



Los Angeles County  
DEPARTMENT OF MENTAL HEALTH

May 29, 2018

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

Dear Supervisors:

**REQUEST APPROVAL TO EXTEND THE SOLE SOURCE AGREEMENT WITH  
THE ACADEMY OF COGNITIVE THERAPY, LTD.  
TO PROVIDE ONGOING TRAINING OF INDIVIDUAL COGNITIVE BEHAVIORAL THERAPY FOR  
FISCAL YEAR 2018-19  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

**SUBJECT**

Request approval to extend the existing Sole Source Agreement with the Academy of Cognitive Therapy, LTD. for the continuation of Individual Cognitive Behavioral Therapy training, on a month-to-month basis, for Fiscal Year 2018-19.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Approve and authorize the Director of Mental Health (Director), or his designee, to prepare, sign, and execute an Amendment, substantially similar to Attachment I, to the existing Sole Source Agreement (Agreement) with the Academy of Cognitive Therapy, LTD. (ACT) to continue to provide ongoing training to clinicians at DMH and DMH-contracted agencies on a month-to-month basis for up to one year. The amendment will be effective July 1, 2018 through June 30, 2019 and will have a Total Compensation Amount (TCA) of \$625,100, fully funded by State Mental Health Services Act (MHSA) revenue.
2. Delegate authority to the Director, or his designee, to prepare, sign and execute future amendments to the Agreement as needed, provided that: the County's total payments to the Contractor under the Agreement will not exceed an increase of 10 percent from the Board-approved TCA in Recommendation 1; sufficient funds are available; approval of County Counsel, or designee, is obtained prior to any such amendments; and the Director, or his designee, notifies your Board and

the Chief Executive Office (CEO) in writing after execution of each amendment.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Board approval of Recommendation 1 will allow DMH to extend the Agreement with ACT to continue to provide ongoing training to clinicians at DMH and DMH-contracted agencies in Individual Cognitive Behavioral Therapy (IND CBT).

Board approval of Recommendation 2 will allow DMH to amend the Agreement as necessary to sustain the program.

The extension of this Agreement is necessary to allow for the expansion of IND CBT training to clinicians throughout Los Angeles County (LAC) delivering IND CBT services for depression, anxiety, and trauma to consumers age 16 and older. In accordance with the State of California PEI Plan, this extension will allow DMH to further develop and maintain a trained workforce and expand the capacity of mental health providers capable of providing a well-researched and cost-effective Evidence Based Practice (EBP) to priority populations identified as being particularly vulnerable to mental illness and/or at risk of not receiving mental health services due to social, economic, or cultural barriers. These priority populations include: underserved cultural populations, individuals experiencing onset of serious psychiatric illness, and trauma-exposed individuals.

This extension will allow ACT to provide ongoing training to 300 additional clinicians, including 20 CBT-trained clinicians as IND CBT Clinical Champions to provide ongoing consultative services to our clinicians to establish sustainability for this EBP. The IND CBT Clinical Champion training protocol focuses on the supervision of clinicians providing CBT. In addition, DMH intends to provide ongoing training for graduates of the IND CBT training protocol which focuses on treatment of psychosis, substance abuse, older adult issues, and other treatment issues as needed. To date, since inception in 2015, 1,322 clinicians have completed the training, with a completion rate of over 75 percent.

### **Implementation of Strategic Plan Goals**

The recommended actions are consistent with the County's Strategic Plan Goal 1, Make Investments that Transform Lives.

### **FISCAL IMPACT/FINANCING**

For FY 2018-19, the TCA for this Agreement is \$625,100. This action is fully funded by State MHSA revenue and included in DMH's FY 2018-19 DMH Recommended Budget.

