

DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

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

Curley L. Bonds, M.D. Chief Deputy Director Clinical Operations

May 14, 2019

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:

ADOPTED

BOARD OF SUPERVISORS COUNTY OF LOS ANGELES

45 May 14, 2019

CELIA ZAVALA
EXECUTIVE OFFICER

Gregory C. Polk, M.P.A.
Chief Deputy Director
Administrative Operations

APPROVAL TO EXTEND SERVICE AGREEMENTS WITH SIX PROVIDERS
TO OPERATE EIGHT DROP-IN CENTERS FOR TRANSITION AGE YOUTH SERVICES
FOR FISCAL YEAR 2019-20
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)

SUBJECT

Request approval to extend the existing Service Agreements with six providers for the continued provision of Drop-In Center Services for Transitional Age Youth in each Service Area, on a month-to-month basis, for Fiscal Year 2019-20.

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 (Amendment), to extend the term of six existing Service Agreements as listed on Attachment II, to continue to operate Drop-In Center Services for Transition Age Youth (TAY) on a month-to-month basis for one year, effective July1, 2019 through no later than June 30, 2020 while the Department of Mental Health (DMH) works on releasing a solicitation for these services. The aggregated Total Contract Amount (TCA) for all six providers is \$5,200,000 and is 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 Agreements, provided that: the County's total payments to the Contractor 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.

The Honorable Board of Supervisors 5/14/2019
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3. Delegate authority to the Director, or his designee, to terminate the Agreements in Recommendation 1 in accordance with the Agreements' termination provisions, including Termination for Convenience, upon written notification to your Board and Chief Executive Officer.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Board approval of Recommendation 1 will allow DMH to extend the Agreements with six providers to continue to operate Drop-In Centers for TAY services.

Board approval of Recommendations 2 and 3 will allow DMH to amend the Agreements as necessary to sustain the program or terminate it.

Extension of the Agreements are necessary to allow the six service providers who provide Drop-In Center services, within all eight Services areas (SA), to continue to provide temporary safety and basic supports (e.g., showers, meals, clothing, referrals, vouchers, etc.) to Seriously Emotionally Disturbed (SED) and Severely and Persistently Mentally III (SPMI) TAY who are homeless or at risk of homelessness and difficult-to-reach, and who will otherwise remain un-served. Drop-In Centers have a strong emphasis on outreach and engagement to difficult-to-reach TAY, as well as linkage of TAY to a range of resources that promote stability and self-sufficiency.

We anticipate the number of TAY clients to be served at these eight Drop-In Centers to be approximately 3,673 in FY 2019-20.

Implementation of Strategic Plan Goals

The recommended actions are consistent with the County Strategic Plan Goal I, Make Investments that Transform Lives, specifically Strategy I.1, Increase Our Focus on Prevention Initiatives, and Strategy I.2, Enhance Our Delivery of Comprehensive Interventions.

FISCAL IMPACT/FINANCING

For FY 2019-20, the aggregated TCA for all six providers is \$5,200,000. This action is fully funded by State MHSA revenue and included in DMH's FY 2019-20 Recommended Budget.

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

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Drop-In Center services for TAY is a component of Los Angeles County's MHSA Community Services and Supports (CSS) Plan.

There is one Drop-In Center in each SA, with two contractors, Penny Lane Centers and Good Seed Church of God in Christ, Inc. having Drop-In Centers in two different SAs.

The attached Amendment format (Attachment I) has been approved as to form by County Counsel.

Attachment II lists the Drop-In Center contract addresses, the SA and Supervisorial District, as well as the TCA for each contract.

The Honorable Board of Supervisors 5/14/2019
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On April 4, 2019, in accordance with Board Policy No. 5.100, DMH notified your Board (Attachment III) of our intent to extend the term of these contracts for FY 2019-20 while a solicitation is completed. Due to the recent revisions to the Policy No. 5.100, and confusion surrounding the revisions, County departments recently learned that many of them misinterpreted the policy and did not consider extensions of previously solicited agreements to be sole source in nature. DMH, being one of those departments, was late in submitting its notification to your Board regarding the term extension request for these Agreements.

