Los Angeles County
DEPARTMENT OF MENTAL HEALTH

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
28 July 31, 2018
CELIA ZAVALA
ACTING EXECUTIVE OFFICER

July 31, 2018

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 THE DEPARTMENT OF MENTAL HEALTH AFFILIATION AGREEMENT WITH THE REGENTS OF THE UNIVERSITY OF CALIFORNIA FOR THE PROVISION OF ACADEMIC SERVICES FOR FISCAL YEAR (FY) 2018-19
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)

SUBJECT

Request approval to amend the Department of Mental Health Affiliation Agreement with The Regents of the University of California for the provision of academic training services for Fiscal Year 2018-19.

IT IS RECOMMENDED THAT THE 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) Affiliation Agreement with The Regents of the University of California (The Regents) to expand services to provide additional academic training. The amendment will be effective upon your Board's approval and will increase the maximum compensation amount for Fiscal Year (FY) 2018-19 by $11,308,407 and is fully funded by the State Mental Health Services Act (MHSA) revenue.

2. Delegate authority to the Director, or his designee, to prepare, sign, and execute amendments, and establish a new Maximum Compensation Amount (MCA) provided that: 1) the County's total payment to the contractor for each FY does not exceed an increase of ten percent (10%) from the last Board approved MCA which includes the aggregate of the original agreement and subsequent amendments; 2) any such increase will be used to provide additional services/training and/or, reflect federal, State, and County regulatory and/or policy changes; 3) sufficient funds are available; 4) the

parties mutually agree to increase or reduce programs or services; and 5) subject to the prior review and approval as to form by County Counsel, with written notice to the Board and Chief Executive Officer.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Board approval of Recommendations 1 and 2 will enable DMH to amend the Affiliation Agreement with The Regents for FY 2018-19 to expand academic training services provided by The Regents.

Expansion of academic training services provided by The Regents is authorized under the Affiliation Agreement as Other Academic Training Services (OATS). OATS provide training and education services to DMH's directly operated (DO) and Legal Entity contractors to strengthen DMH's ability to deliver services to underserved populations throughout Los Angeles County (County), consistent with the MHSA. Through its long-standing affiliation with DMH, UCLA has developed a deep understanding of the County's mental health system giving it the ability to provide customized trainings that meet the unique needs of DMH staff and its client population.

This specific expansion of OATS includes the following services:

1. Expansion of Families Overcoming Under Stress (FOCUS) training for DMH directly operated and contracted providers in Service Area 6 to address the training needs of providers serving children and families with extensive exposure to trauma. (See Addendum B—Attachment II)

2. Expansion for the Center for Trauma Training that develops curricula and trains DMH staff and community partners on Trauma and Resilience Informed Care for specialized populations. (See Addendum B—Attachment II)

3. Establishment of the Initiative for Community Psychiatry (ICP) to provide support, coordination, and technical assistance that will develop and refine a new set of specialized Full Service Partnership (FSP) teams designed to treat disengaged and difficult to engage homeless individuals needing primary psychiatric support to gain housing stability. The ICP seeks to implement one of the recommendations adopted by your Board on October 17, 2017 as part the Standard of Care for the Mentally Ill report back. The adopted recommendation supports the development of new FSP models to specifically address the needs of the chronically homeless with mental illness. (See Addendum C—Attachment III)

4. Establishment of an FSP Training and Implementation Program that will develop a cutting edge supportive program that will support all extant FSP teams to improve the quality and consistency of their services across Los Angeles County. This training component builds upon previous and recently completed assessments of the DMH FSP programs and addresses the recommendations from the evaluation of Assisted Outpatient Treatment (AOT), which found that FSP teams needed support and guidance in working more effectively with the clients referred by AOT and in better understanding of the AOT model. (See Addendum C—Attachment III)

Implementation of Strategic Plan Goals

The recommended Board actions are consistent with County Strategic Plan Goal 3, "Realize Tomorrow's Government Today," specifically, Strategy III.1 – "Continually Pursue Development of Our Workforce."

FISCAL IMPACT/FINANCING

For FY 2018-19 the increase is $11,308,407 and will increase the Maximum Compensation Amount (MCA) from the current total of $943,938 to a revised total of $12,252,345, which is fully funded by MHSA revenue. The funding for this amendment will be included in the DMH's FY 2018-19 Supplemental budget request.

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

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On June 21, 2018, DMH posted a mid-year adjustment to the annual update fiscal year 2018-19 workforce education and training plan on the DMH website. In accordance with Welfare and Institutions Code Section 5892 counties may transfer up to 20% of the average amount of Community Services and Supports (CSS) Plans annual funds allocated to the county for the previous 5 fiscal years to Capital Facilities, Technological Needs (Information Technology), Workforce Education and Training (WET) or the Prudent Reserve DMH. The funds transferred for WET will allow DMH to expand OATS.

On October 31, 2017 your Board delegated authority (DA) to DMH to amend the Agreement to provide additional services or to reflect program and/or federal, State, and County policy changes. DMH is using the DA to add a new OATS addendum to the Agreement. However, any addendum adding OATS which requires an increase in the maximum compensation amount above the amount allowed in the Board of Supervisor's delegation to the Director must be approved by the Board to be effective. Accordingly, DMH is requesting approval to amend this Agreement in an amount that exceeds the approved DA for FY 2018-19 for expansion of academic services, which includes OATS training and education services as described above. This Contract is due to expire on June 30, 2019. If an increase beyond the approved DA is required during FY 2018-19, DMH will return to your Board for approval.

The Regents' Agreement only includes academic related services with stringent requirements and principles of accountability for UCLA, including the criteria upon which the scope of services may be expanded. Under the Agreement services may only be provided by UCLA faculty, UCLA employees, and UCLA trainees. Finally, the provision of OATS is restricted to those services where UCLA has exceptional expertise, or a particular ability as a result of its specialized understanding of DMH programs or its patient populations.

The Amendment (Attachment I) adds new OATS through the addition of Addenda B and C to the Agreement, and it has been approved as to form by County Counsel.

The County or its agent will monitor the Contractor's performance under this agreement on not less than an annual basis. Such monitoring will include assessing the Contractor's compliance with all contract terms and conditions and performance standards.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Board approval of the proposed action will strengthen DMH's ability to deliver care consistent withMHSA goals, increase the number of well-trained psychiatrists with public mental health

experience, and augment the skills of DO clinical staff thereby improving treatment outcomes, decreasing adverse events, and increasing client satisfaction.

