



Los Angeles County
DEPARTMENT OF MENTAL HEALTH

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

October 30, 2018

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

39 October 30, 2018

CELIA ZAVALA
EXECUTIVE OFFICER

Dear Supervisors:

**AUTHORITY TO EXECUTE AN AMENDMENT TO INCREASE TOTAL CONTRACT AMOUNT FOR
THE SOLE SOURCE CONSULTANT SERVICES AGREEMENT WITH
CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH SOLUTIONS
FOR FISCAL YEAR 2018-19
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to execute an amendment to increase the Total Contract Amount for the Sole Source Consultant Services Agreement with the California Institute for Behavioral Health Solutions to enhance behavioral health strategic planning, public policy development, consultation, and technical assistance related to mental health services.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and authorize the Chief Deputy Director of Administrative Operations of Mental Health (Chief Deputy Director), or his designee, to prepare, sign, and execute an amendment, substantially similar to Attachment I, to the Consultant Services Agreement (Agreement), with California Institute for Behavioral Health Solutions (CIBHS) to enhance the services currently provided by the Contractor. The amendment will be effective upon Board approval through June 30, 2019, and will add \$500,000, fully funded by State Mental Health Services Act (MHSA), with a revised Total Contract Amount (TCA) of \$1,113,667.

2. Delegate authority to the Chief Deputy Director, or his designee, to prepare, sign, and execute future amendments to the Agreement with CIBHS, to modify the Statement of Work and reflect any federal, State, and County policy changes provided that approval as to form by County Counsel, or

designee, is obtained prior to execution of any amendments and the Chief Deputy Director, or his designee, notifies your Board of changes to the Agreement in writing.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Board approval of the Recommendation 1 will allow DMH to increase the TCA of the agreement with CIBHS by \$500,000 for Fiscal Year (FY) 2018-19, thereby facilitating the provision of additional resources necessary to support behavioral health strategic planning, MHSAs public policy development and enhanced organizational processes and efficiencies. This recommendation will enable DMH to increase the TCA in excess of the previously Board-approved limit of 10 percent.

Board approval of Recommendation 2 will allow DMH to prepare, sign, and execute future amendments to the Agreement with CIBHS to modify the scope of work and/or to reflect policy changes.

As a direct result of this additional funding CIBHS will utilize supplementary resources to provide a greatly enhanced level of consultation, behavioral health strategic planning and support for organizational planning processes and efficiencies to the DMH Executive Management Team, MHSAs Implementation Teams, and stakeholder groups designated by DMH. Using a combination of training, technical assistance, and facilitation, CIBHS will introduce renewed areas of emphasis including: updated MHSAs related trainings, conferences and community forums; MHSAs public policy development; facilitation of countywide workgroups; community engagement strategies; staff specialty skill development; Strategic Planning; and organization process improvement.

Additionally, in an intensified manner, CIBHS will continue to provide crucial ongoing support to DMH related to the submittal and revision of ongoing and future MHSAs plans to the State of California. CIBHS will assist with the facilitation of consensus building among all participants and organizations affected by the plan and institutional participants such as the Mental Health Commission and the Board of Supervisors. Continuing consultation services will focus on strategic planning to improve business operations and service delivery along with the planning and implementation of comprehensive MHSAs Community Services and Supports Plans that incorporates capital facilities and technology, workforce education and training, and prevention early intervention and innovation service plans. Established training services will continue their focus on on-site coaching for line staff and supervisors pertaining to MHSAs and other specialty related programs and processes as requested by DMH.

Implementation of Strategic Plan Goals

The recommended actions support the County's Strategic Plan Goal I, Make Investments that Transform Lives, via Strategy I.2, Enhance Our Delivery of Comprehensive Interventions.

FISCAL IMPACT/FINANCING

As a result of this amendment the TCA for FY 2018-19 will increase by \$500,000 fully funded by State MHSAs revenue.

The FY 2018-19 revised TCA will be \$1,113,667.

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

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

CIBHS, formerly known as California Institute for Mental Health, is a private non-profit agency located in Sacramento, California. It was first established in 1993 by the California Mental Health Directors Association. Its mission is to support California's public mental health systems through technical assistance, research, policy development, and evidence-based practices. Current Board members include local mental health directors who serve to further statewide mental health causes.

The Director of DMH currently serves on the Board of CIBHS, but he is not compensated and does not benefit financially from this position. In addition, he did not participate in the approval process for this amendment.

The attached amendment format has been reviewed as to form by County Counsel.

DMH administrative and program staff will continue to monitor the Contractor's performance to ensure compliance with Agreement terms and conditions and adherence to County policies.

CONTRACTING PROCESS

On June 21, 2016 your Board authorized DMH to execute the Sole Source Consultant Services Agreement with CIBHS, effective July 1, 2016, through June 30, 2019. The Board then also delegated authority to DMH to increase the Agreement's TCA by 10 percent.

DMH is returning to your Board to amend the Agreement in excess of the previously Board-approved limit of 10 percent.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

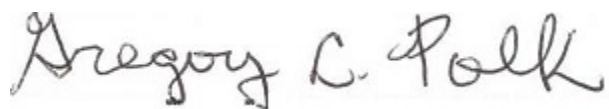
The amendment with CIBHS will ensure the enhanced provision of valuable consultant, training and technical assistance services to DMH and its contract providers serving DMH clients in Los Angeles County. This applied combination of behavioral health strategic planning, public policy development, consultation, and technical assistance significantly enriches DMH service delivery.

The Honorable Board of Supervisors

10/30/2018

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Respectfully submitted,

A handwritten signature in black ink that reads "Gregory C. Polk". The signature is written in a cursive style with a large, prominent 'G' and 'P'.

