (LIFE)	An adaptation of Parent Project, a national model which is a 22-week skills-based curriculum for parents of children at risk of or involved with the juvenile justice system and multi-family group therapy. The program was designed for low income Latino families with monolingual (Spanish) parents of children at high-risk of delinquency and/or school failure.	Children TAY
17	Managing and Adapting Practice (MAP)	MAP is designed to improve the quality, efficiency, and outcomes of children's mental health services by giving administrators and practitioners easy access to the most current scientific information and by providing user-friendly monitoring tools and clinical protocols. Using an online database, the system can suggest formal evidence-based programs or, alternatively, can provide detailed recommendations about discrete components of evidence-based treatments relevant to a specific youth's characteristics. Whether services are delivered through existing evidence-based programs or assembled from components, the MAP system also adds a unifying evaluation framework to track outcomes and practices. The current state-of-the-art treatments in behavioral healthcare are evidence-based protocols targeted to defined client problems that are tested through randomized clinical trials.	Children (ages 3-15) TAY (ages 6-18)

Table 1. PEI Programs

	Program Name	Summary Description	Age Groups Served
18	Mental Health Integration Program (MHIP) also know as Improving Mood – Promoting Access to Collaborative Treatment (IMPACT)	MHIP (an adaptation of Improving Mood – Promoting Access To Collaborative Treatment (IMPACT), is an evidence-based treatment program for common mental health disorders (e.g. depression, anxiety) that integrates health and mental health systems of care. The intent of MHIP is to identify adults in the early stages of an episode in order to decrease symptoms, improve medication adherence when medication has been prescribed, and increase levels of behavioral and social functioning. Integrating behavioral health services within a primary care facility places mental health resources and psychiatric consultation within easy reach of primary care providers who are often the first point of contact for individuals in the midst of an episode or in the beginning stages of one. The intent of the service is to streamline access to treatments for depression and anxiety so that an intervention can occur as soon as possible. Patients may receive psycho-educational materials, medication, or interventions aimed at improving problem solving and other coping skills. Following successful response to treatment, patients are monitored and counseled on ways of avoiding symptom relapse. MHIP helps primary care providers (PCPs) and behavioral health providers integrate early identification, assessment, and treatment within the same clinic setting.	Adults
19	Mindful Parenting Groups (MPG)	Twelve week parenting program for parents and caregivers of infant, toddler and preschool children at risk to mental health problems and disrupted adoptions. Weekly sessions are sequenced to include parental engagement and skill building. Bilingual-Bicultural clinicians offer this service to monolingual Spanish speaking parents. In addition, the groups have been successful with gay and lesbian parents and bi-racial couples. The intervention is tailored to the parenting traditions and cultures of the parents in the group. In addition, discrimination (particularly as it relates to non traditional families) is explored as an additional parenting stressor	Young Children (ages 0-5)
20	Multidimensional Family Therapy (MDFT)	A family-based treatment and substance-abuse prevention program for adolescents (11-18) with drug and behavior/conduct problems. Treatment seeks to significantly reduce or eliminate an adolescent's substance abuse and other problem behavior, to improve overall family functioning through multiple components, assessments, and interventions in several core areas of life. With two separate and distinct objectives for both adolescent and parent, there are also two intermediate intervention goals for every family: 1) helping the adolescent achieve an interdependent attachment/bond to parents/family; and 2) helping the adolescent forge durable connections with pro-social influences such as schools, peer groups, and recreational and religious institutions.	Children TAY
21	Multisystemic Therapy (MST)	Targets youth (12-17) with criminal behavior, substance abuse and emotional disturbance, as well as juvenile probation youth. MST typically uses a home-based model of service delivery to reduce barriers that keep families from accessing services. MST therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g. extended family, friends) and removing barriers (e.g. parental substance abuse, high stress). Specific treatment techniques used to facilitate these gains are integrated from those therapies that have the most empirical support, including behavioral, cognitive-behavioral, and the pragmatic family therapies. This family-therapist collaboration allows the family to take the lead in setting treatment goals as the therapist helps them to accomplish their goals.	Children TAY
22	Promoting Alternative Thinking Strategies (PATHS)	PATHS is a school-based preventive intervention for children in preschool or elementary school designed to enhance areas of social-emotional development such as self-control, self-esteem, emotional awareness, social skills, friendships, and interpersonal problem-solving skills while reducing aggression and other behavior problems. Skill concepts are presented through direct instruction, discussion, modeling, storytelling, role-playing activities, and video presentations.	Children