Respectfully submitted,

JONATHAN E. SHERIN, M.D., Ph.D.
Director

JES:GP:AB:DKH:SK:rlr

Enclosures

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

ATTACHMENT I

CONTRACT NO. MH010106

AMENDMENT NO. 12

THIS AMENDMENT is made and entered into this 31st day of July, 2017, by and between the COUNTY OF LOS ANGELES (hereafter "County") and The Regents of the University of California (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated July 1, 2014, identified as County Agreement No. MH010106, and including any subsequent amendments (hereafter collectively "Agreement"); and

WHEREAS, said Agreement provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties; and

WHEREAS, on June 10, 2014, the Board of Supervisors approved delegated authority to the Director of Mental Health, or designee, to execute amendments to the Agreement; and

WHEREAS, for FY 2018-19, County and Contractor intend to amend this Agreement to expand Other Academic Training Services (OATS) by adding Addendum B Center for Excellence -- Center for Trauma Training (Center) and Addendum C Public Mental Health Partnership (PMHP); and

WHEREAS, Contractor warrants that it possesses the competence, expertise, and personnel necessary to provide services consistent with the requirements of this Agreement and consistent with the professional standard of care for these services; and

WHEREAS, for Fiscal Year (FY) 2018-19, County and Contractor intend to amend Agreement only as described hereunder.

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

1. For FY 2018-19, funding is **added** for the Center with a Maximum Compensation Amount (MCA) of **$2,925,407**. The Center's services funding total is **$2,925,407**.
2. For FY 2018-19, funding is **added** for PMHP with an MCA of **$8,383,000**. The PMHP services funding total is **$8,383,000**.
3. For FY 2018-19, Addendum B is attached hereto and incorporated herein by reference.
4. For FY 2018-19, Addendum C is attached hereto and incorporated herein by reference.
5. Agreement Funding Summary – 10 for FY 2017-18, shall be deleted in its entirety and replaced with Agreement Funding Summary – 12 for FY 2018-19, attached hereto and incorporated herein. Any reference to "Agreement Funding Summary – 10 for FY 2017-18 in the Agreement shall be deemed amended to state "Agreement Funding Summary – 12 for FY 2018-19."
6. For FY 2018-19, the revised MCA is **$12,252,345**.
7. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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

COUNTY OF LOS ANGELES

By _____
Jonathan E. Sherin, M.D., Ph.D.
Director of Mental Health

The Regents of the University of California
CONTRACTOR

By _____

Name Thomas Strouse, M.D.

Title Vice Chair, Clinical Affairs
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

Funding Summary 12
Fiscal Year 2018-19

The REGENTS of UCLA
Affiliation Agreement

Graduate Medical Education Services (GME Services)

Description	Funding Amount	Admin. Services Amount	Total
Augustus F. Hawkins MHC	$61,200	$7,840	$69,040
Edmund D. Edelman MHC	$99,114	$12,486	$111,600
Older Adult GENESIS	$122,375	$15,516	$137,891
National Clinician Scholars	$141,521	$0	$141,521
San Fernando MHC (Child Fellow)	$78,688	$0	$78,688
Total GME Services Funding	**$502,898**	**$35,842**	**$538,740**
Other Academic Training Services (OATS)			
Addendum A Academic Training			
COD System Wide Training Program	$142,438	$18,213	$160,651
Training & Consultation Program Treatment and Assessment of Older Adults	$26,910	$3,390	$30,300
Annual Statewide Integrated Care Conference	$138,642	$11,358	$150,000
Faculty Consultation	$10,200	$1,197	$11,397
Training & Consultation Program onTreatment and Assessment at School Based Mental Health Programs	$20,000	$0	$20,000
Training & Consultation Program on Treatment and Assessment at Transitional Age Youth	$29,850	$0	$29,850
Additional Training on Comorbid Conditions in MH aettings	$3,000	$0	$3,000
Total Addendum A - OATS	**$371,040**	**$34,158**	**$405,198**
Addendum B Center of Excellence Trauma Training program (CoE)			
Trauma Informed Training Program	$2,925,407	$0	$2,925,407
Total Addendum B - CoE	**$2,925,407**	**$0**	**$2,925,407**
Addendum C Public Mental Health Partnership (PMHP)			
Public Mental health Partnership	$8,383,000	$0	$8,383,000
Total Addendum C - PMHP	**$8,383,000**	**$0**	**$8,383,000**
Maximum Compensation Amount for FY 2018-19	**$12,182,345**	**$70,000**	**$12,252,345**

ATTACHMENT II

Addendum B

Center of Excellence –Center for Trauma Training

B1 INTRODUCTION

UCLA and DMH agree that this Addendum B shall be adopted under Section 3.0 ("Academic Services") of the Agreement of July 1t, 2014, between UCLA and DMH. UCLA and DMH further agree that this Addendum B shall be subject to all of the provisions of the Agreement governing Academic Services.

B2 DESCRIPTION OF SERVICES

B2.1 The Center of Excellence- Center for Trauma Informed Training (CoE)

UCLA will use a ***community-partnered participator approach*** for identification of community needs, training content development and implementation of trauma-informed practices. CoE will ***build collaborative Learning Communities*** to share best practices across County systems, break down silos, and strengthen the network of support for children, families, and adults in LA County and will adopt a ***continuous improvement process*** to ensure that training content provides the most scientifically rigorous, up-to-date, and culturally attuned information to providers across LA County. CoE will ***support synergy across tiers of care***, including ensuring that information provided is consistent with and supportive of the core elements of current evidence-based practices being implemented by DMH. CoE will ***utilize innovative technology*** to support uptake and implementation of evidence-informed practices across LA County providers. This will include development of an enhanced learning management system that will be aligned with existing LMS resources, but customized to meet the updated and expanded workforce development needs of the County and incorporate continuous data monitoring process to support personalized learning (see Learning Management System below).

B2.1.a Curriculum Development

Using a community partnered participatory approach to training development, each training curriculum will be created with input from key informant interviews, subject matter experts, focus groups, and/or observation and shadowing of local context. For example, a training for Library staff on Understanding the Experiences of Homeless Veterans might be developed with input from a homeless Veteran living in transitional housing, an interview with two librarians who work at a library with heavy utilization by homeless individuals, field visits to a local library, and mental health experts from Veteran Service Organizations.

