



**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH SERVICES ACT
PROGRAM SUPPORT BUREAU
PREVENTION AND EARLY INTERVENTION DIVISION**

**TRAINING PROTOCOLS
FOR
PREVENTION AND EARLY INTERVENTION
PRACTICES**

**REVISED
06/29/2022**

The Training Protocols for Prevention and Early Intervention Services are updated on an annual basis. Information about changes in training protocols for PEI approved Evidence-based Practices, Promising Practices, and Community-Defined Evidence Practices is disseminated by the PEI Administration Division and PEI Practice Leads, throughout the year as needed.

There are DMH staff assigned as PEI Practice Leads for all of the DMH PEI practices. The list of Practice Leads is provided in the Attachments. Note that changes may occur in staff designated as Practice Leads.

For questions about PEI approved training protocols and/or
updated contact information for PEI Practice Leads, please contact:

MHSAPEI@dmh.lacounty.gov

CONTENTS

	<u>Page</u>
I. <u>OVERVIEW OF PEI TRAINING PROTOCOLS</u>	1
1. Purpose	1
2. Scope	1
3. Training Coordinators	2
4. Prior Approval to Implement an EBP/PP/CDE	2
5. Authorized Trainers	2
6. Train-the-Trainer Protocols	3
7. No Provisional Authorization to Claim Allowed	3
8. Minimum Training Required Before Claiming to PEI is Allowed	3
9. Who Retains Certification	4
10. Students/Trainees/Interns	4
11. Training Materials	4
12. One-Time Training Funds	4
13. Quality Assurance	5
14. Provision of Core vs. Non-Core Services	5
15. Specific EBP/PP/CDE Training Protocols	5
II. <u>CHART INFORMATION AND ORGANIZATION</u>	6
1. Description of Chart Information	6
2. Summary Chart of PEI Practice Training Protocols	8
III. <u>SPECIFIC EBP/PP/CDE TRAINING PROTOCOLS</u>	12
1. Aggression Replacement Training (ART)	13
2. Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT)	14
3. Brief Strategic Family Therapy (BSFT)	15
4. Caring for Our Families (CFOF)	16
5. Center for the Assessment & Prevention of Prodromal States (CAPPS)	17
6. Child-Parent Psychotherapy (CPP)	18
7. Cognitive Behavioral Intervention for Trauma in School (CBITS)	19
8. Crisis Oriented Recovery Services (CORS)	20
9. Depression Treatment Quality Improvement Intervention (DTQI)	21
10. Dialectical Behavior Therapy (DBT)	22
11. Families OverComing Under Stress (FOCUS)	23
12. Family Connections (FC)	24
13. Functional Family Therapy (FFT)	25
14. Group Cognitive Behavioral Therapy for Depression (Group CBT)	26
15. Incredible Years (IY)	27
16. Individual Cognitive Behavioral Therapy (Ind CBT)	28
17. Interpersonal Psychotherapy for Depression (IPT)	30

18. Loving Intervention Family Enrichment Program (LIFE)	32
19. Managing and Adapting Practice (MAP)	33
20. Mental Health Integration Program (MHIP)	34
21. Mindful Parenting Groups (MP)	35
22. Multidimensional Family Therapy (MDFT)	37
23. Multisystemic Therapy (MST)	38
24. Nurturing Parenting(NP).....	40
25. Parent-Child Interaction Therapy (PCIT)	41
26. Portland Identification and Early Referral Model (PIER).....	42
27. Problem Solving Therapy (PST)	44
28. Prolonged Exposure for Post-Traumatic Stress Disorder (PE-PTSD).....	45
29. Program to Encourage Active Rewarding Lives for Seniors (PEARLS) -- Older Adult Providers Only	46
30. Promoting Alternative Thinking Strategies (PATHS)	47
31. Reflective Parenting Program (RPP)	48
32. Seeking Safety (SS)	50
33. Strengthening Families (SF)	52
34. Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	53
35. Triple P Positive Parenting Program (Triple P) – Levels 4 and 5	55
36. UCLA Ties Transition Model (TTM).....	56

ATTACHMENT A:

PEI Training Coordinator Contact Information Update Request	57
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ATTACHMENT B:

Provider Request to Add/Drop PEI Practice	58
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ATTACHMENT C:

PEI Practice Leads Contact List	61
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I. OVERVIEW OF PEI TRAINING PROTOCOLS

1. PURPOSE

After an extensive stakeholder planning process, the County of Los Angeles Department of Mental Health's (DMH) PEI Plan was approved by the Mental Health Services Act (MHSA) Mental Health Services Oversight and Accountability Committee in August 2009. The Department proceeded with the implementation of the Prevention and Early Intervention (PEI) Plan through a transformation process starting in spring 2010. The new PEI Programs included Evidence-Based Practices (EBPs), Promising Practices (PP), and Community-Defined Evidence (CDE) Programs, all of which include evaluation and outcomes. Due to the massive implementation of PEI EBP/PP/CDE programs, the capacity of developers and trainers, in many instances, could not match the needs of clinics. During this initial implementation phase and thereafter, the Department has worked with developers and trainers to identify the required training components, facilitate training opportunities, and advocate for Train-the-Trainer models to promote sustainability.

The purpose of the training protocol guidelines is to define and standardize training procedures for all staff providing PEI services through EBPs, PPs, and CDEs. Adherence to a standardized training protocol by all provider agency staff helps in eliminating unclear direction while simultaneously enhancing a more organized and seamless method of service delivery that is critical to the goals of the Department.

2. SCOPE

The training protocols apply to any and all mental health rendering providers and clinical supervisors involved with the delivery of direct PEI services utilizing EBP/PP/CDE models for DMH and funded by the MHSA PEI for Fiscal Years (FY) 2009-10 and beyond. The practices listed in this guide are those approved by DMH for PEI services.

Note that in most instances the training protocols follow the guidelines of the developer, but in a number of instances, DMH has added enhancements to the basic training originally specified by the developer so that the training addresses the needs of the population served with PEI funds. When arranging for training through a non DMH-sponsored source, agencies should check first with the PEI training protocols to confirm that the training being offered complies with the PEI training protocols.

Agency training coordinators and quality assurance staff should refer to this document in order to determine if new and/or existing staff meets minimum PEI training standards. Staff failing to meet any of the following standards is deemed ineligible to provide the EBP/PP/CDE service under MHSA PEI funding and may not submit claims for this service until they reach full compliance. Unless approved by DMH, agency staff must be sufficiently trained in the EBP/PP/CDE model prior to providing the EBP/PP/CDE program as a direct service. For staff that has had prior training, but may not have been actively practicing the service, a refresher course or booster training session is highly recommended. The entire training protocol for a specific practice must be completed in its entirety in order for staff to be deemed qualified to provide a certain practice. In general, the full protocol should be completed within one year, although according to certain practices, it may take a bit shorter or longer for completion.

3. **TRAINING COORDINATORS**

Each DMH contract agency must identify a licensed Training Coordinator and supply their contact information to PEI Administration at MHSAP EI@dmh.lacounty.gov. PEI Administration is in contact with the Training Coordinator to verify staff information. The agency Training Coordinator has the following tasks:

- Identify staff suitable for training who meet the minimum professional qualifications to provide the EBP/PP/CDE service.
- Identify staff who have had sufficient (as defined by this document) prior training to offer the EBP/PP/CDE service.
- Coordinate with DMH on all aspects of training or re-training of agency staff deemed necessary to maintain a high standard of care and treatment fidelity.
- Submit documentation attesting that identified staff has met the standards set forth in this protocol.

To notify PEI Administration of a change in Training Coordinator, please use the "PEI Training Coordinator Contact Information Update Request" form (see Attachment A).

4. **PRIOR APPROVAL TO IMPLEMENT AN EBP/PP/CDE**

Agencies must request prior approval from their Lead District Chief and PEI Administration before proceeding with training in a new EBP and adding the EBP to their list of PEI Practices. If prior approval is not obtained, agencies may find themselves in a situation where staff have been trained in a practice but then cannot claim to PEI for the practice. As part of the add process, agencies must list clinicians who are currently being trained in the practice and/or clinicians who have completed the entire training protocol, in order to ensure that the agency has clinicians who can claim to the practice once it is approved. See Attachment B for the Provider Form to Add/Drop a PEI Practice and the Trained Clinicians attachment that must be submitted to the agency's Lead District Chief and PEI Administration. Please contact MHSAP EI@dmh.lacounty.gov for a fillable form.

5. **AUTHORIZED TRAINERS**

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

Caveat: It is highly recommended that agencies check first with DMH PEI Administration and the Practice Lead in order to: 1) verify that the trainer they are planning to use is authorized/certified to provide training in the specific practice, and 2) ensure that the training offered by the proposed trainer does in fact follow the required training protocols. In past instances, agencies have utilized trainers who were not authorized/certified by the developer to provide training and/or the trainer did not follow the required DMH protocols for the specific EBP.

Further, it is highly recommended that agencies arrange for the entire training protocol to be completed by the same trainer. In some instances, a trainer may indicate they only do the initial

in-person training but decline to do, or subsequently are unable to do, the rest of the protocols, especially the consultation calls and/or audio/videotape reviews. This has caused a problem for some agencies because subsequent trainers will not take on the responsibility of completing the rest of the training protocols, citing lack of information on the quality of training provided by the first training and unfamiliarity with the ability of the staff trained to provide such services based on the initial training.

When submitting invoices for reimbursement for trainings, providers must submit receipts for trainings as well as travel expenses incurred by the trainers.

6. TRAIN-THE-TRAINER PROTOCOLS

The Department recognizes the need to continually plan for staff training given a number of critical factors that impact staff in Los Angeles County, including high staff turnover, lack of readily available training opportunities, training costs, etc. More importantly, planning for long-term sustainability for a certain practice is critical to ensure the fidelity to the model as well as quality of services to our clients and consumers. To this end, the Department has strongly encouraged and collaborated with EBP/PP/CDE developers to design and establish protocols where the developer or a designated trainer teach practitioners how to become trainers in their own agency in a specific practice. As a result of these efforts, since 2010 a number of practices now have Train-the-Trainer models. However, the decision of whether or not to provide a Train-the-Trainer protocol for agencies is ultimately the decision of the developer.

7. NO PROVISIONAL AUTHORIZATION TO CLAIM ALLOWED

In order to promote the provision of quality services to LA County's consumer population as quickly as possible in 2010, provisional training protocols were approved for three practices where the developer allowed such minimal initial training. By following specific requirements, agency staff could obtain "provisional authorization to claim for PEI programs," upon completion of the initial provisional training and provided the rest of the requisite training protocol was completed within one year. As of July 1, 2013, provisional training for agency employees is no longer permitted for any PEI practice. Instead, see the section on "Minimum Training Required before Claiming to PEI is Allowed" for details on how soon after training starts that staff may begin claiming services to PEI.

8. MINIMUM TRAINING REQUIRED BEFORE CLAIMING TO PEI IS ALLOWED

Because each practice has different protocols, the stage at which staff may begin claiming services to PEI differs. The training protocols state the minimum training that must be completed before staff is authorized to begin claiming. Staff is not considered fully trained in a practice until all required training protocols are completed, nor is staff considered eligible to begin claiming until the required minimum training has been completed. Claiming for services by untrained staff or by staff that has not completed the minimum training requirements may have an impact on audit and/or approval of claims.

9. WHO RETAINS CERTIFICATION

Upon completion of the training protocol, an individual may be fully trained and certified as an authorized practitioner, or the certification may remain with the agency at which the individual was trained/certified. If the certification remains with the agency, then the individual is no longer considered certified if he or she discontinues employment with that agency.

10. STUDENTS/TRAINEES/INTERNS

If an agency utilizes students, trainees, or interns to provide PEI services, it is the agency's obligation to ensure that these individuals complete the full practice protocol before leaving the agency. Consequently, all plans for training these temporary rendering providers must include completion of the full training protocol for whichever EBP/PP/CDE they are utilizing. Students, trainees, and interns are generally not eligible for provisional authorization to claim, unless at the time of requesting such authorization, the agency submits a plan to the PEI Administration at MHSAP EI@dmh.lacounty.gov to complete their training within six months.

11. TRAINING MATERIALS

Only curricula authorized and acknowledged by the EBP/PP/CDE developer (or individual or corporate entity holding copyrights and/or intellectual property rights for the EBP/PP/CDE service) are considered valid training content under the scope of this protocol. This is meant to include all forms of electronic or print content and primary teaching exercises, strategies, and other educational techniques. The training requirements list the required training manuals, educational materials, etc. for each EBP/CDE/PP. If any training materials are available for staff as reference material (e.g. videotapes, master training documents, research articles, etc.), they should be maintained in good, usable condition and in an area where staff can easily access them.

12. ONE-TIME TRAINING FUNDS

In FY 2010-11, the Department allocated PEI one-time training funds that its contracted agencies could utilize to purchase outside, i.e., non-DMH sponsored training, and invoice for staff time spent in the training sessions. These funds were always marked as "one-time funds" inasmuch as the monies came from unspent dollars due to the initial slow implementation of the PEI funds. Over the past five years, the amount of one-time training funds has been reduced greatly. For FY 2015-16, the amount allocated represents about only one-fifth of the original allocation. Agencies are strongly advised to select, promote, and support practices that they can sustain on their own, without continuing reliance on DMH one-time training funds. The costs involved in sustaining EBPs include training new staff, booster trainings where required, and ongoing licensing or other requirements.

The same PEI invoicing process as in previous years is still in effect to claim these training funds. For future years requests for PEI training reimbursements will not be approved without proof of the required plans to complete the training. That is, training cannot be purchased piecemeal with PEI funds, e.g., just the initial in-person training without the accompanying consultation calls, booster trainings, audio/videotape reviews, etc. would not be authorized. When negotiating training, agencies should be sure that all the components are being provided by the same source.

Reimbursable training costs are based on what the Department considers to be “reasonable” rates.

13. QUALITY ASSURANCE

The agency should include the Training Coordinator tasks and responsibilities into normal agency quality assurance procedures. Agencies will be asked to provide DMH with periodic written reports detailing their compliance with this training protocol. Such reports shall include a staff list identifying professional credentials, licensure/waivers, discipline, workshop/training attended with dates of attendance, any certifications that resulted from training activities, and other appropriate information.

14. PROVISION OF CORE VS. NON-CORE SERVICES

MHSA PEI services include both “core” interventions and “non-core” services. Core interventions are those services that are intrinsic to the delivery of expected outcomes for each EBP/PP/CDE. Non-core services are those services not core to the EBP/PP/CDE that are provided on a short-term basis to meet the emergent client needs and support the client’s participation in the EBP model. It is expected that EBP Core Interventions, with the exception of Assessment/Psychiatric Diagnostic Interview (90791) and Targeted Case Management (T1017), be delivered by staff trained in the model. While Assessment/Psychiatric Diagnostic Interviews may be conducted by a clinician not trained in the EBP, it is expected that the clinician have baseline knowledge of the EBP/PP/CDEs provided at the agency so that he or she may place clients in the most appropriate model. Targeted Case Management may be provided by non-clinicians who are not trained in the EBP/PP/CDE.

