

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

27 April 2, 2013

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

BOARD OF SUPERVISORS

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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

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

April 02, 2013

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

Dear Supervisors:

**APPROVAL TO AMEND A CONSULTANT SERVICES AGREEMENT WITH
CALIFORNIA INSTITUTE FOR MENTAL HEALTH
TO FURTHER IMPLEMENT THE MENTAL HEALTH SERVICES ACT –
PREVENTION AND EARLY INTERVENTION PLAN
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to execute a sole source amendment to a Consultant Services Agreement with the California Institute for Mental Health in order to increase the Total Compensation Amount and to extend the term of the agreement for the provision of additional trainings, consultation, and technical assistance.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and authorize the Chief Deputy Director of Mental Health (Chief Deputy), or her designee, to prepare, sign, and execute an amendment (Amendment), substantially similar to Attachment I, to the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Consultant Services Agreement with California Institute for Mental Health (CiMH) (Agreement), for the provision of additional training, consultation, and technical assistance to the Department of Mental Health's (DMH) directly-operated clinics and contracted agencies' staff through June 30, 2016. The Amendment will be effective following Board approval upon full execution by the parties. The Amendment will (1) increase CiMH's Total Compensation Amount (TCA) for Fiscal Year (FY) 2013-14 by \$1,295,608, from \$2,904,583 to \$4,200,191, fully funded by State MHSA revenue; and (2) add two one-year extensions for the term of the Agreement for the periods from July 1, 2014, through June 30, 2015, and July 1, 2015, to June 30, 2016. The two automatic one-year renewal

periods will allow CiMH sufficient time to complete the multiple trainings.

2. Delegate authority to the Chief Deputy, or her designee, to prepare, sign, and execute additional amendments to the Agreement with CiMH, and establish as a new TCA the aggregate of the original Agreement and all amendments provided that: 1) the County's total payments to this contractor under the Agreement will not exceed an increase of 20 percent from the applicable Board-approved TCA; 2) any such increase will be used to provide additional services or to reflect program and/or Board policy changes; 3) your Board has appropriated sufficient funds for all changes; 4) the Director of Mental Health does not participate in DMH's decision to execute an amendment to the Agreement; 5) approval of County Counsel, or his designee, is obtained prior to any such amendments; 6) County and contractor may, by written Amendment, mutually agree to reduce programs and/or services and revise the applicable TCA; and 7) the Director of DMH notifies your Board and the CEO of Agreement changes in writing within 30 days after execution of each Amendment.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Board approval of the recommended actions will allow DMH to amend its Agreement with CiMH to add two one-year extensions to the term of their Agreement and to incorporate new trainings to promote the implementation of the following three Evidence-Based Programs (EBPs): 1) Aggression Replacement Training (ART); 2) Functional Family Therapy (FFT); and 3) Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) programs, within selected Los Angeles County contracted agencies and DMH directly-operated clinics. Extending the term of CiMH's Agreement will allow sufficient time for completion of the multiple phases of trainings. In addition, CiMH's Community Development Team (CDT) model will assist the Department in monitoring, evaluating, and collecting data for the outcome evaluation component of the Positive Parenting Program (Triple P), initially approved in the Agreement. The developers of the above three EBPs have identified CiMH as the entity in California that is authorized to serve as a partner and as sole purveyor of these EBP models.

Board approval is needed to execute the sole source Amendment that will add new EBPs to the CiMH's existing Agreement and the additional funding exceeds the Department's 20 percent delegated authority to increase the TCA. The Department requests authority to provide training and technical assistance in these additional practices.

Implementation of Strategic Plan Goals

The recommended Board actions are consistent with County's Strategic Plan Goal 3, Integrated Services Delivery.

FISCAL IMPACT/FINANCING

The cost of the increase in CiMH's TCA is \$1,295,608 for a revised TCA of \$4,200,191 is fully funded by State MHSR revenue included in DMH's FY 2012-13 Final Adopted Budget. Funding for future years will be requested through DMH's annual budget request process.

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

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In FY 2009-10, due to adverse budgetary circumstances that required the reduction of County General Funds, your Board allowed DMH directly-operated clinics and its contract agencies the opportunity to provide MHSA PEI services through transformation to new PEI programs. The Department was previously authorized by your Board on May 11, 2010, to enter into MHSA PEI Consultant Services Agreements with EBP, Promising Practices, and Community-Defined Evidence developers and/or trainers whose programs were selected in DMH's PEI Plan to conduct training and provide technical assistance to DMH and contract providers. Since the implementation of new mental health services within the PEI Plan, the Department has contracted with the following six developer/trainer consultants: 1) CiMH; 2) PracticeWise, LLC; 3) Treatment Innovation, LLC; 4) The Regents of the University of California on behalf of the San Francisco Campus; 5) The University of Washington; and 6) Triple P America, Inc.

CiMH is a private not-for-profit consultant services agency specialized in technical mental health knowledge related to strategic, organizational and systems planning. With headquarters in Sacramento, CiMH was established in 1993 to promote excellence in mental health services through training, technical assistance, research and policy development, and to work collaboratively with all mental health system stakeholders. Current CiMH Board members include local mental health directors who serve gratuitously to further statewide mental health causes.

The Director of Mental Health currently serves on the Board of Directors of CiMH, but he is not compensated and does not benefit financially in any way from serving in that position. In addition, the Director did not participate in the approval process for this Agreement or this amendment. County Counsel has advised that the conflict of interest laws therefore do not preclude the County from entering into an agreement with CiMH.

CiMH will provide the training, technical assistance, consultation, training manuals, and other necessary materials to DMH directly-operated clinics and contract agencies so that clinical personnel will be prepared to render PEI services. CiMH as the sole purveyor will conduct the following EBPs trainings: 1) ART; 2) FFT; and 3) PEARLS. In addition, CiMH who developed the CDT model will assist the Department in monitoring, evaluating, and collecting data for the outcome evaluation component of the Triple P.

In accordance with your Board Policy Manual, Section 5.120, Authority to Approve Increases to Board Approved Contract Amounts requirements, DMH notified your Board on August 27, 2012 (Attachment II) of its intent to request delegated authority of more than 10 percent.

The Sole Source Amendment with CiMH has been approved as to form by County Counsel. The Statements of Work (SOWs) (Attachment I, Exhibits A-2, A-2a through A-2d) provide detailed deliverables required of CiMH. DMH clinical and administrative staff will continue to administer the Agreement, evaluate programs to ensure that quality services are provided to clients, and ensure that the Consultation and the Sole Source Developer Agreement provisions and Departmental policies are being followed.

The required Sole Source Checklist (Attachment III), justifying the need for the Sole Source Amendment with CiMH, has been approved by the CEO and is included for your reference. Advance Notification of intent to award a Sole Source Contract Amendment with CiMH was submitted to your Board on January 17, 2013 (Attachment IV).

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The Honorable Board of Supervisors

4/2/2013

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Approval of the requested actions will ensure an uninterrupted provision for quality consultant services to DMH and its contracted agencies (current and new) serving the Los Angeles County population at risk of developing mental health problems/symptoms. The synergy of training, consultation, and technical assistance is expected to significantly improve and strengthen the delivery of the Department's PEI mental health services thereby creating a more comprehensive and inclusive safety net that will both prevent mental health symptoms and also provide professional early intervention services.

Respectfully submitted,

Handwritten signature of Robin Kay, Ph.D. in black ink.

ROBIN KAY, Ph.D.

Chief Deputy Director

RK:DM:LB:KJ:jn

Enclosures

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

CONTRACT NO. MH050040

AMENDMENT NO. 2

THIS AMENDMENT is made and entered into this _____ day of _____, 2013, by and between the COUNTY OF LOS ANGELES (hereafter "County") and California Institute for Mental Health (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated May 11, 2010, identified as County Agreement No. MH050040, as subsequently amended (hereafter collectively "Agreement"); and

WHEREAS, for Fiscal Year (FY) 2012-13 and any subsequent fiscal year(s) during the term of this Agreement, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, the Contractor has been providing Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) consultation, technical assistance, and/or or training services as a designated trainer of an Evidence-Based Program (EBP) programs pursuant to the Agreement. The parties wish to extend the term of Agreement to cover an additional two one-year extensions and make other revisions to the Agreement as set forth herein; and

WHEREAS, County and Contractor intend to add MHSA PEI funds in the amount of \$1,295,608 to the Total Compensation Amount (TCA). The allocated funds are for the provision of training, consultation, and technical assistance to the Department of Mental Health (DMH) directly operated clinics and contracted agencies clinical staff for the following three EBPs: 1) Aggression Replacement Therapy; 2) Functional Family

Therapy; 3) Program to Encourage Active, Rewarding Lives for Seniors; and for technical assistance to DMH in monitoring, evaluating and collecting data for the Outcome Evaluation Component of the Triple P-Positive Parenting Program; and

WHEREAS, County and Contractor intend to amend Agreement to revise the Statement of Work (SOW), Exhibit A-1 and Fee Schedule, Exhibit B-1 to **shift** dollars from the technical assistance to allow Contractor to provide more Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as defined in the revised SOW (Exhibit A-2) and revised Fee Schedule (Exhibit B-2); and

WHEREAS, for FY 2012-13 through FY 2013-14, the TCA of \$2,904,583 is increased by \$1,295,608. The revised TCA is \$4,200,191.