Table 1. PEI Programs

	Program Name	Summary Description	Age Groups Served
24	Parent-Child Interaction Therapy (PCIT)	Highly specified, step-by-step, live-coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions, and, using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. The emphasis is on changing negative parent/caregiver-child patterns.	Young Children (ages 2-5) Children (ages 6-12)
24	Program To Encourage Active Rewarding Lives For Seniors (PEARLS)	The PEARLS Program is a highly effective method designed to reduce depressive symptoms and to improve the quality of life in older adults. During six to eight sessions that take place in the client's home and focus on brief behavioral techniques, PEARLS Program counselors empower individuals to take action and make lasting changes so that they can lead more active and rewarding lives. The PEARLS Program focuses on teaching each client the skills necessary to move to action and make lasting life changes, is delivered in the client's home, and is designed to be delivered in the community, primarily through existing service-provision programs. PEARLS, takes a team-based approach, involving PEARLS counselors, supervising psychiatrists and medical providers. The program aims to improve quality of life as well as reduce depressive symptoms, and is well-suited for individuals with chronic illness.	Older Adults
25	Prolonged Exposure Therapy for Post-Traumatic Stress Disorder (PE-PTSD)	PE-PTSD is designed as an early intervention, cognitive behavioral treatment model for individuals (18–70 years) who may be experiencing symptoms indicative of early signs of mental health complications due to experiencing one or more traumatic events. PE-PTSD can be used to treat Veterans and/or their families who have experienced single or multiple/continuous traumas and have post-traumatic stress disorder (PTSD). The individual therapy is designed to help clients process traumatic events and reduce their PTSD symptoms as well as depression, anger, and general anxiety. Treatment consists of 8-15 sessions conducted once or twice weekly for 90-minutes each.	TAY Adults Older Adults
26	Reflective Parenting Program (RPP)	Reflective Parenting Program focuses on enhancing the bonds between parents and children to improve parenting outcomes, and support emotionally healthy children. Parents and caregivers participate in a ten week workshop series designed to increase parental reflective functioning.	Children (ages 0-5)
27	Seeking Safety (SS)	Designed for flexible use with diverse populations and settings (outpatient, inpatient, residential) and can be conducted in group (males, females, mixed gender) or individual format. It has been found to be a cost-effective treatment which can be deployed quite quickly by clinicians. Seeking Safety has been used with people who have a trauma history, but do not meet criteria for PTSD, and with clients with varying degrees of substance abuse/dependence. Treatment is intended for individuals or groups who are trauma-exposed, experiencing symptoms of trauma(s) and/or substance abuse.	TAY
28	Strengthening Families (SF)	A family-skills training intervention designed to enhance school success and reduce substance use and aggression among youth. Sessions provide instruction for parents on understanding the risk factors for substance use, enhancing parent-child bonding, monitoring compliance with parental guidelines, and imposing appropriate consequences, managing anger and family conflict, and fostering positive child involvement in family tasks. Children receive instruction on resisting peer influences.	Children (ages 3-15) TAY (ages 16-18)
29	Trauma Focused CBT (TF-CBT)	An early intervention for children who may be at risk for symptoms of depression and psychological trauma, subsequent to any number of traumatic experiences, particularly those individuals who are not currently receiving mental health services. Services are specialized mental health services delivered by clinical staff, as part of multi-disciplinary treatment teams. Program is intended to reduce symptoms of depression and psychological trauma, which may be the result of any number of traumatic experiences (e.g., child sexual abuse, domestic violence, traumatic loss, etc.), for children and TAY receiving these services.	Young Children Children TAY (ages16-18)

Table 1. PEI Programs

	Program Name	Summary Description	Age Groups Served
30	Triple P Positive Parenting Program (Triple P)	Triple P is intended for the prevention and early intervention of social, emotional and behavioral problems in childhood, the prevention of child maltreatment, and the strengthening of parenting and parental confidence. An EBP parenting program and system for delivering parenting information to large and small populations. DMH is implementing two Level Four early interventions, the basic parenting modules: Standard Triple P and Standard Teen Triple P. Triple P programs, extensively researched within the United States and abroad, have been found to be an effective intervention for diverse cultural populations. Target population is towards parents/caregivers of children ages 0-16 years.	Young Children (ages 0-5) Children
31	UCLA Ties Transition Model (UCLA TTM)	UCLA Ties Transition Model (TTM) – Young Children. UCLA Ties Transition Model is a multi-tiered transitional and supportive intervention for adoptive parents of high-risk children. Families participate in three 3-hour psycho-educational groups. Additional service and support options available to families, including older children, for up to one year (e.g., monthly support sessions, adoption-specific counseling, home visiting if child is less than age 3, interdisciplinary educational and pediatric consultation).	Young Children (ages 0-5)

3. **PERSONS TO BE SERVED**

3.1 The PEI programs shall target services towards young children, children, TAY, adults, and older adults and/or their parents/caregivers. The PEI programs are intended as an early intervention for all age groups who may be at risk for acting-out or who are diagnosed with or at risk of any number of mental health symptoms associated with depression, anxiety, psychological trauma, or co-occurring disorders, and are intended particularly for those individuals who are not currently receiving mental health services.

3.2 The PEI Plan identified specific EBPs, PPs, and CDEs for each of the nine designated PEI Projects. Table 2 lists the PEI programs that are assigned to each PEI project. DMH will assign the designated percentage of claims to the appropriate PEI project.

Table 2. PEI Programs Assigned to PEI Projects

PEI PROGRAMS	Project 1. School-Based Services	Project 2. Family Education and Support	Project 3. At-Risk Family Services	Project 4. Trauma Recovery Services	Project 5. Primary Care & Behavioral Health	Project 6. Early Care and Support for TAY	Project 7. Juvenile Justice Services	Project 8. Early Care and Support for Older Adults	Project 9. Improving Access to Under-served Populations
1. ART	33.3%					33.3%	33.3%		
2. AF-CBT			100%						
3. BSFT			100 %						
4. CFOF		50%	50%						
5. CPP			50%	50%					
6. CBITS	50 %						50%		
7. CAPPS						100%			
8. CORS				100%					
9. DTQI						50%	50%		
10. FOCUS									100%
11. FFT							100%		
12. GLBT									100%
13. Group CBT			100%						
14. IY		50%	50%						
15. IPT						100%			
16. LIFE							100%		
17. MAP	25%	25%	25%	25%					
18. MHIP					100%				
19. MPP		50%	50%						
20. MDFT	25%					50%	25%		
21. MST							100%		
22. PATHS	50%	50%							
23. PCIT			50%	50%					
24. PEARLS								100%	
25. PE-PTSD									100%
26. RPP		100%							
27. SS				50%		50%			
28. SF	100%								
29. TF-CBT				25%		25%	25%		25%
30. Triple P		50%	50%						
31. UCLATTM			100%						

