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# County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration  
500 West Temple Street, Room 713, Los Angeles, California 90012  
(213) 974-1101  
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA  
Chief Executive Officer

February 10, 2014

To: Supervisor Don Knabe, Chairman  
Supervisor Gloria Molina  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Michael D. Antonovich

From: William T Fujioka  
Chief Executive Officer

Board of Supervisors  
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Fifth District

## **STATUS REPORTS ON COUNTY EFFORTS TO OPEN THE NEW MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL (ITEM NO. 45-A, AGENDA OF NOVEMBER 12, 2013)**

On November 12, 2013, on motion of Supervisor Mark Ridley-Thomas, your Board directed the Chief Executive Officer (CEO), in coordination with the Department of Health Services, to submit quarterly written status reports to the Board that describe the status of efforts to open the new Martin Luther King, Jr. Community Hospital.

Since November 2012, there has been continued progress towards the goal of opening the new hospital in early 2015. The financial framework approved by the County in 2010 was updated to reflect better financial assumptions based on a more comprehensive understanding of the operating expenses for the hospital during the pre-opening phase. In December 2012, your Board authorized the transfer of funds to Martin Luther King, Jr.-Los Angeles Healthcare Corporation (MLK-LA) to assist with pre-hospital opening activities. Additionally, your Board approved a joint contract with MLK-LA and Cerner Corporation to develop MLK-LA's electronic health records system. These efforts were critical for keeping with the timetable for pre-hospital activities as identified by MLK-LA.

The County's financial commitment and other provisions governing the County's lease of the hospital to MLK-LA, as well as the details of the operating partnership between the hospital and the Department of Health Services, are anticipated to be presented to your Board in late February/early March 2014.

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We will continue to keep your Board informed on a quarterly basis of any material developments. If you have any questions or require additional information, please contact me, or your staff may contact Gregory Polk at (213) 974-1160 or [gpolk@ceo.lacounty.gov](mailto:gpolk@ceo.lacounty.gov).

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021014\_HMHS\_MBS\_MLK Item No. 45 Agenda of 111213



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WILLIAM T FUJIOKA  
Chief Executive Officer

May 12, 2014

To: Supervisor Don Knabe, Chairman  
Supervisor Gloria Molina  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Michael D. Antonovich

From: William T Fujioka  
Chief Executive Officer

Board of Supervisors  
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On November 12, 2013, on motion of Supervisor Mark Ridley-Thomas, your Board directed the Chief Executive Officer (CEO), in coordination with the Department of Health Services (DHS), to submit quarterly written status reports to the Board that describe the status of efforts to open the new Martin Luther King, Jr. (MLK) Community Hospital.

Since the last quarterly report in February 2014, there has been continued progress towards the goal of opening the new hospital in 2015. In April 2014, your Board approved a lease agreement with Martin Luther King, Jr.-Los Angeles Healthcare Corporation (MLK-LA), various budget adjustments to fully fund an updated financial assistance package and an indigent care agreement.

With the lease agreement completed, the County officially turned over physical possession of the MLK Community Hospital (which includes the Inpatient Tower and related ancillary buildings) to MLK-LA on May 7, 2014. MLK-LA will continue with their plan to staff and stock the hospital, including replacing contracted staff with permanent staff. Medical leadership is now in place with the permanent hiring of a Chief Medical Officer and Chief Quality Officer, both of which have University of California, Los Angeles (UCLA) appointments. Additionally, MLK Community Hospital and DHS' Martin Luther King, Jr. Outpatient Center staff continue to work together to create a plan

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for seamless patient care between the private and County facilities. In advance of hospital opening, as the operating partnership discussions unfold, if a determination is made to share certain services on the campus, DHS will return to your Board for approval of those agreements.

The revised financial assistance package approved by your Board in April 2014 included various grants and loans for MLK-LA to cover certain pre and post-hospital opening costs. In April 2014, the County provided MLK-LA with grant funds for equipment and operating costs. The County also continues to fund pre-hospital opening costs related to MLK-LA's Cerner electronic health record system implementation. On May 9, 2014, loan documents were executed that authorized MLK-LA to request a draw against the pre-hospital opening loan to fund operating and equipment costs.

In addition to the quarterly status reports provided by CEO in coordination with DHS, MLK-LA will provide monthly updates to your Board detailing the progress made towards hospital opening. If you have any questions or require additional information, please contact me, or your staff may contact Gregory Polk at (213) 974-1160 or [gpolk@ceo.lacounty.gov](mailto:gpolk@ceo.lacounty.gov).

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051214\_HMHS\_MBS\_MLK Status



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August 8, 2014

To: Supervisor Don Knabe, Chairman  
Supervisor Gloria Molina  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Michael D. Antonovich

From: William T Fujioka  
Chief Executive Officer *WTF*

## **STATUS REPORT ON COUNTY EFFORTS TO OPEN THE NEW MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL (ITEM NO. 45-A, AGENDA OF NOVEMBER 12, 2013)**

On November 12, 2013, on a motion of Supervisor Mark Ridley-Thomas, your Board directed the Chief Executive Officer (CEO), in coordination with the Department of Health Services (DHS), to submit quarterly written status reports to the Board that describe the status of efforts to open the new Martin Luther King, Jr. Community Hospital (MLKCH). In the last two months, there has been continued progress towards the goal of opening the new hospital in 2015.

### MLK Community Hospital Pre-Opening Activities

Martin Luther King, Jr.-Los Angeles (MLK-LA) Healthcare Corporation continues their activities for ensuring a successful hospital opening. Since the last report, MLK-LA has hired key permanent staff, including the Chief Nursing Office/Chief Operations Officer, Director of Surgery and Director of Emergency Room Services, and contracts are being finalized with key physician groups.