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

1. Paragraph 4.0 (Term of Agreement), Subparagraph 4.2 (Extension Periods), shall be deleted in its entirety and the following substituted therefor:

"4.2 Extension Period(s): After the Initial Period stated in Section 4.1, this Agreement may be extended by DMH, in its sole discretion, for up to four additional one year terms, unless the desire to either party to terminate this Agreement is given in writing to the other party on or before May 31 of any COUNTY fiscal year (July 1 through June 30) in which this Agreement is in effect."

2. Paragraph 4.0 (Term of Agreement), Subparagraph 4.2 (Extension Periods), Subparagraphs (3) and (4) shall be added to Agreement as follows:

“(3) Third Extension Period: If this Agreement is extended, the Third Extension Period shall commence on July 1, 2014 and shall continue in full force and effect through June 30, 2015.

(4) Fourth Extension Period: If this Agreement is extended, the Fourth Extension Period shall commence on July 1, 2015 and shall continue in full force and effect through June 30, 2016.”

3. Paragraph 4.0 TERM OF AGREEMENT, Subparagraphs 4.5 and 4.6 shall be added to Agreement as follows:

“4.5 Termination: This Agreement may be terminated by either party at any time without cause by giving at least 30 calendar days prior written notice to the other party. County may also terminate this Agreement immediately if County determines that any Federal, State, and/or County funds are not budgeted or available for this Agreement or any portion hereof.

4.6 Contractor Alert Reporting Database (CARD): The County maintains database that track/monitor consultant performance history. Information entered into such databases may be used for a variety of purposes, including determining whether the County will exercise a contract term extension option.”

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

“5.0 COMPENSATION:

5.1 In consideration of the performance by Contractor in a manner satisfactory to County of services described in Exhibits A, A-1, A-2, A-2a, A-2b,

A-2c, A-2d (Statement of Work Schedules), Contractor shall be paid in accordance with the Fee Schedules established in Exhibits B, B-1, B-2, B-2a, B-2b, B-2c, and B-2d. Total compensation for all services furnished hereunder shall not exceed the sum of FOUR MILLION TWO HUNDRED THOUSAND ONE HUNDRED NINETY ONE DOLLARS (\$4,200,191) for the term of this Agreement. Notwithstanding such limitation of funds, Consultant agrees to satisfactorily complete all work specified in Exhibits A, A-1, A-2, A-2a, A-2b, A-2c, A-2d, B, B-1, B-2, B-2a, B-2b, B-2c, and B-2d (Statement of Work Schedules/Fee Schedules). To request payment, Consultant shall present County's Program Manager monthly in arrears invoices accompanied by a statement of the number of hours worked daily by each individual assigned to the project and a report of work completed for the invoice period. This report shall be prepared in a format satisfactory to County's Program Manager or his/her designated representative.

5.2 The Total Compensation Amount for this Agreement shall not exceed FOUR MILLION TWO HUNDRED THOUSAND ONE HUNDRED NINETY ONE DOLLARS (\$4,200,191) for the term of this Agreement. In no event shall County pay Contractor more than this Total Compensation Amount for Contractor's performance hereunder. Payment to Contractor shall be only upon written approval of the invoice and report by County's Program Manager or his/her designated representative.

Consultant shall submit invoices to:

County of Los Angeles
Department of Mental Health
695 South Vermont Avenue, 5th Floor, Suite 500
Los Angeles, CA 90005

ATTN: Lillian Bando, Program Manager"

5. Paragraph 8.0, INDEMNIFICATION AND INSURANCE, shall be deleted in its entirety and the following substituted therefor:

"8.0 INDEMNIFICATION AND INSURANCE:

8.1 Indemnification: Consultant shall indemnify, defend, and hold harmless County and its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with Consultant's acts and/or omissions arising from and/or relating to this Agreement.

8.2 General Provision for all Insurance Coverage: Without limiting Consultant's indemnification of County, and in the performance of this Agreement and until all of its obligations pursuant to this Agreement have been met, Consultant shall provide and maintain at its own expense insurance coverage satisfying the requirements specified in Section 8.0 and 8.3 of this Agreement. These minimum insurance coverage terms, types and limits (the "Required Insurance") also are in addition to and separate from any other contractual obligation imposed upon Consultant pursuant to this Agreement. The County in no way warrants that the Required Insurance is sufficient to protect the Consultant for liabilities which may arise from or relate to this Agreement.

- 1) Evidence of Coverage and Notice to County

(a) Certificate(s) of insurance coverage (Certificate) satisfactory to County, and a copy of an Additional Insured endorsement confirming County and its Agents (defined below) has been given Insured status under the Consultant's General Liability policy, shall be delivered to County at the address shown below and provided prior to commencing services under this Agreement.

(b) Renewal Certificates shall be provided to County not less than 10 days prior to Consultant's policy expiration dates. The County reserves the right to obtain complete, certified copies of any required Consultant and/or Sub-Contractor insurance policies at any time.

(c) Certificate shall identify all Required Insurance coverage types and limits specified herein, reference this Agreement by name or number, and be signed by an authorized representative of the insurer(s). The Insured party named on the Certificate shall match the name of the Consultant identified as the contracting party in this Agreement. Certificates shall provide the full name of each insurer providing coverage, its NAIC (National Association of Insurance Commissioners) identification number, its financial rating, the amounts of any policy deductibles or self-insured retentions exceeding fifty thousand (\$50,000.00) dollars, and list any County required endorsement forms.

(d) Neither the County's failure to obtain, nor the County's receipt of, or failure to object to a non-complying insurance certificate or endorsement, or any other insurance documentation or information provided

by the Consultant, its insurance broker(s) and/or insurer(s), shall be construed as a waiver of any of the Required Insurance provisions.

Certificates and copies of any required endorsements shall be sent to:

**Los Angeles County - Department of Mental Health
Contracts Development and Administration Division
550 S. Vermont Ave., 5th Floor
Los Angeles, CA 90020**

Consultant also shall promptly report to County any injury or property damage accident or incident, including any injury to a Consultant employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies or securities entrusted to Consultant. Consultant also shall promptly notify County of any third party claim or suit filed against Consultant or any of its Sub-Contractors which arises from or relates to this Agreement, and could result in the filing of a claim or lawsuit against Consultant and/or County.

2) Additional Insured Status and Scope of Coverage

The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees and Volunteers (collectively County and its Agents) shall be provided additional insured status under Consultant's General Liability policy with respect to liability arising out of Consultant's ongoing and completed operations performed on behalf of the County. County and its Agents additional insured status shall apply with respect to liability and defense of suits arising out of the Consultant's acts or omissions, whether such liability is attributable to the Consultant or to the

County. The full policy limits and scope of protection also shall apply to the County and its Agents as an additional insured, even if they exceed the County's minimum Required Insurance specifications herein. Use of an automatic additional insured endorsement form is acceptable providing it satisfies the Required Insurance provisions herein.

3) Cancellation of or Changes in Insurance

Consultant shall provide County with, or Consultant's insurance policies shall contain a provision that County shall receive, written notice of cancellation or any change in Required Insurance, including insurer, limits of coverage, term of coverage or policy period. The written notice shall be provided to County at least ten (10) days in advance of cancellation for non-payment of premium and thirty (30) days in advance for any other cancellation or policy change. Failure to provide written notice of cancellation or any change in Required Insurance may constitute a material breach of the Agreement, in the sole discretion of the County, upon which the County may suspend or terminate this Agreement.

4) Failure to Maintain Insurance

Consultant's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Agreement, upon which County immediately may withhold payments due to Consultant, and/or suspend or terminate this Agreement. County, at its sole discretion, may obtain damages from Consultant resulting from said breach. Alternatively, the County may purchase the

Required Insurance, and without further notice to Consultant, deduct the premium cost from sums due to Consultant or pursue Consultant reimbursement.

5) Insurer Financial Ratings

Coverage shall be placed with insurers acceptable to the County with A.M. Best ratings of not less than A:VII unless otherwise approved by County.

6) Consultant's Insurance Shall Be Primary

Consultant's insurance policies, with respect to any claims related to this Agreement, shall be primary with respect to all other sources of coverage available to Consultant. Any County maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Consultant coverage.

7) Waivers of Subrogation

To the fullest extent permitted by law, the Consultant hereby waives its rights and its insurer(s)' rights of recovery against County under all the Required Insurance for any loss arising from or relating to this Agreement. The Consultant shall require its insurers to execute any waiver of subrogation endorsements which may be necessary to effect such waiver.

8) Sub-contractor Insurance Coverage Requirements

Consultant shall include all Sub-contractors as insureds under Consultant's own policies, or shall provide County with each Subcontractor's separate evidence of insurance coverage. Consultant shall

be responsible for verifying each Subcontractor complies with the Required Insurance provisions herein, and shall require that each Subcontractor name the County and Consultant as additional insureds on the Subcontractor's General Liability policy. Consultant shall obtain County's prior review and approval of any Subcontractor request for modification of the Required Insurance.

9) Deductibles and Self-Insured Retentions (SIRs)

Consultant's policies shall not obligate the County to pay any portion of any Contractor deductible or SIR. The County retains the right to require Consultant to reduce or eliminate policy deductibles and SIRs as respects the County, or to provide a bond guaranteeing Consultant's payment of all deductibles and SIRs, including all related claims investigation, administration and defense expenses. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

10) Claims Made Coverage

If any part of the Required Insurance is written on a claims made basis, any policy retroactive date shall precede the effective date of this Agreement. Consultant understands and agrees it shall maintain such coverage for a period of not less than three (3) years following Agreement expiration, termination or cancellation.

11) Application of Excess Liability Coverage

Consultants may use a combination of primary, and excess insurance policies which provide coverage as broad as ("follow form" over)

the underlying primary policies, to satisfy the Required Insurance provisions.