Gregory Polk
Chief Deputy Director, Administrative Operations

GP:SK:pd

Enclosures

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

AMENDMENT NO. 5

THIS AMENDMENT is made and entered into this ___ day of _____, 2018, by and between the COUNTY OF LOS ANGELES (hereafter "County") and California Institute for Behavioral Health Solutions (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated July 1, 2016, identified as County Agreement No. MH050174, as subsequently amended (hereafter collectively "Agreement"); and

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

WHEREAS, for FY 2018-19 only, County and Contractor intend to amend this Agreement to increase Total Compensation Amount (TCA) to increase the existing level of expertise in the area of public policy expansion in the development of mental health related programs with various funding sources, in concert with Mental Health Services Act (MHSA) regulations, plan modifications, and future plan augmentations; and

WHEREAS, for FY 2018-19, TCA will increase.

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

1. FY 2018-19 only, MHSA Funds, are **added** in the amount of **\$500,000**.
2. FY 2018-19 only, as a result of the additional funds as described above, the TCA will **increase** by **\$500,000** from **\$613,667** to **\$1,113,667**.
3. Paragraph 5.0 CONTRACT SUM, Subparagraphs 5.1. and 5.2. shall be deleted in their entirety and replaced by:

5.0 CONTRACT SUM:

“5.1 Notwithstanding such limitation of funds, Contractor agrees to satisfactorily complete all work specified in Exhibit A-5, Statements of Work (SOW). In consideration of the performance by Contractor in a manner satisfactory to County of the services described in Exhibits A-5, SOW, Contractor shall be paid in accordance with the Deliverables or Payment or Payment instructions, or Fee Schedules, as established in Exhibit A-5, SOW, where applicable, and Exhibit B-5, Funding Sources.

5.2 Total Compensation Amount for all services furnished hereunder of this Agreement shall not exceed ONE MILLION ONE HUNDRED THIRTEEN THOUSAND SIX HUNDRED SIXTY-SEVEN DOLLARS (\$1,113,667) for Fiscal Year 2018-19.

4. Exhibit A-4, SOW, is deleted in its entirety and is replaced with Exhibit A-5, SOW, attached hereto and incorporated herein by reference. All references in Agreement to Exhibit A-4, SOW, shall be deemed amended to state “Exhibit A-5, SOW.”
5. Exhibit B-4, Funding Sources, is deleted in its entirety and is replaced with Exhibit B-5, Funding Sources, attached hereto and incorporated herein by reference. All references in Agreement to Exhibit B-4, Funding Sources, shall be deemed amended to state “Exhibit B-5, Funding Sources.”
6. 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 Chief Deputy Director of Mental Health or his designee, and Contractor has caused this Amendment to be subscribed on its behalf by its duly authorized officer, on the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
GREGORY POLK
Chief Deputy Director

California Institute for
Behavioral Health Solutions

CONTRACTOR

By _____
Name Percy Howard, LCSW
Title CEO/President
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

**California Institute for Behavioral Health Solutions
Consultant Services Agreement
Fiscal Years 2016-17, 2017-18 and 2018-19**

**Exhibit A - 5
Statement of Work**

California Institute for Behavioral Health Solutions (CIBHS) shall provide Training Consultation and Technical Assistance services to Department of Mental Health's (DMH) directly operated programs and contract providers as specified in the following Statement of Work (SOW).

I. California Work Opportunity and Responsibility to Kids (CalWORKs) Program

The Department of Public Social Services (DPSS) is the County lead agency administering the CalWORKs Program. Under a Memorandum of Understanding (MOU) with DPSS, DMH provides mental health supportive services for persons with serious mental health issues who are enrolled in the CalWORKs program. The CalWORKs Program's goal is to remove clients' mental health barriers that prevent them from being employed and assist them in acquiring and maintaining employment through the provision of mental health supportive services which also includes the Supported Employment, Individual Placement & Supports (IPS) model. For CalWORKs participants who are severely impaired and unable to obtain employment, clinical documentation is developed to support a Social Security Income (SSI) application.

IPS (FYs 2017-18 and 2018-19)

CIBHS shall design and conduct a large research project (Phase III) on the efficacy of IPS with CalWORKs mental health participants, while building upon findings from previous small-scale by performing the following:

- Develop research design and negotiate data collection with DPSS and contract with Social Science Research Center
- Create data instruments and design study group matching
- Conduct client interviews
- Collect and analyze data
- Create a published final report

- Training for IPS staff will be provided on an on-going basis.

Outcomes Monitoring (FY 2016-17, 2017-18, 2018-19)

CIBHS shall continue its current research on the outcome system developed to monitor participants' achievements, client satisfaction, clinical progress, and employment. Although providers are required to participate in outcome monitoring, this system is intended to reflect overall participant outcomes in the system as a whole, and for particular client groups (by diagnosis, for example). The following activities shall be performed:

- Provide training/technical assistance to CalWORKs mental health supportive services agency staff
- Maintain and update Online Survey; Collect and Analyze Data Quarterly; Provide Annual Summary Reports
- Using a subcontractor, maintain a HIPAA compliant database to be used for collecting outcome monitoring data

Quality Improvement

- Training and support by NIATX experts
- Support to providers, data collection and analysis of projects performed by individual providers

Special Studies

- Design study and data collection tools
- Assist in collecting data, analyze data and write report with recommendations

Payment Schedule

For all services CIBHS shall submit monthly invoices for actual costs and fees incurred for services provided under this SOW CalWORKs Fee Schedule. CIBHS shall submit all relevant supporting documentation along with monthly invoices and maintain copies of all other documents which will be made available to DMH at any time for audit purposes. Payment shall be based upon actual costs incurred up to the maximum indicated in the CalWORKs Fee Schedule.

Each payment shall be made only upon approval by the designated DMH program representative following review and determination that CIBHS has satisfactorily

performed tasks in each respective deliverable as stated in the SOW. Overhead shall be included at the rate of 15% of invoiced expenses.