DMH program administration staff will administer and monitor adherence to the Service Agreements to ensure that the Drop-In Center services are provided in accordance with the terms and conditions of the Agreement.

CONTRACTING PROCESS

On October 4, 2016, your Board approved the Service Agreements with Penny Lane Centers, The Village Family Services, Pacific Clinics, Los Angeles LGBT Center, and Good Seed Church of God in Christ, Inc. to provide Drop-In Center services for TAY in SAs 1, 2, 3, 4, 6, 7, and 8. On January 6, 2015, your Board approved the Service Agreement with Step Up on Second Street to provide Drop-In Center services for TAY in SA5. All six providers were selected through a formal competitive solicitation process. All six Agreements are due to expire on June 30, 2019.

<u>IMPACT ON CURRENT SERVICES (OR PROJECTS)</u>

Board approval of the recommended actions will allow for the continued provision of TAY Drop-In Center services. This will ensure the TAY throughout the County have uninterrupted access to temporary safety and basic supports in a low-demand/high-tolerance environment while DMH completes the solicitation process for such services.

Respectfully submitted,

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

1586

Director

JES:GP:ES:SK:RLR:dg

Enclosures

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

CONTRACT NO. MH190XXX

| AMENDMENT N | IO |
|-------------|----|
|-------------|----|

| THIS AMENDMENT is made and entered into this <u>14th</u> day of <u>N</u> | <u>May,</u> 2019, by and |
|---|--------------------------|
| between the COUNTY OF LOS ANGELES (hereafter "County") and | |
| (hereafte | er "Contractor"). |

WHEREAS, County and Contractor have entered into a written Agreement, dated October 4, 2016 or January 6, 2015, identified as County Agreement No. MH190XXX, and any subsequent amendments (hereafter collectively "Agreement"); and

WHEREAS, County and Contractor intend to amend this Agreement only as described hereunder; and

WHEREAS, on May 14, 2019, the Board of Supervisors delegated authority to the Director of Mental Health, or designee, to execute amendments to the Contract; and

WHEREAS, County and Contractor intend to amend Agreement to extend the term of this Agreement, effective July 1, 2019 and continuing on a month-to-month basis through June 30, 2020, to avoid a disruption in services while the Department of Mental Health (DMH) completes its pending Request for Services solicitation process to provide Drop-In Center services to Transition-Age Youth (TAY) for access to temporary safety and basic services and supports in a low-demand/high-tolerance environment; and

WHEREAS, the Total Compensation Amount (TCA) for Fiscal Year (FY) 2019-20 to cover the remaining 12 months' extension period shall be \$650,000 OR \$1,300,000 (for Penny Lane Centers & The Good Seed only); 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 Agreement shall be amended only as follows:

- For FY 2019-20, the term of this Agreement is extended effective <u>July 1, 2019</u> and continuing on a month-to-month basis through <u>June 30, 2020</u>. For FY 2019-20, the TCA is \$650,000 OR \$1,300,000 (for Penny Lane Centers and The Good Seed, only).
- 2. Agreement, Paragraph 1 (<u>TERM</u>), Subparagraph B (<u>Automatic Renewal Period(s</u>) number (3) is added to Agreement as follows:
 - "(3) The Term of this Agreement may be extended by the Director of Mental Health, or designee, beyond the expiration date on a month-to-month basis, for a period time not to exceed 12 months through June 30, 2020, upon the mutual consent of the parties. All provisions of the Agreement in effect on the date the extension term commences shall remain in effect for the duration of the extension, including, but not limited to, the Total Compensation Amount set forth in Paragraph 5 (COMPENSATION)."
- 3. Paragraph 5 (<u>COMPENSATION</u>), Subparagraph A is deleted in its entirety and replaced as follows:
 - "A. In consideration of the performance by Contractor in a manner satisfactory to County of the services described in Appendix A \underline{X} Statement of Work,

Contractor shall be paid in accordance with the Payment Schedule established in Appendix B - \underline{X} .