12) Separation of Insureds

All liability policies shall provide cross-liability coverage as would be afforded by the standard ISO (Insurance Services Office, Inc.) separation of insureds provision with no insured versus insured exclusions or limitations.

13) Alternative Risk Financing Programs

The County reserves the right to review, and then approve, Consultant use of self-insurance, risk retention groups, risk purchasing groups, pooling arrangements and captive insurance to satisfy the Required Insurance provisions. The County and its Agents shall be designated as an Additional Covered Party under any approved program.

14) County Review and Approval of Insurance Requirements

The County reserves the right to review and adjust the Required Insurance provisions, conditioned upon County's determination of changes in risk exposures.

8.3 Insurance Coverage

1) Commercial General Liability insurance (providing scope of coverage equivalent to ISO policy form CG 00 01), naming County and its Agents as an additional insured, with limits of not less than:

General Aggregate:	\$2 million
Products/Completed Operations Aggregate:	\$1 million
Personal and Advertising Injury:	\$1 million
Each Occurrence:	\$1 million

2) Automobile Liability insurance (providing scope of coverage equivalent to ISO policy form CA 00 01) with limits of not less than \$1 million for bodily injury and property damage, in combined or equivalent split limits, for each single accident. Insurance shall cover liability arising out of Consultant's use of autos pursuant to this Agreement, including owned, leased, hired, and/or non-owned auto, as each may be applicable.

3) Workers Compensation and Employers' Liability insurance or qualified self-insurance satisfying statutory requirements, which includes Employers' Liability coverage with limits of not less than \$1 million per accident. If Consultant will provide leased employees, or, is an employee leasing or temporary staffing firm or a professional employer organization (PEO), coverage also shall include an Alternate Employer Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer, and the endorsement form shall be modified to provide that County will receive not less than thirty (30) days advance written notice of cancellation of this coverage provision. If applicable to Consultant's operations, coverage also shall be arranged to satisfy the requirements of any federal workers or workmen's compensation law or any federal occupational disease law.

4) Unique Insurance Coverage

a) Sexual Misconduct Liability

Insurance covering actual or alleged claims for sexual misconduct and/or molestation with limits of not less than \$2 million per

claim and \$2 million aggregate, and claims for negligent employment, investigation, supervision, training or retention of, or failure to report to proper authorities, a person(s) who committed any act of abuse, molestation, harassment, mistreatment or maltreatment of a sexual nature.

b) Professional Liability/Errors and Omissions

Insurance covering Consultant's liability arising from or related to this Agreement, with limits of not less than \$1 million per claim and \$3 million aggregate. Further, Consultant understands and agrees it shall maintain such coverage for a period of not less than three (3) years following this Agreement's expiration, termination or cancellation.

8.4 A County program, known as 'SPARTA' (Service Providers, Artisan and Tradesman Activities) may be able to assist potential Contractors in obtaining affordable liability insurance. The SPARTA Program is administered by the County's insurance broker, Merriwether & Williams. For additional information, respondents may call Merriwether & Williams toll free at (800) 420-0555 or can access their website directly at www.2sparta.com."

6. Revise the SOW and Fee Schedule (Exhibit A-2 and Exhibit B-2) for the provisions of additional TF-CBT trainings; the total cost for this training remains the same at \$482,583.
7. Statement of Work, Exhibit A-2, attached hereto and incorporated herein by reference, shall supersede and replace the previously effective SOW, Exhibit A-1, to the Agreement.

8. Fee Schedule, Exhibit B-2, attached hereto and incorporated herein by reference, shall supersede and replace the previously effective Fee Schedule, Exhibit B-1, to the Agreement.
9. Statement of Works, Exhibits A-2a, A-2b, A-2c, and A-2d, attached hereto and incorporated herein by reference, shall be added to the Agreement.
10. Fee Schedules, Exhibits B-2a, B-2b, B-2c, and B-2d, attached hereto and incorporated herein by reference, shall be added to the Agreement.
11. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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

COUNTY OF LOS ANGELES

By _____
ROBIN KAY, Ph.D.
Chief Deputy

California Institute for Mental Health
CONTRACTOR

By _____

Name Sandra Goodwin, Ph.D.

Title Executive Director
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By _____
Chief, Contracts Development
and Administration Division

JN:CIMH Amend #2 091412

EXHIBIT A – 2

STATEMENT OF WORK/FEE SCHEDULE FOR TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR FY 2010-11 THROUGH 2011-12

1. OVERVIEW

A. Evidence-Based Practices- Mental Health Services Act Prevention and Early Intervention Plan

On August 27, 2009, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the County of Los Angeles Department of Mental Health's (DMH) Mental Health Services Act (MHSA) Prevention and Early Intervention Plan (PEI) Plan for Los Angeles County. PEI focuses on evidence-based services, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issue. Providing mental health education, outreach and early identification (prior to diagnosis) can mitigate costly negative long-term outcomes for mental health consumers and their families. DMH is currently engaged in planning for the implementation of the PEI Evidence-Based Programs that are to be implemented throughout Los Angeles County.

B. Trauma-Focused Cognitive Behavioral Therapy

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an Evidence-Based Practice (EBP) with specialized mental health services to be delivered by clinical staff, as part of multi-disciplinary treatment teams. The widely researched and adapted culturally sensitive TF-CBT service has the potential of increasing accessibility to mental health services among individuals in underserved cultural populations and the provision of effective mental health services to children and youth residing within stressed families. It is further expected that implementation of this evidence-based treatment model will reduce symptoms of depression and psychological trauma, which may be the result of any number of traumatic experiences (e.g., child sexual abuse, domestic violence, traumatic loss, etc.), for Young Children, Children, and Transition-Age Youth (TAY) receiving these services.

C. Target Population

The TF-CBT program shall target its services towards children ages 3-18. TF-CBT is intended as an early intervention for young children, children and TAY who may be at risk for symptoms of depression and psychological trauma, subsequent to any number of traumatic experiences, particularly those individuals who are not currently receiving mental health services. For each treatment team, it is estimated that 200 children and their families can be served annually per minimum TF-CBT team.

D. Community Development Team (CDT)

The Community Development Team (CDT) model was developed by the California Institute of Mental Health (CIMH) as a multifaceted training and technical assistance strategy through its efforts to promote innovation in mental health services and operations. In Los Angeles County, the CDTs are intended to be composed of a group of DMH mental health agencies committed to adopting a new practice and to promoting sustainable model adherent implementation of EBPs in public mental health settings. Training and technical assistance are provided through a series of multi-agency meetings and augmented by individualized agency-specific technical assistance, as needed. CDT activities include clinical training provided by model developers, and organizational supports provided by CIMH, in the context of a peer-to-peer learning environment.

2. DELIVERABLES

CIMH shall provide A) Training, B) Technical Assistance, and C) the Community Team Model for the TF-CBT model to the DMH contract agencies and directly operated clinics in order to effectively implement the TF-CBT model. CIMH shall perform the deliverables in this Statement of Work (SOW)/Fee Schedule as follows:

A. Training

- i. CIMH shall participate in the planning, coordination and preparation of TF-CBT trainings in FY 2010-11 through FY 2011-12 or no later than at the conclusion of this Agreement, in coordination with DMH staff according to the training details on page 5.
- ii. CIMH shall provide a curriculum with a syllabus, learning objectives, methodology, and information regarding trainers, and training schedules. CIMH will ensure that the curriculum is in alignment with the DMH PEI Plan, guidelines, and DMH PEI specified outcomes. CIMH will ensure that any substantive changes to the approved curriculum are approved by DMH prior to implementing such changes.
- iii. CIMH shall schedule and organize trainers who are experts in the TF-CBT program to conduct the trainings throughout Los Angeles County.
- iv. CIMH shall provide orientation and information to agency executives, program managers, and training coordinators about the implementation of the TF-CBT program.
- v. CIMH shall provide training to supervisors (2½ days) and direct service practitioners (2 days) in the implementation of the TF-CBT program.
- vi. CIMH shall ensure that syllabi, materials, and handouts necessary for trainings are obtained in advance of the TF-CBT trainings. Topics will include, but not necessary be limited to, information on current research, implementation of evidence-based and promising practices, system-wide issues to be addressed, participation of consumers and family members in

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

- vii. CIMH shall provide each participant with training materials; the maximum allowable cost for training materials shall not exceed \$26,371.
- viii. CIMH shall provide booster trainings to trainees to follow up on the initial trainings, provide additional information, as well as review and critique clinical experience to date.
- ix. CIMH shall prepare evaluations to distribute to participants in each training session, assessing the learning that took place and the effectiveness of TF-CBT training by CIMH. This information will be used to adjust subsequent training session focus and approaches. CIMH will provide summaries of evaluations to DMH as requested and/or on a quarterly basis.
- x. CIMH shall assist in the authorization of Continuing Education units for participants.

B. Technical Assistance

- i. CIMH shall participate in ongoing meetings with DMH and other designated agency staff as needed to ensure that training needs and expected outcomes are met.
- ii. CIMH shall maintain collaborative relationships with representatives of the various DMH sections, including PEI administration, Deputy Directors, age group leads, Service Area District Chiefs, and other staff involved in the implementation of the TF-CBT program to ensure that the training and consultation will produce the appropriate practical data.