CONTRACT MAXIMUMS BY YEAR	Deliverables	Overhead	Total
2016-17	\$91,000	\$13,650	\$104,650
2017-18	\$81,500	\$12,225	\$93,275
2018-19	\$88,761	\$13,314	\$102,075
TOTAL CONTRACT AMOUNT	\$261,261	\$39,189	\$300,000

DELIVERABLES/FEE SCHEDULE/TARGET DATES	TARGETED DELIVERY DATE	ALLOCATION PER YEAR
Deliverables that Stay the Same In All Three Contract Years		
OUTCOME MONITORING		\$38,000
* A Training of Provider Staff (annually in October)	November 1, 2017	\$2,000
* Maintain and Update Online Survey; Collect and Analyze Data Quarterly, Provide Annual Summary Report	June 30, 2017	\$23,000
Subcontracted data base services of HIPAA secure provider for data entry and storage (Monthly cost of \$1,000)	Monthly	\$13,000
TRAINING		\$10,000
Specialized trainings in IPS employment services for providers delivered on-site	Monthly	\$10,000
SPECIAL STUDIES (see footnote)		\$15,000
Design study and data collection tools	Sept. 30, annually	\$4,000
Assist in collecting data, analyze data and write report with recommendations	June 30, annually	\$11,000
TOTAL ANNUAL COST		\$63,000

Deliverables that are Limited to FY 2016-17		
QUALITY IMPROVEMENT		\$28,000
Training and Support by NIATX experts (during FY 2016-17)	By November 15, 2016	\$18,000
Support to providers, data collection and analysis of projects performed by individual providers (During FY 2016 and 2017)	Report due by June 30, 2017	\$10,000
OVERHEAD AT 15% of total of \$91,000 for FY 2016-17		\$13,650

Deliverables that are limited to FY 2017-18		
IPS PHASE IIIA		\$18,500
Develop Research Design and negotiate data collection with DPSS and contract with SSRC	November 1, 2018	\$4,000
Create data collection instruments and design study group matching	October 15, 2017	\$7,000
Conduct first half of client Interviews	March 30, 2018	\$7,500
OVERHEAD AT 15% of total of \$81,500 for 2017-18		\$12,225

Deliverables that are limited to FY 2018-19		
IPS PHASE IIIB		\$25,761
Conduct second half of client Interviews	March 30, 2019	\$7,500
* Collect and analyze data and create a published final report	March 30, 2019	\$18,261
OVERHEAD AT 15% of total of \$88,761 for FY 2018-19		\$13,314

Amounts in subcategories may change to adapt to DMH CalWORKs Program Administration's priorities.

CIBHS shall submit Program questions and invoices to:

County of Los Angeles – Department of Mental Health
CaWORKS Program Administration
695 S. Vermont Ave., 8th Floor
Los Angeles, CA 90005
ATTN: Carrie Esparza

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II. Functional Family Therapy Training and Consultation

Functional Family Therapy (FFT) is a family-based prevention and intervention program which has been found to be successful in helping at risk probation youth and their families. The intervention focuses on strength found in the family, community, school and neighborhood. The FFT model allows for successful intervention in complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive.

In order to achieve strong outcomes, FFT requires extensive training of clinicians, close practice-specific clinical supervision and sophisticated tracking of clinical outcomes. FFT team clinicians are required to obtain on-going FFT training and consultation to remain certified so that before they can render FFT services to their clients who are Probation youth at risk of out of home placement.

CIBHS shall train two (2) DMH contractors FFT teams: Star View Adolescent Center, Inc. (Star View) and SHIELDS for Family Project, Inc. (SHIELDS). Star View has one (1) FFT team and SHIELDS has two (2) FFT teams. CIBHS shall be reimbursed \$8,000 per FFT team trained.

CIBHS training services shall include planning meetings, clinical trainings, teleconference coaching and evaluation support which are the training requirements to enable FFT programs to maintain their FFT licenses, as described below:

- Conduct monthly one (1) hour conference calls between each team's site supervisor and a FFT Statewide Consultant focusing on strategies for supporting each team's model adherent use of the FFT model.
- Maintain access to the national FFT web site: <https://fftcss.com/home.asp>. for data entry which is required by the FFT model.
- Hold California Annual FFT Symposium, a two-day Clinical Training provided by CIBHS and the National FFT Training Center, including theoretical underpinnings of FFT: assessment targets, techniques and goals identified in the implementation phases of FFT; and understanding of how to provide advanced treatment skills focusing on more difficult treatment issues and circumstances to gain model-adherence and sustainability of FFT.
- CIBHS is not responsible for travel costs of Star View Adolescent Center, Inc. and SHIELDS for Family Project, Inc. staff.

CIBHS shall submit annual written invoices at the end of the fiscal year for training of FFT teams. CIBHS shall be reimbursed at a flat rate of \$8,000 per FFT team who has received training services as described above. No additional amount shall be paid to CIBHS for its overhead or administrative fees. The total annual reimbursements for these services shall not exceed \$24,000. CIBHS written invoices shall include all relevant supporting documents.

CIBHS shall submit Program questions and written invoices to:

County of Los Angeles – Department of Mental Health
550 S. Vermont Ave., 4th Floor
Los Angeles, CA 90020
Telephone: (213) 738-2408
ATTN: Terri Boykins, Deputy Director

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III. Mental Health Services Act (MHSA) consultation, behavioral health strategy planning, and support with other organizational processes and efficiencies.

