

COUNTY OF LOS ANGELES

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Director

SUSAN KERR

Chief Deputy Director

RODERICK SHANER, M.D.

Medical Director



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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.info>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601

Fax: (213) 386-1297

October 27, 2005

**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

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

22 NOV 08 2005

*Violet Varona-Lukens*  
VIOLET VARONA-LUKENS  
EXECUTIVE OFFICER

Dear Supervisors:

**APPROVAL OF AMENDMENT TO THE CONSULTANT SERVICES  
AGREEMENT WITH NATIONAL MENTAL HEALTH ASSOCIATION OF  
GREATER LOS ANGELES  
FOR FISCAL YEAR 2005-2006  
(SUPERVISORIAL DISTRICT 2)  
(3 VOTES)**

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Approve and instruct the Director of Mental Health or his designee to prepare, sign, and execute Amendment No. 3, substantially similar to Attachment I, to the existing Department of Mental Health (DMH) Consultant Services Agreement DMH-02066 with National Mental Health Association of Greater Los Angeles (NMHAGLA) to increase the Total Compensation Amount (TCA) by \$414,677, from \$530,000 to \$944,677 for Fiscal Year (FY) 2005-2006. The Amendment increase will be fully funded by one-time only State Assembly Bill (AB) 2034 funds in the amount of \$155,274, Sales Tax Realignment funds in the amount of \$209,403, and Mental Health Services Act (MHSA) funds in the amount of \$50,000 transferred from NMHAGLA DMH Legal Entity (LE) Agreement DMH-02339. The funds being transferred from the DMH LE Agreement to the DMH Consultant Services Agreement are for services which were determined to be more appropriate to that type of Agreement. The Amendment will be effective upon Board approval.
2. Delegate authority to the Director of Mental Health or his designee to prepare, sign, and execute future amendments to the Consultant Services Agreement and establish as a new TCA the aggregate of the original Agreement and all amendments, provided that: 1) the County's total payments to contractor under

*"To Enrich Lives Through Effective And Caring Service"*

the Agreement for this fiscal year shall not exceed an increase of 20 percent from the applicable revised TCA; 2) any such increase shall be used to provide additional services or to reflect program and/or policy changes; 3) the Board of Supervisors has appropriated sufficient funds for all changes; 4) approval of County Counsel and the Chief Administrative Officer (CAO) or their designee is obtained prior to any such Amendment; 5) the parties may, by written Amendment, reduce programs or services and revise the applicable TCA; and 6) the Director of Mental Health shall notify the Board of Supervisors of Agreement changes in writing within 30 days after execution of each Amendment.

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

The purpose of the recommended action is to enable DMH to continue meeting the State Department of Mental Health's (SDMH) requirements in collecting and evaluating outcomes data generated by service providers participating in the AB 2034 Program, and in training AB 2034 providers about the integrated services delivery model. The additional AB 2034 funding, in the amount of \$155,274, will be utilized to fund increased staffing costs related to collecting and evaluating AB 2034 outcomes data, and to provide Immersion Training to both management and direct service staff involved in the AB 2034 Program Legislation.

Funding in the amount of \$209,403 will be used for consumer activities such as Procovery Circle, Project Return: The Next Step Activity Captains, Countywide Client Activity Fund, Dual Diagnosis Peer Advocates, and Older Adult Life Support/Housing Services in Service Areas (SAs) 1, 6, 7, and 8. Funding in the amount of \$50,000 will be used for MHSA stipends and supports.

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

The recommended Board actions are consistent with the principles of the Countywide Strategic Plan, Organizational Goal No. 3, "Organizational Effectiveness."

### **FISCAL IMPACT/FINANCING**

There is no impact on net County cost.

The requested action is funded by \$155,274 in one-time only AB 2034 funds included in DMH's FY 2005-2006 Adopted Budget. This Amendment will provide

\$112,000 for Immersion Training, and \$43,274 for increased staffing costs related to collecting and evaluating AB 2034 outcomes data.

The requested action is also funded by \$209,403 in Sales Tax Realignment funds and \$50,000 in MHSA funds, which are included in DMH's FY 2005-2006 Adopted Budget. The Sales Tax Realignment funds and the MHSA funds are being transferred from the NMHAGLA DMH LE Agreement DMH-02339 to the existing NMHAGLA DMH Consultant Services Agreement DMH-02066.

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

NMHAGLA is a nonprofit, multi-service agency whose mission is to advocate for and to provide mental health services to adults, families, and transitional age youth. NMHAGLA has served severely and persistently mentally ill individuals since 1990 and has received national and worldwide recognition and numerous awards.

With the passage of Proposition 63, MHSA provides funding to transform California's mental health service delivery system into a client-driven, recovery-oriented system of care. In order for the County of Los Angeles to become eligible to receive MHSA funding, it is necessary to expand and transform the services it delivers. Services must be modeled after those provided through AB 2034, which in addition to mental health services provides for a full array of services including housing, employment, education, and integrated treatment for those with co-occurring mental illness and substance abuse disorders.

The attached Amendment format has been approved as to form by County Counsel. The CAO has reviewed the proposed actions. Clinical and administrative staff of DMH will also continue to administer and supervise the agreements, evaluate programs to ensure that quality services are being provided to clients, and ensure that Agreement provisions and Departmental policies are being followed.

### **CONTRACTING PROCESS**

This subject does not apply.

**IMPACT ON CURRENT SERVICES**

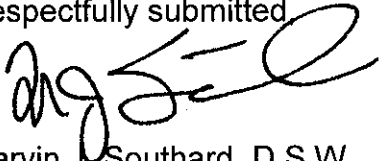
There is no impact on current services.