4. **SERVICE DELIVERY SITE**

Services shall be delivered at the service delivery sites listed in the Agreement. Contractor shall request approval from the DMH PEI Program Manager in writing a minimum of 60 days before terminating services at any of the location(s) listed on its Agreement and/or before commencing services at any other location(s) not previously approved in writing by the DMH PEI Program Manager. All service delivery sites listed on the Contractor's Agreement shall be operational within 30 days of the commencement of the Agreement.

5. **PROGRAM ELEMENTS AND SERVICES**

Contractor shall provide the following services:

5.1 Culturally and Linguistically Appropriate Services. Services shall be delivered by professional staff that have similar cultural and linguistic backgrounds to those of the client population(s) being served. Contractors shall understand and utilize the strengths of culture in service delivery and incorporate the languages and cultures of their clients into the services that provide the most effective outcomes. If a Contractor elects to deliver specialized linguistically appropriate services through a subcontract agreement [refer to Agreement paragraph on Subcontracting] then Contractor shall ensure that individuals providing these services are participating members of multi-disciplinary teams.

5.2 Program Model. The PEI programs are empirically based and research proven treatment models, which are effective for resolving symptoms of PTSD, depression, anxiety, behavioral difficulties, substance abuse, and/or other problems related to trauma. Specifically, vis-à-vis group therapy sessions, complimented by individual and parent/collateral therapy sessions, during which the PEI programs techniques are implemented and reinforced, participants evidenced a significant improvement in behavioral and mental health symptoms. The PEI programs may incorporate psychoeducation and parent education, relaxation training, cognitive therapy, real-life exposure, affective modulation, and/or social problem solving skills.

5.3 Outpatient Mental Health Services. The PEI programs models identified above may be offered via usual outpatient modes of service listed below. Some services such as medication support or crisis intervention, which are not formal aspects of the PEI programs curricula, may also be offered during the course of

treatment in order to provide for emergent client needs. However, clients requiring additional care extending beyond completion of these programs curricula should be referred to specialty mental health services for longer term or more intensive interventions. Contractors retain clinical responsibility for such cases until they are successfully transitioned. All Outpatient Mental Health Services should be implemented by staff who reflect the community's cultural, ethnic and language characteristics.

5.3.1 Individual Therapy. Services are provided for individual clients utilizing the PEI programs curricula. As with most PEI interventions, individual therapy is limited to the treatment protocols contained within the programs materials. In most instances, individual therapy is short-term and in most cases, should terminate following the completion of the programs curricula. Clinical tasks include developing diagnoses, treatment planning, and the provision of the programs curricula.

5.3.2 Collateral. Collateral sessions with parents or caregivers are scheduled parallel to the child's individual sessions. These sessions may occur weekly at the onset of treatment and taper over the course therapy, as the clinician transitions from the parallel individual and collateral sessions to conjoint parent-child sessions. In those situations where on-going contact with individual parents/caregivers is desirable, then the family should be transitioned to a more intensive service. Clinical tasks include completing the intake assessment, psychoeducation and developing parenting skills, completing screenings and outcome measures, and treatment referrals.

5.3.3 Family Therapy. Services are provided for families utilizing the PEI programs curricula. As with most PEI interventions, family therapy is a component of the programs curricula. In most instances, family therapy is short-term and should terminate following the completion of these programs curricula. These services include developing diagnoses, treatment planning, and the provision of these programs curricula.

5.3.4 Assessment. Services are provided at intake and other critical junctures during the PEI programs curricula in order to ascertain progress. Clinical tasks include intake assessment, screenings, and on-going clinical assessment of treatment outcomes.

5.3.5 Case Management. This service is meant for clients in order to keep them engaged with treatment or connected with other ancillary services. Clinical tasks include referral and linkage to specialty mental health services. Contractor will identify appropriate referrals to those patients that are in need of a longer term or more intensive treatment. In these situations, Contractor will retain clinical responsibility for such cases until they are successfully transitioned into the appropriate setting.

5.3.6 Crisis Intervention. This service is available for situations where immediate action is necessary to help families manage crises. Clinical tasks include brief assessment or screenings, crisis intervention protocols, and treatment referrals.

5.3.7 Medication Support. This service is available for situations where a child has been identified with a disorder amenable to psychotropic medication. Medication support can work in conjunction with the other services above. Clinical tasks include prescribing, administering, and dispensing medications, and assessment of medication effects.

5.3.8 Team Conferencing/Case Consultation. This service is available to assist in treatment planning, supervision, and fidelity adherence procedures. Clinical tasks include clinical case consultation, team conferencing, and fidelity control procedures.

5.4 Core and Ancillary Services. Each EBP/PP/CDE has specific services that are core (mandatory) to that particular model. Ancillary (optional) services may also be billed. Attachment A identifies the core and ancillary services for each PEI EBP/PP/CDE model. This listing is subject to revision by DMH and notification to the Contractor.