CIBHS shall provide training, technical assistance, facilitation, and consultation to Executive Management Team, MHSA Implementation Teams, and stakeholders' group designated by DMH in the following areas:

- MHSA related trainings, conferences, community forums
 - MHSA public policy development
 - Facilitation of countywide workgroups
 - Community engagement strategies
 - Training conferences
 - Staff specialty skills development
 - Strategic Planning
 - Organizational process improvement
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- CIBHS shall conduct and facilitate stakeholder group processes as requested by DMH for consensus building on the implementation and planning of the Mental Health Services Act and other categorical funding sources.
 - CIBHS shall prepare, produce, review, and revise necessary documents to complete the ongoing planning and implementation processes for various MHSA plans specified by DMH.
 - CIBHS shall provide advice, technical support and facilitation to DMH pertaining to DMH's submittal of any on-going and future MHSA plans (Plan) to the State such as revisions required by the State for Plan approval, facilitation of consensus building among all participants and organizations affected by the Plan, and institutional participants such as the Mental Health Commission and the Board of Supervisors.
 - CIBHS shall provide consultation services for the ongoing planning and implementation of MHSA Community Services and Supports Plan and all future MHSA related plans.
 - CIBHS shall provide planning / strategic advices to DMH on the development and implementation of MHSA plans: capital facilities and technology, workforce education and training, prevention and early intervention, and innovative plans.
 - CIBHS shall provide training services on-site and coaching of staff and supervisors on MHSA, and other specialty related programs and processes as requested by DMH.

IV. Functional Family therapy Community Development Team Implementation and Replacement Staff Training for Department of Mental Health (DMH) Long Beach Child and Adolescent Program

Functional Family Therapy Community Development Team Consultation Training comprises three components: A) Supervision Training (Building Self-Sufficiency), B) Ongoing Partnership (Quality Assurance/Quality Improvement) and C) Replacement Staff Training which occurs as necessary due to staff attrition. The Community Development Team (CDT) model is an enhanced version of Functional Family Therapy (FFT). CDT was developed by CIBHS. The CDT model will assist DMH in monitoring, evaluating, and collecting data on the FFT evidence-based practice.

A) Supervision Training (Building Self-Sufficiency)

The goal of the Supervision Training phase is to assist the service site at the Long Beach Child and Adolescent Program in creating greater self-sufficiency in FFT, while also maintaining and enhancing service site adherence and competence in the model. This phase increases the Site Supervisors high competency in supervision/consultation to the FFT model.

1. CIBHS shall provide two (2) two-day site supervisor trainings by the National FFT Training Center at their out-of-state facility. The trainings are designed to prepare supervisors to provide advanced FFT supervision skills in supporting their team including: management of caseload, ongoing access to the Clinical Services System (CSS) to measure the team and practitioner adherence to the model, and strategies for addressing common challenges in applying the model.
2. CIBHS shall coordinate and facilitate bi-monthly (alternating weeks) one-hour teleconference consultation calls with the site supervisor and the FFT National Consultant to staff team cases with the site-supervisor in order to increase the team's understanding and practice of the clinical model. This includes the review of: generating reports from the CSS, using FFT supervision techniques, and strategies for addressing common challenges in applying the FFT model.
3. CIBHS shall conduct Monthly Administrator and Site Supervisor calls to enhance self-sufficiency in the team and the team's adherence and competence in the FFT model.
4. CIBHS shall provide Bi-Annual Program Performance Outcome Evaluation Reports on their review of service delivery trends and outcomes that are generated based on CSS data entered by FFT practitioners at the Long Beach Child and Adolescent Program service site.

B) Quality Assurance/Quality Improvement (Ongoing Partnership)

The goal of the Quality Assurance/Quality Improvement phase is to maintain sustainable FFT team model-adherent to ensure site is FFT certified. The LBCAP FFT team needs to be trained annually to meet the minimum requirements to remain FFT site certified.

1. CIBHS shall coordinate monthly one-hour teleconference consultation calls between LBCAP's site supervisor and a California Statewide FFT Consultant focusing on strategies for supporting the team's model-adherent use of the FFT model.
2. CIBHS shall provide Monthly Administrator and Site Supervisor calls, involving practitioners from LBCAP's FFT CDT and other FFT teams, focusing on organizational and training supports for maintaining model adherence and optimal program performance.
3. On-going access to the Clinical Services System (CSS) to measure team and practitioner adherence.
4. CIBHS shall provide Bi-Annual Program Performance Outcome Evaluation Reports on their review of service delivery trends and outcomes that are generated based on CSS data entered by LBCAP practitioners.
5. CIBHS shall provide one (1) two-day clinical training for Site Supervisors at the California Annual FFT Symposium which is conducted by CIBHS and the National FFT Training Center, including such topics as: understanding the theoretical underpinnings of FFT; understanding assessment targets, techniques and goals of each of the three phases of FFT; and understanding how to provide advanced treatment skills focusing on more difficult treatment issues and circumstances to gain model adherence and sustainability of FFT.

C) Functional Family Therapy Replacement Staff Training

The Replacement Training Series is designed for program service sites which will replace practitioners due to staff attrition or to support program growth. The training is offered by CIBHS bi-annually: January training in the Los Angeles area and July training in the Sacramento area. LBCAP FFT team can attend such training either in January or in July.

CIBHS shall provide FFT CDT training and consultation services for the replacement of one FFT-trained staff member, which consists of all of the elements of the original FFT CDT training:

1. One (1) three-day initial Clinical training that includes: the theoretical underpinnings, assessment targets, techniques and goals of each of the three

stages of FFT; preparation to provide FFT with detailed instruction in the Engagement and Motivation phases.

2. Three (3) two-day Follow-Up trainings that review each clinical phase with emphasis on Behavior Change and Generalization phases with observation of training tapes to build clinical knowledge and practice.

CIBHS is not responsible for DMH LBCAP FFT team travel costs.

Deliverables Schedule

Upon satisfactory completion of each deliverable, DMH shall pay to CIBHS the following MHA funds based upon actual cost invoices but not to exceed maximum allocation amount.