15. SPECIFIC EBP/PP/CDE TRAINING PROTOCOLS

Each EBP/PP/CDE has specific training protocols that must be followed. On the following pages detailed information is provided for each EBP/PP/CDE that the Department has approved for PEI contracted agencies. The information is provided regarding the required training protocols, supervisor training, certification and accreditation, train-the-trainer protocols, and provisional authorization to claim. See Section 3 for an explanation of the information provided under each category.

II. CHART INFORMATION AND ORGANIZATION

1. DESCRIPTION OF CHART INFORMATION

The following is a description of the information contained in each item of the individual EBP/PP/CDE Practice chart.

NAME OF PRACTICE	
Authorized Ages	Indicates the PEI age range authorized for this practice and covered by the training protocol. Providers may not claim services for individuals not included in this age range, and training for ages outside the authorized practice age range does not constitute completion of the required practice training protocol.
Required Training Protocols	Indicates the required training components that staff must complete in order to be considered fully trained in and to provide services in the specific practice. Examples of the required components may include: <ul style="list-style-type: none"> ▪ Initial in-person training ▪ Booster training ▪ Consultation calls (individual/group, weekly/monthly, in-person/telephone) ▪ Audiotape and/or videotape submissions ▪ Pre-accreditation workshops ▪ Accreditation workshops ▪ Re-certification workshops after a specific length of time ▪ Experiential training ▪ Technical assistance ▪ Review of webinar ▪ Review of training materials and manuals
Supervisor Training Required?	Indicates whether the practice requires that both the clinician and a Supervisor be trained in the practice before services may be provided.
Certification or Accreditation Required?	Indicates whether certification or accreditation is mandatory, i.e., staff is not considered fully qualified to provide the practice unless the developer or trainer has certified or accredited the staff as authorized to provide the practice.
Train-the-Trainer Allowed?	Indicates whether the practice has a Train-the-Trainer model available that allows an agency to train its own staff. In the majority of practices, there is no Train-the-Trainer model available. Unless specifically authorized, agencies may not train their own staff in a practice; staff are only authorized to provide the services if trained by an authorized trainer.

Minimum Training Required Before Claiming Allowed	Indicates the minimum training that must be completed before staff may start claiming the practice to the PEI Plan. If claiming is authorized before full training is completed and/or accreditation/certification is completed, the deadline for completion of the full training protocol is stated. If the full training protocol is not completed before this date, staff may not continue to claim this practice to PEI. For issues arising from a delay in completing the full protocol, contact the specific Practice Lead.
Who Retains Certification?	Indicates whether the individual who completes the training protocol is fully trained and certified as an authorized practitioner, or if the certification remains with the agency at which the individual was certified.
Fidelity Measure?	Indicates whether the Practice has an associated instrument/tool to monitor the clinicians' implementation of the components of a Practice with fidelity to the model, as denoted by the Practice Developer or DMH Practice Lead.
Estimated Training Cost	Indicates the estimated training cost for a cohort of clinicians and/or the individual clinician to be trained in the Practice in LA County.
Comments	Additional information that should be considered in selecting a practice or arranging for training is included for some practices.

2. SUMMARY CHART OF PEI PRACTICE TRAINING PROTOCOLS

SUMMARY CHART OF PEI PRACTICE TRAINING PROTOCOLS									
* P = Practitioner, **A = Agency									
Approved PEI Practices EBP/PP/CDE	Authorized Ages	Required Training Protocols (page #)	Supervisor Training Required?	Certification or Accreditation Required?	Train-the-Trainer Allowed?	Minimum Training Required Before Claiming Allowed	Certification P* or A**	Fidelity Measure?	Estimated Training Costs
1. Aggression Replacement Training (ART)	5-17 depending on component	p. 14	NO	YES	YES	Initial 2-day	P	YES	\$41,500 (Cohort = 24)
2. Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT)	5-17	p. 15	YES	NO	NO	Initial site & staff readiness day, 3-day experiential	P	YES	\$1,500 Per Ind.
3. Brief Strategic Family Therapy (BSFT)	10-18	p. 16	NO	YES	NO	3 workshops (9 days)	P	YES	\$145,908 (Cohort = 4)
4. Caring for Our Families (CFOF)	5-11	p. 17	YES	YES	NO	2-days (13 hours)	P	YES	\$300 Per Ind.
5. Center for the Assessment & Prevention of Prodromal States (CAPPS)	16-25	p. 18	YES	YES	YES	Initial 3-day	A (TOT) P (EBP)	YES	\$116,000 (Cohort = 40)
6. Child-Parent Psychotherapy (CPP)	0-6	p. 19	YES	NO	NO	Initial 2½ -day	P	YES	37,100 (Cohort = 40)
7. Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	10-15	p. 20	YES	YES	YES	2-day on-site	P	NO	\$10,040 (Cohort = 16)
8. Crisis Oriented Recovery Services (CORS)	3+	p. 21	NO	NO	NO	6-hour initial	P	NO	\$2,000 (Cohort = 50)
9. Depression Treatment Quality Improvement Intervention (DTQI)	12-20	p. 22	NO	YES	YES	Three 1-day trainings	P	YES	\$27,000 (Cohort = 24-32)
10. Dialectical Behavior Therapy (DBT)	18+	p. 23	YES	NO	NO	2-day introductory, 1-day "Nuts and Bolts"	P	YES	\$200 (for manuals)
11. Families Overcoming Under Stress (FOCUS)	2+	p. 24	NO	YES	YES	Complete Basic Level Training	P	NO	\$2,000 Per Ind.
12. Family Connections (FC)	0-18	p. 25	YES	YES	NO	2-day (13 hours)	P	YES	\$7,500 (Cohort of 25)

SUMMARY CHART OF PEI PRACTICE TRAINING PROTOCOLS									
* P = Practitioner, **A = Agency									
Approved PEI Practices EBP/PP/CDE	Authorized Ages	Required Training Protocols (page #)	Supervisor Training Required?	Certification or Accreditation Required?	Train-the-Trainer Allowed?	Minimum Training Required Before Claiming Allowed	Certification P* or A**	Fidelity Measure?	Estimated Training Costs
13. Functional Family Therapy (FFT)	10-18	p. 26	NO	YES	NO	Initial 3-day (21-hours)	A	YES	\$134,400
14. Group Cognitive Behavioral Therapy for Depression (Group CBT)	18+	p. 27	NO	NO	YES	Initial 2-day	P	YES	\$80,100 (Cohort = 25)
15. Incredible Years (IY)	0-12	p. 28	NO	NO	YES	Initial 3-day	P	YES	\$21,200-\$37,100 (Cohort= No limit)
16. Individual Cognitive Behavioral Therapy (Ind CBT)	16+	p. 29	NO	NO	YES	Initial 3-day	P	YES	\$187,735 (Cohort = 100)
17. Interpersonal Psychotherapy for Depression (IPT)	12+	p. 31	NO	NO	YES	Initial 2-day	P	YES	\$45,000 (Cohort = 40)
18. Loving Intervention Family Enrichment Program (LIFE)	4-19	p. 32	YES	YES-parenting NO-youth & multi-family	NO	Phase 1 or Phase 2 depending on type of group	P	YES	\$1,000 Per Ind.
19. Managing and Adapting Practice (MAP)	Range of 0-23 depending on focus	p. 33	NO	NO	YES	8-hours	A	YES	\$2,105 Per Ind.
20. Mental Health Integration Program (MHIP)	18+	p. 34	NO	NO	YES	2-day	P	N/A	N/A
21. Mindful Parenting Groups (MP)	0-3	p. 35	NO	YES	NO	Level 1 Protocol (2-day) plus commencement of Level 2	P	YES	\$27,950-\$45,450 (Level 1 Cohort = 24)
22. Multidimensional Family Therapy (MDFT)	12-18	p. 37	YES	YES	YES	Initial 4-day	P	YES	\$35,000 Per Ind.
23. Multisystemic Therapy (MST)	12-17	p. 38	YES	YES	NO	5-day orientation training	A	NO	\$70,000-\$72,600 (Cohort = Team)
24. Nurturing Parenting Program (NP)	0-18	p. 40	NO	YES	YES	3-day		YES	
25. Parent-Child Interaction Therapy (PCIT)	2-7	p. 41	YES	YES	YES	10-hour web course, current participation in training program	P	YES	\$28,633 (Per agency)

SUMMARY CHART OF PEI PRACTICE TRAINING PROTOCOLS									
* P = Practitioner, **A = Agency									
Approved PEI Practices EBP/PP/CDE	Authorized Ages	Required Training Protocols (page #)	Supervisor Training Required?	Certification or Accreditation Required?	Train-the-Trainer Allowed?	Minimum Training Required Before Claiming Allowed	Certification P* or A**	Fidelity Measure?	Estimated Training Costs
26. Portland Identification and Early Referral Model (PIER)	12-25	p. 42	NO	YES	YES	6 days of didactic training	P and A	YES	\$175,000 (Cohort = 70)
27. Problem Solving Therapy (PST)	16+	p. 44	NO	NO	NO	1-day (for PST standalone)	P	YES	\$5,000
28. Prolonged Exposure for Post-Traumatic Stress Disorder (PE-PTSD)	18+	p. 45	NO	NO	NO	4-day workshop	P	NO	\$16,300 (Cohort = 20)
29. Program to Encourage Active Rewarding Lives for Seniors (PEARLS) -- Older Adult Providers Only	60+	p. 46	NO	NO	NO	Initial 2-day	P	YES	\$38,500 (Cohort = 30)
30. Providing Alternative Thinking Strategies (PATHS)	5-12	p. 47	NO	YES	YES	Initial 2-day	P	YES	\$8,900-\$11,200 Per Ind.
31. Reflective Parenting Program (RPP)	0-12	p. 48	NO	YES	NO	Level 1 Protocol (2-day) plus commencement of Level 2	P	YES	\$18,650-\$23,900 (Level 1 Cohort = 24)
32. Seeking Safety (SS)	13+	p. 50	YES	YES	YES	Initial 6-hour	P	YES	\$36,950 (Initial Training Cohort = 100)
33. Strengthening Families (SF)	3-16	p. 52	NO	YES	YES	2-day group leader training	P	YES	\$3,300-\$3,900 (Cohort = 15-35)
34. Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	3-18	p. 53	YES	YES	NO	Webinar and initial 2-day (permanent staff); students and interns have provisional authorization	P	YES	\$16,000 (Cohort = 5-7)
35. Triple P Positive Parenting Program (Triple P) – Levels 4 and 5	0-18	p. 55	NO	YES	NO	Initial training (1-3 days)	P	NO	\$27,430 (Cohort = 20)

SUMMARY CHART OF PEI PRACTICE TRAINING PROTOCOLS * P = Practitioner, **A = Agency									
Approved PEI Practices EBP/PP/CDE	Authorized Ages	Required Training Proto- cols (page #)	Supervisor Training Required?	Certification or Accredita- tion Re- quired?	Train- the- Trainer Allowed?	Minimum Training Re- quired Before Claiming Al- lowed	Certifi- cation P* or A**	Fidelity Measure?	Estimated Training Costs
36. UCLA Ties Transi- tion Model (TTM)	0-8	p. 56	NO	NO	YES	Initial 2-day	P	YES	\$82,500 (Cohort = 8)

III. SPECIFIC EBP/PP/CDE TRAINING PROTOCOLS

1. AGGRESSION REPLACEMENT TRAINING® (ART)	
Authorized Ages	12-17 years old (All 3 components) 5-12 years old (Skillstreaming component only)
Required Training Protocols	<ul style="list-style-type: none"> Initial 2-day (14-hours) training. 1-day (7-hours) booster training held 4-5 months after initial training. 16 weekly, 1-hour consultation calls. 2 videotape submissions for review, with a rating of at least a “2” on the competency scale in each component of the scale. Co-facilitate a minimum of 36 ART groups in a 12-month period, with at least 12 groups in each component (required for certification).
Supervisor Training Required?	NO. ART specific group supervision is recommended as a fidelity and sustainability strategy.
Certification or Accreditation Required?	YES. Certification through CIBHS after completion of training protocol. Certification does not expire.
Train-the-Trainer Allowed?	<p>YES.</p> <p><u>Train-the-Trainer prerequisites:</u></p> <ul style="list-style-type: none"> Completion of required ART training protocol. Co-facilitate a minimum of 72 groups within a 12 month period, with at least 12 groups in each component. Rating of competency on each item of the Trainer Competency Rating Scale on at least one submitted videotaped session that occurred within 12 months. <p><u>Train-the-Trainer protocol:</u></p> <ul style="list-style-type: none"> 2-day Agency Trainer training. Participation in 15 consultation calls. Conduct and complete ART required training protocol with 2-6 trainees. Videotape submission of excerpts of conducted training. Demonstration of trainer proficiency on videotape reviews of trainees. Attend one-day training every 3 years.
Minimum Training Required Before Claiming Allowed	Completion of Initial 2-day (14-hours) training with plan to complete all training requirements within one year for certification.
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	Cost per Cohort: \$41,500 (Cohort of 24 for Initial Training; Cohort of 5 for Agency Trainer) Cost per Individual: \$4,342
Comments	California Institute for Behavioral Health Solutions (CIBHS) is the only entity in the State of California authorized by the developer to conduct ART training in California.