In no event shall Contractor be reimbursed under this Agreement for any services provided to any client whose approved referral to Contractor hereunder has been cancelled by the Director. In such circumstance, County shall not reimburse Contractor hereunder for the particular client after the date Director cancels the client's approved referral.

Contractor shall submit Drop-In Center Services Cost Invoice (Attachment I to Appendix B $-\underline{X}$) to County which shall include as supporting documentation, Attachment II to Appendix B $-\underline{X}$ form monthly."

- 4. Appendix B \underline{X} (Payment Schedule) for FY 2019-20 is added to Agreement, attached hereto and incorporated herein by reference.
- 5. 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 Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

| By |
|-----------------------------|
| CONTRACTOR |
| By |
| Name |
| Title_ |
| (AFFIX CORPORATE SEAL HERE) |

COUNTY OF LOS ANGELES

APPROVED AS TO FORM: OFFICE OF THE COUNTY COUNSEL

JN:FY 19-20 Drop-In Centers extension Amd format 032719

APPENDIX B – X PAYMENT SCHEDULE

MENTAL HEALTH SERVICES ACT (MHSA) DROP-IN CENTERS FOR TRANSITION-AGE YOUTH (TAY) AGES 16 – 25

1. TOTAL CONTRACT AMOUNT

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| Fiscal Year (FY) | TAY Drop-In Services (CSS) | Seeking Safety (PEI) | Total Amount |
|---------------------|----------------------------|----------------------|--------------|
| 2019-20 | \$500,000 | \$150,000 | \$650,000 |

| ii) For Service Area: X located at: | | (only | applies |
|-------------------------------------|--|-------|---------|
| to Penny Lane Centers and | d The Good Seed Church of God in Christ, Inc.) | | |

| FY | TAY Drop-In Services (CSS) | Seeking Safety (PEI) | Total Amount |
|---------|----------------------------|----------------------|--------------|
| 2019-20 | \$500,000 | \$150,000 | \$650,000 |

2. PAYMENT SCHEDULE

The purpose of these funds are to be utilized for extended hours for TAY Drop-In Centers that are already providing Drop-In Center services during regular business hours. Drop-In Centers will continue to utilize their own funding to provide regular business hours for their TAY Drop-In Center. This Agreement is only for extended hours of operation for Drop-In Centers, as described in the Appendix A (Statement of Work (SOW) - \underline{X} .

For the Drop-In Center services described in Appendix A (SOW) $-\underline{X}$, DMH shall pay to Contractor an annual total not to exceed \$650,000 for each Service Area (SA) (if applicable) for services rendered during FY 2019-20. For FY 2019-20, Contractors will be limited to invoice at a maximum of \$41,666.67 per month for MHSA-CSS and a maximum of \$12,500 for MHSA-PEI.

Payment to Contractor shall be based on original invoices, submitted monthly in arrears by Contractor. Monthly invoices shall include separate details for operational and other program costs respectively. No payment shall be made for Drop-In Center services delivered beyond those services and supports indicated in Appendix A (SOW) – \underline{X} and which can be substantiated with supporting documentation. Reimbursement for Drop-In Center services shall be based on the following Fee Schedules. Amounts that exceed the Yearly Maximum Invoice Amount will only be considered after discussion and approval from the County Project Manager **prior** to the expenses being incurred. The DMH designated TAY staff will review the invoices and supporting documentation to ensure that the

Drop-In Center services and supports rendered are in substantial compliance with the requirements described in Appendix A (SOW) – \underline{X} . These attachments and invoices are pertinent to only your Drop-In Center.