C. Community Development Team (CDT) Model

- i. CIMH shall provide implementation planning to contract agencies and directly operated clinical staff in advance of the TF-CBT clinical training.
- ii. CIMH shall provide telephone and in-person meetings with contract agency and directly operated clinic staff to address questions and problems that have arisen during the course of providing services utilizing TF-CBT.
- iii. CIMH shall provide telephone and in-person meetings with program heads and supervisors to address implementation issues and problems.
- iv. CIMH shall coordinate monthly group conference calls with administrative leads (champions) to support participation in training and quality improvement activities, share successes, and address any implementation challenges.
- v. CIMH shall collect and track data on the TF-CBT service outcomes.
- vi. CIMH shall compile program performance outcome reports, including preformatted (Excel) databases, analysis and report generation, to support quality improvement activities.

- vii. CIMH shall advise agencies of recommendations to improve their TF-CBT programs, and advise DMH of any improvements required for any agencies providing TF-CBT services.

3. TIMELINE

- A. Services shall commence immediately upon the effective date of this Amendment.
- B. CDT training sessions shall commence immediately followed by TF-CBT training which shall conclude either by June 30, 2012 or no later than at the conclusion of the Agreement.
- C. The first booster sessions shall commence according to the timeframe determined by CIMH, the participant's schedules, and shall be agreeable to DMH, and conclude within 12 months or no later than at the conclusion of the Agreement.
- D. Consultation sessions shall commence with trained participants according to the timeline agreed upon by participants and supervisors and conclude within 18 months after the last training session or the conclusion of this Agreement, whichever is earlier.

4. PAYMENT SCHEDULE

- A. For all services, CIMH shall submit monthly invoices for actual costs and fees incurred for services provided under this SOW/Training Fee Schedule (Exhibit A-2/Exhibit B-2). CIMH shall retain all relevant supporting documents and make them available to DMH at any time for audit purposes. Payment shall be based on the actual costs incurred up to the maximum indicated in the itemized Training Fee Schedule (Exhibit B-2).
- B. Each payment shall be made only upon approval by the designated DMH program representative following review and determination that CIMH has satisfactorily performed all tasks in each respective Deliverable as stated in the SOW.
- C. Payment shall be made as follows:

CIMH TRAUMA-FOCUSED CBT WITH COMMUNITY DEVELOPMENT MODEL			
TRAINING FEE SCHEDULE			
INITIAL TRAINING WORKSHOP			
Capacity (Number of Participants)	40		
Number of Trainers	1		
Trainer's Fee	(2.5 days x \$4,000 per day)	\$10,000	
Travel Costs (Based on actual costs, up to \$2,000)		\$2,000	
Subtotal: Initial Training Fees - \$12,000			
TRAINING BOOSTER			
Capacity (Number of Attendees)	40		
Number of Trainers	1		
Trainer's Fee	(1.5 days x \$4,000 per day)	\$6,000	
Travel Costs (Based on actual costs, up to \$1,600)		\$1,600	
Subtotal: Booster Training Fees - \$7,600			
TOTAL TRAINING COSTS			
Number of Initial Training Sessions	12	\$12,000	
Number of Trainees	40 participants per session	480	
Maximum Total Training Fees			\$144,000
TOTAL TRAINING COSTS			
Number of Booster Training Sessions	12	\$7,600	
Number of Trainees	40 participants per session	480	\$91,200
TRAINING MATERIALS			
Cost of Trauma Book and Handouts	\$54.94 Per Participants	\$26,371	
Maximum Total: Training Materials			\$26,371
CONSULTATION COSTS			
Hourly Rate	\$0		
Cost of telephone consultation support	0 calls	\$0	
Maximum Total: Consultation Support			\$0
AUDIO TAPE REVIEWS			
Hourly Rate	\$0		
Total Audio tape reviews	0 tape reviews	\$0	
Maximum Total: Audio Tape Reviews			\$0
COMMUNITY DEVELOPMENT/DASHBOARD REPORT FEES			
Technical Support	\$110,506x2	\$221,012	
Total Agency Fees		\$24,833	
Subtotal: CDT Fees			\$221,012
MAXIMUM TOTAL COSTS:			\$482,583

EXHIBIT A – 2a

**STATEMENT OF WORK FOR
AGGRESSION REPLACEMENT THERAPY TRAINING
FOR FY 2012-13 THROUGH FY 2013-2014**

1. OVERVIEW

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

2. DELIVERABLES

California Institute Mental Health (CIMH) shall provide A) Training, B) Technical Assistance, and C) the Community Development Team Model for the ART model to DMH directly operated clinics and contracted agencies clinical staff in order to effectively implement the ART model. CIMH shall perform the deliverables in this Statement of Work (SOW) as follows:

A. Training

- i. CIMH shall participate in the planning, coordination and preparation of ART trainings in FY 2012-13 through FY 2013-14 in coordination with DMH staff according to the training details on Exhibit B-2a (Fee Schedule).
- ii. CIMH shall provide a curriculum with a syllabus, learning objectives, methodology, and information regarding trainers, and training schedules. CIMH will ensure that the curriculum is in alignment with the DMH PEI Plan, guidelines, and DMH PEI specified outcomes. CIMH will ensure that any substantive changes to the approved curriculum are approved by DMH prior to implementing such changes.
- iii. CIMH shall schedule and organize trainers who are experts in the ART program to conduct the trainings throughout Los Angeles County.

- iv. CIMH shall provide orientation and information to agency executives, program managers, and training coordinators about the implementation of the ART program.
- v. CIMH shall provide training to direct service practitioners (2-day initial clinical training) in the implementation of the ART program.
- vi. CIMH shall ensure that syllabi, materials, and handouts necessary for trainings are obtained in advance of the ART trainings. Topics will include, but not necessary be limited to, information on current research, implementation of evidence-based and promising practices, system-wide issues to be addressed, participation of consumers and family members in treatment, motivational interviewing, stages of change, screening and assessment tools, delivery of services, etc.
- vii. CIMH shall provide each participant with training materials; the maximum allowable cost for training materials shall not exceed \$75.00 per participant.
- viii. CIMH shall provide booster trainings (1-day training) to trainees to follow up on the initial trainings, provide additional information, as well as review and critique clinical experience to date.
- ix. CIMH shall provide consultation support and video tape review (2 video tapes per person and report findings to DMH) for the implementation of the ART program to direct service practitioners and supervisors. The maximum allowable cost for consultation support and video tape review shall not exceed \$1,500.00 per cluster (a cluster is 5-8 practitioners).
- x. CIMH shall provide training to Agency Trainers (2-day Agency Trainer training) in the sustainability of the ART program.
- xi. CIMH shall provide consultation support and video tape review to each Agency Trainer.
- xii. CIMH shall assist in the authorization of Continuing Education units for participants.

B. Technical Assistance

- i. CIMH shall participate in ongoing meetings with DMH and other designated agency staff as needed to ensure that training needs and expected outcomes are met.
- ii. CIMH shall maintain collaborative relationships with representatives of the various DMH sections, including PEI administration, Deputy Directors, age group leads, Service Area District Chiefs, and other staff involved in the implementation of the ART program to ensure that the training and consultation will produce the appropriate practical data.

C. Community Development Team (CDT) Model

- i. CIMH shall provide implementation planning to contract agencies and directly operated clinical staff in advance of the ART clinical training.

- ii. CIMH shall provide telephone and in-person meetings with contract agency and directly operated clinic staff to address questions and problems that have arisen during the course of providing services utilizing ART.
- iii. CIMH shall provide telephone and in-person meetings with program heads and supervisors to address implementation issues and problems.
- iv. CIMH shall coordinate monthly group conference calls with administrative leads (champions) to support participation in training and quality improvement activities, share successes, and address any implementation challenges.
- v. CIMH shall advise agencies of recommendations to improve their ART programs, and advise DMH of any improvements required for any agencies providing ART services.

3. TIMELINE

- A. Services shall commence immediately upon the effective date of this Amendment.
- B. CDT training sessions shall commence immediately followed by ART training.
- C. The first booster sessions shall commence according to the timeframe determined by CIMH, the participant's schedules and shall be agreeable to DMH, and conclude within 12 months of the initial training session or no later than the conclusion of this Agreement.
- D. Consultation sessions and video tape reviews shall commence with trained participants according to the timeline agreed upon by participants and supervisors and conclude within 18 months after the last training session or the conclusion of this Agreement, whichever is earlier.

4. PAYMENT SCHEDULE

- A. For all services, CIMH shall submit monthly invoices for actual costs and fees incurred for services provided under this SOW/Training Fee Schedule. CIMH shall retain all relevant supporting documents and make them available to DMH at any time for audit purposes. Payment shall be based on the actual costs incurred up to the maximum indicated in the itemized Training Fee Schedule (Exhibit B-2a).
- B. Each payment shall be made only upon approval by the designated DMH program representative following review and determination that CIMH has satisfactorily performed all tasks in each respective deliverable as stated in this SOW (Exhibit A-2a).
- C. Payment shall be made as follows in Exhibit B – 2a, Fee Schedule.