2. ALTERNATIVES FOR FAMILIES: A COGNITIVE-BEHAVIORAL THERAPY (AF-CBT)	
Authorized Ages	5 – 17 years old
Required Training Protocols	<p><u>Program/Staff Readiness (2 months before training)</u></p> <ul style="list-style-type: none"> ▪ Participation in agency/staff preparation calls/activities. ▪ Completion of pre-training evaluation and material review. <p><u>Learning Community: Intensive Skills-Training</u></p> <ul style="list-style-type: none"> ▪ 3-day basic training workshop (didactic/experiential). ▪ 12 case consultation calls (1-2 per month for 6 to 12 months). ▪ 2 case presentations during consultation calls. ▪ 2 session audio files submitted for fidelity feedback. ▪ 1-day advanced (“booster”) training (6 months after initial training). ▪ Review of all updated materials and exchanges with trainer. <p><u>Performance Review (at end of training)</u></p> <ul style="list-style-type: none"> ▪ Completion of post-training evaluation and agency metrics. ▪ Review of eligibility for Clinician Certification program with trainer. ▪ After completion of the training program, interested clinicians who meet initial eligibility criteria can apply to be considered for the AF-CBT Clinician Certification program (see below).
Supervisor Training Required?	<ul style="list-style-type: none"> ▪ Supervisor is encouraged to complete this clinician training program. ▪ During training, 4-6 supervisor-only calls are conducted to promote AF-CBT supervision and implementation. ▪ After training has ended, a separate advanced supervisor training option can be requested/negotiated.
Certification or Accreditation Required?	<p>NO.</p> <p>Certification is not necessary at this time.</p> <p>There is a voluntary AF-CBT Clinician Certification program. Information about this program is available through our website (www.afcbt.org).</p>
Train-the-Trainer Allowed?	At this time, an approved Train-the-Trainer program is limited and available by invitation only.
Minimum Training Required Before Claiming Allowed	The initial site and staff readiness activity day and the 3-day experiential training are to occur before claiming for AF-CBT can begin.
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	<p>Cost per Cohort: \$37,000 (Cohort of 20)</p> <p>Cost per Individual: \$1,850</p>
Comments	Additional information on AF-CBT is available through the website: www.afcbt.org

3. BRIEF STRATEGIC FAMILY THERAPY (BSFT)	
Authorized Ages	10 – 18 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ 1-2 day Organizational Consultation visit. ▪ 3 workshops (9 days total) delivered on site over 8 months to a cohort of 4-6 trainees. ▪ Weekly supervision begins 2 weeks after Workshop 1 and continues for 4-6 months. Entails weekly phone/video reviews of trainees’ videotaped sessions, group feedback, and consultation. ▪ Certified after training and supervision.
Supervisor Training Required?	<p>NO. However, supervisor training is highly recommended. <u>In-house supervisor training protocol:</u></p> <ul style="list-style-type: none"> ▪ Supervisor first completes the required initial BSFT training protocol. ▪ Implement BSFT for at least 1 or 2 years. ▪ Certification of BSFT Supervisor is free of charge.
Certification or Accreditation Required?	<p>YES. Certification is granted by the Family Therapy Training Institute of Miami’s Competency Board after completing the required training protocols and showing competency in the BSFT principles. For the first 3 years, annual recertification is required to continue practicing BSFT. Thereafter, recertification occurs every 2 years.</p>
Train-the-Trainer Allowed?	<p>NO. There is no Train-the-Trainer allowed at this time.</p>
Minimum Training Required Before Claiming Allowed	3 workshops (9 days total).
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	<p>Cost per Cohort: \$145,908 (Cohort of 4) Cost per Individual: \$36,447</p>

4. CARING FOR OUR FAMILIES (CFOF)	
Authorized Ages	5 – 11 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ 2-day (13-hours) training. ▪ The mental health provider (or management-level representative for the agency) must agree to participate in monthly Clinical Oversight meetings to assure model fidelity. ▪ Technical assistance and consultation available as needed. ▪ Certified at the end of the training, does not expire.
Supervisor Training Required?	<p>YES.</p> <p>Supervisors are to complete the same required training protocol as staff.</p>
Certification or Accreditation Required?	<p>YES.</p> <p>Certification is received after completion of the 2-day training. Certification does not expire. However, the mental health provider (or management-level representative for the agency) must participate in ongoing monthly Clinical Oversight meetings.</p>
Train-the-Trainer Allowed?	<p>NO.</p> <p>There is no Train-the-Trainer allowed at this time.</p>
Minimum Training Required Before Claiming Allowed	The 2-Day (13-hours training) is to be completed before claiming for CFOF can begin.
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	<p>Cost per Cohort: \$7,500 (Cohort of 25)</p> <p>Cost per Individual: \$300</p>

5. CENTER FOR THE ASSESSMENT & PREVENTION OF PRODROMAL STATES (CAPPS)	
Authorized Ages	16-25 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ Initial 3-day (21 hours) training in Family Focused Therapy approach to work with youth at risk for psychosis. ▪ Participate in weekly consultation calls Clinical Treatment until certified as competent in the practice by Developer or Train-the-Trainer. ▪ Participate in weekly Group Assessment supervision on assessment tools and data collection procedures until competence is reached to administer, score, and interpret the SIPS. ▪ Submit videotaped sessions for review until achieve scores of 5-7 on all scales of the Therapist Competency and Adherence Scale with developer for at least 2-3 cases to achieve proficiency in the practice. ▪ 1-day (8 hours) Booster Training follow up after one year to ensure fidelity to model.
Supervisor Training Required?	<p>YES.</p> <ul style="list-style-type: none"> ▪ Supervisor to receive 3-day initial training and participate in ongoing training and consultation for at least one 18 session treatment cycle utilizing Family Focused Therapy approach for monitoring and supervision of staff. ▪ To be trained in co-rating trainees' sessions to achieve high rates of inter-rater reliability with developer on the Treatment Competence & Adherence Scale. ▪ To review and rate 1-2 sessions of one trainee on full therapy case of 18 sessions and reach proficiency in inter-rater reliability scores with developer. ▪ Supervisors to continue with monthly consultation calls for the first year.
Certification or Accreditation Required?	<p>YES.</p> <p>Certification is required. Must demonstrate proficiency in the practice of the model based on the inter-rater reliability ratings with Developer or Train-the-Trainer.</p>
Train-the-Trainer Allowed?	<p>YES.</p> <p>Train-the-Trainer Protocol:</p> <ul style="list-style-type: none"> ▪ Complete initial 3 day training. ▪ Complete the additional weekly videotaped training required of clinical supervisors to become trainers. ▪ Demonstrate proficiency in the practice and the monitoring of the treatment model as determined by the Treatment Competence and Adherence Scale and Inter-rater reliability scores with developer. ▪ In addition, particularly skilled licensed therapists at the clinic can become identified and considered as possible trainers for new employees. ▪ This certification is non-transferable.
Minimum Training Required Before Claiming Allowed	Initial 3-day training.
Who Retains Certification?	Agency for Train-the-Trainer. Practitioner for the EBP.
Fidelity Measure?	YES.
Estimated Training Cost	<p>Cost per Cohort: \$116,000 (Cohort of 40)</p> <p>Cost per Individual: \$2,900</p>

6. CHILD-PARENT PSYCHOTHERAPY (CPP)	
Authorized Ages	0 – 6 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ Initial 2 ½ day training. Supervisors attend additional ½ day training. ▪ 6-month booster training (1 ½ days). Supervisors attend additional ½ day. ▪ 12-month booster training (1 ½ days). Supervisors attend additional ½ day booster. ▪ Bi-weekly group consultation with CPP trainer/consultant for a period of 18 months. ▪ Trainees and supervisors must carry CPP cases during training period. ▪ Trainees must receive Reflective Supervision by a supervisor trained or being trained in CPP. ▪ Average training cycle is 18 months. ▪ Continued phone consultation is available upon request. <p>NOTE: Agency must have a team of at least 4, 1 team member must be case-carrying CPP supervisor.</p>
Supervisor Training Required?	<p>YES.</p> <p><u>Supervisors Training Protocol:</u></p> <ul style="list-style-type: none"> ▪ Complete the required initial training. ▪ Carry CPP cases during the initial training period. ▪ Attend 7 ½ hours of didactic supervisor training on the basics of CPP supervision (last day of the initial 3 day training for 3 ½ hours) and 2 hours during each of the following booster sessions (LS2 & 3). ▪ Possible additional 18 supervisor calls where supervisory cases are discussed. ▪ Attend 6 and 12 month booster trainings.
Certification or Accreditation Required?	<p>NO.</p> <p>Certification is not required.</p>
Train-the-Trainer Allowed?	<p>NO.</p> <p>There is no current Train-the-Trainer component for CPP.</p>
Minimum Training Required Before Claiming Allowed	Initial 2 ½ day training.
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	<p>Cost per Cohort: \$45,000 (Cohort of 30)</p> <p>Cost per Individual: \$1,500</p>
Comments	ICARE training is recommended but not required.

7. COGNITIVE BEHAVIORAL INTERVENTION FOR TRAUMA IN SCHOOL (CBITS)	
Authorized Ages	10 – 15 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ 2 day on-site training. ▪ Participate in weekly CBITS consultation for at least one 10-week group cycle by a CBITS trainer or approved supervisor. ▪ Booster training and consultation available as needed.
Supervisor Training Required?	<p>YES.</p> <p>Supervisors are required to complete 2 day CBITS training and participate in ongoing consultation calls for at least one group cycle.</p>
Certification or Accreditation Required?	<p>YES.</p> <p>Staff is considered certified after completing indicated training/consultation protocol. Certification does not expire.</p>
Train-the-Trainer Allowed?	<p>YES.</p> <p><u>Train-the-Trainer protocol:</u></p> <ul style="list-style-type: none"> ▪ Complete indicated required initial training protocol. ▪ The trainer or approved supervisor must approve the group cycle was well implemented. ▪ Attend one day Trainer training. ▪ Co-lead CBITS training with CBITS Trainer, who completes the training competency rating sheet. Must receive score of at least 80% on all elements of the competency rating sheet. ▪ New trainers are able to conduct CBITS training independently within their organization unless otherwise arranged with CBITS Faculty.
Minimum Training Required Before Claiming Allowed	2 day on-site training.
Who Retains Certification?	Practitioner.
Fidelity Measure?	NO.
Estimated Training Cost	<p>Cost per Cohort: \$10,040 (Cohort of 16)</p> <p>Cost per Individual: \$628</p>

8. CRISIS ORIENTED RECOVERY SERVICES (CORS)	
Authorized Ages	3+ years old
Required Training Protocols	<p>Option 1:</p> <ul style="list-style-type: none"> 1 two-hour CORS online training through the DMH + UCLA Prevention Center of Excellence. https://learn.wellbeing4la.org/ 3 one-hour “Ask the Expert” sessions through the DMH + UCLA Prevention Center of Excellence (offered as a virtual training or as recorded sessions). Clinicians must attend all 3 sessions in this series: <ol style="list-style-type: none"> Session 1: CORS Foundations and Concepts Session 2: CORS Individual Case Session 3: CORS Family Case <p><i>*Please note that 5 hours is the maximum total training time that providers are able to submit for reimbursement for Option 1.</i></p> <p>Option 2:</p> <ul style="list-style-type: none"> 1-day (6-hour) initial training or 2 half day (3 hours each, total 6 hours) initial training. <ul style="list-style-type: none"> Optional 3-hour Booster Training with an approved CORS trainer (in-person or virtual).
Supervisor Training Required?	NO. Supervisors are encouraged to complete the above training protocol.
Certification or Accreditation Required?	YES. Certification is required.
Train-the-Trainer Allowed?	NO. There is no Train-the-Trainer allowed at this time.
Minimum Training Required Before Claiming Allowed	Completion of the 5-hour online training option or 6-hour initial in-person training.
Who Retains Certification?	Practitioner
Fidelity Measure?	NO.
Estimated Training Cost	Cost per Cohort: \$2,000 (Cohort of 30 for in-person training) Cost per Individual: \$67

9. DEPRESSION TREATMENT QUALITY IMPROVEMENT INTERVENTION (DTQI)	
Authorized Ages	12 – 20 years old
Required Training Protocols	<u>Basic Level DTQI:</u> <ul style="list-style-type: none"> ▪ Attend a sequence of three 1-day training events. ▪ Participate as part of a DTQI team in 10 consultation calls. Each team is not to exceed 8 therapists. ▪ The protocol is typically completed within 6 to 12 months.
Supervisor Training Required?	NO. There is no separate Supervisor Training. Supervisors are recommended to attend the Basic Level DTQI protocol.
Certification or Accreditation Required?	YES. Certificate of proficiency is provided upon completion of protocol. Certificate does not expire.
Train-the-Trainer Allowed?	YES. Train-the-Trainer must be negotiated with the developer.
Minimum Training Required Before Claiming Allowed	Sequences of three 1-day training events are to occur before claiming can begin.
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	Cost per Cohort: \$27,000 (Cohort of 32) Cost per Individual: \$1,125

10. DIALECTICAL BEHAVIOR THERAPY (DBT)	
Authorized Ages	13+ years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ Commit to maintain DBT Team (1 DBT team leader; minimum of 4 clinicians total). ▪ 2-Day (6 hours/day) Live Introductory DBT Training. ▪ 2 1-Day (6 hours/day) Live DBT Booster Trainings. ▪ Provide comprehensive DBT treatment to a minimum of 2 clients per clinician. ▪ Attend a minimum of 21/24 weekly DBT Consultation Team meetings (1.5-hours/week) with a DBT expert trainer during the training period. ▪ Submit 2 case conceptualizations for two separate clients (pass at least 1). ▪ Submit 3 DBT individual session recordings on at least 2 separate clients (pass at least 2/3). ▪ Pass 1 mock skills coaching call ▪ Complete and collect all required Pre and Post clinician measures ▪ <u>Team Requirements:</u> ▪ Submit a recording of at least 1 passing DBT skills group session ▪ Submit a recording of at least 1 passing DBT team consultation session ▪ All work samples must be evaluated by expert consultants who demonstrate inter-rater reliability and calibrate with the developers of the competency measures. ▪ Other DBT trainings completed by staff will be evaluated for approval on an individual basis by Practice Leads.
Supervisor Training Required?	<p>NO.</p> <p><u>DBT Team Leader Training:</u></p> <p>YES.</p> <ul style="list-style-type: none"> • One designated Team Leader must meet all the clinician requirements AND • Attend at least one DBT Team Leader Orientation Training before initiating DBT Training • Attend 75% of the DMH Monthly DBT Team Leaders calls
Certification or Accreditation Required?	<p>NO.</p> <p>Certification is not required. Clinicians who complete the entire protocol will receive a letter of verification indicating they completed and passed.</p>
Train-the-Trainer Allowed?	<p>NO.</p> <p>There is no Train-the-Trainer allowed at this time.</p>
Minimum Training Required Before Claiming Allowed	Completion of 2-day live introductory DBT training, completion of pre-training measures and ongoing weekly participation in DBT team consultation meetings.
Who Retains Certification?	Practitioner retains verification of completion in the training protocol.
Fidelity Measure?	YES.
Estimated Training Cost	<p>Cost per Cohort: 165,160 (Cohort =60)</p> <p>Cost per Individual: \$2,752.67</p>

11. FAMILIES OVERCOMING UNDER STRESS (FOCUS)	
Authorized Ages	5+ years old
Required Training Protocols	<p><u>Web based introductory training</u></p> <ul style="list-style-type: none"> ▪ A six-hour, web-based program. ▪ Overview of FOCUS services and background information related to the impact of deployment and other stressors on families. <p><u>Basic Level Training</u></p> <ul style="list-style-type: none"> ▪ Attend a sequence of two 1-day training events. ▪ Carry 5 cases. ▪ Participate in weekly consultation calls until the 5 cases are seen. <p><u>Advanced Level Training</u></p> <ul style="list-style-type: none"> ▪ Attend a 1-day training event. ▪ To be completed after successfully completing 5 cases.
Supervisor Training Required?	NO. Supervisors are encouraged to complete Web-based training and attend Basic Level Training, but are not required.
Certification or Accreditation Required?	YES. Certificate provided once protocol is completed.
Train-the-Trainer Allowed?	YES.
Minimum Training Required Before Claiming Allowed	Completion of the Basic Training.
Who Retains Certification?	Practitioner.
Fidelity Measure?	NO.
Estimated Training Cost	Cost per Cohort: \$50,000 (Cohort = 25) Cost per Individual: \$2,000
Comments	FOCUS is applicable for both military and civilian families.