6. STAFF TRAINING

6.1. Mandatory Training. Unless approved by DMH, agency staff must be sufficiently trained in the EBP, PP, or CDE prior to providing the specific PEI programs as a direct service. For staff that has had prior training, but may not have been actively practicing the service, a refresher course or booster training session is highly recommended.

6.2 Training Coordinator. Contractor shall identify a Training Coordinator to 1) to identify staff eligible for training who meet the minimum professional

qualifications to provide PEI program services; 2) identify staff with sufficient prior training to offer the specific PEI program services; and 3) ensure training on the EBP/PP/CDE model to maintain a high standard of care and treatment fidelity; and 4) submit documentation to DMH attesting that identified staff have met the standards required in the EBP/PP/CDE protocol. Contractor shall provide the Training Coordinator's contact information to DMH PEI Administration.

6.3 EBP/PP/CDE Trained Staff. Contractor shall provide DMH with periodic written reports as requested identifying the staff providing EBP/PP/CDE services, including information on professional credentials, licensure/waivers, discipline, EBP/PP/CDE workshop/training attended with dates of attendance, and any certifications that resulted from training activities.

6.4 Authorized Trainers. Only trainers who are currently authorized and acknowledged by the EBP/PP/CDE developer (or individual or corporate entity holding copyrights and/or intellectual property rights for the EBP/PP/CDE service) are considered sufficiently qualified to train agency staff under the scope of this protocol. It is the responsibility of the provider agency and training coordinator to insure that only authorized trainers are used.

7. SERVICE GOALS AND OUTCOMES

Each PEI EBP/PP/CDE has identified outcomes and outcome measures that must be utilized in the delivery of services. The utilization of the outcome measures and reporting of the data is mandatory. The outcome measures for each EBP/PP/CDE are listed in Attachment B – PEI Outcomes Measures. The outcomes measures on this chart are subject to change.

8. QUALITY MANAGEMENT AND DATA COLLECTION

8.1 Quality Management,

8.1.1 Contractor shall establish and implement a comprehensive written Quality Management Program and Plan including Quality Assurance and Quality Improvement processes to ensure the organization monitors, documents and reports on required EBP/PP/CDE services provided and that identified measurable performance outcomes are attained. Quality Management activities are focused on assuring that the quality of

services meets the contract requirements for the timeliness, accuracy, completeness, consistency and conformity to requirements as set forth in this Service Exhibit. The plan shall be submitted to DMH for review and approval. The plan shall be effective on the contract start date and shall be updated and re-submitted as changes are needed and/or as changes occur.

8.1.2 Contractor's plan shall specifically describe the methods by which performance outcomes will be measured and attained. The plan shall describe the quality monitoring methods and activities to be implemented to assure the stated measurable performance outcomes and specified contract requirements are met, including qualifications of monitoring staff, samples of monitoring forms and identification of related accountability reporting documents. The plan shall describe the methods and frequency by which the qualifying knowledge, skills, experience, and appropriate licenses and/or credentials of professional staff is properly assured, supervised, and maintained during the life of the contract. Further, the plan shall describe methods for identifying, preventing and correcting barriers/deficiencies/problems related to the quality of services provided before the level of performance becomes unacceptable. The description of the methods shall include quality improvement strategies and interventions. The Contractor's plan shall be in keeping with the Department's Quality Improvement Work Plan, to the extent possible and as appropriate, with a focus on monitoring and improving the services provided and ensuring performance outcomes are achieved.

8.2 Data Collection. Contractor shall have the ability to collect, manage, and submit data and reports as directed by the DMH to demonstrate, profile, track, and document the effectiveness of: services delivered, performance outcomes, and quality improvement interventions including pertinent demographics of persons receiving services. Contractor's plan shall include a description of appropriate specific measures and data analysis methods that are currently in place and/or those to be developed to ensure accuracy of data for services delivered and performance outcomes measured. The plan shall include a description of how data accuracy problems will be managed and resolved including a description of

current data collection, data entry, data analysis, data reporting, and/or other data accuracy problems and actions already taken.

9. **PERFORMANCE-BASED CRITERIA:**

9.1 DMH shall evaluate Contractor on five (5) Performance-based Criteria that shall measure the Contractor's performance related to operational measures that are indicative of quality program administration. These criteria are consistent with the MHSA and the PEI Plan. These measures assess the agency's ability to provide the required services and to monitor the quality of the services.

9.2 Contractor shall collaborate with DMH to provide processes for systematically evaluating quality and performance indicators and outcomes at the program level. Should there be a change in federal, State and/or County policies/regulations, DMH, at its sole discretion, may amend these Performance-based Criteria via a contract amendment.

9.3 Contractor shall cooperate with DMH in the regularly scheduled monitoring of the program, including review of agency and program records, site visits, telephonic conferences, correspondence, and attendance at contractor meetings where the Contractor's adherence to the performance-based criteria will be evaluated.