Approval of this Amendment will ensure that there are no interruptions in the collection of outcomes data or in the provision of integrated mental health services as required by SDMH, also, that there is continuity in providing Immersion Training and consumer activities. AB 2034 legislation requires that all participating AB 2034 counties collect and analyze data to be submitted to the State legislation on an annual basis. Immersion Training offers AB 2034 providers the knowledge and tools to assist clients in working toward their recovery. Ability to show positive outcomes of the AB 2034 Program will enhance DMH's accountability and cost-effectiveness in serving the target population.

**CONCLUSION**

The Department of Mental Health will need one (1) copy of the adopted Board's action. It is requested that the Executive Officer of the Board notifies the Department of Mental Health's Contracts Development and Administration Division at (213) 738-4684 when this document is available.

Respectfully submitted,



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

MJS:JA:MY:er

Attachment

c: Chief Administrative Officer  
County Counsel  
Chairperson, Mental Health Commission

ATTACHMENT

CONTRACT NO. DMH-02066

AMENDMENT NO. 3

THIS AMENDMENT is made and entered into this \_\_\_ day of \_\_\_\_\_, 2005, by and between the COUNTY OF LOS ANGELES (hereafter "County") and National Mental Health Association of Greater Los Angeles (hereafter "Consultant").

WHEREAS, County and Consultant have entered into a written Agreement, dated April 12, 2005, identified as County Agreement No. DMH-02066, and any subsequent amendments (hereafter "collectively Agreement"); and

WHEREAS, for Fiscal Year 2005-2006, County and Consultant intend to amend Agreement only as described hereunder; and

WHEREAS, for Fiscal Year 2005-2006 only, County and Consultant intend to amend Agreement to add one-time only State Assembly Bill (AB) 2034 funds in the amount of \$155,274 to the Total Compensation Amount (TCA) to provide Immersion Training of management and direct service staff, and additional services for the collection and evaluation of outcome data generated by AB 2034 Program agencies; and

WHEREAS, for Fiscal Year 2005-2006, County and Consultant intend to amend Agreement to add Sales Tax Realignment funds in the amount of \$209,403 to the TCA to provide service delivery of Procovery Circle, Activity Captains, Countywide Client Activity Fund, Peer Advocate Funding, Older Adult Life Support Funding; and

WHEREAS, for Fiscal Year 2005-2006, County and Consultant intend to amend Agreement to add Mental Health Services Act (MHSA) funds in the amount of \$50,000 to the TCA to provide stipends and supports funding; and

WHEREAS, for Fiscal Year 2005-2006, the revised TCA will be \$944,677.

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

1. Paragraph 4 (COMPENSATION) shall be deleted in its entirety and the following substituted therefore:

**"4.0 COMPENSATION:**

In consideration of the performance by CONSULTANT in a manner satisfactory to County of the services described in Exhibit A-3, CONSULTANT shall be paid in accordance with the Fee Schedule set out in Exhibit B-3. Total compensation for all services furnished hereunder shall not exceed the sum of NINE HUNDRED FORTY-FOUR THOUSAND SIX HUNDRED SEVENTY-SEVEN DOLLARS (\$944,677) for FY 2005-2006. Notwithstanding such limitation of funds, CONSULTANT agrees to satisfactorily complete all work specified in Exhibit A-3. To request payment, CONSULTANT shall present to County's Project Manager monthly invoice 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 Project Manager or his/her designated representative. Payment to CONSULTANT shall be only upon written approval of the invoice and report by County's Project Manager or his/her designated representative. CONSULTANT shall submit invoices to:

County of Los Angeles - Department of Mental Health  
Adult Systems of Care  
100 Oceangate #550  
Long Beach, CA 90802  
ATTN: Debbie Innes-Gomberg, Ph.D.

2. Exhibit A-2 (STATEMENT OF WORK) shall be deleted in its entirety and replaced with Exhibit A-3 (STATEMENT OF WORK), attached hereto and incorporated herein by reference. All references in Agreement to Exhibit A-2 (STATEMENT OF WORK) shall be deemed amended to state "Exhibit A-3 (STATEMENT OF WORK)."
3. Exhibit B-2 (FEE SCHEDULE) shall be deleted in its entirety and replaced with Exhibit B-3 (FEE SCHEDULE), attached hereto and incorporated herein by reference. All references in Agreement to Exhibit B-2 (FEE SCHEDULE) shall be deemed amended to state "Exhibit B-3 (FEE SCHEDULE)."
4. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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

APPROVED AS TO FORM  
OFFICE OF THE COUNTY COUNSEL

COUNTY OF LOS ANGELES

By \_\_\_\_\_  
Deputy County Counsel

By \_\_\_\_\_  
MARVIN J. SOUTHARD, D.S.W.  
Director of Mental Health

National Mental Health Association of  
Greater Los Angeles  
\_\_\_\_\_  
CONSULTANT

By \_\_\_\_\_

Name Ann Stone

Title Executive Vice President  
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO CONTRACT  
ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By \_\_\_\_\_  
Chief, Contracts Development  
and Administration Division

Amend.3 (9/29/05)



# NATIONAL MENTAL HEALTH ASSOCIATION OF GREATER LOS ANGELES

## EXHIBIT A-3

### STATEMENT OF WORK FISCAL YEAR 2005-2006

The National Mental Health Association of Greater Los Angeles agrees to perform the following services for the Los Angeles County Department of Mental Health (DMH) in regard to the provision of collecting and evaluating outcome data generated by agencies participating in the AB 34/2034 Program, the training of AB 34/2034 staff and DMH authorized participants:

