

**FIRST AMENDMENT TO STANDARD CONTRACT
BETWEEN COUNTY OF SOLANO AND THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA ON BEHALF OF UNIVERSITY OF CALIFORNIA DAVIS HEALTH**

This First Amendment is made on June 15, 2017, between the COUNTY OF SOLANO, a political subdivision of the State of California ("County") and The Regents of the University of California on behalf of University of California Davis Health ("Contractor").

1. Recitals

- A. The parties entered into a Contract dated November 1, 2014 (the "Contract"), in which Contractor agreed to provide community outreach and education.
- B. The County now needs to modify the Scope of Work, Budget, Special Terms and Conditions and extend the term of the Contract.
- C. This First Amendment represents an increase of \$139,315 of the Contract.
- D. The parties agree to amend the Contract as set forth below.

2. Agreement

A. Term of Contract

Section 2 is deleted in its entirety and replaced with: "The term of this Contract is November 1, 2014 to June 30, 2018."

B. Amount of Contract

Section 3 is deleted in its entirety and replaced with: "The maximum amount of this Contract is \$676,921."

C. Scope of Work

Exhibit A is deleted in its entirety and replaced with the Scope of Work attached to and incorporated by this reference as Exhibit A-1.

D. Budget

- (1) Exhibit B-1 is deleted in its entirety and replaced with the Budget attached to and incorporated by this reference as Exhibit B-1-1.
- (2) Exhibit B is amended in part to replace the following to the Method of Payment:

1. Method of Payment

C. Contractor must request approval for transfers between budget line items, which are set forth in Exhibit B-1, when the cumulative amount of such transfers exceed 10% of the total Contract amount. Requests for transfers between budget line items must be presented to the County on the County's "Budget Modification Request Form". Budget line item transfers that exceed 10% of the total Contract amount may be made only upon prior written approval of County, which approval may be withheld in the sole and absolute discretion of County. County may authorize the addition of budget line items for transfers under this section, except for indirect costs and capital expenditures (equipment or real property), provided that the line item added does not substantially change the scope of services to be provided under this Contract and does not increase the contract amount.

E. Special Terms and Conditions

Exhibit D is deleted in its entirety and replaced with the Special Terms and Conditions attached to and incorporated by this reference as Exhibit D-1.


3. Effectiveness of Contract

Except as set forth in this First Amendment, all other terms and conditions specified in the Contract remain in full force and effect.

COUNTY OF SOLANO, a Political
Subdivision of the State of California

By *Birgitta Corsello*  06/30/2017 03:41 PM EDT
Birgitta E. Corsello
County Administrator

CONTRACTOR

By *[Signature]*  6-19-2017
Annie Wong
Director of UC Davis Health Contracts

APPROVED AS TO FORM

By *Bernadette Curry*  06/20/2017 07:44 PM EDT
County Counsel

APPROVED AS TO CONTENT

By *Gerald Huber*  06/20/2017 07:43 PM EDT
Gerald R. Huber, Director
Health and Social Services Department

EXHIBIT A-1
SCOPE OF SERVICES

I. PROGRAM DESCRIPTION

The Regents of the University of California on behalf of University of California Davis Health, on behalf of its Davis campus, a California educational institution, ("Contractor") shall provide consultation services for the Early Treatment Psychosis Program for the County of Solano, a political subdivision of the State of California (the "County"). Contractor shall provide technical assistance; training and supervision to the local contracted Early Treatment Psychosis program provider who will provide early identification and comprehensive treatment for individuals ages 12-30 who have experienced their first psychotic break. Services are outlined in the Solano County Mental Health Services Act (MHSA) Integrated Three-Year Plan for Fiscal Years (FY) 2014/17 and FY 2017/20.

II. CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING:

1. PROGRAM SPECIFIC ACTIVITIES

- A. Provide supervised training and technical support in order for the partner agency to effectively implement the elements of the Early Treatment Psychosis Program.
Contractor shall provide training on the following components.
 - i. Community outreach and education - Didactic and supervised experience providing outreach and education presentations to various community providers, including schools, community mental health providers, community organizations, and hospitals.
 - ii. Screening and assessment tools - Diagnostic Assessment Training, including didactics and supervision, for structured assessments of psychosis and psychosis risk, psychosocial functioning, and suicide risk on the SCID, SIPS, GAF, GFS/R, CGI-SCH, and CSSRS.
 - iii. Supportive education and employment - Didactic and supervision (provided by Crossroads Diversified, Inc.) sessions on how to engage and provide supported employment/education services to youth/adults with early psychosis.
 - iv. Individual treatment and psychotherapy- Didactics and supervision regarding engagement and use of evidence-based practices, such as Cognitive Behavioral Therapy (CBT) for psychosis, with youth/adults and their families.
 - v. Group Interventions, including Multi-Family Group, Family Support Group, Substance Abuse Management and Peer Support - Didactics and supervision regarding engagement and use of evidence-based group practices for youth/adults and their families.
 - vi. Psychiatric Medication Management - Training in medication management of youth/adults with early psychosis.
 - vii. Peer and Family Advocacy- Didactics and supervision regarding the integration of Peer and Family Partners within the clinic's daily practice
- B. Program administration - Training and support for program development, clinic services flow, staffing, documentation, discharge planning and referrals to ongoing care.
- C. Outcome Evaluations-Contractor shall provide support for the partner agency to collect data regarding program participants, progress in treatment and outcome evaluations.
 - i. Train on, and implement validated tool to measure program efficacy and consumer progress.
 - ii. Develop a data tracking system to track outcomes.
 - iii. Train partner agency to regularly run data and analyze performance outcomes.
 - iv. Work collaboratively to address any barriers identified through data analysis.

2. GENERAL ACTIVITIES

- A. Support the treatment program to provide mental health services that are strengths-based, person-centered, safe, effective, timely and equitable; supported by friends and the community; with an emphasis on promoting wellness and recovery.
- B. Support the treatment program to ensure that service frequency is individualized and based upon the need of each consumer and in accordance with the County MHP level of care system.
- C. Support the treatment program to make coordination of service care an integral part of service delivery which includes providing education and support to consumers/family members as well as consulting with community partners including but not limited to: other mental health providers, physical care providers, schools (if appropriate), etc.
- D. Support the treatment program to maintain documentation/charting according to industry standards.
- E. Participate in County Mental Health Services Act (MHSA) planning activities as requested to include the MHSA Partner meeting, stakeholder planning meetings, etc.
- F. Include in all media related to the scope of work of program funded activities by this Contract and provided to the public, a reference to the Solano County Board of Supervisors, Health and Social Services and the Mental Health Services Act as the sponsors and funding source. When logos are used on your material please include a copy of the County seal as well as the MHSA logo. These materials will be made available to you at your request.

3. PERFORMANCE MEASURES

- A. Screening and assessments - Trainees will reach a minimum of 80% diagnostic agreement on the Structural Clinical Interview for DSM Disorders (SCID) and SIPS and ICCs indicating average concordance of .80 on rating scales.
- B. Trainer performance – trainers shall be rated by trainees with an overall rating of “excellent” or “good” collectively on trainer performance evaluations.

4. REPORTING REQUIREMENTS

- a. Collect, compile and submit quarterly MHSA agreed upon contract deliverables and client demographic data unless granted an extension by the County Contract Manager or designee.
- b. Submit the quarterly Service Delivery Reporting Form which includes:
 - i. Number of unduplicated individuals trained.
 - ii. Number of services provided per specific program activities.
- c. Submit the quarterly Demographic Report Form to include demographic categories determined by MHSA regulations which include:
 - i. Age group
 - ii. Race
 - iii. Ethnicity
 - iv. Primary Languages
 - v. Sexual orientation
 - vi. Gender assigned sex at birth
 - vii. Current gender identity
 - viii. Disability status
 - ix. Veteran status
- d. For Prevention and Early Intervention (PEI) funded contracts: Per Title 9 CCR Section 3560.010 Contractor shall collect and report demographic data will include outreach and prevention activities as well as early intervention activities. Contractor will support treatment program to collect demographics for:
 - i. Participants of prevention activities including trainings, support groups, outreach events, etc.
 - ii. Consumers served in prevention and early intervention programs.