3. FEE SCHEDULE

| DROP-IN CENTERS FOR TAY FEE SCHEDULE (CSS) | | |
|--|--|--|
| CATEGORY | ANNUAL MAXIMUM INVOICE AMOUNT FY 2019-20 | |
| Direct Staffing: | \$260,000 | |
| Supports for Youth: Nutritional meals, healthy snacks Access to transportation (e.g. bus tokens, Metro TAP Cards) Hygiene products Group supplies (e.g. therapeutic manuals, art supplies, computer software) Recreational Supplies (e.g. playing cards, board games, Dominoes, Wi-Fi access, DVD movies) Small appliance/equipment (justification report must be submitted) Outreach and engagement supplies Furniture repair/replacement (justification report must be submitted) Clothes Blankets (agency purchase) DMV CDL/ID Vouchers Birth Certificates Food Gift Card – up to \$25 per person (one time use per client) School Supplies – up to \$50 per client (one time use per client) 'Motels/Hotels, \$50-\$100 per night (pre-approval required for stays over 5 nights) Client Incentives – gift cards up to \$25 (phone, food, Amazon, iTunes, etc.) | \$65,000 | |
| Operational Costs: | \$75,000 | |

 $^{^{\}rm 1}$ TAY who do not qualify for any other program and have no benefits.

| Administrative Support Repair (incident report must be submitted) Security guard(s) | |
|---|-----------|
| One (1) Full Time Equivalent (FTE) Peer Support Specialist: Serve as a bridge between providers and consumers to coordinate client care Provide advocacy to access services to medical, mental health, economic, and legal Teach basic life skills, coping skills and self-help strategies One (1) FTE Employment Specialist: Helps clients with career development including job search Assist TAY with resume preparation, interview coaching, and support throughout the employment process. | \$100,000 |
| Start-Up/One-Time Costs (during first year of initial Agreement): (These costs are to accommodate the extended hours of operation). • Building Upgrades • Equipment Costs • This funding will not be utilized to purchase vehicle for program hours | \$0 |
| ANNUAL GRAND TOTAL FOR CSS: | \$500,000 |

| DROP-IN CENTERS FOR TAY FEE SCHEDU | LE (PEI) |
|---|--|
| CATEGORY | ANNUAL MAXIMUM INVOICE AMOUNT FY 2019-20 |
| 1.5 Full Time Equivalent (FTE) Trained Licensed Clinical Professional/Licensed Waivered Clinician Deliver Seeking Safety for TAY Serve as on-site clinician to respond to clinical urgencies, during all hours of extended operation. Training costs for clinical staff. | \$127,500 |
| Operational Costs: • Administrative Support | \$22,500 |
| ANNUAL GRAND TOTAL FOR PEI: | \$150,000 |

4. PAYMENT PROCEDURES

Contractor shall submit monthly invoices (**Drop-In Center Services Cost Invoice**) Attachment I for actual cost incurred for services provided under the SOW. Contractor shall also submit monthly staff roster and monthly reported extended hours - Attachment II, 4 pages. The monthly Invoice and Attachment II to Appendix B (Payment Schedule) is due 60 days from the last day of service. *If invoice is not received within 60 days from last day of service, payment will be forfeited.* Contractor shall retain all relevant supporting documents and make them available to DMH at any time for audit purposes. Invoices shall be specific as to the type of services being provided. All purchases made with MHSA funding require attached copies of receipts with the invoice.

Upon receipt and approval of original invoices from Contractor, DMH shall make payment to Contractor within forty-five (45) days of the date the invoice was approved for payment. If any portion of the invoice is disputed by DMH, DMH shall reimburse Contractor for the undisputed services contained in the invoice and work diligently with <u>agency name</u> to resolve the disputed portion of the claim in a timely manner.

Under Operational Costs and Repair costs, a proposal/quote must be submitted to County Project Manager to obtain approval **prior** to the expenses being incurred.