B2.1.b Training Delivery

Trainings will be offered online and in person. Online trainings will be delivered through an interactive Learning Management System that will be aligned with the existing DMH learning management system in coordination with the LACDMH Chief Information Office Bureau. The learning platform will and will be

customized to meet the varied need of providers across LA County systems using enhanced capabilities to deliver personalized learning and to support on-line learning communities across county teams. Online trainings will vary in format, including webinars from subject matter experts, story-based videos, animated messaging, interactive knowledge checks to promote integration of key messaging, access to current scientific literature, and downloadable handouts and tip sheets. In person trainings will be led by expert facilitators who come from a range of backgrounds and have lived or professional experience with the content area or target audience. All training content (online and in person) will incorporate multiple modalities for learning and will include engaging activities to help participants experience and apply the content principles. Trainings may range from hour-long overview trainings or briefings to more in-depth practice-based trainings that allow for more extensive review and application of learning objectives.

B2.1.c Coaching and Consultation

Regular consultation calls and online meetings will support the learning community (see below) while helping to ensure that information shared during online and in person trainings are applied to field work in the community. Frequency can be determined in concert with DMH leadership and local supervisors. Consultations calls may also focus on supervisors and managers to help them support active implementation. Individual coaching will support service providers in need of more detailed assessment and support to improve acquisition of knowledge, skills and abilities and customization to the local context.

Both consultation and coaching will also be employed to help build local champions. Champions are natural leaders that are drawn from the workforce and identified through supervisors and managers, as well as by training facilitators who may recognize adept skills and or enthusiasm for the principles taught in training. A focus on further developing these champions will assist with local uptake of skills and strategies and support mentorship by champions for other team members needing extra support. Champions may also become key informants for future trainings and eventually assume roles in training facilitation; thereby assisting in expansion of local training capacity.

B2.1.d Workforce Well-Being as a Framework for Trauma-Informed Prevention

All trainings will include curriculum designed to build resilience and address traumatic exposure in the workforce. This curriculum will include education and skills training to address real-world challenges of mental health staff and community partners. All training modules, from Trauma-Informed practice 101 to specific preventive interventions will include a self-care component, including skill building to support individual and team resilience. These tools help to reduce burnout and moral distress among front line professionals who

experience secondary trauma regularly in their roles. Curricula to Professional Resilience Training has been developed and implemented within UCLA health for medical, nursing and trainee teams, and has demonstrated improved resilience and increased support. The curriculum includes a research based mobile Application ("Connected") that provides self-assessment, resources and tools to support well-being across the workforce, and includes personalized, machine learning capabilities.

B2.1.e Center of Excellence Prevention Learning Management System
While the current DPBH Online Learning Center has well-developed training content ready to launch basic training capabilities, *a critical step towards achieving our strategic mission of the DMH UCLA CoE is to expand the Learning Center into a fully interactive and personalized educational and training experience*, with an embedded quality improvement capability. The CoE's enhanced interactive Learning Management System that will be aligned with the existing DMH learning management system in coordination with the LACDMH Chief Information Office Bureau. We plan strengthen the learning experience by applying the best practices of adult learning, including interactive web-based design and products (modeling videos, interactive learning materials, etc.), user friendly interface design, and a robust monitoring system. This will ensure that we promote interactive self-learning, reflect optimal literacy levels, accommodate different learning styles and experiences, and increase interactive feedback and problem-solving using a range of learning tools. The most successful adult learning platforms impart not just information and skills, but also application of knowledge through problem-solving and critical thinking.

There are several areas where new technologies, particularly artificial intelligence and machine learning, can be leveraged to significantly improve online learning to support and sustain a "learning" approach to an interactive training hub to support prevention in a population health framework. Personalized learning will help tailor instructional style and materials to the unique needs of the learner. We will also capitalize on incentivized learning and gamified approaches to leverage the natural tendencies humans have to achieve and compete, using those tendencies as a tool to encourage the user to perform certain tasks/goals. Together, these approaches will assist in the creation of a highly engaging learning platform to assist the County in transferring knowledge, skills and abilities across the workforce. LMS user data will be used to improve the user experience over time and act as a management tool for DMH leadership to identify areas of need for future trainings.

Sample Training Menu Across DPBH Centers/Programs
Trainings will include a variety of topics based on input from DMH leadership and identified needs by community partners. Trainings may include, but are not limited to, the following topics:

- Understanding the needs of Veteran families

- Enhancing resilience in classrooms
- Adopting family-centered approaches in healthcare settings
- Multiple causes of homelessness in adolescence
- Developing a community approach to family school readiness
- Building resilience in LGBTQ youth
- Trauma and Resilience Informed Care
- Building bridges across LA County Care Systems
- Pillars of resilience for public health nurses
- Supporting Protective Factors
- The power of nature-based settings in improving family relationships
- Creative strategies for supporting siblings
- Positive parenting practices
- Helping families manage tantrums during park (library, medical) visits
- Understanding the child welfare system
- Trauma and child development
- How trauma impacts relationships
- Helping families recover from (grief, separations, homelessness, medical illness)

B2.1.f Learning Communities

The Online Learning Management Platform will serve as the mechanism to establish multiple learning communities. These would support the dissemination of best practices so that there is consistency across systems, help illustrate the many systems that impact individuals and families, and facilitate intra-agency referrals. They would embody the core principles of trauma- and resilience-informed care: trust and transparency, peer support, collaboration and mutuality, and cultural and historical appropriateness.

B2.1.g FOCUS (Families OverComing Under Stress) Model Training

Focus training will be provided in targeted geographic areas to provide supports to at-risk families in enhancing parent/caregiver self-sufficiency in interacting with children. FOCUS is a promising practice which is a family-centered, resiliency training program designed to bridge communication and support in families contending with trauma, stress or loss. FOCUS teaches families core skills that will better equip them to deal with stresses and changes associated with a range of traumatic experiences through the expression and exploration of different family member perspectives of traumatic events. The family is taught to address associated problems and monitor progress of future goals.