12. FAMILY CONNECTIONS (FC)	
Authorized Ages	0 – 18 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ 2-day (13-hours) training. ▪ The mental health provider (or management-level representative for the agency) must agree to participate in monthly Clinical Oversight meetings to assure model fidelity. ▪ Technical assistance and consultation available as needed. ▪ Certified at the end of the training, does not expire.
Supervisor Training Required?	<p>YES.</p> <p>Supervisors are to complete the same required training protocol as staff.</p>
Certification or Accreditation Required?	<p>YES.</p> <p>Certification is received after completion of the 2-day training. Certification does not expire. However, the mental health provider (or management-level representative for the agency) must participate in ongoing monthly Clinical Oversight meetings.</p>
Train-the-Trainer Allowed?	<p>NO.</p> <p>There is no Train-the-Trainer allowed at this time.</p>
Minimum Training Required Before Claiming Allowed	The 2-Day (13-hours training) is to be completed before claiming for FC can begin.
Who Retains Certification?	Practitioner
Fidelity Measure?	YES.
Estimated Training Cost	<p>Cost per Cohort: \$7,500 (Cohort of 25)</p> <p>Cost per Individual: \$300</p>
Comments	

13. FUNCTIONAL FAMILY THERAPY (FFT)	
Authorized Ages	10 – 18 years old
Required Training Protocols	<p>Training & certification are at team level, not individual. (Team consists of at least 3, but no more than 8 practitioners).</p> <p>3 Phase Protocol:</p> <p><u>Phase I (Year 1):</u></p> <ul style="list-style-type: none"> ▪ Two 2-hour Intro and Implementation planning meetings. ▪ 3-day (21-hours) initial FFT training. ▪ Weekly ongoing national consultation calls through the first year of training. ▪ The consultation calls begin upon completion of the 3-day initial FFT training. <ul style="list-style-type: none"> ▪ Three, 2-day on-site follow-up trainings. ▪ 2-day Clinical Training. ▪ FFT externship (Three, 3-day trainings conducted over 3 months). <p><u>Phase II (Year 2)</u></p> <ul style="list-style-type: none"> ▪ Site Supervisor Training, see Supervisor Training Required. <p><u>Phase III (Year 3, Maintaining certification):</u></p> <ul style="list-style-type: none"> ▪ 1-day (8-hours) Site Supervisor Training. ▪ Monthly Consultation for Site Supervisor. ▪ Monthly Administrator conference calls. ▪ 1-hour Site Supervisor Conference Calls (optional).
Supervisor Training Required?	<p>NO.</p> <p>Optional, but recommended. If no on-site supervisor, then staff needs to arrange for ongoing weekly consultation with FFT Statewide Consultants.</p> <p><u>On-site supervisor training protocol (Phase II):</u></p> <ul style="list-style-type: none"> ▪ Two, 2-day Site Supervisor training. ▪ 1-day on-site supervisor training. ▪ National consultation calls, 2x/month. ▪ Monthly administrator consultation calls with CIBHS.
Certification or Accreditation Required?	YES. Certification required on annual basis. See Phase III requirements in Required Training Protocol.
Train-the-Trainer Allowed?	<p>NO.</p> <p>There is no Train-the-Trainer allowed at this time.</p>
Minimum Training Required Before Claiming Allowed	Completion of Initial 3-day (21-hours) training with plan to complete all training requirements during the specified time and maintain ongoing certification.
Who Retains Certification?	Agency. Certification remains with the site/team.
Fidelity Measure?	YES.
Estimated Training Cost	<p>Cost per Cohort: \$134,400 (Phase 1 & 2 Training, Cohort of 8; Replacement Training, Cohort of 16)</p> <p>Cost per Individual: \$12,800</p>
Comments	California Institute for Behavioral Health Solutions (CIBHS) is the only entity in the

13. FUNCTIONAL FAMILY THERAPY (FFT)

State of California authorized by the developer to conduct FFT training in California.

14. GROUP COGNITIVE BEHAVIORAL THERAPY FOR DEPRESSION (GROUP CBT)

Authorized Ages	18+ years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ 2-day Initial Group CBT for Depression Training (6 hours/day, 25 attendees). ▪ Participate in 12 out of 16 weekly consultation calls (1 hour/week, 5 attendees/call). ▪ 1-day booster training (6 hours/day, 25 attendees). ▪ Submit 3 audio-taped sessions for review. At least one audio tape must be rated as "satisfactory" on all domains of adherence rating scale.
Supervisor Training Required?	NO. It is recommended at least one clinical supervisor also complete the above-mentioned training protocol.
Certification or Accreditation Required?	NO. Certification is not required.
Train-the-Trainer Allowed?	<p>YES.</p> <ul style="list-style-type: none"> ▪ Clinical Champion must have completed entire required training protocol listed above. ▪ 2-day Group CBT for Depression Clinical Champion Training (6 hours/day, 12 attendees). ▪ Participate in 20 weekly consultation calls (1 hour/call, 4 champions/call). ▪ 1-day Advance Booster training for Clinical Champions (6 hours, 12 attendees). ▪ If possible, attend 2-day (6 hours/day) Group CBT for Depression Initial training with new cohort. ▪ Co-facilitate 16 weeks of Group CBT for Depression group therapy with newly trained clinicians or listen to weekly audio recordings of groups with newly trained clinicians and provide feedback in supervision. ▪ Participate in joint consultation call with consultant and all supervisees; 1 per module, totaling 3 calls/1 hour long. ▪ If possible, attend 1-day (6 hours long) Initial Booster training with new cohort of clinicians.
Minimum Training Required Before Claiming Allowed	The clinician must complete the 2-day Initial Group CBT for Depression Training to initiate billing. The clinician must complete the remaining training protocol within a year of taking the 2-day initial training.
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	<p>Cost per Cohort: \$80,100 (Cohort of 25)</p> <p>Cost per Individual: \$3,204</p>

15. INCREDIBLE YEARS (IY)	
Authorized Ages	0 – 12 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ 3-day training for each program selected (Babies, Toddlers, Early Child (3-6yrs), School Age Basic (6-12yrs), and Advanced (6-12yrs)). ▪ Attend 1 consultation day per program (trainees must bring in videos of their sessions). ▪ Additional consultations are available upon request.
Supervisor Training Required?	<p>NO.</p> <p>However, supervisors are recommended to attend the staff training protocol to be able to sustain model fidelity and provide specific program-level supervision.</p>
Certification or Accreditation Required?	<p>NO.</p> <p>Certification is not required, but recommended.</p> <p><u>Certification protocol:</u></p> <ul style="list-style-type: none"> ▪ Complete initial required training protocol. ▪ Complete two implementations of the model. ▪ Submit a certification packet and two videos for review. ▪ Certification is lifetime.
Train-the-Trainer Allowed?	<p>YES.</p> <p>Mentors are authorized to train group leaders in their own agency, and mentor and supervise group leaders, their (group leader's) groups and group videotapes.</p> <p><u>Mentor Training Prerequisites:</u></p> <ul style="list-style-type: none"> ▪ Complete certification as a group leader in the corresponding program (age group). ▪ Successful completion of multiple groups as both observer and co-trainer. ▪ Participate in a consultation day led by a certified trainer. ▪ Nomination by letter from a mentor or trainer. ▪ Submission of recent video tape (within 9 months) of a group for review. ▪ Attend at least one mentor-training consultation. <p><u>Mentor Training Protocol:</u></p> <ul style="list-style-type: none"> ▪ Attend 3-day mentor training. ▪ Submit video tapes of portions of leading a workshop. ▪ Attend mentor updates at least once every 5 years, including consultation days.
Minimum Training Required Before Claiming Allowed	3-day training for each program selected (Babies, Toddlers, Early Child (3-6yrs), School Age Basic (6-12yrs), and Advanced (6-12yrs)).
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	<p>Cost per Cohort: \$21,200 (Cohort = 25)</p> <p>Cost per Individual: \$848</p>
Comments	IY website: www.incredibleyears.com

16. INDIVIDUAL COGNITIVE BEHAVIORAL THERAPY (IND CBT) For Depression, Anxiety, or Trauma	
Authorized Ages	16+ years old
Required Training Protocols	<p><u>Option 1 (Participate in a DMH Ind CBT Training Cohort Program):</u></p> <ul style="list-style-type: none"> 3-day Initial Ind CBT training (18 hours, up to 100 trainees). 16 weekly 55-minutes consultation calls with a maximum of 8 trainees per call (to start 1-2 weeks after 3-day training). Clinician can miss up to 2 calls if needed. Submission of 1 audiotape/transcript and 1 case write up/diagram (CCD) on 3 current CBT clients reviewed by CBT trainer or designated consultant. Trainee must receive a satisfactory rating score of 36+ on Cognitive Therapy Rating Scale (CTRS) on 2 audio recordings and a satisfactory rating score of 20+ on Case Review Rating Scale (CRRS) on 2 case conceptualizations. 1-day CBT Booster training (6 hours, up to 100 trainees). <p><u>Option 2:</u></p> <ul style="list-style-type: none"> 9-month Harbor UCLA CBT class. Submit 1 audiotape or case conceptualization for review by trainer. Trainee must receive a satisfactory rating score of 36+ on Cognitive Therapy Rating Scale (CTRS) and a satisfactory rating score of 20+ on Case Review Rating Scale (CRRS).
Supervisor Training Required?	NO. Supervisors are encouraged to complete the above training protocol.
Certification or Accreditation Required?	<p>NO. Certification is not required.</p> <p>A CTRS score of 36+ and a CRRS score of 20+ achieves a level of competency in CBT meeting the DMH requirement to provide this EBP in LA County.</p> <p>A CTRS score of 40+ and a CRRS score of 20+ achieves a level of certification in CBT <u>IF</u> received by a national organization accredited to provide certification, such as the Academy of Cognitive Therapy (ACT).</p> <p>Staff are welcome and encouraged but not required to become certified as a CBT trained therapist through a national organization such as ACT or the Beck Institute.</p>
Train-the-Trainer Allowed?	<p>Yes. DMH has approved the OPTIONAL Ind CBT Clinical Champion Training protocol to establish sustainability.</p> <p>Those who successfully complete the CC training protocol will only provide under Required Training Protocol Option 1 the steps 2 and 3. Steps 1 and 4 will still need to be provided by a DMH approved CBT trainer/institute.</p> <p><u>Licensed Clinical staff who have completed either Options under Required Training Protocol are eligible to apply:</u></p> <ol style="list-style-type: none"> Initial 1-day training for Ind CBT CC (5 hr/day, 50 staff/training). Consultation Calls: 1 time/week, 55 minutes long, 1 consultant to 5 Ind CBT CC per call, 12 calls total. Calls to start 1-2 weeks after 1-day training. During the 12 weeks, Ind CBT CC will provide individual supervision to a staff clinician in house providing CBT to at least 1 client age 16 and older. Audio Recordings: each Ind CBT CC will submit 1 audio recording of a supervisory session with the staff clinician in house providing CBT to be rated by the CBT trainer or designated consultant. Ind CBT CC must receive a minimum score of 40 or higher on the CTRS.

16. INDIVIDUAL COGNITIVE BEHAVIORAL THERAPY (IND CBT) For Depression, Anxiety, or Trauma (CONTINUED)	
Train-the-Trainer Allowed?	<ol style="list-style-type: none"> During the 12 weeks, Ind CBT CC will provide individual supervision to a staff clinician in house providing CBT to at least 1 client age 16 and older. Audio Recordings: each Ind CBT CC will submit 1 audio recording of a supervisory session with the staff clinician in house providing CBT to be rated by the CBT trainer or designated consultant. Ind CBT CC must receive a minimum score of 40 or higher on the CTRS. During the 12 weeks, each Ind CBT CC will review and rate 2 audio recordings of a clinician providing CBT and rate the recording using the CTRS. To ensure congruence/adherence, an Ind CBT CC will pass if their CTRS score falls within a 5 point range of the assigned CBT trainer or designated consultant's CTRS. During the 12 weeks, each Ind CBT CC will review and rate 2 case write-ups/diagrams (CCD) by a clinician providing CBT and rate the CCD using the CRRS. To ensure congruence/adherence, an Ind CBT CC will pass if their CRRS score falls within a 4 point range of the assigned CBT trainer or designated consultant's CRRS. Personal Supervisory Model based on CBT Principles: Ind CBT CC will submit a personal supervisory model write-up for review. Must receive a minimum score of 20 on Supervisory Scale.
Minimum Training Required Before Claiming Allowed	<p>Under <u>Option 1</u> of the Required Training Protocol, staff can start claiming Ind CBT to the PEI billing plan after completing the 3-day Initial CBT training and upon registering for the 16 weeks of Ind CBT consultation calls. Staff must complete the remaining part of the training protocol (consultation calls, uploading of audio recordings/case conceptualizations to meet adherence, and booster training) within six months of initiating the CBT training protocol.</p> <p>Under <u>Option 2</u> of the Required Training Protocol, staff can start claiming to the PEI billing plan after obtaining verification documentation from DMH the clinician has obtained a passing score on the CTRS and CRRS from an approved CBT consultant/trainer.</p>
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	<p>Cost per Cohort: \$187,735 (Cohort of 100)</p> <p>Cost per Individual: \$1,878</p>
Comments	<p><u>Required manuals for Ind CBT training protocol:</u></p> <p>For Initial Training Process:</p> <ol style="list-style-type: none"> Clinician's Guide to Mind Over Mood- Greenberger & Padesky Overcoming Resistance in Cognitive Therapy- Leahy Mind over Mood: Change How you Feel BY Changing the Way You Think- Greenberger & Padesky <p><u>For Clinical Champion Process:</u></p> <ol style="list-style-type: none"> Teaching and Supervising Cognitive Behavioral Therapy- Donna M. Sudak, R. Trent Codd, Marci G. Fox, Leslie Sokol

17. INTERPERSONAL PSYCHOTHERAPY FOR DEPRESSION (IPT)	
Authorized Ages	12+ years old
Required Training Protocols	<p><u>Individual IPT Training:</u></p> <ul style="list-style-type: none"> 2-day Initial IPT training (12 hours, 50 trainees). 10-12 weekly one-hour consultation calls with a maximum of 10 trainees per call. Submission of 2 audiotapes of a current IPT client reviewed by IPT trainer or designated consultant. Trainee must receive a satisfactory rating on an IPT adherence rating scale for both tapes. 1-day IPT Booster training (6 hours, 50 trainees). <p><u>Group IPT Training:</u></p> <ul style="list-style-type: none"> Must have completed the 2-day Initial IPT training. Agencies must train at least 2 clinicians. 2-day Initial IPT Group Training. Participation in bi-weekly hour-long IPT group consultation calls for the duration of the two groups, with 2 co-therapists on each call. Submission of 2 satisfactory IPT portfolios, one each from the two supervised groups, including: a case report of the completed IPT group, a self-evaluation form from each co-therapist, The Interpersonal Circle from all clients, the Interpersonal Summary from all clients, 2 satisfactory audio or video tapes of sessions from each of the 2 groups (4 tapes total; the same sessions can be used for both therapists). Completion of a 1-day IPT for Groups Booster course. Completion of an advanced IPT for Groups course at least every 3 years.
Supervisor Training Required?	NO. Supervisors are encouraged to complete the above training protocol.
Certification or Accreditation Required?	NO. Certification is not required.
Train-the-Trainer Allowed?	<p>Yes. DMH has approved the IPT Clinical Champion Training protocol. Successful completion of protocol enables Champion to provide consultation groups and portfolio review only.</p> <p>A. <u>Pre-Requisites</u></p> <ul style="list-style-type: none"> Licensed Mental Health Clinician. Completed required IPT Initial Training Protocol. Implemented IPT for at least 6 months. Maintains ongoing caseload. <p>B. <u>Training Protocol</u></p> <ul style="list-style-type: none"> 2-day Initial IPT Champion training (12 hours). Attend 10 weekly 1-hour IPT Champion consultation calls with a maximum of five (5) IPT Champions per call. Provide 10-12 weekly 1-hour IPT consultation calls to new cohort of IPT trainees with a maximum of 10 trainees per call. Review and rate 2 audiotapes of trainees utilizing an IPT adherence rating scale. 1-day Advanced IPT Champion Booster training (6 hours).