- e. Prepare a biannual and annual evaluation of program activities, submitted by January 15th and July 15th of each contract year including aggregated data and narrative reports on program deliverables. The following information should be included:
 - i. Compilation of all biannual/annual data.
 - ii. Narrative of collaborative aspects of the program, if applicable.
 - iii. Agreed upon client outcomes and benchmarks for success.
 - iv. Any challenges or barriers to the provision of services.

5. CONTRACT MONITORING MEETINGS

- A. Contractor shall attend quarterly contract monitor meetings with the County Contract Manager or designee. Contractor shall ensure that staff providing program oversight and management attend quarterly meetings.

6. PATIENTS RIGHTS

- A. Patient rights shall be observed by Contractor as provided in Welfare and Institutions Code section 5325 and Title 9 of the California Code of Regulations, HITECH, and any other applicable statutes and regulations. County's Patients' Rights advocate will be given access to clients, and facility personnel to monitor Contractor's compliance with said statutes and regulation.
- B. Freedom of Choice: County shall inform individuals receiving mental health services, including patients or guardians of children/adolescents, verbally or in writing that:
 - i. Acceptance and participation in the mental health system is voluntary and shall not be considered a prerequisite for access to other community services.
 - ii. They retain the right to access other Medi-Cal or Short-Doyle/Medi-Cal reimbursable services and have the right to request a change of provider, staff persons, therapist and/or case manager.

7. CULTURAL COMPETENCE

Contractor shall ensure the delivery of culturally and linguistically appropriate services to consumers by adhering to the following:

- A. Contractor shall provide services pursuant to this agreement in accordance with current State Statutory, regulatory and Policy provisions related to cultural and linguistic competence as defined in California State Department of Mental Health (DMH) Information Notice No: 97-14, "Addendum for Implementation Plan for Phase II Consolidation of Medi-Cal Specialty Mental Health Services-Cultural Competence Plan Requirements," and the Solano County Mental Health Plan Cultural Competence Policy. Specific statutory, regulatory and policy provisions are referenced in Attachment A of DMH Information Notice No: 97-14, which is incorporated by this reference.
- B. Agencies which provide mental health services to Medi-Cal beneficiaries under Contract with Solano County are required to participate as requested in the development and implementation of specific Solano County Cultural Competence Plan provisions including, but not limited to:
 - i. Develop and assure compliance with administrative and human resource policy and procedural requirements to support the hiring and retention of a diverse workforce.
 - ii. Provide culturally sensitive service provision including assurance of language access through availability of bilingual staff or interpreters and culturally appropriate evaluation, diagnosis, treatment and referral services.
- C. Provision of Services in Preferred Language:
 - i. Contractor shall provide services in the preferred language of the consumer and/or family member with the intent to provide linguistically appropriate mental health services per ACA 1557 45 CFR 92, nondiscrimination in healthcare programs. This may include American Sign Language (ASL). This can be accomplished by a bilingual clinician or the assistance of an interpreter.

The interpreter may not be a family member unless the consumer or family expressly refuses the interpreter provided.

- ii. Contractor shall ensure that all staff members are trained on how to access interpreter services.
- iii. All informational materials, legal forms and clinical documents that the consumer or family member may review and/or sign shall be provided in the consumer/family member's preferred language whenever possible.
- iv. Contractor shall at a minimum provide translation of written informational materials, legal forms, clinical documents, in the County's threshold language of Spanish for Spanish-preferred consumers and/or family members.

D. Cultural Competence Training:

- i. Contractor shall ensure that all employees who are providing services in the conduct of the performance of the Scope of Work under this Agreement complete at least one training in cultural competency per year.
- ii. Contractor will provide evidence, including sign in sheets, training syllabi, certificates of completion, and tracking sheets based on organizational charts, of Contractor staff receiving compliance training to County Quality Improvement annually.
- iii. Contractor shall ensure that interpretation services utilized for communications or treatment purposes are provided by interpreters who receive regular cultural competence and linguistic appropriate training. Training specifically in terms often used in the mental health field is recommended.