#### I. DATA COLLECTION, ANALYSIS AND EVALUATION

- Assist in conducting an analysis of AB 34 and AB 2034 programs and their effect on the quality of life outcomes of the mental health consumers they serve. The focus will be on the significant areas of functioning for clients, such as their residential and employment status. There will be a heavy emphasis on the impact these programs have on reducing homelessness, incarceration, and contact with law enforcement agencies.
- National Mental Health Association of Greater Los Angeles will assist DMH in three broad management areas:
  1. Data Collection System
    - a) Software development
    - b) Ongoing technical support
    - c) Maintenance of databases for providers who choose to use the "direct data submission" method
  2. Ongoing Technical Support
    - a) Assistance to all direct service staff in the use of data collection forms
    - b) Assistance to data entry staff on inputting data into the software system
    - c) Assistance to provider management staff on generating reports for quality improvement
  3. Data Analysis
    - a) Aggregation of data
    - b) Generation and dissemination of all reports required by the State
- National Mental Health Association of Greater Los Angeles Outcomes and Research Division will periodically upgrade the software code of the Caminar Software system to implement changes in the data reporting requirements of the California State Department of Mental Health (SDMH).
- National Mental Health Association of Greater Los Angeles will conduct ongoing training workshops for the staff of all AB 34/2034 programs in the use of the outcome tracking forms and in the entry of data into the Caminar Software system. These workshops will cover the following:

1. State required data elements and reporting format
  2. Overview of the National Mental Health Association of Greater Los Angeles Outcome Tracking System
  3. Discussion of options for outcome reporting
  4. Training of direct service staff in the filling out of data entry forms
  5. Training of data entry staff in the entry of data into the Caminar software system
- National Mental Health Association of Greater Los Angeles will hire technical support specialists to collect data on a monthly basis from the AB 34/2034 programs. The Outcomes and Research Division will generate a monthly report for both Los Angeles County AB 34/2034 programs and for the State as a whole.
  - The National Mental Health Association of Greater Los Angeles Outcomes and Research Division will assist SDMH in organizing ongoing meetings of the AB 34/2034 Data Committee. These meetings will be held four times a year and will allow all programs participating in the AB 34/2034 program to provide input into the data collection and analysis procedures as well as receive and discuss updates to the system.
  - The National Mental Health Association of Greater Los Angeles Outcomes and Research Division will assist SDMH in the preparation of the annual legislative report on the progress of the AB 34/2034 programs.
  - The National Mental Health Association of Greater Los Angeles Outcomes and Research Division will provide initial and ongoing technical support that will allow participating agencies to maintain the Caminar Software system at their site as their means of data collection.
  - The National Mental Health Association of Greater Los Angeles Outcomes and Research Division will maintain the AB 34/2034 and Los Angeles County ACT websites.

## **II. IMMERSION TRAINING**

National Mental Health Association of Greater Los Angeles agrees to provide training at the Village for both management and direct service staff, referred to as "immersion training." The direct service staff trainings will focus on the principles of assertive community treatment (ACT), psychosocial rehabilitation, and community integration and their practical applications. Some of the topics that are covered include:

- Focusing on wellness and health rather than on illness and symptoms
- Determining service/treatment based on abilities rather than on disabilities
- Having high rather than low expectations of members
- Using normalized rather than institutional settings
- Focusing on functional behavior rather than on intrapsychic dynamics
- Helping members to take risks rather than working to minimize their stress
- Member and staff collaborating rather than the staff prescribing unilaterally
- Focusing on self-help and independence rather than on caretaking
- The generalist vs. the specialist orientation toward service provision
- Expanding the definition of what it means to be a "case manager"
- Working in teams

- Working with dually diagnosed members
- Focusing on work and fun

Some of the management trainings that are offered include:

- Outcome evaluation
- Staff and member recruitment
- Personnel evaluation
- Finding alternatives to hospitalization
- Working in a capitated system

### **III. SYSTEM TRANSFORMATION- MENTAL HEALTH SERVICES ACT**

The passage of Proposition 63 (MHSA) provides funding to transform California's mental health service delivery system into a client-driven, recovery-oriented system of care. In order for Los Angeles County to become eligible to receive MHSA funding, it is necessary to expand and transform the services it delivers. Services must be modeled on those provided through Assembly Bill (AB) 2034, which in addition to mental health services provides for a full array of services including housing, employment, education and integrated treatment for those with co-occurring mental illness and substance abuse disorders. Extensive efforts are under way to plan the implementation of the Mental Health Services Act (MHSA) in Los Angeles County. In order to transform the system into one that is client-driven and recovery-oriented, it is necessary to provide training and consultation regarding recovery models for managers and service delivery staff.

#### **PROGRAM DESCRIPTION**

DMH proposes to implement its system transformation plan in phases, beginning with our large directly operated MHCs to orient them on using and strategies for implementing the "Recovery Model" identified in DMH policy 202.28.

National Mental Health Association of Greater Los Angeles to provide on-site training and coaching of staff and supervisors on the Recovery Model. They will also provide trainings on the development of recovery based service planning.

The National Mental Health Association of Greater Los Angeles will meet with members of the Adult System Of Care (ASOC) System Transformation Leadership team on a monthly basis to engage in strategic planning for future trainings. The primary DMH contact person will be Debbie Innes-Gomberg, Ph.D.

Dr. Mark Ragins rate is \$250 per hour  
Program Managers rate is \$175 per hour

This amount is not to exceed \$45,000.00.

#### **IV. OFFICE OF CONSUMER AFFAIRS**

Acting as the fiscal agent for the Office of the Consumer Affairs. The following activities will be funded:

- Procovery
- CCAF (Countywide Client Activity Fund)
- PR:TNS Activity Captains
- Dual Diagnosis Peer Advocates

##### **1. General**

In July 2000 the Department of Mental Health (DMH) completed a Comprehensive Community Care (CCC) plan, which provides direction to the Department in achieving its vision of providing world-class mental health care. Over the years, the Department has, in accordance with mental health service guidelines and the goals of rehabilitation and recovery, involved clients in the planning and evaluation of their individual services. However, a key element in the provision of mental health services, as highlighted in the CCC plan, is that clients be involved in all levels of planning and development of new programs and in evaluating, reviewing and making recommendations for change to existing programs. Accordingly, the system has evolved, with an active Client Coalition and Departmental management that promotes client involvement through service on Service Area Advisory Committees, Geographic Initiative Meetings, and various advisory boards and planning committees. In addition clients are requested and encouraged to attend and to make presentations at conferences and training meetings.