B3 FINANCIAL PROVISIONS

B3.1.a Training Budget

For the services described in B2.1, DMH shall pay to University the annual funding amounts specified in the table below in accordance with the following fee schedule:

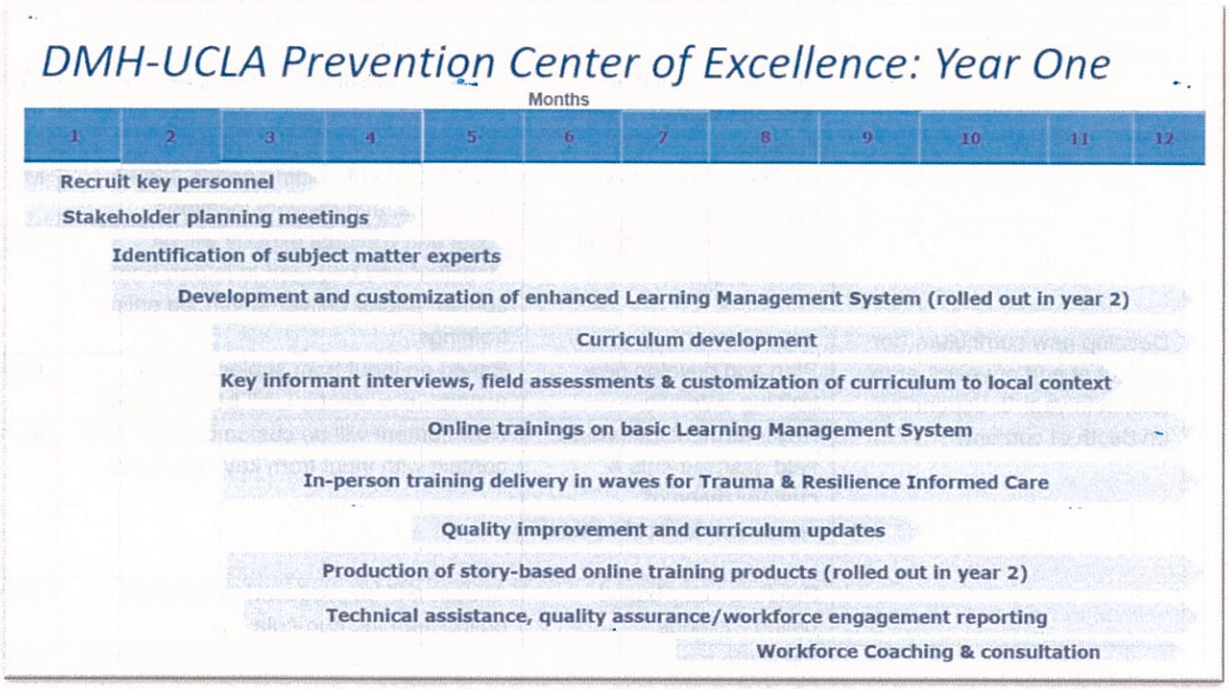
Year One

Description	Qty.	Cost per Unit	Audience	Unit Description and Core Activities	Cost
Development of Curriculum based on Local customization per sector and training topic	20	$10,000	N/A	Stakeholder meetings, key informant interviews, curriculum customization per context and topic	$ 200,000
Use of Basic Learning Management System (LMS)	1	$30,000	N/A	Programming for DMH context for all online trainings, learning communities and housing of resources	$ 30,000
Development of Enhanced LMS	1	$500,000	N/A	Personalized learning platform with integrated delivery tools & reporting	$ 500,000
Technical Assistance & Reporting	1	$100,000	DMH-identified leaders	Training and coaching in Learning Management System, Quarterly reporting	$ 100,000
Production of story-based trainings	5	$150,000	DMH staff & partners	Script writing, filming, production, editing and packaging	$ 750,000
Trauma-Informed Care Roll out	100	$ 10,500	Up to 50 trainees per training	4-6 hour trainings	$1,050,000
Additional FOCUS Trainings	5-7	$2,000-$20,000	Up to 25 trainees per training	2-2Day Trainings, Supervisors Training, several 1-day trainings	$107,157
Learning Center Access	530	$25	DMH staff & partners	Online learning center access with videos and materials	$13,250
Consultation and Coaching	200	$350	DMH staff & partners	Unit hour of telephone/online coaching	$70,000
Champion Consultation and Coaching	300	$350	Local Sector Champions	Unit hour of telephone/online coaching	$105,000
TOTAL (Direct Costs)					**$2,925,407**

B4 Timelines and Measures of Success

B4.1.a Timelines

The timeline below depicts how many of the key activities will be sequences in order to meet the goal of implementing trauma and resilience-informed training County-wide while developing a robust Learning Management System and strategic planning for future years of training.



B4.1.b Summary Chart

There are five primary objectives for first year, which are outlined below with key activities that map onto the Year One timeline (above). Additional objective charts will be developed for future years, with input from stakeholders following planning meetings and lessons learned from year one.

Measurable objective	Key Activities	Measure of Success (Indicators)	Timeline
Develop a Robust Learning Management System that provides personalize learning for members of the LA County workforce and offers agile reporting features for managers (for roll out in year	Recruit key personnel: E-learning specialist, design & programming consultants	E-learning specialist, designer & programmers are engaged	Months 1-3
	Facilitate planning meetings with stakeholders to identify	Characteristics of end-users and reporting themes, frequency and mechanism are identified	Months 1-4

2)	desired user engagement and reporting mechanisms		
	Program Learning Management System Platform with functionality and features	Learning Management System will be programmed and ready for use in year 2	Months 3-12
	User testing of Enhanced Learning Management System	User testing will be completed and quality improvements initiated	Months 10-11
Engage basic Learning Center (while enhanced platform is built)	Review, assess and revise current Learning Center content	Current content will be customized for DMH and partner contexts	Months 3-4
	Program platform for DMH context	User interface for DMH and partners will be programmed	Months 3-4
	Program and upload revised Learning Center content	Revised content will be ready for use	Month 5
Develop new curriculum (for roll out at end of year 1 or to launch in year 2, depending on depth of content)	Facilitate meetings with key stakeholders	Identification of training needs, target audiences, and delivery locations	Months 1-4
	Identification of subject matter experts	Local and National experts will be identified and engaged to inform training content and/or deliver advanced online trainings	Months 2-5
	Plan and develop new training curricula	Based on input from subject matter experts, new content will be developed	Months 3-12
	Key informant interviews, field assessments & customization of curriculum to local context	New content will be customized for local context with input from key informants	Months 3-11
	Produce story-based online trainings	Videos will be produced to enhance online learning curricula	Months 3-12
Provide training in waves (recommended to start with Trauma- & Resilience-Informed Care)	Facilitate meetings with key stakeholders to identify most pressing training needs for immediate roll out	Training needs and target audiences will be identified	Months 1-4
	Provide training to DMH providers & identified partners	Training will be completed in waves	Months 3-12
Coaching & consultation for DMH providers, partner providers and local champions	Provide group or individual consultation sessions to enhance implementation of applied strategies	100-150 consultation sessions will be delivered via phone or online meetings	Months 7-12
	Provide individual coaching sessions for providers that need additional assistance in strategy implementation	50-100 coaching sessions will be facilitated to support implementation in the field	Months 7-12
	Identify local champions	Through meetings with stakeholders, supervisors/managers, natural team	Months 3-6

		leaders will be identified and engaged	
	Provide group-level Champion development consultation calls	Up to 100 group level consultation calls will be facilitated to build local champions	Months 7-12
	Provide individual coaching for local Champions to support retention and leadership development	Up to 200 individual coaching sessions will enhance and deepen the skill acquisition and implementation expertise for local champions	Months 7-12