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

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

ACT was created in 1996 as an organization to benefit both mental health professionals and the public. The principal function of ACT is to assess the competency of clinicians in cognitive therapy and to certify them in this type of psychotherapy. ACT is the only organization authorized to provide multidisciplinary certification in cognitive therapy/cognitive behavioral therapy. Founded by Aaron T. Beck, Ph.D., who is recognized as the father of Cognitive Behavioral Therapy (CBT), ACT was developed as a means to identify and credential mental health professionals who demonstrate

competency in cognitive therapy.

The attached Amendment has been approved as to form by County Counsel.

Administrative staff of DMH will review and monitor compliance to the Agreement, evaluate training programs to ensure the quality of services being provided to the clinicians, and affirm the Agreement's provisions and policies are being followed.

**CONTRACTING PROCESS**

According to the Board Policy No. 5.100, DMH is required to notify your Board of sole source contract extensions at least six months in advance of contract expiration. However, due to an administrative oversight, DMH had fallen behind in notifying your Board. Notification (Attachment II) was submitted on March 2, 2018.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Board approval of the proposed actions will allow ACT to continue to provide the IND CBT Training Program countywide, along with consultative services. This training will allow DMH to improve service delivery, throughout the County, to adult consumers ages 16 and older who are living with mental illness. This extension is critical to the County's commitment to establish a well-trained workforce of CBT therapists providing this cost-effective EBP to clients dealing with depression, anxiety, and/or trauma within the context of the Affordable Care Act.

Respectfully submitted,



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

Director

JES:GP:SK:RLR:dg

Enclosures

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

AMENDMENT NO. 3

THIS AMENDMENT is made and entered into this 29<sup>th</sup> day of May, 2018, by and between the COUNTY OF LOS ANGELES (hereafter "County") and The Academy of Cognitive Therapy, LTD. (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated January 13, 2015, identified as County Agreement No. MH050151, and as subsequently amended (hereafter collectively "Agreement"); and

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

WHEREAS, on [date], the Board of Supervisors approved delegated authority to the Director of Mental Health, or designee, to execute amendments to the Agreement; and

WHEREAS, for Fiscal Year (FY) 2018-19 only, County and Contractor intend to amend this Agreement to **extend** the term of the Agreement for 12 months, on a month-to-month basis, from July 1, 2018 through June 30, 2019, to allow the Contractor to continue to provide ongoing training to clinicians at DMH and DMH-contracted agencies; and

WHEREAS, County and Contractor intend to amend Agreement to revise Exhibit A, Statement of Work and Exhibit B, Fee Schedule, attached hereto; and

WHEREAS, for FY 2018-19 only, as a result of the above changes, the maximum amount (MCA) of the Agreement will increase; and

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

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

1. The term of the agreement is extended, effective, July 1, 2018 on a month to month basis, through and including June 30, 2019.
2. Exhibit A (Statement of Work – FY 2014-15 through FY 2017-18) shall be deleted in its entirety and replaced with Exhibit A (Statement of Work – FY 2018-19), attached hereto and incorporated herein by reference. All references in the Agreement to “Exhibit A (Statement of Work – FY 2014-15 through FY 2017-18)” shall be deemed amended to refer to “Exhibit A (Statement of Work – FY 2018-19).”
3. Exhibit B (Revised Fee Schedule) shall be deleted in its entirety and replaced with Exhibit B (Fee Schedule – FY 2018-19), attached hereto. All references in the Agreement to “Exhibit B (Revised Fee Schedule)” shall be deemed amended to refer to “Exhibit B (Fee Schedule – FY 2018-19).”
4. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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

COUNTY OF LOS ANGELES

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

\_\_\_\_\_  
CONTRACTOR

By \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_  
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:  
OFFICE OF THE COUNTY COUNSEL