E. Participate in County and agency sponsored training programs to improve the quality of services to the diverse population in Solano County.

8. QUALITY IMPROVEMENT ACTIVITIES

A. Problem Resolution:

- i. Contractor shall adopt and implement the County Health and Social Services Department, Behavioral Health Division's Problem Resolution process.
 - 1. The County Problem Resolution process includes Grievance, Appeal, and Expedited Appeals, as stipulated in County policy *ADM141 Beneficiary Problem Resolution Process – Grievances*, *ADM142 Beneficiary Problem Resolution Process – Appeals*, *ADM143 Beneficiary Problem Resolution Process – Expedited Appeals*, *ADM132 Request to Change Service Provider*, and *AAA210 Beneficiary Right of a Second Opinion*.
 - a. Contractor is not a direct mental health service provider under the Mental Health Plan and therefore is not required to adhere to the Appeal, Expedited Appeal Process, Request to Change Service Provider or Beneficiary Right of a Second Opinion processes.
- ii. Contractor duties regarding Problem Resolution include, but are not limited to, the following:
 - 1. Contractor shall post County notices and make available County forms and other materials informing consumers of their right to file a grievance and appeal. Required materials include the following brochures: "Beneficiary Rights & Problem Resolution Guide" "Compliment/Suggestion Form", "Grievance Form", and the "Mental Health Service Act Issues Form". Contractor shall aid consumers in filing a grievance when requested and shall not retaliate in any manner against anyone who files a grievance.
 - 2. Contractor shall forward all Problem Resolution Process brochures written and completed by or on behalf of a consumer of the MHP to

County Quality Improvement, immediately but no later than 24 hours from receipt, whether or not Contractor has resolved the problem.

3. Contractor shall communicate and collaborate directly with the County Quality Improvement Problem Resolution Coordinator to provide any additional information needed regarding any follow up actions to investigate/resolve the problem identified through the problem resolution process.

B. Serious Incident Reports (SIRs):

- i. Contractor will communicate the occurrence of serious incidents to the County by completing an official County Serious Incident Report form following the process outlined in County policy ADM-1.10 Serious Incident Reporting, including but not limited to the following:
- ii. Contractor shall verbally notify County Quality Improvement immediately but no later than 4 hours after a serious incident.
- iii. Contractor shall fax the written SIR to County Quality Improvement within 24 hours of the incident or sooner.
- iv. Contractor shall communicate directly with the County Quality Improvement designee to provide any additional information needed regarding the reported incident.
- v. Contractor and County Behavioral Health Administration/ Quality Improvement shall discuss and develop recommendations to achieve more desired outcomes in the future.
- vi. Data breaches or security incidents are required to be reported to both County Quality Improvement and COUNTY HSS Compliance Unit concurrently immediately upon discovery and no later than 24 hours.

C. Contractor will work with partner agency to ensure monitoring safety and effectiveness of medication practices. If Contractor provides medication services, Contractor will establish official policy for monitoring medication practices, including operating a Medication Prescriber peer review process. Contractor policy will specifically address procedures Contractor utilizes to monitor prescribing to children and youth.

- i. Given partner agency does provide medication services Contractor can consult with partner agency on building protocols given a component of the training provided by Contractor includes psychiatric medication management.

D. Compliance Investigations:

- i. At any time during normal business hours and as often as the County may deem necessary, Contractor shall make available to County, State or Federal officials for examination all of its records with respect to all matters covered by this Agreement. Additionally, Contractor will permit County, State or Federal officials to audit, examine and make excerpts or transcripts from such records, and to make audits of all invoices, materials, payrolls, records of personnel, information regarding consumers receiving services, and other data relating to all matters covered by this Agreement.