B5 Payment Procedures

"UCLA and DMH understand and agree that persons providing Academic Services under this Agreement are faculty members of the David Geffen School of Medicine at UCLA – Department of Psychiatry and Biobehavioral Sciences as agreed upon by DMH and UCLA Academic Administrators. The parties understand and agree that the University shall be responsible for submitting monthly invoices as described in Section 7.5 ("Invoice Content") of the Agreement. Further, the UCLA shall track, verify, and certify all claims for services provided under this Section (C2) for Academic Services provided by David Geffen School of Medicine at UCLA faculty at DMH, and subsequently submit monthly invoices."

Upon receipt and approval of invoices from UCLA, DMH shall directly reimburse UCLA for services set forth in Section A2.1. ("Other Academic Training Services") to the rates set forth for each project in A3 ("Financial Provisions").

UCLA shall submit invoices to:
DMH ACADEMIC ADMINISTRATOR
COUNTY OF LOS ANGELES- DEPARTMENT OF MENTAL HEALTH
550 SOUTH VERMONT AVENUE, 12TH FLOOR
LOS ANGELES, CALIFORNIA 90020

DMH shall send payment to:
UCLA-SEMEL INSTITUTE
DEPARTMENT OF FINANCE
760 WESTWOOD PLAZA, ROOM B7-357
LOS ANGELES, CALIFORNIA 90024-1759
ATTENTION: ASSISTANT DIRECTOR OF FINANCE

ATTACHMENT III

Addendum C

UCLA-DMH Public Mental Health Partnership

C1 INTRODUCTION

UCLA and DMH agree that this Addendum C shall be adopted under Section 3.0 ("Academic Services") of the Agreement of July 1st, 2014, between UCLA and DMH. UCLA and DMH further agree that this Addendum C shall be subject to all of the provisions of the Agreement governing Academic Services.

C2 DESCRIPTION OF SERVICES – UCLA DMH Public Mental Health Partnership (PMHP)

The mission of the UCLA-DMH Public Mental Health Partnership (PMHP) is to implement exemplary training and technical assistance activities focused on vulnerable populations with serious mental illness in ways that build excellence in public mental health care across Los Angeles County (LAC); and to do so in the context of a transparent, trusting partnership with the Los Angeles County Department of Mental Health (DMH) that generates benefits for both the university and public health communities.

The PMHP is comprised of two sections focused on serious mental illness -- the Initiative for Community Psychiatry and the FSP Training and Implementation Program.

C2.1 Initiative for Community Psychiatry

The UCLA-DMH Initiative for Community Psychiatry is in response to Recommendation 7 of the Standard of Care for the Mentally Ill (hereafter "Standard of Care") adopted by the County of Los Angeles Board of Supervisors on March 2, 2018. The Standard of Care outlines the need to develop new Full-Service Partnership (FSP) models to address the needs of the chronically homeless. In line with this recommendation, the ICP will oversee Engaged-Full Service Partnership (E-FSP) teams that "will provide comprehensive intensive community field-based mental health services designed to meet the unique needs of individuals that have a Severe Mental Illness (SMI) who are homeless." E-FSP teams will focus on the most vulnerable chronically homeless individuals who need specialized mental health support to access permanent housing. Many of these vulnerable individuals "refuse any kind of treatment and/or care" although "it is apparent that they are in desperate need of treatment and unable to make a conscious decision to seek or accept proper treatment and provide for basic personal needs (such as food, clothing, and shelter)." Most individuals served by E-FSPs will need inpatient psychiatric hospitalization, conservatorship under the authority of the Office of the Public Guardian, and/or Adult Residential Facility (i.e. Board and Care) placement to achieve housing stability.

Providing excellent care to this group of chronically homeless individuals will require innovation, implementation support, and assessment aimed at training clinicians to meet a high standard of care and refining and optimizing that standard of care while it is delivered. As documented in the ongoing evaluation of Assisted Outpatient Treatment on which this proposal builds, clinicians in the contract and directly-operated agencies need support and guidance in working with a very ill population. Many AOT clinicians expressed confusion about the AOT model (e.g., required a frequency of contacts, staffing ratios), were unclear about policies related to mental health court proceedings, and felt unprepared for the level of acuity of AOT clients. Several reported little experience working with individuals with SMI, and those with experience were nonetheless overwhelmed by clients' severity. Clinicians reported challenges helping clients who needed a higher level of care than was readily available (e.g., Institutions for Mental Disease, psychiatric hospitalization, Board & Care placement).

The ICP will establish and refine the model of mental health care for the chronically homeless and then coordinate and optimize the work of all teams working with this model to care for homeless individuals (i.e., at least 1000 but up to 5000 FSP slots). The ICP team will train and support these new clinical teams in order to actualize a higher standard of mental health care throughout LAC for the most vulnerable mentally ill clients. In the process, the ICP will bring clinicians across agencies together to support E-FSP work, and to share information and strategies. Simultaneously, the ICP will provide comprehensive support to agencies taking on this challenging clinical work. The work of the ICP will draw on evidence-based models including Assertive Community Treatment (ACT) and Housing First but will develop and refine a trailblazing innovation for the chronically homeless population. And, core to its mission, the ICP will be a true partner to the Los Angeles County Department of Mental Health (DMH) by supporting its service provision priorities, upholding principles of transparency and accountability, and committing to capacity-building and inclusive problem-solving.

This training and technical assistance program was developed by a leadership team of clinicians and academic health services researchers with extensive experience running and growing ACT teams. ICP leadership thoroughly understands what a high-functioning ACT team looks like and how it fits into a high-quality continuum of care. ICP leadership has demonstrated that they utilize the highest ethical standards in caring for vulnerable clients injured by neglect and suffering from difficult-to-treat illnesses. ICP leadership seek to staff E-FSP teams with some of the most experienced and ambitious public mental health clinicians in Southern California. And, since many of the services required to treat this population are under strain or disconnected, ICP leadership will respond with coordinated action to help move mental health care across Los Angeles County (LAC) toward responsiveness to its most psychiatrically ill.