# EXHIBIT A STATEMENT OF WORK FY 2018-19

## TABLE OF CONTENTS

SECTION	TITLE	PAGE
1.0	SCOPE OF WORK .....	1
2.0	ADDITION AND/OR DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS – Intentionally Omitted .....	1
3.0	QUALITY CONTROL.....	1
4.0	QUALITY ASSURANCE PLAN .....	1
5.0	DEFINITIONS – Intentionally Omitted.....	2
6.0	RESPONSIBILITIES.....	2
	<b><u>COUNTY</u></b>	
6.1	Personnel .....	2
6.2	Furnished Items – Intentionally Omitted .....	2
	<b><u>CONTRACTOR</u></b>	
6.3	Project Manager .....	2
6.4	Personnel .....	2
6.5	Uniforms/Identification Badges – Intentionally Omitted .....	3
6.6	Materials and Equipment.....	3
6.7	Training .....	3
6.8	Contractor’s Office.....	3
7.0	HOURS/DAYS OF WORK – Intentionally Omitted .....	3
8.0	WORK SCHEDULES – Intentionally Omitted .....	3
9.0	UNSCHEDULED WORK – Intentionally Omitted.....	3
10.0	SPECIFIC WORK REQUIREMENTS .....	3
11.0	GREEN INITIATIVES.....	5
12.0	VERIFICATION OF DELIVERED SERVICES .....	5

# STATEMENT OF WORK (SOW)

## 1.0 SCOPE OF WORK

The purpose of this Contract is to build capacity of mental health providers in Los Angeles County (LAC) in delivering their Mental Health Services Act (MHSA) programs. The Los Angeles County Department of Mental Health (LAC DMH) is responding to the increased need to establish Individual Cognitive Behavioral Therapy (Ind CBT) as part of the standard of care available to individuals seeking mental health services. The Academy of Cognitive Therapy (ACT) will provide training and consultative service to qualified clinical staff at DMH-contracted agencies and directly operated clinics in order to effectively implement the Ind CBT model Countywide.

The focus of this implementation of CBT is the cognitive therapy/cognitive behavioral therapy. National Association of Cognitive Behavioral Therapists (NACBT) is another organization which offers a similar type of certification. However, it is not based on actual work samples and it is not based on cognitive therapy/cognitive behavioral therapy. It is focused on Rational Emotive Behavior Therapy which does not have the scientific basis of cognitive therapy/cognitive behavioral therapy. The American Board of Professional Psychology (ABPP) also offers board certification in CBT, but it does not offer training and the certification is not multi-disciplinary. It is solely for psychologists.

## 2.0 Intentionally Omitted

## 3.0 QUALITY CONTROL

The Contractor shall establish and utilize a comprehensive Quality Control Plan to assure the County a consistently high level of service throughout the term of the Contract. The Plan shall be submitted to the County Contract Project Monitor for review. The plan shall include, but may not be limited to the following:

- 3.1 Method of monitoring to ensure that Contract requirements are being met;
- 3.2 A record of all inspections conducted by the Contractor, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to the County upon request.

## 4.0 QUALITY ASSURANCE PLAN

The County will evaluate the Contractor's performance under this Contract using the quality assurance procedures as defined in this Contract, Paragraph 8, Standard Terms and Conditions, Paragraph 8.15, County's Quality Assurance Plan.

### 4.1 Monthly Meetings

Contractor is required to attend a scheduled monthly meeting.



## **4.2 County Observations**

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to this Contract at any time during normal business hours. However, these personnel may not unreasonably interfere with the Contractor's performance.

## **5.0 Intentionally Omitted**

## **6.0 RESPONSIBILITIES**

The County's and the Contractor's responsibilities are as follows:

### **COUNTY**

#### **6.1 Personnel**

The County will administer the Contract according to the Contract, Paragraph 6.0, Administration of Contract - County. Specific duties will include:

- 6.1.1 Monitoring the Contractor's performance in the daily operation of this Contract.
- 6.1.2 Providing direction to the Contractor in areas relating to policy, information and procedural requirements.
- 6.1.3 Preparing Amendments in accordance with the Contract, Paragraph 8. Standard Terms and Conditions, Sub-paragraph 8.1 Amendments.