EXHIBIT B – 2a

**FEE SCHEDULE FOR
AGGRESSION REPLACEMENT THERAPY TRAININGS
FOR FY 2012-13 THROUGH FY 2013-14**

CIMH AGGRESSION REPLACEMENT TRAINING/TRAINING FEE SCHEDULE			
1. TRAINING			
A. INITIAL TRAINING (2 day training)			
Capacity (Number of Attendees)	24 per session (total: 120)		
Number of Sessions	5		
Training Fees	\$5,600 per session	\$28,000	
Travel Costs (Based on actual costs)	\$2,000/ training	\$10,000	
Subtotal: Initial Training Fees			\$38,000
B. TRAINING BOOSTER (1 day training)			
Capacity (Number of Attendees)	24 per session (total: 120)		
Number of Sessions	5		
Training Fees	\$2,800 per session	\$14,000	
Travel Costs (Based on actual costs)	\$1,500/training	\$7,500	
Subtotal: Training Booster #1 Fees			\$21,500
C. AGENCY TRAINER TRAINING (2 day training)			
Capacity (Number of Attendees)	5 per session (total: 20)		
Number of Sessions	4		
Training Fees	\$16,500 per session	\$66,000	
Subtotal: Agency Trainer Training Fees			\$66,000
TOTAL TRAINING SESSIONS			
Number of Training Session	14	14	
Number of Trainees	140	140	
Maximum Allowable Total: Trainings (#A-C)			\$125,500
D. TRAINING MATERIALS			
ART Training books and handouts	\$75 per participant x 120	\$9,000	
ART Training books and handouts (for Agency Trainer Trainees)	\$75 per participant x 80	\$6,000	
Maximum Total: Training Materials			\$15,000
2. CONSULTATION			
Rate per cluster (cluster is 8 participants)	\$1,500		
Total number of clusters	15 Clusters	\$22,500	
Maximum Total: Consultation Support			\$22,500
3. TECHNICAL ASSISTANCE			
Community Development Team Fee	\$2,320 x 15 Clusters	\$34,800	
Maximum Total: Technical Assistance			\$34,800
GRAND TOTAL: ALL TRAINING COSTS			\$197,800

EXHIBIT A – 2b

STATEMENT OF WORK FOR FUNCTIONAL FAMILY THERAPY FOR FY 2012-13 THROUGH FY 2013-14

1. OVERVIEW

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

2. DELIVERABLES

California Institute of Mental Health (CIMH) shall provide A) Training, B) Technical Assistance, and C) the Community Development Team Model for the FFT model to DMH directly operated clinics and contracted agencies clinical staff in order to effectively implement the FFT model. CIMH shall perform the deliverables in this Statement of Work (SOW) as follows:

A. Training

- i. CIMH shall participate in the planning, coordination and preparation of FFT trainings in FY 2012-13 through 2013-14 in coordination with DMH staff according to the training details on Exhibit B-2b (Fee Schedule).
- ii. CIMH shall provide a curriculum with a syllabus, learning objectives, methodology, and information regarding trainers, and training schedules. CIMH will ensure that the curriculum is in alignment with the DMH PEI Plan, guidelines, and DMH PEI specified outcomes. CIMH will ensure that any substantive changes to the approved curriculum are approved by DMH prior to implementing such changes.
- iii. CIMH shall schedule and organize trainers who are experts in the FFT program to conduct the trainings throughout Los Angeles County.
- iv. CIMH shall provide orientation and information to agency executives, program managers, and training coordinators about the implementation of the FFT program.

- v. CIMH shall ensure that syllabi, materials, and handouts necessary for trainings are obtained in advance of the FFT trainings. Topics will include, but not necessary be limited to, information on current research, implementation of evidence-based and promising practices, system-wide issues to be addressed, participation of consumers and family members in treatment, motivational interviewing, stages of change, screening and assessment tools, delivery of services, etc.
- vi. CIMH shall provide the following FFT activities:
 - a. Phase I (Exhibit B-2b - Fee Schedule)
 - i. Introduction and Implementation Planning Meetings (or webcasts)
 - ii. Initial FFT Implementation and Clinical Service System (CSS) Training (in person or webcast)
 - iii. FFT Initial 3-day Clinical Training
 - iv. Weekly FFT National Consultation Calls
 - v. 1st On-Site 2-day Follow-Up Training
 - vi. 2nd On-Site 2-day Follow-Up Training
 - vii. 3rd On-Site 2-day Follow-Up Training
 - viii. FFT Second 2-day Clinical Training
 - ix. FFT Externship (3 separate training events across 3 consecutive months at a designated FFT Externship site. Each training is 3-days; total of 9-days of training)
 - b. Phase II (Exhibit B-2b - Fee Schedule)
 - i. Site Supervisor 2-day Training #1
 - ii. Twice-Monthly FFT National Consultation Calls with the Site Supervisor
 - iii. Site Supervisor 2-day Training #2
 - iv. Monthly Administrator and Site Supervisor Consultation Calls with CIMH (ongoing)
 - v. Consistent use of the CSS
 - vi. FFT web bulletin board
 - vii. Outcome evaluation reports
 - c. Phase III (Exhibit B-2b – Fee Schedule)
 - i. California Annual 2-day Symposium (Site Supervisor)
 - ii. Monthly Consultation Calls for Site Supervisor

- iii. Continued use of the CSS
 - iv. Bi-annual Program Performance Dashboard Evaluation Reports
 - v. Annual Certification
- d. Replacement Training Series
- i. FFT Initial 3-day Replacement Training
 - ii. 1st 2-day Follow-Up Replacement Training
 - iii. 2nd 2-day Follow-Up Replacement Training
 - iv. 3rd 2-day Follow-Up Replacement Training
 - v. CIMH shall provide each participant with training materials.
 - vi. CIMH shall prepare evaluations to distribute to participants in each training session, assessing the learning that took place and the effectiveness of FFT training by CIMH. This information will be used to adjust subsequent training session focus and approaches. CIMH will provide summaries of evaluations to DMH as requested and/or on a quarterly basis.
 - vii. CIMH shall assist in the authorization of Continuing Education units for participants.

B. Technical Assistance

- i. CIMH shall participate in ongoing meetings with DMH and other designated agency staff as needed to ensure that training needs and expected outcomes are met.
- ii. CIMH shall maintain collaborative relationships with representatives of the various DMH sections, including PEI administration, Deputy Directors, age group leads, Service Area District Chiefs, and other staff involved in the implementation of the FFT program to ensure that the training and consultation will produce the appropriate practical data.

C. Community Development Team (CDT) Model

- i. CIMH shall provide implementation planning to contract agencies and directly operated clinical staff in advance of the FFT clinical training.
- ii. CIMH shall provide telephone and in-person meetings with contract agency and directly operated clinic staff to address questions and problems that have arisen during the course of providing services utilizing FFT.

- iii. CIMH shall provide telephone and in-person meetings with program heads and supervisors to address implementation issues and problems.
- iv. CIMH shall coordinate monthly group conference calls with administrative leads (champions) to support participation in training and quality improvement activities, share successes, and address any implementation challenges.
- v. CIMH shall advise agencies of recommendations to improve their FFT programs, and advise DMH of any improvements required for any agencies providing FFT services.

3. TIMELINE

- A. Services shall commence immediately upon the effective date of this Amendment.
- B. CDT training sessions shall commence immediately followed by FFT training.
- C. The first CDT training session shall commence according to the timeframe determined by CIMH, the participant's schedules and shall be agreeable to DMH, and conclude within 12 months of the initial training session or no later than at the conclusion of this Agreement.
- D. Consultation sessions shall commence with trained participants according to the timeline agreed upon by participants and supervisors and conclude within 18 months after the last training session or the conclusion of this Agreement, whichever is earlier.

4. PAYMENT SCHEDULE

- A. For all services, CIMH shall submit monthly invoices for actual costs and fees incurred for services provided under this SOW/Training Fee Schedule. CIMH shall retain all relevant supporting documents and make them available to DMH at any time for audit purposes. Payment shall be based on the actual costs incurred up to the maximum indicated in the itemized Training Fee Schedule (Exhibit B-2b).
- B. Each payment shall be made only upon approval by the designated DMH program representative following review and determination that CIMH has satisfactorily performed all tasks in each respective Deliverable as stated in the SOW.
- C. Payment shall be made as indicated in Exhibit B – 2b, Fee Schedule.

EXHIBIT B – 2b

**FEE SCHEDULE FOR
FUNCTIONAL FAMILY THERAPY
FOR FY 2012-13 THROUGH FY 2013-14**

CIMH FUNCTIONAL FAMILY THERAPY TRAINING FEE SCHEDULE			
1. TRAINING			
A. PHASE I TRAINING			
Capacity (Number of Attendees)	8 per session (total: 24)		
Number of Sessions	3		
Training Fees	\$40,000 per session	\$120,000	
Travel Costs (Based on actual costs)	\$8,500/ training	\$25,500	
Subtotal: Phase I Training Fees			\$145,500
B. PHASE II TRAINING			
Capacity (Number of Attendees)	8 per session (total:) 24		
Number of Sessions	3		
Training Fees	\$15,000 per session	\$45,000	
Travel Costs (Based on actual costs)	\$1,500/training	\$4,500	
Subtotal: Phase II Training Fees			\$49,500
C. PHASE III TRAINING			
Capacity (FFT Sites)	24		
Training Fees (per FFT Site)	\$8,000 per FFT Site	\$192,000	\$192,000
Subtotal: Phase III Training Fees			\$192,000
D. REPLACEMENT TRAINING SERIES			
Capacity (Number of Attendees)	16 per session (total: 32)		
Number of Sessions	2		
Training Fees	\$48,000 per session	\$96,000	
Travel Costs (Included in Training Fee)	-	-	
Subtotal: Replacement Training Series Fees			\$96,000
TOTAL TRAINING SESSIONS			
Number of Training Sessions (Phase I, Phase II, and Replacement Training)	8	8	
Number of Trainees (Phase I, Phase II, and Replacement Training)	56	56	
Number of FFT Sites (Phase III)	24 FFT Sites		
Maximum Allowable Total: Trainings (#A-D)			\$483,000
2. TECHNICAL ASSISTANCE			
Phase I: Community Development Fee	\$5,150 per session	\$15,450	
Phase II: Community Development Fee	\$8,250 per session	\$24,750	
Maximum Total: Technical Assistance			\$40,200
GRAND TOTAL: ALL TRAINING COSTS			\$523,200

EXHIBIT A – 2c

**STATEMENT OF WORK FOR
PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS
FOR FY 2012-13 THROUGH FY 2013-14**

1. OVERVIEW

The Program to Encourage Active Rewarding Lives For Seniors (PEARLS) is a highly effective method designed to reduce depressive symptoms and to improve the quality of life in older adults and in all-age adults with epilepsy. During six to eight sessions that take place in the client's home and focus on brief behavioral techniques, PEARLS Program counselors empower individuals to take action and make lasting changes so that they can lead more active and rewarding lives. As a national evidence-based program for treating depression, PEARLS integrates a number of proven treatment strategies that can be tailored to meet the unique needs of every client.