The critical importance of involving clients in all aspects of the mental health treatment system cannot be overemphasized. However, currently, in order for clients to have this involvement they have had to donate their time and use their own, frequently limited, financial resources for transportation, registrations, lodging and meal expenses. This has resulted in severely limiting the number of clients able to participate, and has adversely affected the development of the Department's system of care. Accordingly, the Countywide Client Activity Fund (CCAF) has been established to support client involvement in all aspects of the system of care. The Fund will be administered by the Mental Health Association and will be overseen by the Countywide Client Activity Fund Committee, which will be comprised of representatives from the Los Angeles County Client Coalition Steering Committee, the Office of Consumer Affairs (OCA) and the National Mental Health Association of Greater Los Angeles. This Committee will be co-chaired by representatives from the OCA and the National Mental Health Association of Greater Los Angeles. Funds specifically allocated for the Peer Advocacy Training Program will be overseen by the DMH Manager responsible for this program.

## 2. Program Elements and Services

A. The primary purpose of the Countywide Client Activity Fund is facilitate the participation of clients in all aspects of planning and evaluating mental health services in Los Angeles County by providing stipends for local meetings, including but not limited to:

- Service Area Advisory Committees;
- Geographic Initiative Meetings;
- Other Departmental Planning Meetings;
- Advisory Committees of Other Mental Health Agencies and Related Community Organizations;

It is intended that at least 70% of the funding for the Countywide Client Activity Fund be allocated for this purpose. Deviation from this standard will require the written approval of the Director or designee.

B. In addition, this Fund may, upon pre-approval by the CCAF Committee, support client participation in training sessions, seminars and other mental health-related leadership activities, and local, state and national conferences so that clients will become more involved and empowered in the mental health system. These activities include, but are not limited to, participation in the following:

- California Network of Mental Health Clients Conferences;
- Hope and Recovery Conferences;
- California Association of Social Rehabilitation Agencies Conferences;
- Training Workshops and Seminars; and
- Other meetings or conferences approved by the Countywide Client Activity Fund Committee.

The Countywide Client Activity Fund may be utilized for the following expenditures for meetings and conferences which have been pre-approved by the Countywide Client Activity Fund Committee and which comply with the County's travel guidelines (see Attachments B - D):

- Meals
- Transportation
- Conference Registration
- Lodging
- Other (as approved by the Countywide Client Activity Fund Committee)

C. A third purpose of this Fund will be to provide stipends and certificates for clients who participate in the Department of Mental Health Peer Advocacy

Training Program. The number of participants is determined by applications and is usually between 14-16. The participants must be consumers and are selected by DMH management responsible for this training program. This is a thirteen-week program (five days per week) that trains participants to become peer counselors for clients with co-occurring disorders in a treatment setting for mental disorders or substance abuse. The participants receive training in basic mental health principles and substance abuse treatment practices. Upon completion of the training, participants will have the capability to function as employees in most treatment settings, including mobile crisis teams. A significant portion of the curriculum focuses on the transition from client to employee. Most potential peer advocates have incomes at or below the Supplemental Security Income rate, which do not allow sufficient funds to participate in the training program. The stipend covers the expense of the training class (books, transportation, lunches, facility activities, and clothing appropriate for work). The stipend amount of \$300 per month was developed in consultation with Mental Health Advocacy Services to ensure that receipt of the stipend would not jeopardize SSI payments. The Department of Mental Health manager responsible for the Peer Advocacy Training Program will oversee this specific allocation.

### **3. Persons to be Served**

This Fund is intended for persons who are or have been recipients of Los Angeles County mental health services, have submitted an application to the Countywide Client Activity Fund Committee, and have been approved for participation in the program. Applications for the Peer Advocacy Program will be submitted to the manager of that program for review and approval.

### **4. Reimbursement**

The procedures for reimbursement for the Countywide Client Activity Fund have been provided in Attachments A – D.

## **V. OLDER ADULTS HOUSING SERVICES**

Provision of wraparound services for the life support needs of older adult mental health clients. Outreach and housing services will be provided in Service Areas 1, 6, 7 and 8.

## **VI. TRAINING OF PEER SUPPORTERS AND LIFE COACHES**

Project Return: The Next Step will conduct intensive three-week training to teach client workers the basic skills and attitudes needed to work in a paraprofessional human service position. The course will meet 5 hours a day for 15 days giving participants 75 hours of training.

The course will be a combination of classroom and field experience. Competency areas will include: 1) identifying the basic attitudes and skills needed for human service work; 2) developing effective communication skills; 3) learning how to participate in and facilitate peer groups; 4) learning problem-solving skills; 5) learning about cultural

diversity and the importance of providing culturally competent services; and 6) learning record keeping and reporting skills.

Participants will be expected to complete an application for the training. Accepted participants will receive a \$250 stipend for successfully completing the course. The stipend will include funds for meals and transportation, which will be given to participants on a daily basis. More than two absences will result in termination from the course (or elimination of the stipend).