#### **6.2 Intentionally Omitted**

### **CONTRACTOR**

#### **6.3 Project Manager**

- 6.3.1 Contractor shall provide a full-time Project Manager or designated alternate. County must have access to the Project Manager/alternate during all hours, 365 days per year.
- 6.3.2 Project Manager/alternate shall act as a central point of contact with the County.
- 6.3.3 Project Manager/alternate shall have full authority to act for Contractor on all matters relating to the daily operation of the Contract. Project Manager/alternate shall be able to effectively communicate, in English, both orally and in writing.

#### **6.4 Personnel**

- 6.4.1 Contractor shall assign a sufficient number of employees to perform the required work. At least one employee on site shall be authorized to act for Contractor in every detail and must speak and understand English.

6.4.2 Contractor shall be required to background check their employees as set forth in sub-paragraph 7.5 – Background and Security Investigations, of the Contract.

## **6.5 Intentionally Omitted**

## **6.6 Materials and Equipment**

The purchase of all materials/equipment to provide the needed services is the responsibility of the Contractor. Contractor shall use materials and equipment that are safe for the environment and safe for use by employees.

## **6.7 Training**

6.7.1 Contractor shall provide training programs for all new employees and continuing in-service training for all employees.

6.7.2 All employees shall be trained in their assigned tasks and in the safe handling of equipment. All equipment shall be checked daily for safety. All employees must wear safety and protective gear according to OSHA standards.

## **6.8 Contractor's Office**

Contractor shall maintain an office with a telephone in the company's name where Contractor conducts business. The office shall be staffed during the hours of **8 a.m. to 5 p.m. PST**, Monday through Friday, by at least one employee who can respond to inquiries and complaints which may be received about the Contractor's performance of the Contract. When the office is closed, an answering service shall be provided to receive calls and take messages. If a message is left before noon on a business day, the Contractor shall respond during normal work hours on the same business day. If a message is left after noon or after hours, the contractor will respond the next business morning.

## **7.0 Intentionally Omitted**

## **8.0 Intentionally Omitted**

## **9.0 Intentionally Omitted**

## **10.0 SPECIFIC WORK REQUIREMENTS**

DMH intends to train 300 clinicians across the Countywide network of care in CBT for consumers age 16 and older receiving mental health services under the MHSA Programs plans in the following Ind CBT Training protocol:

- 1) 3-Day Initial Training (8 hours/day, up to 60 staff/training)
- 2) 1-Day Booster Training (8 hours/day, up to 60 staff/training)
- 3) Consultative Services
  - a) Consultation Calls

- i) 1 call/week, 55 minutes long, up to 8 staff per call, total of 16 calls.
- b) Review of 3 audio recordings and 3 case conceptualizations.
  - i) CBT Certified trainers to review each tape recording and use the Cognitive Therapy Rating Scale (CTRS) to determine if the staff meets adherence (score of 36+).
  - ii) CBT Certified trainers to review each case conceptualization and use the Case Review Rating Scale (CRRS) to determine if the staff meets adherence (score of 20+).

DMH intends to train 20 CBT trained clinicians across the countywide network of care as Ind CBT Clinical Champions to provide ongoing consultative services to our clinicians to establish sustainability for this EBP. The Ind CBT Clinical Champions training protocol focuses on the supervision of clinicians providing CBT:

- 1) 1-Day Initial Training (5 hours/day, up to 15 staff/training) to be offered by DMH staff
- 2) Consultative Services
  - a) Consultation Calls
    - i) 1 call/week, 55 minutes long, up to 5 staff per call, total of 12 calls.
  - b) Review of
    - i) 2 or 3 audio recordings, depending on performance
    - ii) 2 or 3 Case conceptualizations, depending on performance, and
    - iii) 1 personal supervisory model
      - (i) CBT certified trainers to review two (possibly 3) tape recordings of a champion's supervisee CBT session. Champion and CBT certified trainer will use the Cognitive Therapy Rating Scale (CTRS) and score the tape recording independently. The champion must score the audio recording within 5 points of the CBT certified trainer (+ or - 5).
      - (ii) CBT certified trainers to review two (possibly 3) case conceptualizations of a champion's supervisee. Champion and CBT certified trainer will use the Case Review Rating Scale (CRRS) and score the case conceptualization independently. The champion must score the case conceptualization within 4 points of the CBT certified trainer (+ or - 4).
      - (iii) CBT certified trainers to review one tape recording of a supervisory session with a staff member providing CBT and use the CTRS to determine if the clinical champion meets adherence (score of 40+).
      - (iv) CBT certified trainers to review 1 personal supervisory model from Clinical Champion, based on CBT principles, and use the Supervisory Scale to determine if clinical champion meets adherence (score of 20+). In the event that the first supervisory model does not pass, a second may be submitted.
  - c) Ind CBT Clinical Champions must apply for certification through ACT.

In addition to providing the above mentioned training protocols, ACT shall also perform the following consultative and technical assistance services in order to assist LAC DMH

in providing Ind CBT to our current and new consumers entering the LAC public mental health system:

- 1) ACT shall utilize an online application service to host the weekly consultation calls for each cohort of up to 60 Ind CBT clinicians.
- 2) ACT has developed and will coordinate and monitor the Health Insurance Portability and Accountability Act website approved by the LAC DMH Chief Information Office Bureau (CIOB). This website has the infrastructure to coordinate the uploading of the audio files, case conceptualization documents, and training/personnel information for all Academy's CBT Training applicants.
- 3) **While this EBP does not require certification, certification is required for Clinical Champions** and ACT has approved the process to provide certification to the applicants should they opt to become certified in cognitive therapy at the reduce cost of \$125 per certification application. Each applicant has up to three opportunities to apply for certification at the rate of \$125 per certification application. This certification process not required and but is offered to the clinician to complete on their time and fiscal responsibility.
- 4) ACT will provide consultative services in several threshold languages; including but not limited to Spanish, Farsi, Korean, Japanese, and Chinese.
- 5) ACT will provide the DMH approved manuals for the Ind CBT Training protocol for **300** clinicians:
  - a) Overcoming Resistance in Cognitive Therapy- Leahy
  - b) Cognitive Behavior Therapy, Basics and Beyond, 2<sup>nd</sup> Edition- Beck
- 6) ACT will provide the DMH approved manual for the Ind CBT Clinical Champions Training protocol for 20 clinical champions:
  - a) Teaching and Supervising Cognitive Behavioral Therapy- Sudak, et. al.
- 7) ACT shall collaborate with representatives of the various DMH bureaus including Adult CBT Practice Lead, PEI Administration, Contracts, CIOB, and Accounting as needed to ensure successful implementation of the Ind CBT Training Program.

## 11.0 GREEN INITIATIVES

11.1 Contractor shall use reasonable efforts to initiate "green" practices for environmental and energy conservation benefits.

11.2 Contractor shall notify County's Project Manager of Contractor's new green initiatives prior to the contract commencement.

## 12.0 VERIFICATION OF DELIVERED SERVICES

A Deliverables Summary Chart, listing required services that will be monitored by the County during the term of this Contract is an important monitoring tool for the County. The chart should:

- reference section of the contract
- list required services

- describe monitoring method

All listings of services used in the Deliverables Summary Chart are intended to be completely consistent with the Contract and the SOW, and are not meant in any case to create, extend, revise, or expand any obligation of Contractor beyond that defined in the Contract and the SOW. In any case of apparent inconsistency between services as stated in the Contract and the SOW and this Chart, the meaning apparent in the Contract and the SOW will prevail. If any service seems to be created in this Chart which is not clearly and forthrightly set forth in the Contract and the SOW, that apparent service will be null and void and place no requirement on Contractor.