17. INTERPERSONAL PSYCHOTHERAPY FOR DEPRESSION (IPT) (CONTINUED)	
	C. Responsibilities <ul style="list-style-type: none"> ▪ Provide consultation within their clinical setting to newly trained IPT clinicians. ▪ Provide ongoing consultation calls and review audio recordings for adherence.
Minimum Training Required Before Claiming Allowed	Staff can start claiming for individual after completing the 2-day Initial IPT training, and/or for group after they have completed initial training and 2-day Group IPT training. Staff must complete the remaining part of the training protocol (consultation calls, uploading of audio recordings to meet adherence, and booster training) within one-year of initiating the IPT training protocol.
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	Cost per Cohort: \$45,000 (Cohort of 40) Cost per Individual: \$1,125
Comments	<u>Required manuals for IPT for Depression training protocol:</u> <ol style="list-style-type: none"> 2. Published IPT manual pre-approved by DMH/ASOC/PEI: 1. Required IPT adherence rating scale pre-approved by DMH/ASOC/PEI.

18. LOVING INTERVENTION FAMILY ENRICHMENT PROGRAM (LIFE)	
Authorized Ages	4-19 years old (TAY-aged clients should be living in the home)
Required Training Protocols	<ul style="list-style-type: none"> Initial physical walk-through of space to be utilized for the LIFE program is required as ample multiple group rooms are necessary. <p><u>2 Phases of training:</u> <i>Phase 1:</i> (only required for staff facilitating the parent groups)</p> <ul style="list-style-type: none"> 5-day (40-hours) Parent Project training. <p><i>Phase 2:</i> (required for staff facilitating youth and multi-family groups and parent groups)</p> <ul style="list-style-type: none"> 1-2 day training, specific to youth and multi-family intervention. On-site consultation and TA are provided monthly and as needed for 6-12 months depending on agency needs. Primary service delivery staff must include a Licensed & Registered Occupational Therapist, and a social worker or marriage and family therapist. Technical assistance and consultation available as needed.
Supervisor Training Required?	YES. Supervisors are to attend the same staff-required training protocol.
Certification or Accreditation Required?	<p>YES. Staff implementing the parenting component of LIFE model is required to be certified in Parent Project.</p> <p>NO. Staff implementing the youth and/or multi-family components does not require Parent Project certification, but certification is recommended.</p>
Train-the-Trainer Allowed?	NO. There is no Train-the-Trainer allowed at this time.
Minimum Training Required Before Claiming Allowed	Staff facilitating the parent groups only need to complete Phase 1 before claiming LIFE. Staff facilitating the parent groups and staff facilitating the youth and multi-family groups need to complete Phase 2 before claiming LIFE.
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	Cost per Cohort: \$10,000 (Cohort of 10) Cost per Individual: \$1,000
Comments	The youth and parent components cannot be separated. The LIFE model includes both the parent and youth piece.

19. MANAGING AND ADAPTING PRACTICE (MAP)	
Authorized Ages	<p>Anxiety & Avoidance: 2 – 19 years old</p> <p>Depression & Withdrawal: 8 – 23 years old</p> <p>Disruptive Behavior: 0 – 21 years old</p> <p>Traumatic Stress: 2 – 18 years old</p>
Required Training Protocols	<ul style="list-style-type: none"> ▪ 52 total hours of training and/or consultation/supervision. Can be split however you want. ▪ 1-hour consultation calls, 2x/month for 6 months (Not needed for clinicians trained by agency-based supervisor). ▪ Successful portfolio submission (therapist portfolio = 2 client dashboards with a minimum of 20 sessions total). ▪ MAP therapist status received after completed protocol.
Supervisor Training Required?	<p>NO.</p> <ul style="list-style-type: none"> ▪ Supervisor training is not required for an agency to conduct MAP services; however, for an agency to be able to train staff, the supervisor needs to be trained by a MAP-certified supervisor. ▪ MAP supervisor training is available and is considered a Train-the-Trainer protocol for in-house-agency training. <p><u>Supervisor protocol:</u></p> <ul style="list-style-type: none"> ▪ Complete the initial required training protocol. Must be a MAP-certified therapist. ▪ 2-day additional supervisor training (includes supervisor portfolio- dashboards and portfolios for 6 trainees). ▪ Consultations calls- one per month for 6 months. ▪ Successful supervisor portfolio submission and 6 valid Trainee Portfolios (with 2 trainees achieving Therapist status). ▪ During consultation period, the supervisor will supervise 6 therapists and train those therapists in MAP. ▪ Award of status as MAP Supervisor is renewed every 2 years.
Certification or Accreditation Required?	<p>NO.</p> <p>Trainees receive an Award of Status as MAP therapist after completion of protocol. MAP therapists need to be in training or have a valid award of status as MAP therapist in order to provide MAP services. Award of status as MAP therapist is renewed every 3 years.</p>
Train-the-Trainer Allowed?	<p>YES.</p> <p>Train-the-Trainer is available for in-house trainings. Please see MAP supervisor training protocol.</p>
Minimum Training Required Before Claiming Allowed	<p>8-hours by either Practice Wise trainers or agency supervisor. Agency supervisors need to submit a copy of the clinician's portfolio as well as a request for authorization to bill PEI for MAP services to MAP Practice Lead.</p>
Who Retains Certification?	<p>Agency.</p> <p>*If trained by Practice Wise, certificate remains with clinician. If trained by agency, certification remains with agency. However, there is a transfer protocol available through Practice Wise in order to transfer the therapist's award of status to the new agency if clinician changes agency. Same process is available for supervisors.</p>
Fidelity Measure?	<p>YES.</p>
Estimated Training Cost	<p>Cost per Cohort: \$42,100 (Cohort of 20)</p> <p>Cost per Individual: \$2,105</p>

20. MENTAL HEALTH INTEGRATION PROGRAM (MHIP)	
Authorized Ages	18+ years old
Required Training Protocols	<u>Basic Level:</u> <ul style="list-style-type: none"> ▪ 2-day training. ▪ Certificate of completion is provided upon completion of the required training protocol.
Supervisor Training Required?	NO. There is no separate Supervisor Training. Supervisors may attend the Basic Level training.
Certification or Accreditation Required?	NO. <ul style="list-style-type: none"> ▪ Certification is not required but recommended by the developer and DMH. ▪ Participate in a 2-month certification process. ▪ Attendees must carry a caseload. ▪ Certification process requires audio recordings of client sessions.
Train-the-Trainer Allowed?	YES. It involves an additional 2-month certification process and is only available to clinicians who have already completed the PST certification process.
Minimum Training Required Before Claiming Allowed	2-day training.
Who Retains Certification?	Practitioner.
Fidelity Measure?	N/A
Estimated Training Cost	N/A
Comments	MHIP is an approved early intervention program for use with individuals who suffer from mild to moderate symptoms of depression and/or anxiety and/or PTSD. Agencies offering MHIP will require department approval prior to initiating.

21. MINDFUL PARENTING GROUPS (MP)	
Authorized Ages	3 months to 3.5 years old
Required Training Protocols	<p>Two-level training to be an MPG Facilitator.</p> <p><u>Level 1 protocol:</u></p> <ul style="list-style-type: none"> ▪ 2-day (12-hours) MPG fundamentals training (lecture, discussion, video). <p><u>Level 2 protocol:</u></p> <ul style="list-style-type: none"> ▪ Pre-implementation support includes: One 2-hour administrative matters meeting, one 2-hour clinical matters meeting, and one 3-hour Parent Development Interview training. ▪ One 12-week, 1.5-hour, MPG Demonstration Group (led by MPG training staff) for every three facilitator-trainees, with concurrent weekly 1.5-hour group supervision call. ▪ Upon completion of MPG Demo Group, facilitator-trainees commence leading an 18-week, 1.5-hour MPG, with concurrent weekly 1.5 hour group supervision call. ▪ For MPG Level 2 training, it is recommended that agencies plan to commence an MPG for 4-6 parents and infants between 8-14 months of age, allowing Level 2 training to encompass work with both pre-mobile infants and mobile toddlers. ▪ MPG facilitator-trainees are each responsible for presenting 1) one process-recording during the 12-week MPG Demo Group supervision, 2) one process recording and one videotaped session during the 18-week facilitator-trainee-led MPG group supervision, and 3) one case formulation on attachment process and parenting styles of two parent-child couples during the last month of Level 2 training. Facilitator-trainees must attend at least 26 of 30 supervision sessions. ▪ Average length of time to complete MPG Level 2 Facilitator training is 8-10 months. ▪ Trainee receives Certificate of Completion upon successful fulfillment of MPG Level 2 training protocols. ▪ Additional consultation available upon request.
Supervisor Training Required?	<p>NO.</p> <p><u>Optional MPG Level 3 Supervisor Training protocol (highly recommended for program sustainability):</u></p> <ul style="list-style-type: none"> ▪ Successful completion of MPG Level 1 and 2 trainings. ▪ Pre-implementation support: One 1-hour administrative meeting. ▪ MPG supervisor-trainees replicate full MPG Level 2 facilitator training protocol within agency, but under supervision of the MPG supervisor-trainee. ▪ MPG supervisor-trainees participate in 16 one-hour supervising-the-supervisor calls, alternating weekly between the MPG Demo Group and the facilitator-trainee-led MPG. ▪ MPG supervisor-in-training is responsible for presenting four videotapes: two of their MPG Demo Group, and two of the facilitator-trainee-led MPG. ▪ There will also be four listen-in calls on the MPG supervisor-in-training's supervisions: two during the MPG Demo Group and two during their supervision of the facilitator-trainee-led MPG.
Certification or Accreditation Required?	<p>YES.</p> <ul style="list-style-type: none"> ▪ MPG Facilitators must successfully complete MPG Level 1 and 2 facilitator trainings. ▪ MPG Supervisors must successfully complete MPG Level 2 and 2 facilitator trainings plus MPG Level 3 supervisor training. ▪ Certificates of completion are provided upon successful fulfillment of MPG Level 1, Level 2, and Level 3 training protocols.

21. MINDFUL PARENTING GROUPS (MP) (CONTUNED)	
Train-the-Trainer Allowed?	NO. Note: This is a modified Train-the-Trainer model. <ul style="list-style-type: none"> ▪ All MPG Level 1 and Level 3 trainings must be conducted by Center for Reflective Parenting and affiliated MPG training staff. Trained MPG Level 3 supervisors may replicate MPG Level 2 Facilitator trainings and supervise MPG Level 2 facilitator-trainees.
Minimum Training Required Before Claiming Allowed	MPG Level 1 protocol (2-day fundamentals) plus commencement of MPG Level 2 protocol.
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	Cost per Cohort: \$27,950-\$45,450 (Level 1 Cohort of 24; Level 2 Cohort of 3-6; Level 3 Cohort of 1-3) Cost per Individual: \$5,045-\$12,570
Comments	Center for Reflective Parenting and affiliated MPG training staff are the sole providers of MPG Level 1 and 3. www.reflectiveparenting.org

22. MULTIDIMENSIONAL FAMILY THERAPY (MDFT)	
Authorized Ages	12 – 18 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ 4-day training. ▪ Implementation of MDFT with at least one new case. ▪ Weekly consultation calls. ▪ 2 additional site visits on months 2 and 4. ▪ Trainees submit 2 DVDs to be rated for adherence, and 1 additional DVD to be reviewed for competence. ▪ Written examinations are administered during months 3 and 6. ▪ Approximately 6 months to complete the training and certification as MDFT therapist. ▪ Training for MDFT is available in Spanish. ▪ Additional trainings and consultation are available if requested. ▪ MDFT therapist must have a Master's Degree in Social Work, Counseling, or related discipline.
Supervisor Training Required?	<p>YES.</p> <p><u>MDFT Supervisors Protocol:</u></p> <ul style="list-style-type: none"> ▪ Must be previously certified as an MDFT therapist. ▪ 2-day Intro to MDFT Supervision. ▪ Implement MDFT system of supervision with at least one MDFT therapist or trainee. ▪ Submit 2-4 DVDs of their case reviews and supervision work. ▪ One supervision training site visit. ▪ Annual MDFT Supervisor re-certification required.
Certification or Accreditation Required?	<p>YES.</p> <ul style="list-style-type: none"> ▪ Therapists are certified after completion of required training protocol. ▪ Therapists are certified for 1 year. ▪ Annual booster training consisting of case review, DVD review, and live supervision is required in order to maintain MDFT certification. ▪ MDFT supervisors and trainers must re-certify annually.
Train-the-Trainer Allowed?	<p>YES.</p> <p><u>Train-the-Trainer Protocol:</u></p> <ul style="list-style-type: none"> ▪ Must be previously certified as an MDFT Supervisor. ▪ Intensive analysis of recorded supervision and training sessions. ▪ Shadow a certified trainer in training a new group and carries out specific assignments. ▪ Trainers are able to train new therapists within their agency, and, under special assignment, within their region, state, or country. ▪ MDFT trainers must re-certify annually through yearly booster trainings, including case review, DVD review, and live supervision.
Minimum Training Required Before Claiming Allowed	Completion of Initial 4-day training.
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	Cost per Cohort: \$6,000.00 per cohort of 35, plus trainer travel

23. MULTISYSTEMIC THERAPY (MST)	
Authorized Ages	12 – 17 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ Prior to the MST Orientation training, an MST Program Developer will visit the site to provide an overview presentation and meet with community stakeholders to assure the buy-in needed for program success after start-up. ▪ Next, staff recruitment assistance is provided including sample job descriptions, review of hiring advertisements, and interviewing and selecting staff most qualified to implement MST successfully. <p><u>All selected initial staff will complete the following protocol:</u></p> <ul style="list-style-type: none"> ▪ 5-day MST Orientation Training. ▪ Weekly telephone MST consultation for each treatment team (clinicians and supervisor) aimed at monitoring treatment fidelity and adherence to the MST treatment model. ▪ MST supervisor receives training on how to implement a manualized MST supervisory protocol and promote ongoing clinical development of team members. ▪ Quarterly on-site booster trainings (1.5-days each). ▪ 1.5 day MST-SA Training (usually given at one of the quarterly booster trainings). ▪ Ongoing organizational assistance and quality assurance support. ▪ Families are administered TAM-R (Therapist Adherence Measure-Revised) monthly. ▪ Therapist completes the SAM (Supervisor Adherence Measure) every 2 months.
Supervisor Training Required?	<p>YES.</p> <ul style="list-style-type: none"> ▪ Complete the initial required training protocol as the rest of the treatment team. ▪ Optional 2-day Supervisor Orientation Training for new MST supervisors, typically attended during the first six months on the job as MST supervisor. ▪ Supervisors are required to participate in any training or guidance established by their MST Expert. ▪ Optional Advanced Supervisor workshop is held once a year. Designed for MST clinical supervisors from licensed MST programs who have been in the MST supervisor position for six (6) months or more.
Certification or Accreditation Required?	<p>YES.</p> <ul style="list-style-type: none"> ▪ Because MST requires 24-hour, 7-day access to treatment by clients, sites are licensed (not individuals) and a team is required for operation. Because of the complexity of this treatment protocol, training is not offered to individuals without their membership in a licensed MST treatment program. Sites are licensed through MST Services, Inc. (www.mstservices.com). ▪ Site licensure indicates an agreement to implement the Multisystemic Therapy (MST) model with full fidelity in order to achieve positive outcomes for youth and families. ▪ Ongoing weekly consultation calls and quarterly booster trainings are required to maintain site-certification.
Train-the-Trainer Allowed?	<p>NO.</p> <ul style="list-style-type: none"> ▪ MST does not use a Train-the-Trainer model. However, MST Services does license MST Network Partner organizations that can provide training, consultation, and program support to MST teams. ▪ MST Network Partners have the capacity to provide the above services with their agency's site or sites (if multiple locations), and with other agencies as well. ▪ Only organizations with a strong record of starting and implementing MST programs with MST Services can become Network Partners.