9. CONFIDENTIALITY OF MENTAL HEALTH RECORDS

- A. Contractor warrants that Contractor is knowledgeable of Welfare and Institutions Code section 5328 respecting confidentiality of records. County and Contractor shall maintain the confidentiality of any information regarding consumers (or their families) receiving Contractor's services. Contractor may obtain such information from application forms, interviews, tests or reports from public agencies, counselors or any other source. Without the consumer's written permission, Contractor shall divulge such information only as necessary for purposes related to the performance or evaluation of services provided pursuant to this Contract, and then only to those persons having responsibilities under this Contract, including those furnishing services under Contractor through subcontracts.

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- B. Contractor and staff will be responsible for only accessing consumer data from the County's electronic health record for consumers for which they have open episodes of care and for which individual staff have a specific business purpose for accessing. All attempts to access consumer data that do not meet those requirements will be considered data breaches and Contractor is responsible for reporting such breaches to County Quality Improvement and HSS Department Compliance unit immediately or within 4 hours of discovery.
- C. In the event of a breach or security incident by contractor or contractor's staff, any damages or expenses incurred shall be at the expense of the contractor.

III. COUNTY SHALL BE RESPONSIBLE FOR THE FOLLOWING:

- 1. Provide technical assistance in the form of phone consultations, site visits and meetings to address challenges in implementation and performance of the Contract.
- 2. Providing feedback on performance measures objectives in a timely manner to seek a proactive solution.
- 3. Develop reporting forms not otherwise detailed in this Contract in coordination with Contractor.
- 4. Providing feedback on fiscal performance and process budget modifications and contract amendments as appropriate.

EXHIBIT B-1-1
May 1, 2017 - June 30, 2017**DIRECT COSTS**
For Service Delivery of Contracted Services

A. Personnel Expenses			
Job Title	FTE		Total (\$)
Director	.01		4,316
Administrative Director	.076		8,769
Education/Training Specialist	.45		43,710
Outcomes Analyst	.50		27,216
Total Salaries			84,011
Total Fringe Benefits (38%)			31,019
Total Personnel Expenses (Salaries + Fringe Benefits)			\$115,030

B. Operation Expenses			
Line Item			Total (\$)
Crossroads Diversified Services, Inc.			1,200
Training Materials			519
Travel			9,096
Total Operation Expenses			\$10,815

C. Indirect Expenses			
	%		Total(\$)
School of Medicine Dean's Tax and Department Overhead	27.7%		34,859
Total Indirect Expenses			\$34,859

TOTAL BUDGET	\$160,704
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EXHIBIT B-1-1
July 1, 2017 – June 30, 2018**DIRECT COSTS**
For Service Delivery of Contracted Services

A. Personnel Expenses			
Job Title	FTE		Total (\$)
Director	0.01		4,316
Administrative Director	0.05		6,250
Education/Training Specialist	0.3		33,600
Outcomes Analyst	0.4		35,155
Total Salaries			79,321
Total Fringe Benefits (39.4%)			31,190
Total Personnel Expenses (Salaries + Fringe Benefits)			\$110,511

B. Operation Expenses			
Line Item			Total(\$)
Crossroads Diversified Services, Inc.			0
Training Materials			500
Travel			12,000
Total Operation Expenses			\$12,500

C. Indirect Expenses			
	%		Total
School of Medicine Dean's Tax and Department Overhead	28.7%		35,304
Total Indirect Expenses			\$35,304

TOTAL BUDGET	\$158,315
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EXHIBIT D-1
SPECIAL TERMS AND CONDITIONS

1. CONTRACT EXTENSION

Notwithstanding Sections 2 and 3 of the Standard Contract, and unless terminated by either party prior to contract termination date, at County's sole election, this Contract may be extended for up to 90 days beyond the contract termination date to allow for continuation of services and sufficient time to complete a novation or renewal contract. In the event that this Contract is extended, compensation for the extension period shall not exceed \$39,579.

2. DRUG FREE WORKPLACE

Contractor shall execute the form attached as Exhibit D-1.

3. CHILD/ADULT ABUSE

Contractor shall execute the forms attached as Exhibits D-2 and D-3.

4. HIPAA COMPLIANCE-COVERED ENTITY TO COVERED ENTITY

County and Contractor each consider and represent themselves as covered entities as defined by the U.S. Health Insurance Portability and Accountability Act and agree to use and disclose protected health information as required by law. County and Contractor acknowledge that the exchange of protected health information between them is only for treatment, payment, and health care operations.