## **VII. MHSA STIPENDS AND SUPPORTS**

The provision of stipends to consumers and family members to participate in Mental Health Services Act activities and meetings to develop Los Angeles Counties' plan for services for children, transitional age youth, adults, and older adults

**EXHIBIT B-3  
FISCAL YEAR 2005-2006**

**National Mental Health  
Association of Greater Los  
Angeles**

**AB 2034 Outcomes and Training Budget**

<b>Personnel</b>	<b>Rate</b>	<b>FTE</b>	<b>Wages</b>	<b>Benefit</b>	<b>PR Taxes</b>	<b>Total</b>
David Pilon	115,200	0.50	57,600	8,298.00	6,624.00	\$72,522.00
Yiling Hu	43,000	1.00	43,000	6,765.00	4,945.00	\$54,710.00
Monica Davis	48,000	1.00	48,000	7,290.00	5,520.00	\$60,810.00
New Staff	30,000	1.00	30,000	5,400.00	3,450.00	\$38,850.00
Roger Casem	33,000	1.00	33,000	5,715.00	3,795.00	\$42,510.00
<b>Total Personnel</b>		<b>4.50</b>	<b>269,200</b>	<b>33,468.00</b>	<b>24,334.00</b>	<b>\$269,402.00</b>

Salaries & Benefits	269,402
Professional Services	102,470
Computer Programming	5,000
Computer Hardware/Furniture	7,000
Mileage--Local	2,500
Office Supplies	3,600
Program Supplies	4,000
Rent	17,430
Parking	2,500
Printing	2,000
Telephone	8,700
Travel	6,000
Staff Developmt/Recruitment	3,000
Insurance	1,700
Alarm	492
Repairs and Maintenance	2,600
Bookkeeping/Admin	44,880
<b>TOTAL - OUTCOMES</b>	<b>\$483,274</b>

**II. Immersion Training**

120 Trainees @ \$275 per day X 3 days = \$99,000

Admin fee 13,000

\$112,000



### III. SYSTEM TRANSFORMATION MHSA

-144 hours at \$250 an hour for Medical Director speakers fee	\$36,000
- 51 hours at \$175 an hour for Program Manager speakers fee	\$9,000

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**\$45,000**

### IV. OFFICE OF CONSUMER AFFAIRS

CCAF (Admin Fee \$7,500)	\$75,000
Procovery (Admin Fee \$1,020)	10,200
PR:TNS Activity Captains (Admin Fee \$1,764)	17,640
Dual Diagnosis Peer Advocates (Admin Fee \$1,500)	15,000
	<b>\$117,840</b>

### V. OLDER ADULT HOUSING SERVICES ( SA1 ,6 ,7 ,8 )

Housing Services	\$82,407
Administrative Cost	9,156
	<b>\$91,563</b>

### VI. TRAINING OF PEER SUPPORTERS AND LIFE COACHES

60 clients @ \$750 per person = \$45,000	<b>\$45,000</b>
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### VII. MHSA STIPENDS AND SUPPORTS

Stipends to consumers and family members for MHSA activities	\$45,000
Administrative Cost	5,000
	<b>\$50,000</b>

**FEE SCHEDULE SUMMARY  
FISCAL YEAR 2005-2006**

<b>SERVICES, TRAININGS &amp; CONFERENCE</b>	<b>FEE SCHEDULE</b>
Data Collection, Analysis and Evaluation Services	\$ 483,274
Immersion Training	112,000
System Transformation Technical Assistance	45,000
CCAF	117,840
Older Adult Housing Services	91,563
Training of peer supports and life coaches	45,000
MHSA Stipends and Supports	50,000
<b>TOTAL</b>	<b>\$ 944,677</b>

## CLIENT SUPPORTIVE SERVICES

### I. OVERVIEW

The inception in 1991 of Realignment and the Rehabilitation Option in California public mental health services enabled counties to expand mental health services into non-traditional areas and move the locus of service provision from clinics into the community. Counties can now treat clients in a holistic way, taking into consideration all of their needs. In order to support and maintain clients' highest level of functioning, mental health services addressing the areas of housing, personal, vocational, and program/socialization needs must be provided, in addition to more traditional therapeutic services.

With the inception in 2000 of the AB 2034 Program, with its focus on individuals who are homeless, recently released from jail or prison, or who are untreated, unstable, and at risk of incarceration or homelessness, the State mandated that counties provide services in all of the above areas. In response to this mandate, counties designed and implemented contracts, policies, procedures and payment processes that supported the provision of these services.

The Department of Mental Health (DMH) provides services to many mentally ill individuals in need of assistance with housing, personal, vocational and program/socialization needs in addition to therapeutic interventions. Many DMH clients receive services from mental health programs other than the AB 2034 Program. DMH has developed this service exhibit to facilitate making these services available to any clients of its agencies and programs, wherever needed.

### II. PROGRAM ELEMENTS AND SERVICES

#### A. Housing Expenses

Key goals of mental health services include assisting clients in achieving stability and living in the least restrictive setting possible. Stable, affordable housing is of critical importance to achieving these goals. Funding for housing expenses may be utilized to augment existing housing resources for clients, who may be linked to a broad array of housing, ranging from temporary/emergent housing to permanent housing. Clients may receive assistance with housing expenses, including, but not limited to, rental and utility deposits, ongoing assistance with utility expenses, furniture, appliances, housewares, moving expenses, repair of housing damages caused by the client, and expenses related to prevention of eviction.

Upon pre-approval by the Director of Mental Health, the services of housing specialists and capital development projects may be included. All fixed assets or real estate acquisitions purchased within the parameters of this exhibit require the Director's prior approval.

#### B. Personal/Community Integration Expenses

Funding may be provided to assist clients in achieving their treatment goals and in

supporting their integration into the larger community. Items may include, but are not limited to, food, clothing, school supplies, tuition, transportation, hygiene and personal items, medical and dental care, prescriptions, laboratory tests, dental work and eyeglasses.

C. Vocational Expenses

Funding may be provided to maximize clients' ability to achieve their vocational goals. To prepare and support clients in obtaining employment, these funds can be allocated for, but are not limited to, educational/vocational supplies and training, job searches, job development, job placement, job coaching, work experience and the services of vocational specialists.

D. Consumer Employee Expenses

Funding may be provided to compensate clients engaged in work related activities. These funds can be allocated for, but are not limited to, the payment of salaries and employment benefits of consumers hired as life coaches and/or consumer/peer advocates that work as part of the program's treatment team as part-time or full time employees performing specific job duties as approved by DMH.