An academic presence for such an initiative brings advantages including opportunities for systematic assessment, innovation, and workforce development. The ICP will use tracking approaches to improve consistency, quality, and value across E-FSP teams. It will direct training programs that will routinize the use of evidence-based approaches and ethical clinical processes. Finally, the ICP will inspire young professionals that community mental health in LAC is a fulfilling career path.

The ICP will coordinate and optimize the work of all E-FSP teams through four activities: matching the E-FSP service to the need in LAC; delivering training and ongoing learning to all E-FSP clinicians; conducting continuous quality assurance across all E-FSP teams; and innovating for performance improvement.

C2.1.a Matching E-FSP Service to Need

Two key objectives of the ICP will be to understand the role for specialized mental health teams to serve the chronically homeless within the continuum of mental health services in LAC; and to ensure that those individuals who need E-FSP-level care receive it. E-FSP teams do not make it their mission to treat every homeless individual with SMI but instead to identify and enroll clients who need high-intensity E-FSP supports while maintaining some client flow out of the program to secure E¬FSP capacity. ICP will identify the E-FSP target population; estimate the number of E-FSP slots that would optimally serve this population (i.e., between 1000 and 5000); and oversee referral, enrollment, and discharge to E-FSP teams to match E-FSP services to the level of need. To meet these objectives, the ICP will:

- Collaborate with LAC stakeholders to develop an estimate of E-FSP
- Estimate the ways in which E-FSP needs differ across diverse communities within LAC
- Monitor and guide the referral, triage and enrollment on all E-FSP teams
- Track and support appropriate discharges from E-FSP to maintain capacity

C2.1.b Training and Ongoing Learning

The ICP will direct training activities and host a learning collaborative for all E-FSP clinicians. First, the ICP will work with the "Training, Implementation, and Systems Change for LACDMH Full Service Partnership (FSP) Program" initiative, which will develop standard training curricula for all FSP teams. ICP will refine and adapt this training to suit the specialized needs of E-FSP clinicians. Building on the work of the "Training, Implementation, and Systems Change" initiative, the ICP will first verify extant learning requirements and available modules offered through DMH for all on-boarding or ongoing learning. Along with assembling these training, the ICP will develop in-person

or web-based training modules delivered by E-FSP clinicians that explain E-FSP processes, with basic guidelines such as orientation to conservatorships and psychiatric holds, Adult Residential Facilities, and the E-FSP mission. The ICP will identify subject matter experts and help those experts build user-friendly training approaches. Training can be videotaped for archiving on a web portal. Experts providing training will incorporate a train-the-trainer model in order to build capacity for training among E-FSP clinicians. These training will be archived and cataloged for use in any DMH clinical context.

Second, the ICP will develop and deliver a teleconference- and webinar-delivered bi-weekly learning collaborative for all E-FSP clinicians. The learning collaborative intends to ensure that all E-FSP teams will be learning contexts. Theory-guided learning collaborative models have been shown to improve implementation of evidence-practice and improve quality in intervention delivery. Because the E-FSP team approach is innovative and challenging, cross-team learning will be critical to support clinicians. Moreover, the ACT model requires all team members to strive to become generalists regardless of their discipline of training, making ongoing learning essential to strong team functioning.

The ICP will direct a bi-weekly learning collaborative taught by a range of experts identified and invited through the networks of ICP faculty, advisors, and partners. Learning collaborative guests will include E-FSP clinicians; UCLA trainees and researchers; experts from LAC agencies, community-based organizations, homeless outreach teams, GLA VHA housing, Veteran's Services Organizations, and consumer advocacy organizations; and community housing owners and operators. We will work with established centers across the country (e.g., Ohio Coordinating Center for the ACT, CPI, Case Western Reserve ACT Center of Excellence, VHA Intensive Community Mental Health Recovery Services) to refine learning collaborative activities.

Learning collaborative sessions will be held by webinar and teleconference and will be archived for self-directed learning. Learning collaborative sessions can be readily delivered via SalesForce or other affordable platforms currently used by UCLA - DMH partners. The ICP will provide the following services:

- Develop technical support platforms that align with the new model of E-FSP care
- Train all clinicians to a high-quality model of E-FSP suited to serving homeless clients
- Develop and disseminate support tools within the LAC homeless services community
- Organize bi-weekly learning collaborative activities to ensure high-quality care across E-FSPs

- On-board E-FSP staff using shadowing experiences and specialized support
- Offer as-needed expert consultation to all E-FSPs on complex clinical questions

C2.1.c Continuous Quality Assurance

The ICP will make a major contribution to care quality in LAC by defining high-quality E-FSP care, helping E-FSP teams reach their quality goals, identifying and correcting areas of variation in quality across LAC, and setting clear goals for E-FSP improvement. A robust assessment approach, common to all teams, will build consistency and accountability into E-FSP service delivery by performing the following tasks:

- Conducting needs assessments on E-FSP teams using validated measurement tools
- Monitoring E-FSP process and performance using validated measurement tools
- Refining validated measurement tools to fit the features of the LAC E-FSP model
- Generating annual reports for every E-FSP team that define performance targets

C2.1.d Innovating for Performance Improvement

Efforts to innovate and improve performance on E-FSP teams will include building relationships that translate into system improvement, manualizing complex clinical processes used by E-FSP teams, comparing variations on the E-FSP model to optimize the model, and offering tailored and as-needed coaching and support to all E-FSP clinicians. The ICP shall provide the following services:

- Assessing E-FSP team models that differ in staff composition (e.g., peer-led *versus* nurse-led) and target populations (e.g., Skid Row *versus* rural homeless individuals)
- Designing innovative and ethical procedures to address clinically-complex scenarios encountered in E-FSP (e.g., decision to apply for conservatorship)
- Collaborating with DMH quality improvement efforts to support access for E-FSP clients to appropriate housing, inpatient psychiatric care, and other services
- Offering regular feedback to DMH leadership to guide E-FSP development and growth

C2.2 FSP Training and Implementation Program

A plethora of research evidences the effectiveness of ACT reducing hospitalization and other acute care services, increasing community tenure, and improving prospects for recovery. The LACDMH FSP program has not managed to achieve the same record for effectiveness and in the years since its inception the program has struggled to fully realize its goals. While DMH has provided guidelines for FSP operations including a comprehensive FSP Tool Kit, many of the FSP teams in operation today have not implement the recommendations and suggestions provided in toolkit.