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EXHIBIT D-1

SOLANO COUNTY

DRUG-FREE WORKPLACE CERTIFICATION

(rev-09/01/94)

The Regents of the University of California on behalf of University of California Davis Health

Contractor certifies compliance with Government Code section 8355 in matters relating to providing a drug-free workplace. Contractor will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code section 8355(a).
2. Establish a Drug-Free Awareness Program as required by Government Code section 8355(b), to inform employees about all of the following:
 - (a) The dangers of drug abuse in the workplace;
 - (b) The person's or organization's policy of maintaining a drug-free workplace;
 - (c) Any available counseling, rehabilitation and employee assistance programs; and
 - (d) Penalties that may be imposed upon employees for drug abuse violations.
3. Provide, as required by Government Code section 8355(c), that every employee who works on the proposed contract or grant:
 - (a) Will receive a copy of the company's drug-free policy statement; and
 - (b) Will agree to abide by the terms of the company's statement as a condition of employment on the contract or grant.

CERTIFICATION

I certify that I am duly authorized legally to bind the Contractor to the above-described certification. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California.



Contractor Signature

Annie Wong, Director, UC Davis Health Contracts

6-19-2017

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EXHIBIT D-2

CHILD ABUSE REPORTING REQUIREMENTS

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge of, or observes a child in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects, has been the victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone, and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

I, the undersigned, have read and understand the requirements of Penal Code section 11166 and will comply with its provisions.

I agree to report to my immediate supervisor any suspected child abuse situations of which I am aware and will report directly to the Child Protective Services as necessary.



Contractor Signature
Tara Niendam, Ph.D., Executive Director, UC Davis SacEDAPT Clinic

County of Solano
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EXHIBIT D-3

ADULT ABUSE REPORTING REQUIREMENTS

Welfare and Institutions Code section 15630 and following:

The undersigned, having read the statement below, signifies knowledge and understanding of its provisions:

Section 15630 of the Welfare and Institutions Code requires any care custodian, health practitioner, or employee of an adult protective services agency or a local law enforcement agency who has knowledge of, or observes a dependent adult, in his or her professional capacity or within the scope of his or her employment who he or she knows has been the victim of physical abuse, or who has injuries under circumstances which are consistent with abuse where the dependent adult's statements indicate, or in the case of a person with developmental disabilities, where his or her statements or other corroborating evidence indicates that abuse has occurred, to report the known or suspected instance of physical abuse to an adult protective services or a local law enforcement agency immediately or as soon as practically possible by telephone and to prepare and send a written report, thereof, within 36 hours of receiving the information concerning the incident.

"Care Custodian" means an administrator or an employee of any of the following public or private facilities:

- | | |
|---|---|
| 1. Health facility | 12. Licensing worker or evaluator |
| 2. Clinic | 13. Public assistance worker |
| 3. Home health agency | 14. Adult protective services agency |
| 4. Educational institution | 15. Patient's rights advocate |
| 5. Sheltered workshop | 16. Nursing home ombudsman |
| 6. Camp | 17. Legal guardian or conservator |
| 7. Respite care facility | 18. Skilled nursing facility |
| 8. Residential care institution
including foster homes and
group homes | 19. Intermediate care facility |
| 9. Community care facility | 20. Local Law enforcement agency |
| 10. Adult day care facility,
including adult day health
care facilities | 21. Any other person who provides
goods or services necessary to
avoid physical harm or mental
suffering and who performs duties |
| 11. Regional center for persons
with developmental disabilities | |

"Health Practitioner" means a physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, marriage, family and child counselor or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, a person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, or psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, a state or county public health employee who treats a dependent adult for any condition, a coroner, or a religious practitioner who diagnoses, examines, or treats dependent adults.

I certify that a full copy of Welfare and Institutions Code section 15630 and following has been provided to me, and I have read and understand the above statement and will comply with its provisions.



Contractor Signature

Tara Niendam, Ph.D., Executive Director, UC Davis SacEDAPT Clinic