**III. PERSONS TO BE SERVED**

DMH Consultants serve clients of all ages, races, cultures and conditions who are severely and persistently mentally ill. Persons to be served by this program include individuals with insufficient funds to provide the materials and resources necessary to achieve their treatment goals.

**IV. REIMBURSEMENT**

The procedures for reimbursement for Client Supportive Services expenditures are provided in Attachment A-0.

## **CLIENT SUPPORTIVE SERVICES REIMBURSEMENT PROCEDURES**

The following procedures will be used for reimbursement of Client Supportive Services expenditures:

1. **EXPENDITURES ELIGIBLE FOR REIMBURSEMENT THROUGH CLIENT SUPPORTIVE SERVICES:**

A. Housing

Expenditures to augment existing housing resources for clients who may be linked to a broad array of housing, ranging from temporary/emergent housing to permanent housing, may be reimbursed. Clients may receive assistance with housing expenses, including, but not limited to, rental and utility deposits, ongoing assistance with utility expenses, furniture, appliances, housewares, moving expenses, repair of housing damages caused by the client, housing outreach and searches, assisting clients in obtaining letters of reference, preparing for housing interviews, and expenses related to prevention of eviction.

Upon pre-approval by the Director of Mental Health, the services of housing specialists and capital development projects may be included. All fixed assets or real estate acquisitions purchased within the parameters of this exhibit require the Director's prior approval.

B. Personal/Community Integration

Expenditures to assist clients in achieving their treatment goals and to support their integration into the community may be reimbursed. Personal/community integration items for clients may include, but are not limited to, food, clothing, transportation, school supplies, tuition, hygiene and personal items, medical and dental care, prescriptions, laboratory tests, dental work and eyeglasses.

C. Vocational

Expenditures to maximize clients' ability to achieve their vocational goals may be reimbursed. To prepare and support clients in obtaining employment, these funds can be allocated for, but are not limited to, educational/vocational supplies and training, job searches, job development, job placement, job coaching, work experience and the services of vocational specialists.

Staff time and services in the above areas (Subsections A-C) are reimbursable for those activities which are not Medi-Cal reimbursable services.

D. Consumer Employee

Expenditures to compensate clients engaged in work related activities functioning as part of the program's treatment team. These funds can be allocated for, but are not limited to, the payment of salaries and employment benefits of consumers hired as life coaches and consumer/peer advocates that work as part of the program's treatment team as part-time or full time employees performing specific job duties as approved by DMH.

2. **REIMBURSEMENT GUIDELINES:**

The funds allocated for Client Supportive Services shall be used only when there are no other funds available. If the client is a current Supplemental Security Income (SSI) recipient, Client Supportive Services' funds shall be utilized only after it has been clearly established that there are no SSI funds available for housing, personal/community integration, vocational, and other expenditures.

3. **DOCUMENTATION REQUIREMENTS FOR REIMBURSEMENT:**

The following supportive documentation shall be maintained on file with the Contract Provider in accordance with the Records and Audits paragraph of the Agreement:

- a) Original receipts to support payment invoices (If an original receipt is not obtainable, a copy of the receipt or justification as to why the receipt was not obtained should be retained), identifying individual clients and/or bulk purchases;
- b) Copies of original rental agreements, including the "Return of Security and Rental Deposit Agreement", signed by the client and the property owner or authorized agent, when a client receives or secures an apartment or a house;
- c) Copies of signed checks issued; and
- d) Copies of staff time records identifying time spent on providing eligible housing, vocational, and socialization services that are not being captured through mental health units of service billings.

Contract Provider shall, on the last day of each month, complete the Client Supportive Services invoice indicating the categories of expenses (housing, personal/community integration or vocational), and the amount spent, including staff salaries expended. All claims are to be submitted by Contractor to DMH within sixty (60) days from the month of the expenditure occurrence.

The Client Supportive Services Expense Claim form(s) (Attachment A.01) shall be submitted to:

County of Los Angeles - Department of Mental Health  
550 S. Vermont Avenue, 12th Floor  
Los Angeles, CA 90020  
ATTN: Susan Kerr, Chief Deputy Director

4. **DMH REVIEW AND APPROVAL OF INVOICES:**

The DMH Adult Systems of Care (ASOC) Program Manager will review monthly invoices and sign to affirm that expenditures meet established Client Supportive Services Procedures. Approved invoices will be forwarded to the DMH Provider Reimbursement Unit for payment.

DMH shall process all completed requests for Client Supportive Services reimbursement on a monthly basis. The judgment of DMH as to the allow ability of any expenditure shall be final.

5. **MONTHLY RECONCILIATION REPORT:**

DMH has allocated each Contract Provider a specified amount of funding for Client Supportive Services. Monthly reconciliation reports will be generated by the Accounting Division for each Contract Provider to ensure expenditures have not been exceeded. The County shall not be liable for reimbursement of any expenses claimable hereunder in the event that any contractor exceeds its allocation or violates the terms and conditions of the Client Supportive Services Procedures or the Legal Entity Agreement.

County of Los Angeles-Department of Mental Health-Provider Reimbursement Division

Monthly Claim for Cost Reimbursement

Fiscal Year \_\_\_\_\_

**SPECIAL HANDLING REQUIRED**

**SPECIAL HANDLING REQUIRED**

Client Supportive Services

Funding Source Name: \_\_\_\_\_

Consultant Name: \_\_\_\_\_  
Consultant Mailing Address: \_\_\_\_\_  
Billing Month(s): \_\_\_\_\_ Contract Amendment No.: \_\_\_\_\_

1. Expenditures:			
1.1	Housing	_____	(1.1)
1.2	Personal/Community Integration	_____	(1.2)
1.3	Vocational	_____	(1.3)
1.4	Consumer Employee Expenses	_____	(1.4)
1.5	Other	_____	(1.5)
2. Total Expenditures (add lines 1.1 through 1.4)		_____	(2.)
3. Less: Patient & Third Party Revenues			
3.1	Patient Fees	_____	(3.1)
3.2	Patient Insurance	_____	(3.2)
3.3	Medicare	_____	(3.3)
3.4	Other: _____	_____	(3.4)
4. Total Revenues (add lines 3.1 through 3.4)		_____	(4.)
5. Expenditures less revenues (subtract line 4 from line 2)		_____	(5.)
6. Total Net Costs		_____	(6.)
7. Total Payment Requested		_____	(7.)