5. <u>DESIGNATED DMH CONTACT PERSON</u>

All questions and correspondence should be directed to:

Joo Yoon, LCSW
Health Program Analyst III
Contracts Management Monitoring Division
Los Angeles County – Department of Mental Health
550 S. Vermont Avenue, 4th Floor
Los Angeles, CA 90020
(213) 351-6669

Invoices should be directed to:

DMH Provider Reimbursement Section: County of Los Angeles – Department of Mental Health 550 S. Vermont Avenue, 8th Floor Los Angeles, CA 90020

6. FUNDING PROVISIONS

The MHSA-CSS funding available through this Agreement is intended to be utilized solely for the Drop-In Center's extended hours of operation (minimum of 18 hours on the weekdays, Monday – Friday and a minimum of 12 hours on weekend-days, Saturday – Sunday). The Drop-In Centers shall utilize this funding to provide services outlined in Appendix A – \underline{X} (SOW) for FY 2019-20. Ongoing funding for this program is contingent upon on the availability of the funding from the State as well as continued approval of MHSA-CSS invoices submitted by the Contractor. All costs must be related to the provision of Drop-In Center services during the extended hours of operation. Funding shall not be used for planning.

The MHSA-PEI funding available through this Agreement is intended to be utilized solely for the implementation of Seeking Safety and a clinician to respond to clinical urgencies, provide case management to secure resources for client, family and significant others, during all hours of extended operation. The Drop-In Centers shall utilize this funding to provide these services listed, as outlined in Appendix A – \underline{X} (SOW). Ongoing Funding for this program is contingent upon the availability of funding from the State. All costs must be related to the provision of Drop-In Center services during the extended hours of operation. Funding shall not be used for planning.

For FY 2019-20, Contractors will be limited to invoice at a maximum of \$41,666.67 per month for MHSA-CSS and a maximum of \$12,500 for MHSA-PEI.

Los Angeles County - Department of Mental Health Drop-In Center Services Cost Invoice Fiscal Year:

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County of Los Angeles - Department of Mental Health Attn: Provider Reimbursement Section 550 S. Vermont Ave, 8th Floor Los Angeles, CA 90020

| Legal Entity / Provider Name: |
|--|
| Service Area: |
| DMH Contract No |
| DMH Vendor Number: |
| Program: <u>Drop-In Centers for Transition-Age Youth (TAY)</u> |
| Funding Source: <u>MHSA – CSS</u> Month/Year of Service: |

| | DESCRIPTION | AMOUNT |
|----|---|--------|
| | DESCRIPTION OF COSTS FOR EXTENDED DAYS AND HOURS: | |
| 1. | 2. Start-Up/One-Time Costs (during first year of Initial Agreement): (These costs are to accommodate the extended hours of operation). • Building Upgrades • Equipment Costs | |
| | 2. Direct Staffing (Salary): The center shall provide a minimum of 3 staff to provide Drop-In Center services during extended hours Benefits Training costs for new staff Supplies | |
| | 3. Supports for Youth: Nutritional meals, healthy snacks Access to transportation (e.g. bus tokens, Metro TAP Cards) Hygiene products Group supplies (e.g. therapeutic manuals, art supplies, computer software) Recreational Supplies (e.g. playing cards, board games, Dominoes, Wi-Fi access, DVD movies) Small appliance/equipment (justification report must be submitted) Outreach and engagement supplies Furniture repair/replacement (justification report must be submitted) Clothes Blankets (agency purchase) | |