23. MULTISYSTEMIC THERAPY (MST) (CONTINUED)	
Minimum Training Required Before Claiming Allowed	Upon completion of 5-day MST orientation training.
Who Retains Certification?	Agency is site-certified.
Fidelity Measure?	NO.
Estimated Training Cost	Cost per Individual: \$850.00 + lodging, travel and food for trainee

24. NURTURING PARENTING PROGRAM (NP)	
Authorized Ages	0-18
Required Training Protocols	<ul style="list-style-type: none"> • 3-day (18-hour) initial hands-on training by a Family Development Resources (FDR) approved Trainer/Consultant. • 2-day (12-hour) Fidelity Audit and Advanced Implementation training held after the initial 3-day training.
Supervisor Training Required?	NO. Supervisors are encouraged to complete the basic training protocol for the initial training and the Fidelity Audit and Advanced Implementation training.
Certification or Accreditation Required?	YES. Certificates are issued at the completion of training. Certificates never expire.
Train-the-Trainer Allowed?	YES. Organizational Trainers are in house trainers. OT trainers are allowed to only train agency staff to ensure fidelity of the program. The Certified Nurturing Parenting Facilitator can attend this Train-the-Trainer after 3 years of demonstrating knowledge of specific program levels that have been useful with a diverse population, group or home based within their agency. Show pre and post AAPI outcomes and attend a 3-day Train-the-Trainer training.
Minimum Training Required Before Claiming Allowed	Completion of the initial 3 day training.
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	Costs vary by trainer (\$375-\$450)
Comments	

25. PARENT-CHILD INTERACTION THERAPY (PCIT)	
Authorized Ages	2 – 7 years olds at intake
Required Training Protocols	<ul style="list-style-type: none"> ▪ 10-hour web course (http://pcit.ucdavis.edu/pcit-web-course/). ▪ Post-web course skill-building (on-site or tele-health). ▪ 100 hours of training and consultation. ▪ Successfully complete 2 PCIT cases.
Supervisor Training Required?	<p>YES.</p> <ul style="list-style-type: none"> ▪ Therapists trained in PCIT are considered trainers within their agency and capable of providing training to other PCIT trainees. ▪ Therapist must successfully complete 4 PCIT cases to become a Train-the-Trainer.
Certification or Accreditation Required?	<p>YES.</p> <ul style="list-style-type: none"> ▪ Trainees must complete training requirements, which includes 2 successfully completed PCIT cases approved by UC Davis to be considered a PCIT therapist. Clinicians are required to obtain a certificate as a PCIT therapist through UC Davis even if they are not directly trained by UC Davis.
Train-the-Trainer Allowed?	<p>YES.</p> <ul style="list-style-type: none"> ▪ Train-the-Trainer process is incorporated within the required PCIT training protocol. ▪ Must complete at least 4 PCIT cases in consultation with a PCIT trainer. ▪ Must be observed by PCIT trainer during at least one CDI and one PDI session. ▪ New PCIT trainers may provide training and supervision within their agency.
Minimum Training Required Before Claiming Allowed	<ul style="list-style-type: none"> ▪ 10-hour web course (http://pcit.ucdavis.edu/pcit-web-course/). ▪ Current participation in a training program with the developer and/or training program with agency Train-the-Trainer.
Who Retains Certification?	<ul style="list-style-type: none"> ▪ Practitioner retains records of approved completed 2 PCIT cases. ▪ Train-the-Trainer retains records of completed 4 PCIT cases and may train within their agency. All clinicians retain their own records of completed PCIT cases and certificates.
Fidelity Measure?	YES.
Estimated Training Cost	<p>Cost per Cohort: \$28,633 (Capital needs cost is per agency)</p> <p>Cost per Individual trainee: \$3,633</p>
Comments	<p>Please note differences when claiming to First 5 LA PCIT versus MHSA PEI:</p> <ul style="list-style-type: none"> • When claiming First 5 LA clients should be 2 to 5 years old at intake • Measures for First 5 LA PCIT include: <ul style="list-style-type: none"> ○ ECBI ○ SESBI if the child is in daycare/school ○ PSI (short form) ○ TSCYC if there is the presence of trauma <p>Please go to: http://dmh.lacounty.gov/First5LAPCIT to find more information on First 5 LA PCIT.</p>

26. PORTLAND IDENTIFICATION EARLY REFERRAL MODEL (PIER)	
Authorized Ages	12 – 25 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ Six days of didactic training with PIER Model training staff followed by supervision calls including: <ul style="list-style-type: none"> ○ 1-day Orientation to all staff on overview of PIER model, clinical operations including medication support and program evaluation. <ul style="list-style-type: none"> • Physicians/nurse practitioners will participate in 6 quarterly consultation calls to be completed within two years of training. • All other staff will participate in eighteen clinical calls divided by site over two years. ○ 2-day training in Assessment using the Structured Interview for Psychotic Syndromes (SIPS) for all clinicians, followed by: <ul style="list-style-type: none"> • 21 supervision calls to be completed within two years of training. ○ 3-day training in Multifamily Group (MFG) for all clinicians, medical case managers and community workers, followed by: <ul style="list-style-type: none"> • 18 supervision calls to be completed within two years of training. ▪ Three 2-hour webinars on Community Outreach for all staff, followed by: <ul style="list-style-type: none"> ○ 12 monthly supervision calls to be completed within one year of training <u>and</u> 4 quarterly supervision calls to be completed in the second year after training. ▪ Three 2-hour teleconferences on Occupational Therapy/Supported Education/Supported Employment (OT/SE/SE) followed by: <ul style="list-style-type: none"> ○ 12 monthly supervision calls to be completed within one year of training <u>and</u> 6 bimonthly supervision calls to be completed in the second year after training. ▪ One videotaped interview assessment and two videotaped family psychoeducation sessions submitted per clinician for review in the first 2 years of training. ▪ Annual site visit (2 visits in two years) for organizational and clinical consultation and fidelity review.
Supervisor Training Required?	No. Supervisors are strongly encouraged to participate in all training exercises.
Certification or Accreditation Required?	<p>YES.</p> <ul style="list-style-type: none"> ▪ Therapists are certified in Family Psychoeducation after completion of required training protocol. ▪ Site is certified after 2 years as PIER site after submission of two Annual Reports to PIER Training Institute and meeting fidelity criteria (see Comments section below).
Train-the-Trainer Allowed?	YES, for Multifamily group training within previously trained LA County agencies.
Minimum Training Required Before Claiming Allowed	<p>For Multifamily Group: Upon completion of 3-day Multifamily group training.</p> <p>For Assessment: Upon completion of 2-day SIPS training.</p> <p>For Community Outreach: Upon completion of three 2-hour webinars.</p> <p>For SE/SE: Upon completion of three 2-hour webinars.</p> <p>For prescribers: Upon completion of 1-day orientation training.</p>

26. PORTLAND IDENTIFICATION EARLY REFERRAL MODEL (PIER) (CONTINUED)	
Who Retains Certification?	<p>Practitioner and agency.</p> <p>Following two years of operation, agencies can apply for PIER Model Certification. Annual reports will be prepared by the agency to demonstrate an understanding and application of the early detection and intervention model.</p> <p>Agency practitioners will be individually eligible for certification in family psychoeducation.</p>
Fidelity Measure?	<p>YES.</p> <ul style="list-style-type: none"> On-site visit from PIER Training Institute staff will be conducted to assess fidelity, progress in training and to problem-solve organizational and clinical challenges. A fidelity checklist is used during site visit.
Estimated Training Cost	Cost per Cohort of 70, approximately: \$175,000
Comments	PIER Early Psychosis services are only offered at select agencies at this time.

27. PROBLEM SOLVING THERAPY (PST)		
Authorized Ages	16+ years old	
Required Training Protocols	Option 1: Basic Level (initial training): <ul style="list-style-type: none"> Participants may complete one of the following to fulfill this requirement: PEARLS or MHIP-PST. See details of PEARLS or MHIP-PST. Certificate of completion is provided upon completion of the required training protocol. 	Option 2: 1-day training.
Supervisor Training Required?	NO. There is no separate Supervisor Training, but supervisors are strongly recommended to attend at least the basic training.	NO. PST Certification available through MHIP-PST.
Certification or Accreditation Required?	NO. PST certification is not required, but recommended by DMH.	NO. PST Certification available through MHIP-PST.
Train-the-Trainer Allowed?	NO. There is no Train-the-Trainer allowed at this time.	
Minimum Training Required Before Claiming Allowed	PST-standalone: 1-day training. Or Completion of PEARLS or MHIP-PST training with certificate of completion.	
Who Retains Certification?	Practitioner.	
Fidelity Measure?	YES.	
Estimated Training Cost	Cost per training: \$3,300 (40 participants) Cost per Individual: \$82.50	
Comments	Trained clinicians are authorized to provide PST.	National PST Network Trainer: http://pstnetwork.ucsf.edu/who-we-are/pst-clinicians-trainers-researchers-region

27. PROLONGED EXPOSURE FOR POST-TRAUMATIC STRESS DISORDER (PE-PTSD)	
Authorized Ages	18+ years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ 4-day PE workshop conducted by CTSA. ▪ Workshop offered to licensed mental health professionals. ▪ Certificate of completion is awarded after workshop. ▪ Booster training and consultation is available upon request, but not required.
Supervisor Training Required?	<p>NO.</p> <p><u>Optional Supervisor training protocol:</u></p> <ul style="list-style-type: none"> ▪ Complete PE Therapist certification protocol. ▪ Complete 5-day supervisor workshop. ▪ Certified as a “PE Supervisor” after completion of above protocol. ▪ Certified PE Supervisors can provide consultation to therapists who completed the 4-day PE workshop and can approve them to be certified as a PE therapist with CTSA after adequately completing 2 supervised PE cases.
Certification or Accreditation Required?	<p>NO.</p> <p><u>Optional PE Therapist certification protocol:</u></p> <ul style="list-style-type: none"> ▪ Complete initial required training protocol. ▪ Completion of 2 supervised PE cases under individual consultation with a PE expert. ▪ Weekly consultation telephone calls with PE expert. ▪ Videotape and review of all therapy sessions for the 2 PE cases. ▪ Each PE case is expected to last approximately 10 sessions. ▪ Certification by CTSA is lifetime.
Train-the-Trainer Allowed?	<p>NO.</p> <p>There is no Train-the-Trainer allowed at this time.</p>
Minimum Training Required Before Claiming Allowed	Completion of the 4-day PE workshop.
Who Retains Certification?	Practitioner.
Fidelity Measure?	NO.
Estimated Training Cost	<p>Cost per Cohort: \$16,300 (Cohort of 20)</p> <p>Cost per Individual: \$815</p>
Comments	PE-PTSD is a demanding intervention for both clinicians and consumers; therefore, careful screening of potential candidates for this practice is advised.

28. PROGRAM TO ENCOURAGE ACTIVE AND REWARDING LIVES FOR SENIORS (PEARLS)	
Authorized Ages	60+ years old
Required Training Protocols	Basic Level: <ul style="list-style-type: none"> ▪ 2-day training. ▪ Certificate of Attendance is provided upon completion of protocol.
Supervisor Training Required?	NO. There is no separate Supervisor Training. Supervisors are recommended to attend the Basic Level training.
Certification or Accreditation Required?	NO. Certification is not required.
Train-the-Trainer Allowed?	NO. There is no Train-the-Trainer allowed at this time.
Minimum Training Required Before Claiming Allowed	2-day training.
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	Cost per Cohort: \$38,500 (Cohort of 30) Cost per Individual: \$1,467
Comments	For more information please refer to following website: <ul style="list-style-type: none"> • http://www.trainingxchange.org/our-programs/pearls

29. PROMOTING ALTERNATIVE THINKING STRATEGIES (PATHS)	
Authorized Ages	5 – 12 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ Agency must demonstrate adequate commitment of resources and time to implement program. ▪ <u>Initial Training</u>: 2-day initial training (or 1-day booster for previously trained staff) by PATHS certified trainer(s). The TOT process requires that there are two trainers on the first day, one of whom has already been trained. ▪ Attend a 1-day (6-hours) <u>booster training</u> (needs to occur within one year of the initial training, but after the group has begun to provide PATHS services). ▪ <u>Observation and Supervision</u>: Live observation or submission of videotaped sessions to PATHS certified trainers. ▪ <u>Competency Review and Certification</u>: A minimum of 2 observations (live observation or submission of videotaped sessions) to PATHS certified trainers consisting of the following: <ul style="list-style-type: none"> ▪ Written feedback with ratings on demonstration of PATHS core competencies. ▪ Feedback (to clinician and clinic's PATHS lead) will be provided within 2 weeks of receipt of each observation. ▪ If after 2 observations staff demonstrates proficiency in PATHS core competencies, then staff is awarded clinical certification. ▪ If after 2 observations staff does not demonstrate proficiency in PATHS core competencies, further observation and review will be necessary.
Supervisor Training Required?	NO. Supervisor training is not required.
Certification or Accreditation Required?	<p>YES.</p> <p>A group leader must be certified within 18 months following the first workshop training. A Group Leader Certification is valid for a two-year period.</p> <p>To be re-certified a group leader will need to meet the following requirements:</p> <ol style="list-style-type: none"> 1. Provide evidence of regular (at least monthly) use of the PATHS® model in their work (this will be verified through communication from the clinician's supervisor). 2. Attend a one-day advanced-users workshop (paid by agency). 3. Demonstrate competence either through submission of a video or a case write-up of group treatment process.
Train-the-Trainer Allowed?	<p>YES.</p> <p>Train-the-Trainer is available through the PATHS Affiliate Trainer (AT) Program. See separate PATHS Affiliate Trainer Program protocol at: http://file.lacounty.gov/dmh/cms1_198941.pdf.</p>
Minimum Training Required Before Claiming Allowed	2-day initial training.
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	<p>Cost per Cohort: \$44,000 (Cohort of 30)</p> <p>Cost per Individual: \$1,467</p>