DELIVERABLES – PAYMENT SCHEDULE FY 2016-2017, 2017-2018, 2018-2019	Maximum Allocation
Implementation Phases 2016-2017	
B. Quality Assurance/Quality Improvement Phase: <ol style="list-style-type: none"> 1. Monthly Site Supervisor phone consultation with California Statewide FFT Consultation 2. Monthly Administrator and Site Supervisor conference calls with CIBHS 3. Ongoing access to the CSS database 4. Bi-annual Program Performance Outcome Evaluation Reports 5. One (1), two-day clinical training at the California Annual FFT Symposium 	\$8,000
C. Replacement Staff Training: <ol style="list-style-type: none"> 1. One, three-day initial Clinical training 2. Three, two-day Follow-Up trainings 	\$3,000

Implementation Phases 2017-2018	
<p>A. Supervision Training:</p> <ol style="list-style-type: none"> 1. Two, two-day Site Supervisor trainings by the National FFT Training Center 2. Bimonthly one-hour teleconference consultation calls with the Site Supervisor and FFT National Consultant. 3. Monthly Administrator and Site Supervisor calls with CIBHS. 4. Bi-annual Program Performance Outcome Evaluation Reports and ongoing access to the CSS database 	\$9,000
<p>B. Quality Assurance/Quality Improvement:</p> <ol style="list-style-type: none"> 1. Monthly Site Supervisor phone consultation with California Statewide FFT Consultation 2. Monthly Administrator and Site Supervisor conference calls with CIBHS 3. Ongoing access to the CSS database 4. Bi-annual Program Performance Outcome Evaluation Reports 5. One (1), two-day clinical training at the California Annual FFT Symposium 	\$8,000
<p>C. Replacement Staff Training:</p> <ol style="list-style-type: none"> 1. One, three-day initial Clinical training 2. Three, two-day Follow-Up trainings 	\$3,000

Implementation Phases 2018-2019	
A. Supervision Training:	
1. Two, two-day Site Supervisor trainings by the National FFT Training Center	\$9,000
2. Bimonthly one-hour teleconference consultation calls with the Site Supervisor and FFT National Consultant.	
3. Monthly Administrator and Site Supervisor calls with CIBHS.	
4. Bi-annual Program Performance Outcome Evaluation Reports and Ongoing access to the CSS database	
B. Quality Assurance/Quality Improvement:	
1. Monthly Site Supervisor phone consultation with California Statewide FFT Consultation	\$8,000
2. Monthly Administrator and Site Supervisor conference calls with CIBHS	
3. Ongoing access to the CSS database	
4. Bi-annual Program Performance Outcome Evaluation Reports	
5. One (1), two-day clinical training at the California Annual FFT Symposium	
C. Replacement Staff Training:	
1. One, three-day initial Clinical training	
2. Three, two-day Follow-Up trainings	\$3,000
Maximum Allocation Amount	\$51,000

CIBHS shall submit program questions an invoices to:
County of Los Angeles-Department of Mental Health
Service Area 8 Administration
2600 Redondo Ave., 6th Floor, Long Beach, CA 90806
ATTN.: Dennis Murata, Service Area VIII Chief
Telephone: (562) 256-1271

V. AGGRESSION REPLACEMENT THERAPY TRAINING (PEI Services)

1. OVERVIEW

Aggression Replacement Training (ART) is a multimodal psychoeducational intervention designed to alter the behavior of chronically aggressive adolescents and young children. The goal of ART is to improve social skill competence, anger control, and moral reasoning. The program incorporates three specific interventions: skill-streaming, anger control training, and training in moral reasoning. Skill-streaming uses modeling, role-playing, performance feedback, and transfer training to teach prosocial skills. In anger control training, participating youths must bring to each session one or more descriptions of recent anger-arousing experiences (hassles), and over the duration of the program they are trained how to respond to their hassles. Training in moral reasoning is designed to enhance youths' sense of fairness and justice regarding the needs and rights of others and to train youths to imagine the perspectives of others when they confront various moral problem situations.

2. DELIVERABLES

CIBHS shall provide A) Training in the ART model and B) Technical Assistance and Consultation Support to DMH directly operated clinics and contracted agencies clinical staff in order to effectively implement the ART model. CIBHS shall perform the deliverables as follows:

A. Training

- i. CIBHS shall plan, coordinate, and prepare ART trainings in FY 2016-17 through FY 2018-19 in coordination with DMH staff according to the training details described in the below Fee Schedule.
- ii. CIBHS shall provide a curriculum with a syllabus, learning objectives, methodology, and information regarding trainers, and training schedules. CIBHS will ensure that the curriculum is in alignment with the DMH PEI Plan, guidelines, and DMH PEI specified outcomes. CIBHS will ensure that any substantive changes to the approved curriculum are approved by DMH prior to implementing such changes.
- iv. CIBHS shall schedule and organize trainers who are experts in the ART program to conduct the trainings throughout Los Angeles County.
- v. CIBHS shall provide orientation and information to agency executives, program managers, and training coordinators about the implementation of the ART program.
- vi. CIBHS shall provide training to direct service practitioners (2-day initial clinical training) in the implementation of the ART program.

- vii. CIBHS shall ensure that syllabi, materials, and handouts necessary for trainings are provided in advance of the ART trainings. Topics will include, but not necessary be limited to, information on current research, implementation of evidence-based and promising practices, system-wide issues to be addressed, participation of consumers and family members in treatment, motivational interviewing, stages of change, screening and assessment tools, delivery of services, etc.
- viii. CIBHS shall provide each participant with training materials; the maximum allowable cost for training materials shall not exceed \$75.00 per participant.
- ix. CIBHS shall provide booster trainings (1-day training) to trainees to follow up on the initial trainings, provide additional information, as well as review and critique clinical experience to date.
- x. CIBHS shall provide consultation support and video tape review (2 video tapes per person and report findings to DMH) for the implementation of the ART program to direct service practitioners and supervisors. The maximum allowable cost for consultation support and video tape review shall not exceed \$1,500.00 per cluster (a cluster is 5-8 practitioners).
- xi. CIBHS shall provide training to Agency Trainers (2-day Agency Trainer training) in the sustainability of the ART program.
- xii. CIBHS shall provide consultation support and video tape review to each Agency Trainer.
- xiii. CIBHS shall obtain authorization of Continuing Education units for participants.
- xiv. CIBHS shall provide ART training at the PEI EBP Training Symposiums as scheduled.
- xv. CIBHS shall prepare evaluations to be distributed to participants in each training session, assessing the learning that took place and the effectiveness of ART training given by CIBHS. This information will be used to adjust subsequent training session focus and approaches. CIBHS shall provide summaries of evaluations to DMH as requested and/or on a quarterly basis.