9.4 The Performance-based Criteria for each EBP/PP/CDE are as follows:

PERFORMANCE-BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
1. Agency has required multidisciplinary and multi-lingual team staffing	Negotiation package, staff roster, List of Treatment Staff Language Capability	Agency hires staff as stipulated annually resulting in an increase of culturally and linguistically appropriate staff
2. Complete and accurate records are maintained that track referrals, usage, expenditure, as well as specific demographic, diagnostic, and outcome data for program participants	Review of monthly utilization reports for accuracy and completeness	Proposer maintains an accurate and complete database for the EBP/PP/CDE, including all relevant back-up documentation, (e.g., referral forms) and required reports are submitted to DMH on or before due date.
3. Agency identifies and appropriate staff responds to referrals in a timely manner	Centralized tracking of patients and time-to-treat interval	100% of referrals are assigned to the EBP/PP/CDE treatment within two weeks of contact

PERFORMANCE-BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
4. Treatment protocols used are consistent with evidence based treatment guidelines	Verification of staff training and utilization of training and treatment manuals	100% of clients and their families receive treatment consistent with the EBP/PP/CDE Program
5. Agency has completed appropriate outcome measures, as determined by DMH	Agency completes appropriate outcome measures in formats and schedules designated by DMH	Outcome measurements are given at intake (prior to first session) and upon discharge

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MHSA PEI PROGRAMS CORE INTERVENTIONS AND ANCILLARY SERVICES GUIDE

Attachment A

Core Interventions are those services intrinsic to the delivery of expected outcomes for the PEI program. Ancillary Services are those services that are not Core Interventions of the PEI program, but are required to meet emergent client needs. They should be short-term and should terminate upon completion of the PEI program.
All service delivery must adhere to the Scope of Practice guidelines in the current version of *A Guide to Procedure Codes for Claiming Mental Health Services* . The current version is available on the County of Los Angeles Department of Mental Health website. For a complete list of Options 1 and 2 of the Evidence-Based Practices/Service Strategies, please refer to the following link: http://dmh.lacounty.gov/hipaa/documents/PEITABLERevisedV9_002.pdf.

	Selecting an EBP/SS Option When claiming Core Interventions under Option 2, an EBP Code must be selected and, when appropriate, up to two Service Strategies.	Selecting an EBP/SS Option When claiming an Ancillary Service, you must select codes from either Option 1 or Option 2. Under Option 1 select either 00 = No EBP/SS or 99 = Unknown EBP/SS. Under Option 2, you may select up to 3 Service Strategies only; an EBP should never be selected.
PEI Program	**Core Interventions** (A minimum of 51% of PEI services delivered)	**Ancillary Services*** (Not to exceed 49% of PEI services delivered)
AFCBT (Abuse Focused-Cognitive Behavioral Therapy)	Under Development	Definition of Ancillary: Any mental health service listed in your agency contract but not listed in this table as a core intervention for the specific PEI Program can be claimed to the appropriate PEI Plan in the same manner that the core interventions are claimed while the individual is receiving core intervention mental health services under a PEI Program.
ART (Aggression Replacement Training)	Assessment Collateral Group Psychotherapy Group Rehabilitation Individual Psychotherapy *(To "make up" a missed group session)* Individual Rehabilitation Service *(To "make up" a missed group session)*	
BST (Brief Strategic Family Therapy)	Assessment Collateral Family Psychotherapy Individual Psychotherapy Individual Rehabilitation Service Targeted Case Management	

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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MHSA PEI PROGRAMS CORE INTERVENTIONS AND ANCILLARY SERVICES GUIDE

PEI Program	**Core Interventions** (A minimum of 51% of PEI services delivered)	**Ancillary Services*** (Not to exceed 49% of PEI services delivered)
CBITS (Cognitive Behavioral Intervention for Trauma in Schools)	Assessment Collateral Group Psychotherapy Individual Psychotherapy Individual Rehabilitation Service *(For the purpose of administering the developer - specified Foa PTSD Screening Tool)*	
CFOF (Caring for Our Families)	Assessment Collateral Family Psychotherapy Group Psychotherapy Group Rehabilitation Individual Psychotherapy Individual Rehabilitation Targeted Case Management	
CORS (Crisis Oriented Recovery Services)	Assessment Collateral Family Psychotherapy Group Psychotherapy Individual Psychotherapy Targeted Case Management	Definition of Ancillary: Any mental health service listed in your agency contract but not listed in this table as a core intervention for the specific PEI Program can be claimed to the appropriate PEI Plan in the same manner that the core interventions are claimed while the individual is receiving core intervention mental health services under a PEI Program.
CPP (Child Parent Psychotherapy)	Assessment Collateral Crisis Intervention Family Psychotherapy *(Joint parent-child)* Individual Psychotherapy Individual Rehabilitation Service *(Concrete assistance with activities of daily living)* Interactive Psychotherapy *(Individual-play)* Targeted Case Management	
DTQI (Depression Treatment Quality Improvement Intervention)	Assessment Collateral Group Psychotherapy Individual Psychotherapy Targeted Case Management	

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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MHSA PEI PROGRAMS CORE INTERVENTIONS AND ANCILLARY SERVICES GUIDE