30. REFLECTIVE PARENTING PROGRAM (RPP)	
Authorized Ages	0 – 12 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ 2-level training to be an RPP Group Facilitator. <p><u>Level 1 protocol:</u></p> <ul style="list-style-type: none"> ▪ 2-day (12-hours) RPP fundamentals training (lecture, discussion, video). <p><u>Level 2 protocol:</u></p> <ul style="list-style-type: none"> ▪ Pre-implementation support includes: One 2-hour administrative matters meeting, one 2-hour clinical matters meeting, and one 3-hour Parent Development Interview training. ▪ Level 2 trainees must co-facilitate a 12-week Reflective Parenting Workshop, using a curriculum for parents of children 0-2 years, 2-5 years, or 6-12 years. ▪ Eleven 90-minute supervision calls concurrent with commencement of Reflective Parenting Workshop. Trainees must attend at least 9 of 11 supervision calls. Trainees also receive feedback on process recording and case formulation. ▪ Required: 1) one written process recording exploring group dynamics and 2) one written case formulation on attachment process and parenting styles of 3 to 4 parents. ▪ Average length of time to complete RPP Group facilitator training is four (4) months. ▪ Trainee receives Certificate of Completion upon successful fulfillment of RPP Level 2 training protocols. ▪ Additional consultation available upon request.
Supervisor Training Required?	<p>NO.</p> <p><u>Optional Supervisor Training (Level 3) protocol (highly recommended for program sustainability):</u></p> <ul style="list-style-type: none"> ▪ Successful completion of RPP Level 1 and 2 trainings. ▪ Pre-implementation support: One 1-hour administrative meeting. ▪ RPP supervisor-trainee replicates full RPP Level 2 training protocol within agency, but under supervision of RPP supervisor-trainee. ▪ RPP Level 3 supervisor-trainees participate in 11 one-hour group supervision calls, concurrent with commencement of supervisor-trainee-led RPP Level 2 supervision group. Supervisor-trainees must attend at least 9 of 11 supervision calls. ▪ Additional 1-hour individual supervision call. ▪ Submission of supervisor-trainee notes on the RPP Level 2 trainees' process recordings and case formulations. ▪ Supervisor-trainee receives certificate of completion upon successful fulfillment of Level 3 training protocols. ▪ Note: Trained RPP Level 3 supervisors can replicate RPP Level 2 and supervise and train RPP Level 2 trainees. However, Center for Reflective Parenting and affiliated RPP training staff are the sole providers of RPP Level 1 and Level 3 trainings.
Certification or Accreditation Required?	<p>YES.</p> <ul style="list-style-type: none"> ▪ RPP Facilitators must successfully complete RPP Level 1 and 2 facilitator trainings. ▪ RPP Supervisors must successfully complete RPP Level 1 and 2 facilitator trainings plus RPP Level 3 supervisor training. ▪ Certificates of completion are provided upon successful fulfillment of RPP Level 1, Level 2, and Level 3 training protocols.

30. REFLECTIVE PARENTING PROGRAM (RPP) (CONTINUED)	
Train-the-Trainer Allowed?	<p>YES, level 2 Only. This is a modified Train-the-Trainer model.</p> <ul style="list-style-type: none"> ▪ All RPP Level 1 and Level 3 trainings must be conducted by Center for Reflective Parenting and affiliated RPP training staff. ▪ Trained RPP Level 3 supervisors may replicate RPP Level 2 and supervise and train RPP Level 2 facilitator-trainees.
Minimum Training Required Before Claiming Allowed	RPP Level 1 Protocol (2-day fundamentals) plus commencement of RPP Level 2 protocol.
Who Retains Certification?	Practitioner.
Fidelity Measure	YES.
Estimated Training Cost	<p>Cost per Cohort: \$18,650-\$23,900 (Level 1 Cohort of 24; Level 2 Cohort of 3-5; Level 3 Cohort of 1-3)</p> <p>Cost per Individual: \$4,515-\$6,145</p>
Comments	Center for Reflective Parenting and affiliated RPP training staff are the sole providers of RPP Level 1 and 3. www.reflectiveparenting.org

31. SEEKING SAFETY (SS)	
Authorized Ages	13+ years old
Required Training Protocols	<p>A. <u>Initial Training by Developer-Approved Trainer:</u></p> <ol style="list-style-type: none"> 1. Conducted by developer-approved trainer (minimum of 6 hours). 2. Access to SS manual during and after training. 3. Developer highly recommends participation in Theme Based Calls (TBCs). 4. Read SS website's Frequently Asked Questions (FAQs) at www.SeekingSafety.org. 5. Read DMH PEI SS FAQs at http://dmh.lacounty.gov/wps/portal/dmh/about_dmh/mhsa. 6. Accreditation with LAC-DMH as competent to practice. <p style="text-align: center;">OR</p> <p>B. <u>Initial Training by Developer-Certified Adherence Rater and Supervisor (SS Champion)</u></p> <ol style="list-style-type: none"> 1. Conducted by SS Champion for only internal agency staff. 2. Access to SS Manual, Training DVDs, and Website. 3. Complete SS Training Verification Form. <ol style="list-style-type: none"> a. To be completed during a 6-month period ("b" through "g"). b. Trainee will read and become familiar with SS Manual. c. Trainee will watch SS Training DVDs. <ol style="list-style-type: none"> 1. DVD #1: Overview of Seeking Safety. 2. DVD #2: Example of a Session. 3. DVD #3: Client's Story/Grounding. d. Trainee will read SS Website's FAQs. e. Trainee will submit a minimum of one (1) audio/video recorded session(s) to SS Champion. <ol style="list-style-type: none"> 1. SS Champion will rate recordings using SS Adherence Scale and SS Adherence Scale Score Sheet. 2. SS Champion will provide feedback to trainee utilizing the SS Supervision Format. 3. More adherence ratings may be needed until SS Champion determines trainee is consistently demonstrating strong adherence (score of 2.0 or better on each section) to the model. f. Trainee will demonstrate working knowledge of all the above with the SS Champion. g. SS Champion will submit completed SS Training Verification Form to SS Practice Lead at seekingsafety@dmh.lacounty.gov. 4. Developer highly recommends participation in TBCs. 5. Trainee will read LAC-DMH PEI SS FAQs. 6. Accreditation with LAC-DMH as competent to practice. <p><u>Highly Recommended by SS Developer:</u></p> <ol style="list-style-type: none"> A. Theme Based Calls (telephone consultation calls). B. Seeking Safety Champion to allow for sustainability by: <ol style="list-style-type: none"> 1. Training of internal agency staff. 2. Ongoing model fidelity.
Supervisor Training Required?	At minimum, SS supervisor to have completed the SS Initial Training. SS Champion is highly recommended, and would exceed the minimum requirement.

31. SEEKING SAFETY (SS) (CONTINUED)	
Certification or Accreditation Required?	<p>Initial Trainings:</p> <ul style="list-style-type: none"> ▪ Accreditation with LAC-DMH as competent to practice. <p>Adherence Rater and Supervisor Training (SS Champion):</p> <ul style="list-style-type: none"> ▪ Certification in accordance with Developer's requirements.
Train-the-Trainer Allowed?	<p>YES.</p> <p>Please see the Seeking Safety Guidelines for SS Champion training requirements and parameters.</p>
Minimum Training Required Before Claiming Allowed	<p>Completion of SS Initial Training by Developer-Approved Trainer or SS Champion in Required Training Protocols section.</p>
Who Retains Certification?	<p>Practitioner.</p>
Fidelity Measure?	<p>YES.</p>
Estimated Training Cost	<p>Cost per Cohort: \$36,950 (Initial Training Cohort of 100; Champion Training Cohort of 40; TBC Cohort of 15)</p> <p>Cost per Individual: \$875</p>
Comments	<p>Please see most current version of the SS Guidelines for detailed information at http://file.lacounty.gov/dmh/cms1_201830.pdf. For additional questions, please contact SS Practice Lead at SeekingSafety@dmh.lacounty.gov.</p>

32. STRENGTHENING FAMILIES (SF)	
Authorized Ages	3 – 16 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ 2-day Group Leader training. ▪ Quality Assurance/Process Evaluation site visits are recommended. ▪ Standardized Evaluation Contracts are recommended.
Supervisor Training Required?	NO. Supervisors are strongly recommended to attend the same staff-required SF training protocol.
Certification or Accreditation Required?	YES. Lifetime Group leader certification after completion of 2-day training.
Train-the-Trainer Allowed?	YES. 4-step process: <ul style="list-style-type: none"> ▪ Complete 2-day group leader training. ▪ Deliver SF protocol for at least 2 group cycles. ▪ Co-train a group leader training with a certified trainer, delivering selected elements. ▪ Co-train a group leader training with a certified trainer, delivering substantial elements. ▪ Trainers are authorized to train in-house. Trainers can train externally only as sub-contracted by Lutra Group.
Minimum Training Required Before Claiming Allowed	Completion of the 2-day group leader training should occur before claiming can begin.
Who Retains Certification?	Practitioner.
Fidelity Measure?	YES.
Estimated Training Cost	Cost per Cohort: \$3,900 (Cohort of 35) Cost per Individual: \$111
Comments	Authorized trainers are contracted with the Lutra Group.

33. TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT)	
Authorized Ages	3 – 18 years old
Required Training Protocols	<p><u>Establishing an Initial TF-CBT Team:</u> Team must be trained by a certified TF-CBT trainer as follows:</p> <ul style="list-style-type: none"> ▪ Complete 10-hour TF-CBT online Training (http://tfcbt.musc.edu). ▪ Attend an Initial TF-CBT Training (2-days for clinicians and an extra ½ day for TF-CBT supervisors). ▪ Participate, as part of a TF-CBT team, in a minimum of 12 Consultation Calls. Each team not to exceed 8 to 10 therapists including a TF-CBT supervisor. ▪ Attend a Booster Training (1-day for clinicians and an extra ½ day for TF-CBT supervisors). The booster training to occur about 6 months after the initial training. ▪ Complete and submit up to 2 audio taped sessions to certified trainer for review, per the audio tape protocol. A minimum of 1 audio tape must be rated as “satisfactory” on all domains. ▪ Training must be completed within one year from initial training date. <p><u>Expanding an Established Team:</u></p> <ul style="list-style-type: none"> ▪ An agency must have one (or more) fully established TF-CBT teams, with a fully trained TF-CBT Supervisor who conducts regular TF-CBT group supervision. Fully trained entails completing all training components and obtaining a certificate of proficiency. <u>TF-CBT Supervisors need to be trained as part of a team within their agency, and need to complete all training elements, conducted by national trainers, as described under "Establishing a Program."</u> ▪ Complete the TF-CBT Online Training (http://tfcbt.musc.edu). ▪ Attend a 2-day initial TF-CBT training by a certified TF-CBT trainer. ▪ Recommended (but not required) to attend a 1-day booster training. ▪ For the duration of no less than 6 months, participate in regular ongoing supervision with a fully trained TF-CBT supervisor. <u>(The TF-CBT supervisor must have a certificate of proficiency attesting to their completion of the full protocol.)</u> Group supervision is ideally conducted weekly, but not less than every other week. Each supervision group not to exceed 8 therapists. ▪ Routinely use all program performance evaluation measures. ▪ Complete three TF-CBT cases, of which at least one case needs to include cognitive reprocessing of the Trauma Narrative. ▪ Complete and submit up to two audio taped sessions to certified trainer for review, per the audio tape protocol, to a certified TF-CBT trainer. A minimum of one audio tape must be rated as “satisfactory” on all domains.
Supervisor Training Required?	<p>YES.</p> <p><u>TF-CBT Supervisor Training protocol:</u></p> <ul style="list-style-type: none"> ▪ Complete TF-CBT online Training (http://tfcbt.musc.edu). ▪ 2.5-day Initial TF-CBT training. ▪ Participate in a minimum of 12 group consultation calls. ▪ 1.5-day booster training. Occurs about 6 months after initial training. ▪ Submit up to two audio-taped sessions for review, with one rated satisfactory on all domains.
Certification or Accreditation Required?	<p>YES.</p> <p>Certificates of Proficiency are required after completion of training protocol. In alternative, an application to DMH with proof of completion of entire training protocol may satisfy this requirement.</p>

33. TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT) (CONTINUED)	
Train-the-Trainer Allowed?	No, however there is a Train-the-Supervisor (TTS) option. To become a TF-CBT Supervisor Trainer, Supervisors must: <ul style="list-style-type: none"> ▪ Have completed their TF-CBT Training (See previous section). ▪ Passed the written exam for National TF-CBT Certification.
Minimum Training Required Before Claiming Allowed	Permanent staff may begin implementing/claiming TF-CBT treatment after completing the webinar and initial 2-day training. Permanent staff must complete the full DMH TF-CBT training protocol within one year of their participation in the initial 2-day training. Students and interns are allowed to have provisional authorization to claim. They may begin to claim after viewing the online webinar. They are required to attend the 2-day training within six months of viewing the webinar. In order for an agency to qualify for this opportunity, there must be a sustained team with a TF-CBT certified supervisor, to whom the intern reports. It is expected that the interns will be fully trained and certified in the protocol within one year of viewing the webinar.
Who Retains Certification?	Practitioner
Fidelity Measure?	YES.
Estimated Training Cost	Cost per Cohort: \$16,000 (Cohort of 7) Cost per Individual: \$2,286

34. TRIPLE P POSITIVE PARENTING PROGRAM (TRIPLE P) -- LEVELS 4 AND 5	
Authorized Ages	0 – 18 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ Complete both training and accreditation requirements for each program level of Triple P implemented. ▪ Training ranges from 1 to 3 days, depending on program level. <ul style="list-style-type: none"> ▪ Level 4: Standard Triple P – 3-day initial training. ▪ Level 4: Standard Teen – 3-day initial training. ▪ Level 4: Group Triple P – 3-day initial training. ▪ Level 4: Group Teen Triple P – 3-day initial training. ▪ Level 5: Enhanced Triple P – 2-day initial training. ▪ Level 5: Pathways Triple P – 2-day initial training. ▪ Accreditation ranges from ½ day to 1 day, depending on program level. ▪ 1-day Pre-accreditation Consultation, conducted between training and accreditation is optional, but strongly recommended. ▪ No ongoing requirement after accreditation is obtained. ▪ Clinical consultation calls and post-accreditation Clinical Support Days are available upon request.
Supervisor Training Required?	<p>NO.</p> <p>However, supervisors are strongly recommended to be trained in the implemented Triple P program(s) to better assist practitioners.</p>
Certification or Accreditation Required?	<p>YES.</p> <ul style="list-style-type: none"> ▪ Accreditation is required in the Triple P program level being implemented. ▪ Occurs 6 to 12 weeks post training. ▪ After accreditation is obtained, no re-accreditation is required.
Train-the-Trainer Allowed?	<p>NO.</p> <p>There is no Train-the-Trainer allowed at this time.</p>
Minimum Training Required Before Claiming Allowed	Claiming can commence once the initial training has been completed. Accreditation is not needed in order for staff to start claiming to Triple P.
Who Retains Certification?	Practitioner.
Fidelity Measure?	NO.
Estimated Training Cost	<p>Cost per Cohort: \$27,430 per level/group (Cohort of 20)</p> <p>Cost per Individual: \$2,170-\$9,104 (4 levels/group)</p>
Comments	<p>These training protocols apply only to the following:</p> <ul style="list-style-type: none"> ▪ Level 4: Standard Triple P and Group Triple P, Teen ▪ Level 5: Enhanced Triple P <p>DMH authorizes use of Triple Levels 2-5 for prevention and/or early intervention.</p>