Comments: \_\_\_\_\_

I hereby certify that all information contained above are services and costs eligible under the terms and conditions for reimbursement under Client Supportive Services and is true and correct to the best of my knowledge. All supporting documentation will be maintained in a separate file for the period specified under the provisions of the Consultant Services Agreement.

**NOTE: THE SERVICES OF HOUSING SPECIALISTS AND CAPITAL DEVELOPMENT PROJECTS, INCLUDING ALL FIXED ASSETS OR REAL ESTATE ACQUISITIONS PURCHASED WITHIN THE PARAMETERS OF CLIENT SUPPORTIVE SERVICES, REQUIRE THE DIRECTOR'S PRIOR APPROVAL.**

Signature: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

<b>LAC-DMH Program Approval:</b>	
_____	_____
Approved By	Date
_____	
Title	



**National Mental Health Association of Greater Los Angeles  
320 Pine Avenue  
Long Beach, CA 90802**

**Countywide Client Activity Fund  
MONTHLY EXPENSE CLAIM FORM**

Billed to:  
Los Angeles County Department of Mental Health  
Planning, Quality and Outcome Administration  
550 South Vermont Avenue, 12th Floor  
Los Angeles, California 90020  
Attention: DMH Countywide Client Activity Fund Manager

Contract Number: \_\_\_\_\_  
Provider Number: \_\_\_\_\_  
Expense Claim Period: \_\_\_\_\_

DESCRIPTION OF EXPENSE (DETAIL ACTIVITY)	NUMBER OF PARTICIPANTS	CONFERENCE DATES	AMOUNT
Stipends: (List committees/meetings attended)			
Conference Registration: (List by conferences)			
Meals:			
Transportation:     Airfare			
Ground Transportation			
Lodging:			
Other:			
Administrative Costs:			
		Total Claimed	

I hereby certify that all information contained above are services and costs eligible under the terms and conditions for reimbursement under the tobacco tax initiative and is true and correct to the best of knowledge. All support documentation will be maintained on file with the Agency under the terms of your contract Paragraph 11, section A, Sub-sections (1), (2), (3) and (4).

Prepared by: \_\_\_\_\_  
Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Date: \_\_\_\_\_

\*\*\*\*\*  
Departmental Approval(s):

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Date: \_\_\_\_\_

# PROCOVERY CIRCLE FACILITATOR INVOICE

(Use one form per month for all Procovery Circles facilitated at each location.)

Date \_\_\_\_\_

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

TELEPHONE #: Home: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

If necessary, you may contact me at work: Yes \_\_\_\_\_ No \_\_\_\_\_

**I AM APPLYING FOR PAYMENT IN THE AMOUNT OF \$ \_\_\_\_\_ FOR THE  
FOLLOWING PROCOVERY CIRCLES WHICH I FACILITATED AT \_\_\_\_\_  
DURING THE MONTH OF \_\_\_\_\_.**

Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

This invoice has been approved for payment.

\_\_\_\_\_  
OCA Representative

\_\_\_\_\_  
Date

This form should be submitted to:

Office of Consumer Affairs  
3160 W. Sixth Street, 3<sup>rd</sup> Floor  
Los Angeles, CA 90020  
ATTN: Debbie Scalise

# ACTIVITY CAPTAIN Request for Funds

Date: \_\_\_\_\_

Center/ Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Job Prep Staff/ Instructor: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

We are requesting funds in the amount of \$29 per disabled EZ monthly bus pass for the following activity captains for the month of \_\_\_\_\_.

*Funds are to be made payable by check to:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Requestor**

\_\_\_\_\_  
**Date**

Note: All activity captains listed above are required to provide proof of purchase of their monthly bus pass by coming to the center and copying their pass which will be attached to this invoice.



**COUNTY OF LOS ANGELES  
DEPARTMENT OF AUDITOR-CONTROLLER**

KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 502  
LOS ANGELES, CALIFORNIA 90012-2706  
PHONE: (213) 974-8402 FAX: (213) 628-8463

J. TYLER McCAULEY  
AUDITOR-CONTROLLER

January 31, 2005

**TO: ALL ADMINISTRATIVE DEPUTIES**

**FROM: Arlene Barrera, Chief** *Arlene Barrera*  
Disbursements Division

**SUBJECT: ADJUSTMENT OF TRAVEL EXPENSE REIMBURSEMENTS  
EFFECTIVE FEBRUARY 1, 2005**

Section 5.40.095 of the County Code requires an annual adjustment of maximum travel, meal, lodging and incidental expense reimbursement rates based on annual changes in the National Consumer Price Index (CPI) published by the Bureau of Labor Statistics. This section also stipulates that the annual percentage change in the CPI during the preceding calendar year must exceed 3% to cause a rate adjustment. If the percentage change is less than 3%, then the percentage change shall be accumulated with the percentage change in the following year(s) until such time the cumulative percentage change exceeds 3%. Adjustments are then made to reflect the total cumulative percentage change.

Since the percentage change in the CPI between December 2002 and December 2003 was published as 1.9%, there was no annual adjustment for 2004. The percentage change in the CPI between December 2003 and December 2004, was published as 3.3%. The total cumulative percentage change is 5.2%. Therefore, maximum reimbursable amounts for meals and lodging for travel occurring on or after February 1, 2005 and through January 31, 2006 are as follows:

Lodging: \$ 174.00 plus all taxes included on the voucher for a single occupancy hotel accommodation upon presentation of the voucher to the travel coordinator of your department. Reimbursement without a voucher will be limited to \$ 20.00 per night.