PEI Program	**Core Interventions** (A minimum of 51% of PEI services delivered)	**Ancillary Services*** (Not to exceed 49% of PEI services delivered)
EDIPP (Early Detection & Intervention for Prevention of Psychosis)	Assessment Collateral Family Psychotherapy Group Rehabilitation *(Based on type of service and not on professional delivering the service)* Individual Psychotherapy Individual Rehabilitation Service *(Based on type of service and not on professional delivering the service)* Multi-family Group Psychotherapy Targeted Case Management	Definition of Ancillary: Any mental health service listed in your agency contract but not listed in this table as a core intervention for the specific PEI Program can be claimed to the appropriate PEI Plan in the same manner that the core interventions are claimed while the individual is receiving core intervention mental health services under a PEI Program.
FFT (Functional Family Psychotherapy)	Assessment Collateral Family Psychotherapy	
GLBT (GLBT CHAMPS: Comprehensive HIV & At-Risk Mental Health Services)	Under Development	
Group Cognitive Behavioral Therapy of Major Depression	Under Development	
IMPACT (Improving Mood-Promoting Access to Collaborative Treatment)	Under Development	
IPT (Interpersonal Psychotherapy for Depression)	Assessment Family Psychotherapy Group Psychotherapy Group Rehabilitation Individual Psychotherapy Individual Rehabilitation Service	
IY (Incredible Years)	Assessment Collateral Group Psychotherapy	

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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MHSA PEI PROGRAMS CORE INTERVENTIONS AND ANCILLARY SERVICES GUIDE

PEI Program	Core Interventions (A minimum of 51% of PEI services delivered)	Ancillary Services* (Not to exceed 49% of PEI services delivered)
LIFE (Loving Intervention Family Enrichment Program)	Assessment Collateral Group Psychotherapy Group Rehabilitation Multi-family Group Psychotherapy	Definition of Ancillary: Any mental health service listed in your agency contract but not listed in this table as a core intervention for the specific PEI Program can be claimed to the appropriate PEI Plan in the same manner that the core interventions are claimed while the individual is receiving core intervention mental health services under a PEI Program.
MAP (Managing & Adapting Practice)	Assessment Collateral Family Psychotherapy Group Psychotherapy Group Rehabilitation Services Individual Psychotherapy Interactive Group Psychotherapy Interactive Psychiatric Diagnostic Interview Interactive Psychotherapy (Individual-play) Individual Rehabilitation Services Multi-family Group Psychotherapy Targeted Case Management Team Conference/Case Consultation	
MDFT (Multidimensional Family Therapy)	Assessment Collateral Family Psychotherapy Individual Psychotherapy Targeted Case Management Team Conference/Case Consultation	
MST (Multisystemic Psychotherapy)	Assessment Collateral Family Psychotherapy Targeted Case Management	
PCIT (Parent-Child Interaction Therapy)	Assessment Collateral Family Psychotherapy	
PE (Prolonged Exposure Therapy for Posttraumatic Stress Disorder)	Under Development	
Reflective Parenting Program	Under Development	

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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MHSA PEI PROGRAMS CORE INTERVENTIONS AND ANCILLARY SERVICES GUIDE

PEI Program	**Core Interventions** (A minimum of 51% of PEI services delivered)	**Ancillary Services*** (Not to exceed 49% of PEI services delivered)
Seeking Safety	Assessment Family Psychotherapy Group Psychotherapy Group Rehabilitation Services Individual Psychotherapy Individual Rehabilitation Service Targeted Case Management	Definition of Ancillary: Any mental health service listed in your agency contract but not listed in this table as a core intervention for the specific PEI Program can be claimed to the appropriate PEI Plan in the same manner that the core interventions are claimed while the individual is receiving core intervention mental health services under a PEI Program.
SFP (Strengthening Families Program)	Assessment Collateral Family Psychotherapy Individual Psychotherapy	
TF-CBT (Trauma Focused Cognitive Behavioral Psychotherapy)	Assessment Collateral Family Psychotherapy *(Referred to as conjoint in TF-CBT model)* Individual Psychotherapy	
Triple P Level 4 Standard/Standard Teen (Positive Parenting Program)	Assessment Collateral	
Triple P Level 4 Group (Group Positive Parenting Program)	Assessment Collateral - Individiual or Group *(Per Facilitator's Manual for Group Triple P)* Multi-family Group Psychotherapy (*For group of parents*) *(This service can only be claimed by staff trained in Level 4 Group Triple P)*	
Triple P Level 5 Pathways	Assessment Collateral *(For individul or group of parents)* Multi-family Group Psychotherapy *(For group of parents)*	
Triple P Level 5 Enhanced	Assessment Collateral	

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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MHSA PEI PROGRAMS CORE INTERVENTIONS AND ANCILLARY SERVICES GUIDE

PEI Program	**Core Interventions** (A minimum of 51% of PEI services delivered)	**Ancillary Services*** (Not to exceed 49% of PEI services delivered)
UCLA TTM (UCLA Ties Transition Model)	Assessment Collateral Family Psychotherapy Group Psychotherapy Individual Psychotherapy Interactive Psychiatric Assessment Interactive Psychotherapy *(Individual-play)* Multi-family Group Psychotherapy Targeted Case Management Team Conference/Case Consultation	Definition of Ancillary: Any mental health service listed in your agency contract but not listed in this table as a core intervention for the specific PEI Program can be claimed to the appropriate PEI Plan in the same manner that the core interventions are claimed while the individual is receiving core intervention mental health services under a PEI Program.

*** Agencies interested in providing Psychological Testing as a PEI Ancillary Service should contact their Lead District Chief.**

This Guide, prepared by DMH, lists and defines the compliant codes that the DMH believes reflects the services it provides throughout its system, whether by directly-operated or contracted organizational providers or individual, group, or organizational network providers. This analysis does not, however, absolve Providers, whether individuals or agencies from their responsibility to be familiar with nationally compliant codes and to inform and dialogue with the DMH should they believe differences exist.