Description of Deliverables	Monitoring Method	Maximum Allowable Cost
<b>1. Training</b>		
<p>1) Initial Training sessions: ACT shall plan, coordinate, prepare and conduct <b>five (5)</b>, 3-day Ind CBT initial training sessions, with attendance by up to 60 clinicians at each session, for a <b>total of 300</b> clinicians within the DMH Network of Care.</p>	<p>Completion of deliverables, including training will be verified through sign-in sheets and invoices submitted for payment.</p>	<p>The maximum allowable cost per Initial Training Session will be \$9,000 for 3-days of training; <b>totaling \$45,000.</b></p> <p>The maximum allowable cost for travel per Initial Training session will not exceed \$2,000 for 3-days of training; <b>totaling \$10,000.</b></p>
<p>2) Booster Training sessions: ACT shall plan, coordinate, prepare and conduct <b>five (5)</b>, 1-day Ind CBT booster training sessions, with attendance by up to 60 clinicians at each session, for a <b>total of 300</b> clinicians within the DMH Network of Care.</p>	<p>Completion of Booster Training Sessions will be verified through sign-in sheets and invoices submitted for payment.</p>	<p>The maximum allowable cost per Booster Training Session will be \$3,000 for 1-day of training, <b>totaling \$15,000.</b></p> <p>The maximum allowable cost for travel per Booster Training session will not exceed \$2,000 for 1-day of training; <b>totaling \$10,000.</b></p>
<p>3) Ind CBT Initial Training manuals: ACT shall provide the 2 Ind CBT manuals for all <b>300 clinicians; totaling 600 manuals.</b></p>	<p>Receipt of manuals will be verified through invoices submitted for payment and delivery of manuals provided to each clinician in attendance at each training provided by ACT.</p>	<p>The maximum allowable cost per set of 2 Ind CBT manuals per Ind CBT trainee will not exceed \$85.00; <b>totaling \$25,500.</b></p>

<p>4) Ind CBT Initial Training Consultation calls: in coordination with Harbor UCLA, ACT shall plan, coordinate, conduct, and track telephone consultation calls with DMH and Legal Entity providers for each cohort of up to 60 clinicians (not to exceed 8 clinicians per call), distributed amongst 8 consultation call cells per cohort for 16 weeks (up to 7 led by ACT) <b>totaling 560 billable</b> hours of consultation calls.</p>	<p>Training Consultation calls will be tracked and monitored through attendance logs.</p>	<p>The maximum allowable cost per Ind CBT Initial Training Consultation call will not exceed \$280 per 55-min call; <b>totaling \$156,800.</b></p>
<p>5) Ind CBT Audio Recording Review: ACT shall plan, coordinate, provide, and track the review of 3 audio recordings for <b>300</b> clinicians trained; <b>totaling 900/ 840 billable</b> audio recording reviews. ACT will utilize the CTRS adherence rating scale to ensure model fidelity. ACT will provide the CTRS and scores to DMH for each of the <b>300</b> clinicians.</p>	<p>Audio Recording Reviews will be tracked and monitored through attendance logs.</p>	<p>The maximum allowable cost per Ind CBT Audio Recording will not exceed \$250 per review; <b>totaling \$210,000.</b></p>
<p>6) Ind CBT Case Conceptualization Review: ACT shall plan, coordinate, provide, and track the review of 3 case conceptualizations for <b>300</b> clinicians trained; totaling <b>900</b> case conceptualization reviews = <b>totaling 840 billable.</b> ACT will utilize the CRRS adherence rating scale to ensure model fidelity. ACT and will provide the CRRS and scores to DMH for each of the <b>300</b> clinicians.</p>	<p>Case Conceptualization Reviews will be tracked and monitored through attendance logs.</p>	<p>The maximum allowable cost per Ind CBT Case Conceptualization will not exceed \$130 per review; totaling <b>\$109,200.</b></p>