Meals: \$ 10.50 breakfast, \$ 13.50 lunch and \$ 34.00 dinner, or not to exceed \$58.00 per day when three meals are purchased any one day.

The allowance for incidental expense for travel to certain capital and primary cities is:

Sacramento	\$12.00 per day
Atlanta, Boston, Chicago, Dallas, Detroit, Houston, New York, Phoenix, Philadelphia, San Francisco, Seattle, Miami, and Washington D.C.	\$ 61.00 per day

Incidental expense is only claimable to the extent incurred, and not claimable for travel to any other city, unless approved by the Auditor-Controller or Chief Administrative Officer. Additionally, incidental expense can only be claimed if the business conducted required presence in these cities.

Furthermore, each claim for incidental expense allowance shall be reviewed and approved on its own merits. Spending amounts greater than the normal reimbursement amounts is not sufficient justification for approval of a claim. Generally, employees must demonstrate that increased expenses are unavoidable or necessary for the efficient conduct of business. It is the employee's responsibility to provide reasonable information to support his or her claim for the incidental expense allowance.

The daily amounts recommended for airport parking (receipt required) is listed on Attachment "A."

Reimbursement for Porterage is \$1.00 per day.

#### New Mileage Rate

Effective July 1, 2004, the mileage reimbursement rate is \$0.34 cents per mile for all miles driven.

If you have any questions, please contact Cheryl Ross at (213) 974-8441.

AB:CKC:tp

c: Fiscal Officers  
Connie K. Chung  
Cheryl Ross  
Ron Horsley

GC/Transportation/TravelReimbAdj/Ltr2

## AIRPORT PARKING INFORMATION

### **Bob Hope (Burbank)**

**(818) 840-8838**

Lots A, B & C

\$ 7.00

### **John Wayne (Orange County)**

**(949) 252-6260**

Terminal Parking

\$17.00

Main Street Parking Lot

\$12.00

### **Long Beach**

**(562) 377-6116**

Lot A

\$12.00

Lot B

\$ 9.00

Lots C & D

\$ 6.00

### **LAX**

**(310) 646-2911**

Lot B

\$ 8.00

Lot C

\$10.00

### **Ontario**

**(909) 937-1240**

Lots 2 & 4

\$15.00

Lot 3

\$11.00

Lot 5

\$ 7.00

Lot F

\$ 6.00

# TRAVEL REQUEST

## Countywide Client Activity Fund

A program sponsored by National Mental Health Association of Greater Los Angeles

Request Number: \_\_\_\_\_

Date Form Received: \_\_\_\_\_

DO NOT TYPE ABOVE THIS LINE

BUREAU/DIVISION/UNIT: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title of Person (1 person per form): \_\_\_\_\_ COST CENTER: \_\_\_\_\_

FAX Number: ( ) \_\_\_\_\_

DESTINATION AND DATE (including intermediate stops if necessary):

**PURPOSE AND JUSTIFICATION OF TRIP:** Include title of meeting, conference, etc. and the sponsor. Also indicate the topics that will be reviewed and discussed as well as the benefit to the County in attending (use reverse if additional space is necessary).

**EXPENSES TO BE AUTHORIZED** (Mark each item requested); Attach Conference Flyer:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Salary                | <input type="checkbox"/> Registration \$ _____ |  |
| <input type="checkbox"/> Southwest \$ _____    | <input type="checkbox"/> Lodging \$ _____      | Shared <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> AMEX \$ _____         | <input type="checkbox"/> Meals \$ _____        |  |
| <input type="checkbox"/> Ground Transportation | <input type="checkbox"/> Other \$ _____        |  |
| \$ _____                                       | (Describe Other)                               |  |

**TOTAL ESTIMATED COST OF TRIP \$** \_\_\_\_\_

**MODE OF TRAVEL** (if at County expense)

- |                                     |   |                                      |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Airplane   | <input type="checkbox"/> Privately Owned Auto                           | <input type="checkbox"/> County Auto |
| <input type="checkbox"/> Rental Car | <input type="checkbox"/> Privately Owned Auto in Lieu of Public Carrier | <input type="checkbox"/> Train       |

**TRAVEL TIME:**

GOING: Date of Departure: \_\_\_\_\_ a.m./p.m. RETURN: Date of Arrival: \_\_\_\_\_ a.m./p.m.  
(circle) (circle)

TRAVEL ADVANCE REQUESTED (If yes, attach Travel Advance Request Form)

SALARY ONLY TRAVEL (Who pays expenses other than salary?): \_\_\_\_\_

Comments

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved – Sponsoring Planning Group Chair \_\_\_\_\_ Date \_\_\_\_\_

Approved – CCAF Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

National Mental Health Association of Greater Los Angeles  
EXPENSE CLAIM

TO \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Countywide Client Activity Fund \_\_\_\_\_  
HEADQUARTERS N/A  
DATE OF CLAIM \_\_\_\_\_  
PERIOD OF CLAIM \_\_\_\_\_

SHOW PURPOSE OF TRIP

ITEMIZE IN DETAIL

DATE	DESCRIPTION OF EXPENSE	PLACE WHERE INCURRED	AMOUNT	
I HEREBY CERTIFY THAT THE ABOVE EXPENSE WAS NECESSARILY INCURRED IN THE PERFORMANCE OF MY DUTY.			<b>TOTAL CLAIMED</b>	

I HEREBY CERTIFY THAT THE ABOVE EXPENSE WAS NECESSARILY INCURRED IN THE PERFORMANCE OF MY DUTY.

APPROVED \_\_\_\_\_

CLAIM IS HEREBY MADE FOR REIMBURSEMENT AS ITEMIZED ABOVE.

SIGNED \_\_\_\_\_  
Claimant/Participant

TITLE \_\_\_\_\_