

COGNITIVE BEHAVIORAL THERAPY TRAINING
Questions and Answers
April 10, 2025

WOS DOCUMENT

1. In reference to the Minimum Mandatory Requirements (Paragraphs 3.2, 3.3), are Curriculum Vitae's of organizational leaders sufficient? Alternatively, do you require a document that reflects organization's training and certification history?

Answer: Curriculum Vitae's of the organizational leaders is sufficient, along with a document that reflects the organization's training and certification history.

2. In reference to the Trainer Certification Requirements (Paragraph 3.4), the "bidder must have a minimum of four (4) trainers who are CBT certified at both the practitioner and trainer level with three (3) years of experience within the last five (5) years."

Our organization has a well-established international CBT Certification program that meets and exceeds the standards of other organizations. Our trainers are designated as "faculty", as opposed to individuals CBT certified at trainer level. The requirements for "faculty" appointment also exceed "CBT certified at trainer level" designation in expected years of experience, training requirements, and routine quality assurance activities. Is this equivalent acceptable for the purposes of this bid?

Answer: Yes, it is. Faculty is ideal.

SOW and Attachments

3. Regarding Project Manager (Paragraph 6.3.1), the "contractor must provide a full-time Project Manager and designated alternate." Can the full-time Project Manager's role include responsibilities outside of LA County work, as long as the Bidder bills LA County for the time spent specifically on County-related activities?

Answer: Yes.

4. According to Contractor's Office (Paragraph 6.8), "when the office is closed, an answering service must be provided to receive calls and the Contractor must answer calls received by the answering service within 24 hours of receipt of the call." Does the answering service for off-hours need to be a live person?

Answer: No, an answering machine is fine.

5. According to Specialized Booster Trainings (Paragraph 10.6), the "contractor must provide Specialized Booster Trainings for graduates of the CBT Training as referred by LACDMH: A. Four (1)-day trainings; 8 hrs./day (max 100 clinicians per training)." Will this be one cohort, max 100 clinicians, once per Fiscal Year?

Answer: These four (1) day trainings will be over the course of the contract period and will likely contain different clinicians, based on the focus of the training.

6. Regarding Specialized Booster Trainings (Paragraph 10.6, C), are these topics prescribed, or can they be adjusted based on graduates' current work settings and training needs?

Answer: While our Department has found that clinicians often find the training topics listed in 10.6, C are valuable, our Department is open to identifying other areas of training focus based on clinician needs and interests.

7. Regarding Specialized Booster Trainings (Paragraph 10.6, C), which eating disorders are to be covered in the training (i.e., restrictive, binge-purge, binge eating, etc.)?

Answer: Our clients present with all 3 disordered eating patterns so there isn't one desired focus.

8. According to CBT Foundational Training (Paragraph 10.7), the "contractor will provide CBT Foundational Training for 40-60 clinical student trainees as referred by LACDMH" including "two (2) booster sessions" (Paragraph 10.7, C). Are the booster session requirements the same as listed in Booster Training (Paragraph 10.5.2)?

Answer: Yes, they would likely be very similar in structure and content with the recognition that attendees would be masters and/or doctoral level student trainees.

9. According to CBT Foundational Training (Paragraph 10.7, E.), the contractor will provide "six (6) monthly group consultations with the Contractor's Field Instructors who are trained in CBT." Are the consultation call requirements the same as listed in Consultative Services (Paragraph 10.5.3)?

Answer: The Consultative Sessions in 10.5.3 are for clinicians receiving training, whereas the monthly group consultations referenced in 10.7, E are for the field instructors/clinical supervisors of the students receiving CBT training.

10. In reference to Consultation Calls (Paragraph 10.8.2.), will this be individual vs. group consultation?

Answer: The consultation calls will be in a group format.

11. Regarding Audio Recording Scoring (Paragraph 10.8.3, C), the Cognitive Therapy Rating Scale (CTRS) has been originally published in 1980 and has since been revised with improved psychometric properties and ease of implementation. What is the approval process for utilization of CTRS-R in the project?

Answer: Utilizing the revised version will be fine.

12. Could you provide the preference for the breakdown between in-person and virtual for the trainings and booster sessions referenced in the following sections: Initial Training (Paragraph 10.5.1, A.), Booster Training (Paragraph 10.5.2, A.),

Paragraph 10.6, A., Paragraphs 10.7 B, C, CBT Team Leaders (Paragraph 10.8), and Initial Training (Paragraph 10.8.1, A)?

Answer: Virtual live training is preferred for all training components.

13. Will the outcome of the reviews referenced in Review of Audio or Video Recordings (Paragraph 10.5.4) be part of and discussed during the Consultative Sessions (Paragraph 10.5.3.)?

Answer: No. Since the consultative sessions are in a group format, feedback on the review of audio or visual recordings would need to be tailored to group and not to an individual. To note, video recording of sessions becomes challenging due to information security and whether the session is delivered via a telehealth platform or in-person. Any specific feedback on reviews should be given to trainees on an individual basis.

14. Regarding CBT Team Leaders (Paragraph 10.8): Will the outcomes of the three (3) audio records (Paragraph 10.8.3), two (2) case conceptualizations reviews (Paragraph 10.8.4), and one (1) tape recording review (Paragraph 10.8.5) be discussed during and considered part of the ten (10), 55 min long consultation calls (Paragraph 10.8.2) for each of the ten (10) CBT leaders?

Answer: No. Generally, the consultation calls will be to discuss techniques, working with CBT clinicians and how to rate using the CTRS. The clinician is given individual feedback on the reviews separate from the group.

15. Referencing Paragraph 10.8.6, should "...Audio Records (per Paragraph 10.4.3)" be per Paragraph "10.8.3"?

Answer: Yes, Audio Records per Paragraph 10.8.3 is correct.

16. Referencing Paragraph 10.8.6, should "...Case Conceptualizations (per Paragraph 10.4.4)" be per Paragraph "10.8.4"?

Answer: Yes, Case Conceptualizations per Paragraph 10.8.4 is correct.

17. Referencing Paragraph 10.8.6, should "...Tape Recordings (per Paragraph 10.2.5)" be per Paragraph "10.8.5"?

Answer: Yes, Tape Recordings per Paragraph 10.8.5 is correct.

[Appendix A- Sample Mental Health Services Act Master Agreement Work Order Exhibits](#)

18. Regarding Exhibit K (Attestation Regarding Information Security Requirements) four attachments listed, are the squares bullets or checkboxes? We are unsure whether all four attachments are required or none of the four attachments are required.

Answer: The squares are checkboxes. The four attachments are required as applicable to the services provided in your contract.