<p>7) Ind CBT Clinical Champion Training Consultation calls: ACT shall plan, coordinate, conduct, and track telephone consultation calls with DMH and Legal Entity providers for up to <b>20 clinicians</b> (not the exceed 5 clinicians per call), distributed amongst <b>4 consultation call cells</b> per cohort for 12 weeks; totaling <b>48 hours</b> of consultation calls.</p>	<p>Clinical Champions Consultation calls will be tracked and monitored through attendance logs.</p>	<p>The maximum allowable cost per Ind CBT Clinical Champion Training Consultation call will not exceed \$265 per 55-min call; <b>totaling \$12,720.</b></p>
<p>8) Ind CBT Clinical Champion Audio Recording Review: ACT shall plan, coordinate, provide, and track the review of three Audio Recordings for up to <b>20 clinical champions trained; totaling 60 audio recording reviews.</b> ACT will utilize the CTRS adherence rating scale and double blind rating process; to ensure model fidelity. ACT will provide the CTRS and scores to DMH for each of the <b>20 clinical champions.</b></p>	<p>Clinical Champion Audio Recording Reviews will be tracked and monitored through attendance logs.</p>	<p>The maximum allowable cost per Ind CBT Clinical Champion Audio Recording will not exceed \$250 per review; <b>totaling \$15,000.</b></p>
<p>9) Ind CBT Clinical Champion Personal Supervisory Model Review and case conceptualization reviews: ACT shall plan, coordinate, provide, and track the review of <b>one personal</b> supervisory model and <b>two case conceptualizations</b> for <b>20 clinical</b> champions trained; <b>totaling 20 supervisory</b> model reviews and <b>40 case conceptualization reviews.</b> ACT will utilize the Supervisory adherence rating scale and double blind rating process; to ensure model fidelity. ACT will provide the scale and scores to DMH for each of the <b>20</b> clinical champions.</p>	<p>Clinical Champion Personal Supervisory Model Review and case conceptualization reviews will be tracked and monitored through attendance logs.</p>	<p>The maximum allowable cost per Ind CBT clinical champion personal supervisory model will not exceed \$130 per review; <b>totaling \$7,800.</b></p>

<p>10) Ind CBT Clinical Champion Certification: ACT will provide the application to become a certified CBT therapist <b>to 20 Ind CBT</b> clinical champions at the reduce rate of <b>\$350 per certification application.</b></p>	<p>Certification as a Clinical Champion will be verified through attendance logs submitted by ACT to DMH.</p>	<p>The maximum allowable cost per Ind CBT clinical champion certification will not exceed \$350 per certification application; <b>totaling \$7,000.</b></p>
<p>11)Ind CBT Clinical Champions Training Manuals: ACT shall provide the Ind CBT Clinical Champion Manual for 20 champions; <b>totaling 20 manuals.</b></p>	<p>Receipt of manuals will be verified through invoices submitted for payment</p>	<p>The maximum allowable cost per Ind CBT Clinical Champion manuals per Ind CBT Clinical Champion will not exceed \$54.00; <b>totaling \$1,080.</b></p>



**EXHIBIT B  
FEE SCHEDULE  
FY 2018-19**

**Individual CBT Fee Schedule**

**Trainings**

	<b>Cohorts</b>	<b>Total Units</b>	<b>Unit Cost</b>	<b>Total Cost</b>
3-Day Initial Training	5	5	9,000	\$45,000
Booster	5	5	3,000	\$15,000
Travel	5	10	2,000	\$20,000
Manuals		300	85	\$25,500
			<b>Total</b>	<b>\$105,500</b>