2. DELIVERABLES

California Institute of Mental Health (CIMH) shall provide A) Training, B) Technical Assistance, and C) the Community Development Team Model for the PEARLS model to DMH directly operated clinics and contracted agencies clinical staff in order to effectively implement the PEARLS model. CIMH shall perform the deliverables in this Statement of Work (SOW) as follows:

A. Training

- i. CIMH shall participate in the planning, coordination and preparation of PEARLS trainings in FY 2012-13 through FY 2013-14 in coordination with DMH staff according to the training details on Exhibit B – 2c, Fee Schedule.
- ii. CIMH shall provide a curriculum with a syllabus, learning objectives, methodology, and information regarding trainers, and training schedules. CIMH will ensure that the curriculum is in alignment with the DMH PEI Plan, guidelines, and DMH PEI specified outcomes. CIMH will ensure that any substantive changes to the approved curriculum are approved by DMH prior to implementing such changes.
- iii. CIMH shall schedule and organize trainers who are experts in the PEARLS program to conduct the trainings throughout Los Angeles County.
- iv. CIMH shall provide orientation and information to agency executives, program managers, and training coordinators about the implementation of the PEARLS program.
- v. CIMH shall provide training to supervisors and direct service practitioners (2 days) in the implementation of the PEARLS program.

- vi. CIMH shall ensure that syllabi, materials, and handouts necessary for trainings are obtained in advance of the PEARLS trainings. Topics will include, but not necessary be limited to, information on current research, implementation of evidence-based and promising practices, system-wide issues to be addressed, participation of consumers and family members in treatment, motivational interviewing, stages of change, screening and assessment tools, delivery of services, etc.
- vii. CIMH shall provide each participant with training materials; the maximum allowable cost for training materials shall not exceed \$1,200.
- viii. CIMH shall prepare evaluations to distribute to participants in each training session, assessing the learning that took place and the effectiveness of PEARLS training by CIMH. This information will be used to adjust subsequent training session focus and approaches. CIMH will provide summaries of evaluations to DMH as requested and/or on a quarterly basis.
- ix. CIMH shall provide consultation support for the implementation of the TF-CBT program to direct service practitioners and supervisors. The maximum allowable cost for consultation support shall not exceed \$42,120.
- x. CIMH shall assist in the authorization of Continuing Education units for participants.

B. Technical Assistance

- i. CIMH shall participate in ongoing meetings with DMH and other designated agency staff as needed to ensure that training needs and expected outcomes are met.
- ii. CIMH shall maintain collaborative relationships with representatives of the various DMH sections, including PEI administration, Deputy Directors, age group leads, Service Area District Chiefs, and other staff involved in the implementation of the PEARLS program to ensure that the training and consultation will produce the appropriate practical data.

C. Community Development Team (CDT) Model

- i. CIMH shall provide implementation planning to contract agencies and directly operated clinical staff in advance of the PEARLS clinical training.
- ii. CIMH shall provide telephone and in-person meetings with contract agency and directly operated clinic staff to address questions and problems that have arisen during the course of providing services utilizing PEARLS.
- iii. CIMH shall provide telephone and in-person meetings with program heads and supervisors to address implementation issues and problems.
- iv. CIMH shall coordinate monthly group conference calls with administrative leads (champions) to support participation in training and quality improvement activities, share successes, and address any implementation challenges.

- v. CIMH shall collect and track data on the PEARLS service outcomes.
- vi. CIMH shall compile program performance outcome reports, including preformatted (Excel) databases, analysis and report generation, to support quality improvement activities.
- vii. CIMH shall advise agencies of recommendations to improve their PEARLS programs, and advise DMH of any improvements required for any agencies providing PEARLS services.

3. TIMELINE

- A. Services shall commence immediately upon the effective date of this Amendment.
- B. CDT training sessions shall commence immediately followed by PEARLS training.
- C. The first CDT training session shall commence according to the timeframe determined by CIMH, the participant's schedules and shall be agreeable to DMH, and conclude within 12 months of the initial training session or no later than at the conclusion of this Agreement.
- D. Consultation sessions shall commence with trained participants according to the timeline agreed upon by participants and supervisors and conclude within 12 months after the last training session or the conclusion of this Agreement, whichever is earlier.

4. PAYMENT SCHEDULE

- A. For all services, CIMH shall submit monthly invoices for actual costs and fees incurred for services provided under this SOW/Training Fee Schedule (Exhibit B-2c). CIMH shall retain all relevant supporting documents and make them available to DMH at any time for audit purposes. Payment shall be based on the actual costs incurred up to the maximum indicated in the itemized Training Fee Schedule, Exhibit B – 2c.
- B. Each payment shall be made only upon approval by the designated DMH program representative following review and determination that CIMH has satisfactorily performed all tasks in each respective Deliverable as stated in the SOW.
- C. Payment shall be made as follows as indicated in Exhibit B – 2c, Fee Schedule

EXHIBIT B-2c

**FEE SCHEDULE FOR
PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS
FOR FY 2012-13 THROUGH FY 2013-14**

CIMH PEARLS TRAINING FEE SCHEDULE			
1. TRAINING			
A. INITIAL TRAINING (2 day training)			
Capacity (Number of Attendees)	60 per session	360 total trainees	
Number of Trainers	4 trainers		
Number of Sessions	6		
Travel Costs	Included		
Cost per Initial Training		\$66,548 x 6	
Maximum Total: Initial Training Costs			\$399,288
B. TRAINING MATERIALS			
PEARLS Workbooks	\$15 x 70 workbooks = \$1,050		
Shipping and Handling	\$150		
Cost per training	Subtotal	\$1,200 x 6	
Maximum Total: Training Materials			\$7,200
2. CONSULTATION			
Hourly Rate	\$292.50		
Monthly 2-hour consultation calls for 12 mo	24 telephone consult hrs		
Cost per training	Subtotal	\$7,020 x 6	
Total: Consultation Support			\$42,120
GRAND TOTAL: ALL TRAINING COSTS			\$448,608

EXHIBIT A – 2d

STATEMENT OF WORK FOR THE OUTCOME EVALUATION COMPONENT FOR TRIPLE P-POSITIVE PARENTING PROGRAM FOR FY 2012-13 THROUGH FY 2013-14

1. OVERVIEW

A. Triple P-Positive Parenting Program (Triple P)

Triple P is an evidence-based program comprised of parent training and family support modules which are organized according to levels of prevention and early intervention and mode of service (i.e. individual or group sessions with parents/caregivers). The five levels of interventions range from universal prevention programs such as media campaigns in Level 1 to individual parent training sessions (e.g. for families at high risk for child maltreatment) in Level 5. A hallmark of Triple P is the tailoring of a particular set of interventions for the differing needs of a given community. Triple P Levels 4 and 5 interventions are primarily cognitive-behavioral in orientation and involve the use of client workbooks. Triple P programs, extensively researched within the United States and abroad, have been found to be an effective intervention for diverse cultural populations. For more information on the Triple P programs, please consult the Triple P website: <http://www.triplep-america.com/index.html>.

B. Outcome Evaluation Component of Community Development Team (CDT) Model

The Community Development Team (CDT) model was developed by the California Institute of Mental Health (CIMH) as a multifaceted training and technical assistance strategy to promote innovation in mental health services and operations. CDTs are comprised of a group of counties/agencies that are committed to adopting a new practice in concert, and are designed to promote sustainable model adherent implementation of evidence-based programs in real-world mental health settings.

Core components of the CDT model include: shared training experiences, administrative technical assistance, peer-to-peer support and learning, and outcome evaluation.

The outcome evaluation activities for Triple P in Los Angeles County (LAC) have included webinar trainings, development and distribution of materials, ongoing technical assistance, and twice-yearly outcome evaluation reports. Each participating agency that has submitted data has received a site-specific report; upon request, multiple site reports have been produced for agencies that are implementing Triple P in multiple locations. In addition to the site-specific reports, each agency has received the Aggregate Los Angeles County Triple P report, which summarizes information for all Triple P agencies that submitted

data. Agencies have been encouraged to compare their site-specific report(s) with the aggregate LAC report to determine the extent to which they are performing on par with the average Triple P provider in the County.

In addition, CIMH has produced a 'for-LAC DMH-only' report at each data submission interval, providing summary information for each of the participating sites. This report allows County administration 'at-a-glance' comparisons of performance and outcomes across Triple P programs.