35. UCLA TIES TRANSITION MODEL (TTM)	
Authorized Ages	0 – 8 years old
Required Training Protocols	<ul style="list-style-type: none"> ▪ 3-day (18-hours) on-site TTM training. ▪ 1-day follow up training on the TIES parent preparation/psycho-education. ▪ 3-5 fidelity site monitoring visits a year on this population and TTM. ▪ Weekly 1-hour phone consultation for one year.
Supervisor Training Required?	NO. Supervisor training is not required.
Certification or Accreditation Required?	NO. Certification is not required.
Train-the-Trainer Allowed?	<p>YES.</p> <ul style="list-style-type: none"> ▪ Train-the-Trainer allowed for consultation and shorter initial training. ▪ New clinicians still have to attend the 3-day (18-hour) training on the TIES parent preparation/psychoeducation classes. ▪ However, new clinicians may attend a 1-day (8-hours) TTM orientation training and can receive consultation through clinicians already trained in TTM at their agency.
Minimum Training Required Before Claiming Allowed	The practitioner is able to implement the TTM after the initial training. The follow up training comes later and is based on when it is scheduled through DCFS.
Who Retains Certification?	Practitioner.
Fidelity Measure?	No.
Estimated Training Cost	<p>Cost per Cohort: \$82,500 (Cohort of 8)</p> <p>Cost per Individual: \$10,313</p>

ATTACHMENT A



COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH



MENTAL HEALTH SERVICES ACT (MHSA)
Program Support Bureau (PSB)
PREVENTION AND EARLY INTERVENTION (PEI) ADMINISTRATION

EBP TRAINING VERIFICATION CONTACT REQUEST

DATE _____

AGENCY NAME _____

LEGAL ENTITY # _____ PROVIDER # _____

MAILING ADDRESS _____

FAX NUMBER _____

EXECUTIVE DIRECTOR NAME _____

EMAIL ADDRESS _____

PHONE NUMBER _____

LICENSED EBP/TRAINING COORDINATOR NAME _____

TITLE & LICENSE # _____

EMAIL ADDRESS _____

PHONE NUMBER _____

ATTESTATION By signing this form, I verify that all staff members, listed on the PEI Staff Registry Training Verification form, have successfully completed or are in the process of completing the training protocol items as endorsed on the form. I also acknowledge that our agency will maintain records for staff trainings and that these records are subject to audit at any time.

PRINT NAME _____ **SIGN NAME** _____
(Licensed person authorized to attest to staff training verifications at your agency)

Please email to: MHSAPeI@dmh.lacounty.gov

ATTACHMENT B

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
PREVENTION AND EARLY INTERVENTION ADMINISTRATION**

Provider Request to Add/Drop PEI Practice

Agency: [Click here to enter agency name.](#)

LE Number: [Click here.](#) Provider Number(s): [Click here to enter PN\(s\).](#)

Contact Name: [Click here to enter contact person regarding this form.](#)

Phone Number: [Click here.](#) E-mail: [Click here to enter e-mail.](#)

Providers requesting to add or drop a Practice must complete this add/drop form (including cases of updating information in the Provider PEI Practice List).

INSTRUCTIONS:

1. Fill out the table below by selecting the Practice and the requested action from the drop-down lists. For Practices to be added, mark the check boxes for the age group(s) to be served, and if outcome measure and/or outcome measure trainings are needed.
2. Complete the Add/Drop form Attachment to identify the clinicians who were trained or currently in-training for the Practice to be added. There must be one Attachment for every Practice to be added for every Provider Number listed above.
3. All completed forms and attachments must be forwarded to the lead District Chief for approval and signature. The District Chief's analyst (staff) will e-mail the approved documents to PEI Administration at mhsapei@dmh.lacounty.gov.

PEI Practice	Action	Age Group to be Served	Outcome Measure
Click here to select a Practice.	Choose an Action.	<input type="checkbox"/> Child (0-15 y/o) <input type="checkbox"/> TAY (16-25 y/o) <input type="checkbox"/> Adult (26-59 y/o) <input type="checkbox"/> Older Adult (60+ y/o)	<input type="checkbox"/> Need outcome measure <input type="checkbox"/> Need training in the measure
Click here to select a Practice.	Choose an Action.	<input type="checkbox"/> Child (0-15 y/o) <input type="checkbox"/> TAY (16-25 y/o) <input type="checkbox"/> Adult (26-59 y/o) <input type="checkbox"/> Older Adult (60+ y/o)	<input type="checkbox"/> Need outcome measure <input type="checkbox"/> Need training in the measure
Click here to select a Practice.	Choose an Action.	<input type="checkbox"/> Child (0-15 y/o) <input type="checkbox"/> TAY (16-25 y/o) <input type="checkbox"/> Adult (26-59 y/o) <input type="checkbox"/> Older Adult (60+ y/o)	<input type="checkbox"/> Need outcome measure <input type="checkbox"/> Need training in the measure
Click here to select a Practice.	Choose an Action.	<input type="checkbox"/> Child (0-15 y/o) <input type="checkbox"/> TAY (16-25 y/o) <input type="checkbox"/> Adult (26-59 y/o) <input type="checkbox"/> Older Adult (60+ y/o)	<input type="checkbox"/> Need outcome measure <input type="checkbox"/> Need training in the measure
Click here to select a Practice.	Choose an Action.	<input type="checkbox"/> Child (0-15 y/o) <input type="checkbox"/> TAY (16-25 y/o) <input type="checkbox"/> Adult (26-59 y/o) <input type="checkbox"/> Older Adult (60+ y/o)	<input type="checkbox"/> Need outcome measure <input type="checkbox"/> Need training in the measure

*DBT and PE-PTSD are currently applicable to DMH directly-operated clinics only.

Approve the Request: ☐ Yes ☐ No

Lead District Chief: [Click here to enter district chief.](#)

Signature: _____ Date: _____

Email mhsapei@dmh.lacounty.gov for any questions or if you find trouble completing this form.

Version 03/2013

ATTACHMENT B

Attachment to the PEI Add/Drop Form

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
PREVENTION AND EARLY INTERVENTION ADMINISTRATION

Trained Clinicians

Agency: [Click here to enter agency name.](#)

Provider Number: [Click here to enter PN.](#)

PEI Practice to Add: [Click here to select a Practice.](#)

This attachment must be filled out for every Practice that the agency is requesting to add, there must be ONE Attachment per Practice for each Provider Number stated in the Add/Drop form. PEJ Administration will officially approve the new Practice after verifying the information on this Attachment.

INSTRUCTIONS:

Table 1 – Clinicians who are currently attending a training

1. Enter the name of the Trainer, and the training start and end dates. If the end date is still undetermined due to the different training protocols, enter the estimated completion date and click the appropriate box.
2. List all clinicians that are currently in the process of completing their training, with their corresponding Rendering Provider Numbers (RPN) and NPI Numbers. Add as many rows as needed. If there is more than one training going on, please email mhsapei@dmh.lacounty.gov to request the appropriate form.

Table 2 – Clinicians who already completed their training protocol

3. List all clinicians who successfully completed the training protocol with their corresponding RPN and NPI Numbers. Enter Yes or No in the last column to state whether the clinicians completed their trainings while in your agency. Add as many rows as needed.

For Tables 1 and 2, list only clinicians that are going to provide this Practice in this Provider Number.

By completing this Attachment, your agency certifies that the listed clinicians are currently in training and/or have completed the entire training protocol to provide and claim for the Practice being added. Clinicians who have not completed the entire training protocol within the specified time will be required to stop providing and claiming under this Practice.

This Attachment is not meant to replace the EBP Training verification form that is submitted every six months for updates on new trainings and/or to report newly hired trained staff.

Table 1 – Clinicians currently in-training

[illegible]

ATTACHMENT B

Attachment to the PEI Add/Drop Form

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
PREVENTION AND EARLY INTERVENTION ADMINISTRATION

Trained Clinicians

Table 2 – Clinicians who completed the entire training protocol

Last Name	First Name	Rendering Provider Number	NPI Number	Did the clinician complete the training protocol while employed at your agency? (Yes or No)

ATTACHMENT C

Los Angeles County - Department of Mental Health
PREVENTION AND OUTCOMES DIVISION
Prevention and Early Intervention Administration

PEI PRACTICE LEADS

EVIDENCE-BASED PROGRAMS, PROMISING PRACTICES, COMMUNITY-DEFINED EVIDENCE PRACTICES, & PILOTS			Age Group*	Age Range	Practice Lead	Email Address
1.	ART	Aggression Replacement Training Aggression Replacement Training – Skillstreaming	C, T	12-17 5-12	Sermed Aklass	SAkass@dmh.lacounty.gov
2.	AF-CBT	Alternatives for Families Cognitive Behavioral Therapy	C, T	5-17	Michael Alba	MAAlba@dmh.lacounty.gov
3.	BSFT	Brief Strategic Family Therapy	C, T	10-18	Michael Alba	MAAlba@dmh.lacounty.gov
4.	CFOF	Caring For Our Families	C	5-11	Michael Alba	MAAlba@dmh.lacounty.gov
5.	CAPPS	Center for the Assessment & Prevention of Prodromal States	C, T, A	12-30	Sermed Aklass	SAkass@dmh.lacounty.gov
6.	CPP	Child-Parent Psychotherapy	C	0-6	Lesli Yoshihara	LYoshihara@dmh.lacounty.gov
7.	CBITS	Cognitive Behavioral Intervention for Trauma in Schools	C, T	10-15	Michael Alba	MAAlba@dmh.lacounty.gov
8.	CORS	Crisis Oriented Recovery Services	C, T, A, OA	3+	Victoria Lee	VDLee@dmh.lacounty.gov
9.	DBT	Dialectical Behavior Therapy	A	18+	Natalie Arbid & Ivy Levin	DBT@dmh.lacounty.gov
10.	DTQI	Depression Treatment Quality Improvement	C, T	12-20	Michael Alba	MAAlba@dmh.lacounty.gov
11.	FOCUS	Families OverComing Under Stress	C, T, A, OA	2+	Lesli Yoshihara	LYoshihara@dmh.lacounty.gov
12.	FC	Family Connections	C, T	0-18	Michael Alba	MAAlba@dmh.lacounty.gov
13.	FFT	Functional Family Therapy	C, T	10-18	Sermed Aklass	SAkass@dmh.lacounty.gov
14.	Group CBT	Group Cognitive Behavioral Therapy for Major Depression	A, OA	18+	Natalie Arbid & Ivy Levin	IndCBT@dmh.lacounty.gov
15.	IY	Incredible Years	C	0-12	Lesli Yoshihara	LYoshihara@dmh.lacounty.gov
16.	Ind CBT	Individual Cognitive Behavioral Therapy	T, A, OA	16+	Natalie Arbid & Ivy Levin	IndCBT@dmh.lacounty.gov
17.	IPT	Interpersonal Psychotherapy for Depression	C, T, A, OA	12+	Jessica Shaffer	JShaffer@dmh.lacounty.gov
18.	LIFE	Loving Intervention Family Enrichment Program	C, T	4-19	Michael Alba	MAAlba@dmh.lacounty.gov
19.	MPAP	Make Parenting A Pleasure (Prevention)	C	0-8	Jessica Shaffer	JShaffer@dmh.lacounty.gov
20.	MAP	Managing and Adapting Practice Age Range Varies by Treatment Focus	C, T	2-21	Michael Alba	MAAlba@dmh.lacounty.gov

ATTACHMENT C

EVIDENCE-BASED PROGRAMS, PROMISING PRACTICES, COMMUNITY-DEFINED EVIDENCE PRACTICES, & PILOTS			Age Group*	Age Range	Practice Lead	Email Address
21.	MP	Mindful Parenting	C	0-3	Lesli Yoshihara	LYoshihara@dmh.lacounty.gov
22.	MDFT	Multidimensional Family Therapy	C, T	11-18	Yivette Odell	YOdell@dmh.lacounty.gov
23.	MST	Multisystemic Therapy	C, T	11-17	Yivette Odell	YOdell@dmh.lacounty.gov
24.	NP	Nurturing Parenting	C, T	11-18	Lesli Yoshihara	LYoshihara@dmh.lacounty.gov
25.	NFP	Nurse-Family Partnership	C,T	11-35	Geraldine Gomez	GGomez@dmh.lacounty.gov
26.	OBPP	Olweus Bullying Prevention Program (Prevention)	C	6-17	Esror Mohammad	EMohammad@dmh.lacounty.gov
27.	OE	Outreach and Education (Prevention)	C, T, A, OA	0-18	Kalene Gilbert	KGilbert@dmh.lacounty.gov
28.	PCIT	Parent-Child Interaction Therapy	C	2-7	Veronica Chavez	VChavez@dmh.lacounty.gov
29.	PIER	Portland Identification and Early Referral Model	C, T, A	12-25	Samantha Wettimuny	SWettimuny@dmh.lacounty.gov
30.	PST	Problem-Solving Therapy	T, A, OA	16-60+	Liam Zaidel	LZaidel@dmh.lacounty.gov
31.	PEARLS	Program to Encourage Active and Rewarding Lives for Seniors	OA	60+	Liam Zaidel	LZaidel@dmh.lacounty.gov
32.	PE	Prolonged Exposure Therapy for Post-Traumatic Stress Disorder	A	18-70+	Ivy Levin	ILevin@dmh.lacounty.gov
33.	PATHS	Promoting Alternative Thinking Strategies	C	5-12	Michael Alba	MAAlba@dmh.lacounty.gov
34.	RPP	Reflective Parenting Program	C	0-12	Lesli Yoshihara	LYoshihara@dmh.lacounty.gov
35.	SS	Seeking Safety	C,T, A, OA	13+	Jessica Shaffer	JShaffer@dmh.lacounty.gov
36.	SF	Strengthening Families	C	3-16	Michael Alba	MAAlba@dmh.lacounty.gov
37.	TF-CBT	Trauma Focused Cognitive Behavioral Therapy	C,T	3-18	Michael Alba	MAAlba@dmh.lacounty.gov
38.	Triple P	Triple P - Positive Parenting Program Triple P-Level 2-3 (Prevention)	C,T	0-16	Michael Alba	MAAlba@dmh.lacounty.gov
39.	UCLA TTM	UCLA Ties Transition Model	C,T	0-9	Lesli Yoshihara	LYoshihara@dmh.lacounty.gov
Group Key: C = Child (0-15), T = Transition-Age Youth (16-25), A = Adult (26-59), OA = Older Adult (60+)						

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