**Consultative Services**

	<b>Groups</b>	<b>Sessions/ Submissions</b>	<b>Total Billable Units</b>	<b>Unit Cost</b>	<b>Total Cost</b>
Consultation Call	40 (35 Billable)	16	560	280	\$156,800
Audio Recording Review	300 (280 Billable)	3	840	250	\$210,000
Case Conceptualization Review	300 (280 Billable)	3	840	130	\$109,200
				<b>Total</b>	<b>\$476,000</b>

(Based on 1,200 Clinicians)

**Clinical Champion Protocol**

	<b>Groups</b>	<b>Sessions</b>	<b>Total Units</b>	<b>Unit Cost</b>	<b>Total Cost</b>
Consultation Call	4	12	48	265	\$12,720
Audio Recording Review	20	3	60	250	\$15,000
Supervision Case Conceptualization Review	20	3	60	130	\$7,800
Certification	20	1	20	350	\$7,000
Manuals	20	1	20	54	\$1,080
				<b>Total</b>	<b>\$43,600</b>

(Based on 40 Clinicians)

**TOTAL \$625,100**



Los Angeles County  
**DEPARTMENT OF MENTAL HEALTH**

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

March 2, 2018

TO: Supervisor Sheila Kuehl, Chair  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

FROM: Jonathan E. Sherin, M.D., Ph.D.  
Director

SUBJECT: **NOTICE OF INTENT TO EXTEND THE SOLE SOURCE AGREEMENT  
WITH THE ACADEMY OF COGNITIVE THERAPY, LTD, TO PROVIDE  
ONGOING TEACHING OF INDIVIDUAL COGNITIVE BEHAVIORAL  
THERAPY FOR FISCAL YEAR 2018-19**

This is to inform your Board, that in accordance with Board Policy No. 5.100, the Department of Mental Health (DMH) intends to extend the sole source Agreement with the Academy of Cognitive Therapy, LTD (ACT) on a month-to-month basis for up to one year, from July 1, 2018 through June 30, 2019, to provide ongoing training to clinicians at DMH and DMH-contracted agencies. The Agreement with ACT is due to expire on June 30, 2018.

**JUSTIFICATION**

The extension of this Agreement is necessary to allow for the expansion of Individual Cognitive Behavioral Therapy (IND CBT) training to clinicians throughout Los Angeles County who provide mental health services to consumers age 16 and older under the Mental Health Services Act (MHSA), Community Services and Support (CSS) and Prevention and Early Intervention (PEI) program plans and other non-MHSA funded programs such as Assembly Bill 109, County general funds, and Laura's Law. This extension will allow ACT to provide ongoing training for 400 additional clinicians, including 30 CBT-trained clinicians as IND CBT Clinical Champions to provide ongoing consultative services to our clinicians to establish sustainability for this Evidence Based Practice (EBP). The IND CBT Clinical Champion training protocol focuses on the supervision of clinicians providing CBT. In addition, DMH intends to provide ongoing training for graduates of the IND CBT training protocol which focuses on treatment of psychosis, substance abuse, older adult issues, and other treatment issues as needed.

Each Supervisor  
Page 2 of 2  
March 2, 2018

To date, since inception in 2015, 1,322 clinicians have completed the training; with a completion rate of over 75 percent.

**NOTIFICATION TIMELINE**

According to the Board Policy No. 5.100, DMH is required to notify your Board of sole source contract extensions at least six months in advance of contract expiration. However, due to an administrative oversight, DMH has fallen behind in notifying your Board.

Unless otherwise instructed by your Board office within two weeks, DMH will proceed to extend our Agreement with ACT on a month-to-month basis effective July 1, 2018.

If you have any questions or require additional information, please contact me at (213) 738-4601, or your staff may contact Stella Krikorian, Interim Chief of Contracts Development and Administration Division, at (213) 738-4023.

JES:GP:SK:RLR:dg

c: Executive Office, Board of Supervisors  
Chief Executive Office  
County Counsel  
Gregory Polk  
Margo Morales  
Debbie Innes-Gomberg  
Stella Krikorian