An earlier review and assessment of FSP teams reported that teams generally retained the structural features that are a hybrid between ACT and Intensive Case Management (ICM) but the operation and practices of teams across LA County (and the State) varied widely. The variations in FSP were the result of multiple factors including differences in mission and practice of host agencies and differences in knowledge and practice skills among staff. These differences result in FSP teams with uneven practices, not reaching their full operating potential, and ultimately achieving substandard outcomes for their consumers

In a recent survey of a subsample of FSP programs, there was little consistency of philosophy or uniform implementation in practice across teams, and few teams were using evidence-based practices. It seems that since their inception, many teams have drifted away from the original mission of FSP and their effectiveness has been compromised.

There are many reasons for the FSP teams' current shortfalls, including larger systems changes. There is a greater need for systems coordination because of the changes in the complexity the FSP population: economic factors that have significantly increased homelessness and increased rates of incarceration for the FSP population. New and effective evidence-based practices have been introduced but these have not been uniformly implemented across FSP teams. The purpose of this training program is to improve on past efforts and provide the training and resources that will improve the practice and operation of FSP programs so that they can achieve the goals of recovery and community integration for which they were founded.

The FSP Training and Implementation Program defines a comprehensive program designed to improve FSP teams' operations and clinical practice to achieve uniformly positive, system-wide outcomes for these consumers and their families. While the Initiative for Community Psychiatry (ICP) will focus on developing new, specialized teams to serve chronically homeless individuals, the Training, Implementation, and Systems Change for LACDMH FSP Program (FTI) will develop a cutting-edge supportive program that will support all extant FSP teams to improve the quality and

consistency of their services across LAC. The FTI shall accomplish the following objectives:

- Train and support for current FSP clinicians, through online and in-person trainings and direct support delivered by a dedicated implementation specialist (i.e., Training Faculty);
- Establish a shared vision and fidelity instrument that unites all FSP clinicians under a common theoretical and practical understanding of the FSP intervention;
- Open a LACDMH peer specialist training institute that will build capacity for recovery-oriented, peer-directed clinical care within the FSP program in LAC and elsewhere.

C3 FINANCIAL PROVISIONS

C3.1 Public Mental Health Partnership

FTI - FSP Training & Implementation; ICP - Initiative for Community Psychiatry						
Section	**Deliverable**	**QTY**	**Cost per Unit**	**Key Activities included within deliverable**	**Month Delivered**	**Cost**
FTI	Report on progress in building infrastructure for FTI activities	1	$425,000	Recruit Key Personnel; Hire key personnel; Establish oversight structure with ICP; Refine procedures for feedback with stakeholders	2	$425,000
FTI	Report on key areas of FSP variability and uniformity goals	1	$45,000	Site visits and surveys of subsample of FSPs	2	$45,000
FTI	Report summarizing observed FSP trainings	1	$90,000	Consultation with experts; summarize results of interviews and focus group	2	$90,000
FTI	Report on progress in staffing and building infrastructure for FTI activities	1	$10,000	Write job descriptions for key personnel; Consider procedures for feedback & evaluation with DMH; establish procedures for working with ICP and PMHP	2	$10,000
ICP	Preliminary report on recommend features, processes and partners of E-FSP teams	1	$145,000	Site visits and consultation with experts and partners; Literature review	2	$145,000
ICP	Preliminary report on recommended assessment tools for measuring EFSP performance	1	$45,000	Consultation with experts; Literature review	2	$45,000
ICP	Preliminary report on existing E-FSP curricular gaps	1	$30,000	Consultation with experts; Considerable of existing FSP curricular modules and identification of key gaps for E-FSP teams	2	$30,000
ICP	Report on progress in building ICP infrastructure	1	$125,000	ICP kick-off event; meetings with key personnel; Write job descriptions for key personnel; Recruit/hire staff; Consider procedures for feedback & evaluation with DMH; Invite ICP Advisory Board & expert panel	3	$125,000
FTI	Catalogue of available training courses and resources for FSP clinicians	1	$35,000	Interviews and site visits with eligible vendors and training researchers	4	$35,000
FTI	Live website advertising peer training program	1	$30,000	Hire website development team; assist with populating content	4	$30,000
ICP	Development of a data sharing/data use agreement between UCLA & DMH	1	$20,000	Communicate, submit paperwork, to establish data sharing/data use agreement and related procedures	5	$20,000
FTI	Report on existing fidelity measures relevant to FSP	1	$40,000	Literature review of related models and fidelity scales; identify overlap with FSP models of care	6	$40,000

Section	Deliverable	QTY	Cost per Unit	Key Activities included within deliverable	Month Delivered	Cost
FTI	Finalize training curriculum for peer specialists	1	$45,000	Consult with peer specialist training centers to develop training plan	6	$45,000
FTI	Gap analysis of FSP training requisites compared with available resources	1	$44,000	List of modules to create, preliminary plan for staffing training by experts; Coordinate with ICP to align with training for E-FSP teams	6	$44,000
FTI	Report on progress in building infrastructure for FTI activities: Share Training Faculty profiles	1	$620,000	Hire Training Faculty; Complete orientation with Training Faculty; familiarize Training Faculty with FSP teams	6	$620,000
FTI	Establish Training Advisory Board	1	$27,000	Invite and oriented Advisory Board members; Establish procedures, channels of communication for reporting	6	$27,000
ICP	Progress report on preliminary estimate of E-FSP need in LAC	1	$325,000	Build relationships with referral sources; Facilitate planning meetings to identify levels of E-FSP need across LAC	6	$325,000
FTI	Enroll first cohort of 15 peer specialists	1	$120,000	Begin 6-month training curriculum; Ensure relationships to offer internship placements	7	$120,000
FTI	Implement plan for monthly conference call with FSP Team Leaders	1	$33,000	Invite TL; Schedule call and establish procedures for sharing call information	7	$33,000
ICP	Revised report on recommend key features, processes and partners of E- FSP teams	1	$420,000	Site visits and consultation with experts and partners; Literature review; Conduct listening tours with stakeholders to understand E-FSP priorities; Identify features to vary to match local need	7	$420,000
ICP	Report of plans for communication regarding identified quality problems	1	$50,000	Identify quality improvement areas in which ICP will routinely communicate quality problems; Establish procedures, channels of communication for reporting	7	$50,000
FTI	Develop online infrastructure for delivery of training modules	1	$500,000	Populate online learning context with core curriculum	8	$500,000
ICP	Draft scope of ICP referral responsibilities	1	$133,000	Collaborate with ACCESS stakeholders to determine scope of ICP referral responsibilities	8	$133,000
ICP	Draft report of preferences and priorities for triage procedures, as well as target population descriptors	1	$250,000	Conduct interviews with referral sources; Conduct focus groups/listening tours with clinicians; Finalize enrollment criteria & target population descriptors	8	$250,000
ICP	Report on final plans for a web-based E- FSP learning collaborative (i.e., curriculum, platform)	1	$800,000	Consult with partners to consider sustainability, schedule, platform; Develop draft curricula for learning collaborative; Establish expert pool for sessions in learning collaborative; Use key informant interviews to customize curriculum; Receive feedback from E-FSP clinicians & partners	8	$800,000
ICP	E-FSP-specific fidelity tool	1	$30,000	Adapt FSP fidelity measure (see "Training, Implementation and Systems Change") to delineate distinguishing features of E-FSP teams	8	$30,000