REVISED: 3/18/2011

Attachment B

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
Program Support Bureau - MHSA Implementation Unit
Prevention & Early Intervention (PEI) Evidenced Based Practices (EBP) OUTCOME MEASURES

FOCUS OF TREATMENT	EBS, CDEs, PP	Age	GENERAL OUTCOME MEASURE	Age	AVAILABLE LANGUAGES	SPECIFIC OUTCOME MEASURE	Age	AVAILABLE LANGUAGES
ANXIETY	Managing and Adapting Practice (MAP) - *Anxiety & Avoidance* **	3-19	Youth Outcome Questionnaire - 2.01 (Parent) Youth Outcome Questionnaire - Self-Report - 2.0 Outcome Questionnaire - 45.2*	4-17 12-18 19+	English Spanish	Revised Child Anxiety and Depression Scales (RCADS) - Parent Revised Child Anxiety and Depression Scales (RCADS) - Child	6-18 6-18	Chinese, English, Spanish
TRAUMA	Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) *	3-18	Youth Outcome Questionnaire - 2.01 (Parent) Youth Outcome Questionnaire - Self-Report - 2.0 Outcome Questionnaire - 45.2*	4-17 12-18 19+	English Spanish	UCLA PTSD-Reaction Index for Children and Adolescents (UCLA PTSD-RI) – Parent UCLA PTSD-Reaction Index for Children and Adolescents (UCLA PTSD-RI) – Child	3 – 18 6 - 20	Arabic; Chinese; English; Japanese; Persian; Russian; Spanish
	Seeking Safety (SS)	13-20						
	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	10-15						
	Managing and Adapting Practice (MAP) - *Traumatic Stress* **	2-18						
	Abuse Focused-Cognitive Behavioral Theapy (AF-CBT)	6 - 15						
TRAUMA	Child Parent Psychotherapy (CPP)	0-6	Youth Outcome Questionnaire - 2.01 (Parent)	4+	English Spanish	*Trauma Symptom Checklist for Young Children ¥	3 - 6	Chinese, English, Korean, Spanish
TRAUMA	Prolonged Exposure for PTSD (PE)	18 -70	Outcome Questionnaire - 45.2*	18+	English Spanish	PTSD Symptom Scale (PDS)	18 - 70	English
DEPRESSION	Interpersonal Psychotherapy for Depression (IPT)	12-18	Youth Outcome Questionnaire - 2.01 (Parent) Youth Outcome Questionnaire - Self-Report - 2.0 Outcome Questionnaire - 45.2*	4-17 12-18 19+	English Spanish	Patient Health Questionnaire - 9	12 +	Arabic; Chinese (Cantonese, Mandarin); English; Korean; Russian; Spanish
	Depression Treatment Quality Improvement (DTQI)	12-20						
	Managing and Adapting Practice (MAP) - *Depression and Withdrawal* **	8-21						
DEPRESSION	Group Cognitive Behavioral Therapy of Major Depression (Group CBT for Depression)	18 +	Outcome Questionnaire - 45.2	18+	English Spanish	Patient Health Questionnaire - 9	18+	Arabic; Chinese; English; Korean; Russian; Spanish
	Improving Mood-Promoting Access to Collaborative Treatment (IMPACT)	18 - 64				PHQ-9, GAD, PTSD-Screen	18 - 64	
PARENTING and FAMILY DIFFICULTIES	Triple P Positive Parenting Program (Triple P)	0-18	Youth Outcome Questionnaire - 2.01 (Parent) Youth Outcome Questionnaire - Self-Report - 2.0	4-17 12-18	English Spanish	Eyberg Child Behavior Inventory Sutter Eyberg Student Behavior Inventory [when parent is unavailable]	2 – 16 2 – 16	Chinese; English (USA); Japanese; Korean; Russian; Spanish
	Incredible Years (IY)	0-12						
	Parent – Child Interaction Therapy (PCIT)	0-12						
	UCLA Ties Transition Model (UCLA Ties) CDE	0-8						
	Reflecting Parenting Program (RPP) CDE	0-12						

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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
Program Support Bureau - MHSA Implementation Unit
Prevention & Early Intervention (PEI) Evidenced Based Practices (EBP) OUTCOME MEASURES