B. Technical Assistance and Consultation Support

- A. CIBHS shall participate in ongoing meetings and conferences with DMH and other designated agency staff as needed to ensure that training needs and expected outcomes are met.
- B. CIBHS shall maintain collaborative relationships with representatives of the various DMH sections, including PEI administration, Deputy Directors, age group leads, Service Area District Chiefs, and other staff involved in the implementation of the ART program to ensure that the training and consultation will produce the appropriate practical data.[Is all we care about is appropriate data? What about the services?]
- C. CIBHS shall provide implementation planning to contract agencies and directly operated clinical staff in advance of the ART clinical training.

D. **TIMELINE**

- E. Services shall commence immediately upon the effective date of this Agreement.
- F. Consultation sessions shall commence with trained participants according to the timeline agreed upon by participants and supervisors and conclude within 18 months after the last training session or the conclusion of this Agreement, whichever is earlier.

4. **PAYMENT SCHEDULE**

- A. For all services, CIBHS shall submit monthly invoices for actual costs and fees incurred for services provided under this SOW Training Fee Schedule on the Training Invoice Form designated by DMH. CIBHS shall submit all relevant supporting documents together with the Training Invoice and keep copies of all other documents available to DMH at any time for review and for audit purposes. Payment shall be based on the actual costs incurred up to the maximum indicated in the itemized Training Fee Schedule
- B. Each payment shall be made only upon approval by the designated DMH program representative following review and determination that CIBHS has satisfactorily performed all tasks in each respective Deliverable as stated in the SOW.
- C. Payment shall be made as indicated in the following Fee Schedule:

**FEE SCHEDULE
AGGRESSION REPLACEMENT THERAPY TRAININGS
FOR FY 2016-17 THROUGH FY 2018-19**

AGGRESSION REPLACEMENT TRAINING FEE SCHEDULE			
1. TRAINING			
A. INITIAL TRAINING {2 day training}			
Capacity (Number of Attendees)	24 per session (total 72)		\$22,800
Number of Sessions	3		
Training Fees	\$5,600 per session	\$16,800	
Travel Costs (Based on actual costs)	\$2,000/ training	\$6,000	
Subtotal Initial Training Fees			
B. TRAINING BOOSTER (1 day training)			
Capacity (Number of Attendees)	24 per session (total 72)		\$12,900
Number of Sessions	3		
Training Fees	\$2,800 per session	\$8,400	
Travel Costs (Based on actual costs)	\$1,500/training	\$4,500	
Subtotal Training Booster Fees			
C. AGENCY TRAINER TRAINING (2 day training)			
Capacity (Number of Attendees)	5 per session (total: 10)		\$33,000
Number of Sessions	2		
Training Fees	\$16,500 per session	\$33,000	
D. TRAINING MATERIALS			
ART Training books and handouts (Based on actual costs)	\$75 per participant x 72	\$5,400	\$8,400
ART Training books and handouts (for Agency Trainer Trainees)Based	\$75 per participant x 40	\$3,000	
2. TECHNICAL ASSISTANCE AND CONSULTATION			
A. TECHNICAL ASSISTANCE			
Rate per cluster (cluster is 8 participants)	\$1,500		\$7,500
Total number of clusters	5 Clusters	\$7,500	
Maximum Total Technical Assistance			
B. CONSULTATION SUPPORT			
Consultation with Agencies and DMH	\$300/hours x 18 hours	\$5,400	\$5,400
Maximum Total: Consultation Support			
GRAND TOTAL ALL TRAINING COSTS			\$90,000

VI. FUNCTIONAL FAMILY THERAPY (PEI Services)

1. OVERVIEW

Functional Family Therapy (FFT) is a family-based, short-term prevention and intervention program for acting-out youths, ages 11-18. FFT focuses on risk and protective factors that impact the adolescent, specifically intra-familial and extra-familial factors, and how they present and influence the therapeutic process. Major goals are to improve family communication and supportiveness while decreasing intense negativity characteristic of these families. Five major components: engagement in change, motivation to change, relational/interpersonal assessment and planning for behavioral change, behavioral change, and generalization of behaviors.

2. DELIVERABLES

CIBHS shall provide A) Training and B) Technical Assistance and Consultation for the FFT model to DMH directly operated clinics and contracted agencies clinical staff in order to effectively implement the FFT model. CIBHS shall perform the deliverables in this SOW as follows:

A. Training

- i. CIBHS shall plan, coordinate and prepare FFT trainings in FY 2016-17 through 2018-19 in coordination with DMH staff according to the training details on the attached Fee Schedule.
- ii. CIBHS shall provide a curriculum with a syllabus, learning objectives, methodology, and information regarding trainers, and training schedules. CIBHS will ensure that the curriculum is in alignment with the DMH PEI Plan, guidelines, and DMH PEI specified outcomes. CIBHS will ensure that any substantive changes to the approved curriculum are approved by DMH prior to implementing such changes.
- iii. CIBHS shall schedule and organize trainers who are experts in the FFT program to conduct the trainings throughout Los Angeles County.
- iv. CIBHS shall provide orientation and information to agency executives, program managers, and training coordinators about the implementation of the FFT program.
- v. CIBHS shall ensure that syllabi, materials, and handouts necessary for trainings are obtained [?] in advance of the FFT trainings. Topics will include, but not necessary be limited to, information on current research, implementation of evidence-based and promising practices, system-wide issues to be addressed, participation of consumers and family members in

treatment, motivational interviewing, stages of change, screening and assessment tools, delivery of services, etc.