2. DELIVERABLES

CIMH shall continue to provide only the outcome evaluation component of the CDT model for Triple P implementation within LAC DMH contract agencies and directly operated clinics for Fiscal Year (FY) 2012-13 through FY 2013-14. CIMH shall perform the deliverables in this Statement of Work (SOW) and Fee Schedule (Exhibit B-2d) as follows:

A. Outcome Evaluation Component of the CDT Model

CIMH shall continue to support outcome evaluation activities for up to 45 LAC DMH designated contract agencies and directly operated clinics delivering Triple P services. CIMH shall continue to provide evaluation materials, training, and ongoing technical assistance as necessary. CIMH will request data from Triple P agencies twice annually, and will produce a set of reports at each reporting interval as has been done for FY 2011-12. These program performance and outcome evaluation reports developed by CIMH are intended to support quality improvement activities related to Triple P services.

Twice annually, at approximately 6 month intervals, CIMH will collect, store and analyze Triple P data submitted by up to 45 contract agencies and directly-operated clinics, producing a total of four (4) sets of outcome evaluation reports within the contract period.

At each reporting interval each agency that submits data will receive a site-specific report and the Aggregate LA Triple P report. Upon request, agencies may receive multiple site-reports for Triple P implementation in multiple locations. Copies of all reports will be provided to Los Angeles County (LAC) DMH; and, CIMH will continue to produce the 'for-LAC DMH-only' report, providing opportunities for 'at-a-glance' comparisons of performance and outcomes across Triple P programs.

Costs for inclusive outcome evaluation activities for Triple P implementation in LA County shall be \$700 for each of the possible 45 agencies for each reporting interval, or a total of \$1,400 per fiscal year per agency. This results in annual costs of \$63,000 and total contract costs of \$126,000.

3. TIMELINE

- A. Services shall commence immediately upon the effective date of this Amendment.

- B. The first outcome evaluation component of the CDT model shall commence according to the timeframe determined by CIMH and shall be agreeable to DMH and conclude either within 12 months or no later than at the conclusion of this Agreement.

4. PAYMENT SCHEDULE

- A. Payment shall be made as indicated in Fee Schedule, Exhibit B-2d only upon approval by the designated DMH program representative following review and determination that CIMH has satisfactorily performed all tasks in each respective deliverable as stated in this SOW (Exhibit A-2d).
- B. Upon receipt of each set of reports for up to 45 agencies for each reporting interval (6 months), the Contractor shall submit an invoice for payment.
- C. Payment shall be based on the number of agencies in a given reporting interval at the rate of \$700 per agency per reporting interval.

EXHIBIT B – 2d

**FEE SCHEDULE FOR
THE OUTCOME EVALUATION COMPONENT FOR
TRIPLE P-POSITIVE PARENTING PROGRAM (TRIPLE P)
FOR FY 2012-13 THROUGH FY 2013-14**

Fee Schedule for Triple P Outcome Evaluation: FY 2012-13 through FY 13-14				
Deliverable	Number of Triple P Agencies	Cost per Agency per Reporting Interval	Number of Reporting Intervals	Payments 1-4: Upon Receipt of each Set of Reports
Program Performance and Outcome Evaluation Reports	45	\$700	4	\$31,500
Grand Total Training Costs:				\$126,000

Original Total Compensation Amount (TCA) = \$2,422,000

20% of TCA = \$484,400

Amendment No. 1 increased the TCA by \$482,583; revised TCA \$2,904,583

Amendment No. 2 increases the TCA by \$1,295,608; revised TCA \$4,200,191

COUNTY OF LOS ANGELES

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

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director



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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

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

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

August 27, 2012

TO: Each Supervisor

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

SUBJECT: **ADVANCE NOTIFICATION OF INTENT TO INCREASE DELEGATED AUTHORITY PERCENTAGE FOR THE CONTRACT AMOUNT WITH CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CiMH)**

This memo is to comply with the Board of Supervisors Policy Manual, Section 5.120, Authority to Approve Increases to Board Approved Contract Amounts, by notifying your Board, with a copy to the Chief Executive Officer, at least two weeks prior to the Board meeting at which the proposed contract is to be presented of our intent to request delegated authority of more than ten percent with California Institute for Mental Health (CiMH).

BACKGROUND

On May 11, 2010, your Board approved the implementation of the delivery of Prevention and Early Intervention (PEI) mental health services described in the Mental Health Services Act (MHSA) PEI Plan by allowing the Department of Mental Health's (DMH) directly-operated clinics and its contract agencies to provide a broad range of PEI mental health services through ten PEI Projects composed of 36 Evidence-Based Programs (EBPs) and Promising Practices, 13 Community-Defined Evidence practices in order to mitigate its Fiscal Year 2009-10 budget shortfall. One of its mitigation strategies was to offer DMH's contractors the opportunity to transform their programs to MHSA PEI services, including the following:

- Aggression Replacement Therapy (ART)
- Functional Family Therapy (FFT)
- Incredible Years (IY)
- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)

Each Supervisor
August 27, 2012
Page 2

DMH entered into agreements with the developers and/or trainers of selected programs to conduct training and provide technical assistance to staff within DMH clinics and contract agencies/providers that transformed their services to new PEI programs.

JUSTIFICATION

DMH requests an additional ten percent for a total of twenty percent delegated authority to amend the existing DMH Consultant Services Agreement with CiMH. This authority will allow DMH a greater capacity to amend its Consultant Services Agreement with CiMH to provide additional professional development, information resources, and technical assistance services to promote the four PEI programs listed above within the selected Los Angeles County contracted agencies and directly-operated clinics in a timely and expeditious manner. In addition to the four EBPs, CiMH, who developed the Community Development Teams (CDT), will assist the Department in monitoring, evaluating, and collecting data for the outcome evaluation component of the Positive Parenting Program (Triple P).

Should there be a need to exceed the twenty percent delegated authority, DMH will return to your Board with a request for authority to amend the Consultant Services Agreement accordingly. If you have questions or concerns, please contact me, or your staff may contact Richard Kushi, Chief, Contracts Development and Administration Division, at (213) 738-4684.

MJS:DM:lb

- c: Executive Officer, Board of Supervisors
- Chief Executive Officer
- County Counsel
- Robin Kay, Ph.D.
- Dennis Murata, M.S.W.
- Margo Morales
- Kimberly Nall
- Richard Kushi

SOLE SOURCE CHECKLIST
California Institute for Mental Health

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS <i>Identify applicable justification and provide documentation for each checked item.</i>
✓	➤ Only one bona fide source for the service exists; performance and price competition are not available. The Department of Mental Health (DMH) is implementing an enhanced version of the following Evidence-Based Programs (EBPs): 1) Aggression Replacement Training (ART); 2) Functional Family Therapy (FFT); and 3) Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) that involves the Community Development Team (CDT) model. The developers of the above EBPs have identified California Institute for Mental Health (CIMH) to serve as the entity in California that is authorized to serve as a partner and as a purveyor of these EBP models. CIMH, which developed the CDT model, is the sole purveyor of the CDT model. CIMH's CDT model will assist the Department in monitoring, evaluating, and collecting data on these EBPs.
	➤ Quick action is required (emergency situation)
	➤ Proposals have been solicited but no satisfactory proposals were received.
	➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	➤ Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.
	➤ It is more cost-effective to obtain services by exercising an option under an existing contract.
	➤ It is in the best interest of the County, e.g., administrative cost savings, excessive learning curve for a new service provider, etc.
✓	➤ Other reason. Please explain: ART, FFT, and PEARLS are evidence-based programs selected by stakeholders for the Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI) Plan. The MHSA PEI Plan involved a broad spectrum of the public including individuals and families affected by mental illness, public and private agencies, and experts in fields directly and indirectly related to mental health. CIMH, with expertise in training and as the developer for the CDT model, will ensure that the programs selected by stakeholders are properly implemented as designed by the developer.
_____ Manager, CEO	_____ 3/5/13 Date



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV

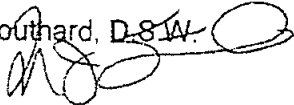


ATTACHMENT IV

MARVIN J. SOUTHARD, D.S.W.
Director
ROBIN KAY, Ph.D.
Chief Deputy Director
RODERICK SHANER, M.D.
Medical Director

January 17, 2013

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W. 
Director

SUBJECT: ADVANCE NOTIFICATION OF INTENT TO ENTER INTO A SOLE SOURCE CONTRACT AMENDMENT WITH CALIFORNIA INSTITUTE FOR MENTAL HEALTH

This memo is to comply with the Board of Supervisors Policy Manual, Section 5.100, Sole Source Contract, by notifying the Board of our need to initiate a Sole Source contract amendment. It is the Department of Mental Health's (DMH's) intent to enter into new sole source contract amendment negotiations with the California Institute for Mental Health (CiMH), located at 2125 19th Street, 2nd Floor, Sacramento, CA 95818.

CiMH will provide training, consultation, and technical assistance in support of three Evidence-Based Practices (EBPs) in the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan that DMH is implementing that involved the Community Development Team (CDT) model. These three EBPs were not included in the Advance Notification of Intent to Enter Into a Sole Source Contract with CiMH previously submitted to your Board on April 20, 2010 (Attachment). These three EBPs will be initiated within selected Los Angeles County contracted agencies and DMH directly-operated clinics as a result of the transformation to PEI services. CiMH training will allow agencies to train their staff as quickly as possible so that there is very little interruption of services. DMH is providing training, consultation, and technical assistance for these practices for its providers in order to implement the following three EBPs: 1) Aggression Replacement Therapy; 2) Functional Family Therapy; and 3) Program to Encourage Active, Rewarding Lives for Seniors as quickly as possible so that there is seamless delivery of services to its consumers, clients, and family members.