| DMV CDL/ID Vouchers | | | |
|---|-------------------|------|---|
| Birth Certificates | | | |
| Food Gift Card – up to \$25 per person (one time use per cli | ent) | | |
| School Supplies – up to \$50 per client (one time use per client) | <i>'</i> | | |
| Motels/Hotels, \$50-\$100 per night (pre-approval required fo | , | | |
| nights) | | | |
| Client Incentives – gift cards up to \$25 (phone, food, Amazo | on, iTunes, etc.) | | |
| 4. Support Staff – Center shall provide a minimum of 2 staff to pro Center services during extended hours, as follows: One (1) FTE Peer Support Specialist | ovide Drop-In | | |
| o Benefits | | | |
| Training costs for new staff | | | |
| o Supplies | | | |
| One (1) FTE Employment Specialist | | | |
| o Benefits | | | |
| Training Costs for new staff | | | |
| o Supplies | | | |
| 5. Operational Costs | | | |
| Utilities | | | |
| Insurance | | | |
| Housekeeping/janitorial | | | |
| Administrative Support | | | |
| Repair (incident report must be submitted) | | | |
| Security guard(s) | | | |
| I hereby certify that all information contained above are services and costs eligible under the terms and conditions for reimbursement under MHSA TAY Drop-In Center Services and is true and correct to the best of my knowledge. These services and costs are Solely for Extended Days and Hours of Operation including weekdays, Saturdays and/or Sundays. All supporting documentation will be maintained in a separate file for the period specified under the provisions of the Consultant agreement. | TOTAL | \$ - | |
| Signature: Date: | | | |
| Print Name: | | | |
| Title: Phone: | | | |
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| LAC-DMH Program Approval | , , | | |
| Approved by (signature) Date: | | | |
| Print Name: Title: | | | _ |

FOR DROP-IN CENTER HOURS OF OPERATION AND STAFF SCHEDULE

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH TRANSITION AGE YOUTH DIVISION

Drop-In Center Extended Hours

This form is to be included with each invoice.

Legal Entity/Provider Name:

DMH Contract Number:

Extended Hours of Operation:

Open to Closing

| Month/Year of Service: | | | | | | | | <u>-</u> |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-------------|
| | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Costs Tabal |
| Date: | | | | | | | | Sub-Total |
| Regular Hours of Operation: | | | | | | | | |

| DATE WEEK 1 | Name | Staff Title/ Volunteer | EXTENDED HOURS Start/End Time | DATE WEEK 1 | Name | Staff Title/ Volunteer | EXTENDED HOURS Start/End Time |
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FOR DROP-IN CENTER HOURS OF OPERATION AND STAFF SCHEDULE

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| Extended Hours of Operation: Open to Closing | 5 | | | B: 8 | | 0B | | |

| DATE WEEK 2 | Name | Staff Title/ Volunteer | EXTENDED HOURS Start/End Time | DATE WEEK 2 | Name | Staff Title/ Volunteer | EXTENDED HOURS Start/End Time |
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FOR DROP-IN CENTER HOURS OF OPERATION AND STAFF SCHEDULE

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| Date: | | | | | | | | Sup-Total |
| Regular Hours of Operation: Open to Closing | | | | | | | | 2 |
| Extended Hours of Operation: Open to Closing | | | | | | | | |

| DATE WEEK 3 | Name | Staff Title/ Volunteer | EXTENDED HOURS Start/End Time | DATE WEEK 3 | Name | Staff Title/ Volunteer | EXTENDED HOURS Start/End Time |
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Attachment II to Appendix B Page 4 of 4

FOR DROP-IN CENTER HOURS OF OPERATION AND STAFF SCHEDULE

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| Date: | | | | | 8 | | | Sub-Total |
| Regular Hours of Operation: Open to Closing | | | 2 | S | | | | |
| Extended Hours of Operation: Open to Closing | | | | | | | | |

| DATE WEEK 4 | Name | Staff Title/ Volunteer | EXTENDED HOURS Start/End Time | DATE WEEK 4 | Name | Staff Title/ Volunteer | EXTENDED HOURS Start/End Time |
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Total Number of Regular Hours of Operation (Non-MHSA Funded):

Total Numbers of Extended Hours of Operation (MHSA Funded):

I hereby certifiy that all information contained above are the hours of operation (normal and extended) provided and is tru and correct to the best of my knowledge.