- vi. CIBHS shall provide the following FFT training services described below and in the FFT Fee Schedule:

- a. Phase I

- i. Introduction and Implementation Planning Meetings (or webcasts)
 - ii. Initial FFT Implementation and Clinical Service System (CSS) Training (in person or webcast)
 - iii. FFT Initial 3-day Clinical Training
 - iv. Weekly FFT National Consultation Calls
 - v. 1st On-Site 2-day Follow-Up Training
 - vi. 2nd On-Site 2-day Follow-Up Training
 - vii. 3rd On-Site 2-day Follow-Up Training
 - viii. FFT Second 2-day Clinical Training
 - ix. FFT Externship (3 separate training events across 3 consecutive months at a designated FFT Externship site. Each training is 3-days; total of 9-days of training)

- b. Phase II (Fee Schedule?)

- i. Site Supervisor 2-day Training #1
 - ii. Twice-Monthly FFT National Consultation Calls with the Site Supervisor
 - iii. Site Supervisor 2-day Training #2
 - iv. Monthly Administrator and Site Supervisor Consultation Calls with CIBHS (ongoing)
 - v. Consistent use of the CSS
 - vi. FFT web bulletin board

- vii. Outcome evaluation reports
 - c. Phase III (Exhibit B-2b – Fee Schedule?)
 - i. California Annual 2-day Symposium (Site Supervisor)
 - ii. Monthly Consultation Calls for Site Supervisor
 - iii. Continued use of the CSS
 - iv. Bi-annual Program Performance Dashboard Evaluation Reports
 - v. Annual Certification
 - d. Replacement Training Series
 - i. FFT Initial 3-day Replacement Training
 - ii. 1st 2-day Follow-Up Replacement Training
 - iii. 2nd 2-day Follow-Up Replacement Training
 - iv. 3rd 2-day Follow-Up Replacement Training
 - v. CIBHS shall provide each participant with training materials.
 - vi. CIBHS shall prepare evaluations to distribute to participants in each training session, assessing the learning that took place and the effectiveness of FFT training by CIBHS. This information will be used to adjust subsequent training session focus and approaches. CIBHS will provide summaries of evaluations to DMH as requested and/or on a quarterly basis.
 - vii. CIBHS shall assist in the authorization of Continuing Education units for participants. [what does this mean—what are they to do? Assist who? If it's there training shouldn't they be responsible for this?]
- B. Technical Assistance and Consultation Support
 - i. CIBHS shall participate in ongoing meetings and conferences with DMH and other designated agency staff as needed to ensure that training needs and expected outcomes are met.
 - ii. CIBHS shall maintain collaborative relationships with representatives of the various DMH sections, including PEI administration, Deputy Directors, age

group leads, Service Area District Chiefs, and other staff involved in the implementation of the FFT program to ensure that the training and consultation will produce the appropriate practical data.

- iii. CIBHS shall advise agencies of recommendations to improve their FFT programs, and advise DMH of any improvements required for any agencies providing FFT services.

3. TIMELINE

- A. Services shall commence immediately upon the effective date of this Amendment.
- B. Consultation sessions shall commence with trained participants according to the timeline agreed upon by participants and supervisors and conclude within 18 months after the last training session or the conclusion of this Agreement, whichever is earlier.

4. PAYMENT SCHEDULE

- A. For all services, CIBHS shall submit monthly invoices for actual costs and fees incurred for services provided under this SOW Training Fee Schedule on the Training Invoice Form designated by DMH. CIBHS shall submit all relevant supporting documents together with the Training Invoice and keep copies of all other documents available to DMH at any time for audit or review purposes. Payment shall be based on the actual costs incurred up to the maximum indicated in the itemized Training Fee Schedule
- B. Each payment shall be made only upon approval by the designated DMH program representative following review and determination that CIBHS has satisfactorily performed all tasks in each respective Deliverable as stated in the SOW.
- C. Payment shall be made as indicated in the following Fee Schedule.

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**FEE SCHEDULE
FUNCTIONAL FAMILY THERAPY
FOR FY 2016-17 THROUGH FY 2018-19**

FUNCTIONAL FAMILY THERAPY FEE SCHEDULE			
1. TRAINING			
A. PHASE I TRAINING			
Capacity (Number of Attendees)	8 per session (total 16)		\$97,000
Number of Sessions	2		
Training Fees	\$40,000 per session	\$80,000	
Travel Costs (Based on actual costs)	\$8,500/ training	\$17,000	
Subtotal Phase I Training Fees			
B. PHASE II TRAINING			
Capacity (Number of Attendees)	8 per session (total 16)		\$33,000
Number of Sessions	2		
Training Fees	\$15,000 per session	\$30,000	
Travel Costs (Based on actual costs)	\$1,500/training	\$3,000	
Subtotal Phase II Training Fees			
C. PHASE III TRAINING			
Capacity (FFT Sites)	14		\$112,000
Training Fees (per FFT Site)	\$8,000 per FFT Site	\$112,000	
Subtotal Phase III Training Fees			
D. REPLACEMENT TRAINING SERIES			
Capacity (Number of Attendees)	16 per session (total 16)		\$48,000
Number of Sessions	1		
Training Fees	\$48,000 per session	\$48,000	
Travel Costs (Included in Training Fee)	\$0		
2. TECHNICAL ASSISTANCE AND CONSULTATION SUPPORT			
Technical Assistance and Consultation Support	\$300/hours x 33.3 hours	\$10,000	\$10,000
Maximum Total Technical Assistance			
GRAND TOTAL: ALL TRAINING COSTS			\$300,000

VII. PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS (PEI Services)

1. OVERVIEW

Program to Encourage Active Rewarding Lives for Seniors (PEARLS) is a highly effective method designed to reduce depressive symptoms and to improve the quality of life in older adults and in all-age adults with epilepsy. 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. As a national evidence-based program for treating depression, PEARLS integrates a number of proven treatment strategies that can be tailored to meet the unique needs of every client.