FOCUS OF TREATMENT	EBS, CDEs, PP	Age	GENERAL OUTCOME MEASURE	Age	AVAILABLE LANGUAGES	SPECIFIC OUTCOME MEASURE	Age	AVAILABLE LANGUAGES
PARENTING & FAMILY DIFFICULTIES	Caring for Our Families (CFOF) CDE	5-11	Youth Outcome Questionnaire - 2.01 (Parent)	4 - 17	English Spanish	Child Behavior Checklist (CBCL) Youth Self-Report Form (YSR) Teacher Report Form (TRF) Family Assessment Form (FAF)	6-18 11-18 6-18 N/A	Arabic, Armenian, Cambodian, Chinese, English, Japanese, Korean, Russian, Spanish, Tagalog, Vietnamese
	Nurse Family Partnerships (NFP)	11-35	Outcome Questionnaire 10.2	18+	English Spanish	Patient Health Questionnaire – 9 Ages and Stages Questionnaire Parenting Stress Index, 3rd Edition	12 – 35 3mos+ 3mos+	English
DISRUPTIVE BEHAVIOR DISORDERS	Aggression Replacement Training (ART)	12-17	Youth Outcome Questionnaire - 2.01 (Parent) Youth Outcome Questionnaire - Self-Report - 2.0 Outcome Questionnaire - 45.2*	4-17 12-18 19+	English Spanish	Eyberg Child Behavior Inventory Sutter Eyberg Student Behavior Inventory [when parent is unavailable]	2 – 16 2 – 16	Chinese; English (USA); Japanese; Korean; Russian; Spanish
	Aggression Replacement Training - *Skill Streaming* (ART)	5-12						
	Managing and Adapting Practice (MAP) - *Disruptive Behavior*	0-21						
SEVERE BEHAVIORS / CONDUCT DISDRERS	Brief Strategic Family Therapy (BSFT)	10-18	Youth Outcome Questionnaire - 2.01 (Parent) Youth Outcome Questionnaire - Self-Report - 2.0	4-17 12-18	English Spanish	Revised Behavior Problem Checklist - PAR Edition	5-18	English
	Multidimensional Family Therapy (MDFT)	11-18						
	Strengthening Families Program (SFP)	3-16						
	Loving Intervention Family Enrichment (LIFE) CDE	10-17						
SEVERE BEHAVIORS / CONDUCT DISORERS	Functional Family Therapy (FFT)	10-18	Youth Outcome Questionnaire - 2.01 (Parent) Youth Outcome Questionnaire - Self-Report - 2.0	4-17 12-18	English Spanish	Developer Required: Clinical Services System Client Outcome Measure Therapist Outcome Measure	10-18	English
	Multisystemic Therapy (MST)	11-17				Developer Required: Therapist Adherence Measure Supervisor Adherence Measure	11-17	English
CRISIS	Crisis Oriented Recovery Services (CORS)	3+	Youth Outcome Questionnaire - 2.01 (Parent) Youth Outcome Questionnaire - Self-Report - 2.0 Outcome Questionnaire - 45.2*	4-17 12-18 19+	English Spanish	BASIS-24	18+	English
FIRST BREAK / TAY	Early Detection & Intervention for Prev. of Psychosis (EDIPP)	12-20	Youth Outcome Questionnaire - 2.01 (Parent) Youth Outcome Questionnaire - Self-Report - 2.0 Outcome Questionnaire - 45.2*	4-17 12-18 19+	English Spanish	BASIS-24 ¥	18+	English

* Outcome collection for TF-CBT should have begun in December 2010 (MHSA Implementation memo dated 12/14/2010)

** Providers should have begun collecting outcomes for MAP-Anxiety, MAP-Traumatic Stress and MAP-Depression in February 2011 (MHSA Implementation memo dated 2/22/2011)

¥ Outcome data for CPP and EDIPP shall be submitted to DMH at intake, 6-month intervals and discharge

Treatments Requiring Further Action

MISC.	GLBT Comprehensive HIV & At-Risk MHS (GLBT CHAMPS) CDE**	15 - 25	Youth Outcome Questionnaire - 2.01 (Parent) Youth Outcome Questionnaire - Self-Report - 2.0 Outcome Questionnaire - 45.2*	4-17 12-18 19+	English Spanish	*RCADS (6-18); PHQ-9 (12+); BASIS-24 (18+); SF-12 ( ); CIDI ( ); Young Mania Scale ( );*		*HOLD - Per PEI Admin.*

revised: 3/28/2011

Attachment II

COUNTY OF LOS ANGELES

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

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
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550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

BOARD OF SUPERVISORS
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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

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

January 31, 2012

TO: Each Supervisor

FROM: Robin Kay for
Marvin J. Southard, D.S.W.
Director

SUBJECT: **REQUEST TO INCREASE DELEGATED AUTHORITY PERCENTAGE FOR LEGAL ENTITY AGREEMENT WITH PEDIATRIC & FAMILY MEDICAL CENTER FOR FISCAL YEAR 2011-12**

This memorandum is to comply with Board Policy Manual, Section 5.120, Authority to Approve Increases to Board Approved Contract Amounts. The Policy mandates that any department requesting a percentage increase in delegated authority exceeding ten percent of the total contract amount must provide a detailed justification and advance written notice to your Board, with a copy to the Chief Executive Officer, at least two weeks prior to the Board Meeting at which the proposed contract is to be presented.

The Department of Mental Health (DMH) requests an additional ten percent for a total of twenty percent delegated authority for the Legal Entity (LE) Agreement with Pediatric & Family Medical Center dba Eisner Pediatric & Family Medical Center. This will allow DMH to expand the mental health services, staff training, and community education at the existing Prevention and Early Intervention Program under Mental Health Services Act targeting individuals age 20 and under. The prevention and early intervention treatment for this population has potential to benefit individuals in need (a) at the preventive stage to reduce risk factors or stressors, building protective factors and skills, and increasing support; and (b) at an early intervention stage to restore their adaptive functional level in the community.

Should there be a need to exceed the twenty percent delegated authority, DMH will return to your Board with a request for authority to amend the LE Agreement accordingly.

If you have any questions or concerns, please contact me, or your staff may contact Richard Kushi, Chief, Contracts Development and Administration Division, at (213) 738-4684.

MJS:MM:RK:MM

c: Executive Officer, Board of Supervisors
Chief Executive Officer
County Counsel
Robin Kay, Ph.D.
Margo Morales
Deputy Directors
District Chiefs
Kimberly Nall
Richard Kushi