Signature:

Date:

Los Angeles County - Department of Mental Health Seeking Safety Cost Invoice Fiscal Year:

| Send To (Original): County of Los Angeles - Department of Ment Attn: Provider Reimbursement Section 550 S. Vermont Ave, 8th Floor Los Angeles, CA 90020 | al Health | | |
|---|---|-------|--------|
| Legal Entity / Provider Name: | | | |
| Service Area: | | | |
| DMH Contract No. | _ | | |
| DMH Vendor Number: | | | |
| Program: Seeking Safety Project | | | |
| Funding Source: MHSA – PEI Month/Year of Service: | | | |
| DESCRIPT | TION | | AMOUNT |
| DESCRIPTION OF COSTS:1. Direct Staffing (Salary): | | | |
| 1.5 FTE Clinical StaffBenefits | | | |
| Training costs for clinical staffSupplies | | | |
| 2. Operational CostsAdministrative Support | | | |
| I hereby certify that all information contained above are the terms and conditions for reimbursement under MH- true and correct to the best of my knowledge. These s Seeking Safety. All supporting documentation will be r period specified under the provisions of the Consultant | SA PEI – Seeking Safety and is ervices and costs are Solely for maintained in a separate file for the | TOTAL | |
| Signature: | Date: | | |
| Print Name: | _ | | |
| Title: Phone | : | | |

LAC-DMH Program Approval

 Approved by (signature)
 Date: ______

 Print Name: _____
 Title: ______

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH TRANSITION AGE YOUTH (TAY) SYSTEM OF CARE BUREAU TAY Drop-In Center Total Contract Amounts (TCA) for Fiscal Year 2019-20 (Month-to-Month Basis)

| ITEM NO. | AGENCY NAME / HEADQUARTERS | SUPERVISORIAL DISTRICT (HEADQUARTERS) | SERVICE AREA(S) | SERVICE AREA ADDRESS | MHSA CSS Funding | MHSA PEI Funding | TCA FY 2019-20 |
|-------------|---|---|--------------------|--|---------------------|---------------------|-------------------|
| | Penny Lane Centers | 2 | 1 | 43520 Division Street Lancaster, CA 93535 | \$500,000 | \$150,000 | \$650,000 |
| | 1 15305 Rayen St. North Hills, CA 91434 | 3 | 7 | 5628 East Slauson Ave. Commerce, CA 90040 | \$500,000 | \$150,000 | \$650,000 |
| | The Village Family Services 6736 Laurel Canyon Blvd. #200 North Hollywood, CA 91606 | 3 | 2 | 6801 Coldwater Canyon Blvd. North Hollywood, CA 91606 | \$500,000 | \$150,000 | \$650,000 |
| 3 | Pacific Clinics 800 S. Santa Anita Ave. Arcadia, CA 91006 | 5 | 3 | 13001 Ramona Blvd. Irwindale, CA 91706 | \$500,000 | \$150,000 | \$650,000 |
| 4 | Los Angeles LGBT Center 1625 N. Schrader Blvd. Los Angeles, CA 90028 | 3 | 4 | 1220 N. Highland Ave. Los Angeles, CA 90038 | \$500,000 | \$150,000 | \$650,000 |
| 5 | Step Up on Second Street, Inc 1328 2nd Street, Santa Monica, CA 90401 | 3 | 5 | 1619 Santa Monica Blvd. Santa Monica, CA 90404 | \$500,000 | \$150,000 | \$650,000 |
| | Good Seed Church of God in Christ, Inc. 6568 5th Ave. | 2 | 6 | 2814 W. Martin Luther King Jr. Los Angeles, CA 90008 | \$500,000 | \$150,000 | \$650,000 |
| | Los Angeles, CA 90043 | | 8 | 1230 Pine Avenue Long Beach, CA 90813 | \$500,000 | \$150,000 | \$650,000 |
| тот | AL | | | | \$4,000,000 | \$1,200,000 | \$5,200,000 |



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

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

Curley L. Bonds, M.D. Chief Deputy Director Clinical Operations **Gregory C. Polk, M.P.A.**Chief Deputy Director
Administrative Operations

April 3, 2019

TO:

Supervisor Janice Hahn, Chair

Supervisor Hilda L. Solis

Supervisor Mark Ridley-Thomas

Supervisor Sheila Kuehl Supervisor Kathryn Barger

FROM:

Jonathan E Sperin, M.D., Ph.D.