Section	Deliverable	QTY	Cost per Unit	Key Activities included within deliverable	Month Delivered	Cost
ICP	Final assessment tool for measuring E- FSP performance	1	$180,000	Share candidate variables with expert consultants for feedback; Elicit stakeholder input on measures, platform; Consider sustainability; Finalize assessment battery	8	$180,000
FTI	Training log: 180 course completions by 30 FSP learners	1	$100,000	Training Faculty support FSP staff to complete online curriculum; provide support and feedback to learners	9	$100,000
ICP	Report on progress in building ICP infrastructure	1	$125,000	Recruit and hire key personnel; Meet with ICP Advisory Board and establish schedule; Build relationships and buy-in with key stakeholders	9	$125,000
ICP	Final report on plan to assess process & performance variables, data collection procedures	1	$104,000	Explore & finalize options for data collection; Establish data capabilities to access needed service use data	10	$104,000
FTI	Conduct workshop #1	1	$70,000	Identify facilitators and experts; Book venue and place schedule, logistics; Plan evaluation procedures	11	$70,000
ICP	Report on preliminary procedures for receiving referrals	1	$133,000	Identify needs for secure data sharing procedures with key stakeholders	11	$133,000
ICP	Report on preliminary procedures for triaging referrals	1	$250,000	Train ICP staff in E-FSP enrollment; Establish ICP technology platform to manage communication around enrollment	11	$250,000
ICP	Results from pilot study of referral, triage and enrollment procedures	1	$355,000	Identify pilot sites for early referrals; Track uptake of referral & enrollment procedures; Evaluate effectiveness of referral & enrollment procedures	11	$355,000
FTI	Final catalogue of new online training modules to be developed for FSPs	1	$410,000	Finalize needed curriculum; Identify content experts	12	$410,000
FTI	Workshop curriculum for 4 in-person workshops for FSP clinicians	1	$85,000	Review evaluations from Workshop #1; Training Faculty design workshop curriculum; plan for delivery of training over years; Identify content experts	12	$85,000
FTI	Final Organizational Chart of Training Faculty caseloads	1	$410,900	Identify 10 teams for each Training Faculty; Training Faculty conduct needs assessment for each 10; summary tables describing each team created	12	$410,900
FTI	Report on progress in building FTI infrastructure	1	$42,000	Coordinate with ICP; Solidify partnerships for peer placements; Build relationships and buy-in with key stakeholders; Report on hiring and staff turnover	12	$42,000
ICP	Revised progress report on estimate of E- FSP need in LAC	1	$325,000	Analyze existing data sets and establish data infrastructure for comparing & refining estimates of need	12	$325,000

Section	Deliverable	QTY	Cost per Unit	Key Activities included within deliverable	Month Delivered	Cost
ICP	Based on pilot results, list of gaps in referral, triage & enrollment procedures to address in next phases	1	$45,900	Iterate referral & enrollment procedures; Facilitate meetings with stakeholders to finalize policies, trainings, manuals to guide referral & enrollment; Produce case-based trainings to teach enrollment	12	$45,900
ICP	Final report on existing E-FSP curricular gaps, strategies to fill them	1	$400,000	Work with partners (see "Training, Implementation and Systems Change") to finalize report on existing onboarding/ongoing training and gaps specific to E-FSP; Visit training experts; Identify features/cost of various options to fill gaps	12	$400,000
ICP	Results of pilot of E-FSP learning collaborative activities	1	$300,000	Pilot sessions of learning collaborative and analyze feedback; elicit broader feedback on schedule, platform	12	$300,000
ICP	Database of ICP partnered homelessness service providers with contact information, role	1	$110,000	Build relationships with homeless services providers; Establish channels for communication	12	$110,000
ICP	Summary of public presentations about E- FSP and related topics	3	$150,000	Outreach to referral sources, public advocacy groups, Health Agency stakeholders, academic audiences	4, 8, 12	$450,000
					TOTAL	**$8,332,800**

C3.2 Payment Procedures

UCLA and DMH understand and agree that persons providing Academic Services under this Agreement are faculty members of the David Geffen School of Medicine at UCLA – Department of Psychiatry and Biobehavioral Sciences as agreed upon by DMH and UCLA Academic Administrators. The parties understand and agree that the University shall be responsible for submitting monthly invoices as described in Section 7.5 ("Invoice Content") of the Agreement. Further, the UCLA shall track, verify, and certify all claims for services provided under this Section (C2) for Academic Services provided by David Geffen School of Medicine at UCLA faculty at DMH, and subsequently submit monthly invoices.

Upon receipt and approval of invoices from UCLA, DMH shall directly reimburse UCLA for services set forth in Section C2 ("Public Mental Health Partnership") to the rates set forth for each project in C3 ("Financial Provisions").

UCLA shall submit invoices to:

DMH ACADEMIC ADMINISTRATOR
COUNTY OF LOS ANGELES- DEPARTMENT OF MENTAL HEALTH
550 SOUTH VERMONT AVENUE, 12TH FLOOR
LOS ANGELES, CALIFORNIA 90020

DMH shall send payment to:
UCLA-SEMEL INSTITUTE
DEPARTMENT OF FINANCE
760 WESTWOOD PLAZA, ROOM B7-357
LOS ANGELES, CALIFORNIA 90024-1759
ATTENTION: ASSISTANT DIRECTOR OF FINANCE