2. DELIVERABLES

CIBHS shall provide A) Training and B) Technical Assistance and Consultation Support for the PEARLS model to DMH directly operated clinics and contracted agencies clinical staff in order to effectively implement the PEARLS model. CIBHS shall perform the deliverables in this SOW as follows:

A. Training

- i. CIBHS shall plan, coordinate and prepare PEARLS trainings in FY 2016-17 through FY 2018-19 in coordination with DMH staff according to the training details on the attached Fee Schedule.
- ii. CIBHS shall provide a curriculum with a syllabus, learning objectives, methodology, and information regarding trainers, and training schedules. CIBHS will ensure that the curriculum is in alignment with the DMH PEI Plan, guidelines, and DMH PEI specified outcomes. CIBHS will ensure that any substantive changes to the approved curriculum are approved by DMH prior to implementing such changes.
- iii. CIBHS shall schedule and organize trainers who are experts in the PEARLS program to conduct the trainings throughout Los Angeles County.
- iv. CIBHS shall provide orientation and information to agency executives, program managers, and training coordinators about the implementation of the PEARLS program.
- v. CIBHS shall provide training to supervisors and direct service practitioners (2 days) in the implementation of the PEARLS program.
- vi. CIBHS shall ensure that syllabi, materials, and handouts necessary for trainings are provided in advance of the PEARLS trainings. Topics will include, but not necessary be limited to, information on current research, implementation of evidence-based and promising practices, system-wide

issues to be addressed, participation of consumers and family members in treatment, motivational interviewing, stages of change, screening and assessment tools, delivery of services, etc.

- vii. CIBHS shall provide each participant with training materials
- viii. CIBHS shall prepare evaluations to distribute to participants in each training session, assessing the learning that took place and the effectiveness of PEARLS training by CIBHS. This information will be used to adjust subsequent training session focus and approaches. CIBHS will provide summaries of evaluations to DMH as requested and/or on a quarterly basis.
- ix. CIBHS shall provide consultation support for the implementation of the PEARLS program to direct service practitioners and supervisors.
- x. CIBHS shall obtain authorization of Continuing Education units for participants.
- xi. CIBHS shall provide PEARLS training at the PEI EBP Training Symposium as scheduled.

B. Technical Assistance and Consultation Support

- i. CIBHS shall participate in ongoing meetings and conferences with DMH and other designated agency staff as needed to ensure that training needs and expected outcomes are met.
- ii. CIBHS shall maintain collaborative relationships with representatives of the various DMH sections, including PEI administration, Deputy Directors, age group leads, Service Area District Chiefs, and other staff involved in the implementation of the PEARLS program to ensure that the training and consultation will produce the appropriate practical data.
- iii. CIBHS shall advise agencies of recommendations to improve their PEARLS programs, and advise DMH of any improvements required for any agencies providing PEARLS services.

3. TIMELINE

- A. Services shall commence immediately upon the effective date of this Agreement.
- B. Consultation sessions shall commence with trained participants according to the timeline agreed upon by participants and supervisors and conclude within 12 months after the last training session or the conclusion of this Agreement, whichever is earlier.

FEE SCHEDULE

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS FOR FY 2016-17 THROUGH FY 2018-19

PEARLS FEE SCHEDULE			
1. TRAINING			
A. INITIAL TRAINING (2-day training)			
Capacity (Number of Attendees)	60 per session (total trainees = 240)		\$199,644
Number of Trainers	4 trainers		
Number of Sessions	3		
Travel Costs	Included		
Cost per Initial Training	\$66,548	\$199,644	
Subtotal Initial Training Fees			
B. TRAINING MATERIALS			
PEARLS Workbooks	\$15 x 70 workbooks = \$1,050		\$4,800
Shipping and Handling	\$150		
Cost per training	Subtotal	\$1,200 x 4	
Subtotal Training Materials			
2. TECHNICAL ASSISTANCE AND CONSULTATION SUPPORT			
A. TECHNICAL ASSISTANCE AND CONSULTATION SUPPORT			
Monthly 2-hour consultation calls for 12 mo.	24 telephone consult hrs. @300/hour		\$49,556
Cost per training / # of sessions	\$7,200 x 6	\$43,200	
Consultation Services	\$300/hour x 21.18 hours	\$6,356	
Total Technical Assistance and Consultation Support			
GRAND TOTAL: ALL TRAINING COSTS			\$254,000

California Institute for Behavioral Health Solutions
 Fiscal Years 2016-17, 2017-18 and 2018-19
 Exhibit B -5
 Funding Sources

<u>Funding Sources</u>	<u>FY 2016-17</u>	<u>FY 2017-18</u>	<u>FY 2018-19</u>
DPSS-CalWORKS	\$ 100,000	\$ 100,000	\$ 100,000
Probation -FFT (Star View & SHIELDS for Family Project)	24,000	24,000	24,000
MHSA Consultation	254,967	254,967	700,000
MHSA FFT CDT Long Beach Child and Adolescent	11,000	20,000	20,000
PEI EBP ART	30,000	30,000	30,000
PEI EBP FFT	100,000	100,000	100,000
PEI EBP PEARLS	84,667	84,667	84,667
CGF - 2011 Realignment			55,000
Total Compensation Amount (TCA)	\$ 604,634	\$ 613,634	\$ 1,113,667