Director

SUBJECT:

NOTIFICATION OF EXTENSION OF SERVICE AGREEMENTS WITH SIX PROVIDERS TO OPERATE DROP-IN CENTER PROGRAMS FOR TRANSITION AGE YOUTH SERVICES ON A SOLE SOURCE BASIS

This is to notify your Board that in accordance with Board Policy No. 5.100, the Department of Mental Health (DMH) intends to extend the Service Agreements with the following six service providers: Los Angeles LGBT Center, Step Up on Second Street, Inc., Good Seed Church of God in Christ, Inc., Penny Lane Centers, Pacific Clinics, and The Village Family Services, to operate Drop-In Center Programs for Transition Youth (TAY) Services, ages 16-25, in all eight Service Areas.

DMH will request that your Board approve an amendment to extend the Service Agreements with the six TAY Drop-In Center service providers listed above on a sole source basis, for one Fiscal Year (FY), effective July 1, 2019, through June 30, 2020. The Total Contract Amount of \$5,200,000 for all six providers is fully funded by State Mental Health Services Act (MHSA) revenue. The existing Agreements are due to expire on June 30, 2019.

Penny Lane Centers, The Village Family Services, Pacific Clinics, Los Angeles LGBT Center, and Good Seed Church of God in Christ, Inc. were selected through a formal competitive solicitation process to provide Drop-In Center programs for TAY in SA 1, 2, 3, 4, 6, 7, and 8. On October 4, 2016, your Board approved the Service Contracts, with initial terms through June 30, 2017 and two automatic one-year extension periods through June 30, 2019, with the aforementioned contractors.

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Step Up on Second Street, Inc. was selected through a formal competitive solicitation process to provide Drop-In Center programs for TAY in SA 5. On January 6, 2015, your Board approved the Service Contract, with an initial term through June 30, 2015, and on May 19, 2015, your Board approved an amendment to extend the term of the Service Agreement through June 30, 2018. On May 8, 2018, your Board approved an Amendment to extend the term of the Contract through June 30, 2019, to ensure uniformity of the contract term among all Service Agreements for Drop-In Centers for TAY.

JUSTIFICATION

The extension of these Contracts are necessary to continue providing very essential services to the community without disruption, while DMH is in the process of completing and releasing a new solicitation for such services. The Drop-In Center Program for TAY is a component of Los Angeles County's MHSA Community Services and Supports (CSS) Plan. Drop-In Centers have a strong emphasis on outreach and engagement to difficult-to-reach TAY who will otherwise remain un-served, as well as a strong emphasis on linkage of TAY to a range of resources that promote stability and self-sufficiency. Drop-In Centers are intended as entry points to the mental health system for Seriously Emotionally Disturbed and Severely and Persistently Mentally III TAY who are living on the street or in unstable living situations. Drop-In Centers provide low-demand/high tolerance environments in which youth can find temporary safety and basic supports. TAY accessing Drop-In Centers have an opportunity to build trusting relationships with the staff persons who can connect them to the services and supports this population needs in order to work toward stability and recovery.

NOTIFICATION TIMELINE

According to 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. Due to the recent revisions to the Policy No. 5.100, and confusion surrounding the revisions, County departments just learned that many of them misinterpreted the policy and did not consider extensions of previously solicited agreements to be sole source in nature. Thus, DMH, being one of those departments, is a little late in submitting its notification to your Board regarding the term extension request for these Agreements.

Unless otherwise instructed by your Board office, within two weeks, DMH will proceed to work with the Office of the County Counsel and the Chief Executive Office in preparing sole source contract amendments.

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If you have questions or require additional information, please contact me at (213) 738-4601, or your staff may contact Stella Krikorian, Division Manager, at (213) 738-4023.

JES:GP:ES:SK:dg

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel
Gregory Polk
Edgar Soto
Kimberly Nall
Stella Krikorian
Terri Boykins