Staff from CiMH will be conducting the training for the three PEI programs that DMH is implementing. The developers of the above three EBPs have identified CiMH to serve as the entity in California that is authorized to serve as a partner and as sole purveyor of these EBP models. CiMH, which developed the CDT model, is the sole purveyor of the CDT model. In addition, CiMH's CDT model will assist the Department in monitoring, evaluating, and collecting data for the outcome evaluation component of CDT model for Positive Parenting Program (Triple P) initially approved in the Agreement. The

Each Supervisor
January 17, 2013
Page 2

consultation and training services under the proposed sole source contract amendment with DMH for the three new EBPs and outcome evaluation component of CDT model for Triple P will cost \$1,295,608. The cost for the outcome evaluation component of CDT model for Triple P is included in this Advance Notification in the amount of \$126,000. CiMH's Total Compensation Amount will increase by \$1,295,608 for Fiscal Year (FY) 2012-13 through FY 2013-14 and is fully funded with MESA PEI funding.

Unless otherwise instructed by a Board office within two weeks, DMH will proceed with negotiating the sole source contract amendment. DMH will work closely with both County Counsel and the Chief Executive Office in preparing the amendment with CiMH.

MJS:RK:DM:lb

Attachment

c: Health Deputies
Chief Executive Officer
Executive Officer, Board of Supervisors
County Counsel
Robin Kay, Ph.D.
Dennis Murata, M.S.W.
Contracts Development and Administration

COUNTY OF LOS ANGELES

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

ROBIN KAY, Ph.D.
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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

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

April 20, 2010

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

A handwritten signature in black ink, appearing to read "MJS", written over the printed name of Marvin J. Southard.

SUBJECT: **ADVANCE NOTIFICATION OF INTENT TO ENTER INTO A SOLE SOURCE CONTRACT WITH CALIFORNIA INSTITUTE FOR MENTAL HEALTH**

This memo is to comply with the Board of Supervisors' Policy Manual, Section 5.100, Sole Source Contract, by notifying the Board of our need to initiate a sole source contract. It is the Department of Mental Health's (DMH) intent to enter into new sole source contract negotiations with the California Institute for Mental Health (CIMH), located at 2125 19th Street, 2nd Floor, Sacramento, CA 95818.

CIMH is a private consultant services agency specializing in technical mental health knowledge. CIMH was established by the California Mental Health Directors Association in 1993 to provide trainings, technical assistance, research and policy development statewide and work collaboratively with all mental health system stakeholders in order to promote excellence in mental health services.

CIMH will provide training, consultation, and technical assistance in support of two Evidence-Based Practices (EBPs) in the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan that DMH is implementing. These EBPs will be initiated within selected Los Angeles County contracted agencies and directly-operated clinics as a result of the transformation. Further, DMH is implementing its plan to mitigate its Fiscal Year (FY) 2009-10 budget shortfall. One of its mitigation strategies is to offer DMH's contractors the opportunity to transform their programs to PEI services, including the Trauma-Focused Cognitive Behavioral Therapy (TFCBT) and the Positive Parenting Program (Triple P) EBPs. CIMH training will allow agencies to train their staff as quickly as possible so that there is very little interruption of service. DMH is providing training, consultation, and technical assistance for this practice for its providers in order to implement the TFCBT and the Triple P as quickly as possible so that there is seamless delivery of services to its consumers, clients and family members.

"To Enrich Lives Through Effective And Caring Service"

1. The Trauma-Focused Cognitive Behavioral Therapy (TFCBT) services are specialized mental health services delivered by clinical staff, as part of multi-disciplinary treatment teams. The widely researched and culturally sensitive TFCBT service has the potential of increasing accessibility to mental health services among individuals in underserved cultural populations and the provision of effective mental health services to children and youth residing within stressed families. It is further expected that implementation of this evidence-based treatment model will reduce symptoms of depression and psychological trauma, which may be the result of any number of traumatic experiences (e.g., child sexual abuse, domestic violence, traumatic loss, etc.) for young children, children and transition-age youth receiving these services.

In addition, DMH is implementing an enhanced version of the TFCBT model, which involves the Community Development Team (CDT) model. The developer of TFCBT has identified CIMH to serve as an entity in California that is authorized to serve as a partner and as a purveyor of the TFCBT model. CIMH, which developed the CDT model, is the sole purveyor of the CDT model. The majority of DMH contract agencies facing the budget curtailment and transformation selected TFCBT, and the CIMH's CDT model will assist the Department in monitoring, evaluating, and collecting data on this EBP. CIMH will provide clinical training and consultation, provide concrete and tailored assistance in developing and executing implementation plans and overcoming organizational barriers, form peer-to-peer networks to support easy exchange of information about implementation challenges and solutions, develop a sustainable infrastructure with the Department, monitor agency fidelity to the TFCBT model, collect outcome data and conduct analyses, and recommend strategies to improve agency outcomes. The consultation and training services under the proposed sole source contract with DMH will be fully funded with \$2,262,000 in MHSA PEI funding to train 972 clinicians and 90 agency community development teams. The term of the consultant agreement will be from FY 2009-10 through FY 2011-12.

2. The Positive Parenting Program (Triple P) is a system of parenting and family support strategies. Organized in five levels of increasing intensity, Triple P offers a variety of methods and activities which can be implemented in a variety of settings. The main goals of Triple P are to improve parenting skills and improve child behaviors. These goals are reached by delivering structured curricula involving the promotion of positive parent-child relationships, encouragement of desirable behaviors, the teaching of new skills and behaviors, and management of misbehavior. Triple P has been validated in the United States and abroad for many diverse cultural populations.

Each Supervisor
April 20, 2010
Page 3

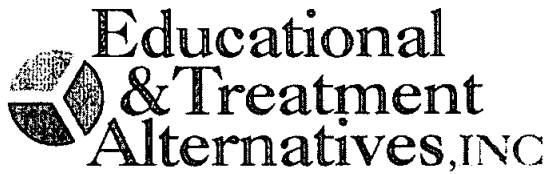
Triple P America, headquartered in South Carolina, has established a working arrangement with CIMH to serve as the entity in California that is authorized to serve as its partner and as a purveyor of the Triple P model. The arrangement includes provisions for Triple P America to provide basic workshops on the model, while CIMH provides implementation planning support, ongoing technical assistance, fidelity monitoring and support, and outcome data tracking and reporting utilizing the CDT model developed by CIMH. The consultation and training services under the proposed sole source contract with DMH will be fully funded with \$160,000 in MHSA PEI funding to implement the CDT model with 50 agencies. The term of the consultant agreement will be from FY 2009-10 through FY 2011-12.

Unless otherwise instructed by a Board office within two weeks, DMH will proceed with negotiating the sole source contract for the total amount of \$2,422,000. DMH will work closely with both County Counsel and the Chief Executive Office in preparing a new agreement with CIMH.

MJS:DM:LB

c: Health Deputies
Chief Executive Officer
Executive Officer, Board of Supervisors
County Counsel
Robin Kay, Ph.D.
Dennis Murata, M.S.W.
Contracts Development and Administration

JN:CIMH sole source notification 040910



3951 Shamrock Court
Erie, PA 16510
(814) 899-8825
www.uscart.org

Pam Hawkins
California Institute for Mental Health
2125 19th Street, 2nd Floor
Sacramento, CA 95818

February 13, 2013

Dear Ms. Hawkins

This correspondence is to confirm that Education and Treatment Alternatives solely contracts with the California Institute for Mental Health to provide Aggression Replacement Training® solely in the state of California.

Thank you

Education and Treatment Alternatives, Inc.
3951 Shamrock CT.
Erie Pa. 16510
Tax I.D. # 38-3641858

Mark Amendola, President

FFT Functional Family Therapy

Evidence Based. Cost Effective. Sustainable. Family, Youth & Culture Sensitive.

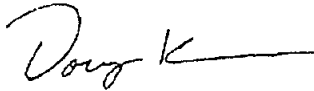
1251 NW Elford Drive, Seattle WA 98177

February 13, 2013

To Whom It May Concern:

FFT LLC is the dissemination organization for Functional Family Therapy. We collaborate with a number of organizations throughout the world to train in Functional Family Therapy. In California we certify one sole training organization, which is The California Institute for Mental Health.

Sincerely,

A handwritten signature in black ink that reads "Doug Kopp". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Doug Kopp
CEO
FFT LLC -- Functional Family Therapy



February 22, 2013

Ms Lillian Bando
District Chief
Prevention and Early Intervention Administration
Program Support Bureau
Los Angeles County Department of Mental Health

Dear Ms Bando,

The PEARLS Program is the intellectual property of the University of Washington. The University of Washington is an agency of the State of Washington and public institution of higher education with its principal campus located in Seattle Washington, acting through its Center for Commercialization. The University's Training Xchange, is a Program of the University's Center for Commercialization with existing non-exclusive agreements and relationships with organizations in many jurisdictions, including organizations in California and in Los Angeles County.

The University's Training Xchange is the sole provider of the PEARLS training and PEARLS Program model. The University has entered into previous agreements with CIMH to provide the PEARLS training at venues in Los Angeles County. At this time CIMH is the only entity that the University has authorized to conduct and facilitate PEARLS training at venues in Los Angeles County between 01/02/12 and 06/30/13.

For LA County's fiscal years 2012/2013 and 2013/2014, the University and CIMH desire to offer additional LA County-based training opportunities in 2013 and 2014 on dates and at LA County venues to be determined under separate agreement between the University and CIMH.

The University looks forward to working with CIMH to endure the successful implementation of PEARLS in LA County.

Regards,

Gail S. Dykstra
Senior Technology Manager
Technology Licensing,
University of Washington
UW Center for Commercialization

Cc: Percy Howard, California Institute for Mental Health
Allison Waddell, Training Xchange