MLK-LA reports that a majority of the equipment and furniture has been installed and that OB capital expansion activities have commenced with an expected date of completion in March 2015. Additionally, the hospital quality improvement program has been developed and is currently being reviewed by the University of California, Los Angeles' (UCLA) Chief Quality Officer.

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MLK-LA's Electronic Health Record (EHR) system build, purchased via a three-party agreement between County, MLK-LA and Cerner Corporation (Cerner), continues on-track with only one minor milestone delay which should not impact the go-live date.

#### MLK Lease Agreement Items

The revised financial assistance package approved by your Board in April 2014 included various grants and loans for MLK-LA to cover certain pre- and post-hospital opening costs. In May 2014, MLK-LA accessed the pre-hospital opening long-term loan with their first draw down against those funds. Additionally, in July 2014, the County provided MLK-LA with the fifth and final installment of "start-up" funds. The Auditor-Controller conducted a review of MLK-LA's executive compensation and will provide a report on their findings.

The County and MLK-LA worked collaboratively to ensure the passage of SB 857, signed into law by the Governor in June 2014. SB 857 re-affirmed the State's commitment to support MLKCH at a level comparable to AB 2599 signed into law in 2010. Due to changes in the law since 2010, SB 857 was needed to ensure that the new MLKCH received, at a minimum, the level of financing needed to ensure the viability of the new hospital.

#### MLK Community Hospital and Outpatient Center Collaboration

MLKCH and DHS' Martin Luther King, Jr. Outpatient Center (MLKOC) established an Oversight Committee to create a plan for seamless patient care between the private and County facilities. Additionally, sub-committees around information technology, finance, shared services and care coordination were established and meet weekly to biweekly. Discussions are underway related to EHR connectivity for shared services and common patients, financial discussions to update hospital pro forma given SB 857 and hospital presumptive eligibility, direct admissions, discharge protocols and clinical shared services on the MLK Campus.

#### Pre-opening Items Likely to Require Action by the Board of Supervisors

CEO will be seeking Board approval of an amendment to the Cerner agreement, at no cost to the County, to purchase Point-of-Use software to assist with inventory management and to ensure tracking of supplies for cost reimbursement purposes. The amendment will also include the purchase of Cerner services for blood bank certification. As mentioned above, the Cerner Agreement is currently a three-party agreement and as such, requires County Board approval to add these services to the agreement. On or around hospital opening, the County will no longer be a party to the

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EHR agreement and it will become a two-party agreement between MLK-LA and Cerner, requiring no further involvement by the County for any changes or amendments.

The Lease Agreement contemplated the need for the County/MLK-LA, in the months leading up to hospital opening, to engage in discussion about which services should be shared between MLKCH and MLKOC. After much discussion between the parties, a need for sharing lab/pathology and blood bank services has been identified at this time. As these services need to be in-place prior to hospital opening for licensing/certification purposes, and as workflows need to be developed as it relates to EHR implementation, DHS intends to request Board approval of said shared services agreement in September/October 2014.

Lastly, as mentioned in a briefing to health deputies earlier this month, the County is currently vetting a request from MLK-LA to assist them with pursuing funding via the new market tax credit financing structure. Given the highly technical nature of this type of financing, more information will be provided to your deputies in the coming weeks.

If you have any questions or require additional information, please contact me, or your staff may contact Gregory Polk at (213) 974-1160 or [gpolk@ceo.lacounty.gov](mailto:gpolk@ceo.lacounty.gov).

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SACHI A. HAMAI  
Interim Chief Executive Officer

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Fifth District

February 5, 2015

To: Supervisor Michael D. Antonovich, Mayor  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe

From: Sachi A. Hamai   
Interim Chief Executive Officer

## **STATUS REPORT ON COUNTY EFFORTS TO OPEN THE NEW MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL (ITEM NO. 45-A, AGENDA OF NOVEMBER 12, 2013)**

On November 12, 2013, on a motion of Supervisor Mark Ridley-Thomas, your Board directed the Chief Executive Officer (CEO), in coordination with the Department of Health Services (DHS), to submit quarterly written status reports to the Board that describe the status of efforts to open the new Martin Luther King, Jr. Community Hospital (MLKCH). This is our fifth status report and in the last several months there has been continued progress towards the goal of opening the new hospital in 2015.

### MLK Community Hospital Pre-Opening Activities

Martin Luther King, Jr.-Los Angeles (MLK-LA) Healthcare Corporation continues their activities for ensuring a successful hospital opening. Since the last report, MLK-LA has hired key permanent staff, including a Chief Financial Officer, Manager of Facilities, Manager of Environmental Services, Manager of Marketing and Communications. MLK-LA is also contracting with about a dozen physician groups and continues to negotiate and finalize some of these contracts.

MLK-LA reports that the obstetrics (OB) capital expansion activities are on schedule for completion in March 2015. Additionally, the MRI construction project began in November 2014 and is proceeding on schedule. Licensing and accreditation activities have commenced and service agreements have been executed for licensing and post-opening hospitalists/intensivists.

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MLK-LA's Electronic Health Record (EHR) system build, purchased via a three-party agreement between County, MLK-LA and Cerner Corporation (Cerner), continues on-track for go-live. In an effort to share best practices learned with DHS' ongoing ORCHID implementation, DHS Information Technology leadership are participating in various coordination meetings with MLK-LA. In October 2014, delegated authority was used to make various no-cost changes requested by MLK-LA, including adding Centers for Medicare and Medicaid (CMS) required reporting modules, supply chain monitoring and location identification services. As previously mentioned, the Cerner EHR contract is currently a three-party agreement and as such, requires County involvement to make any contract changes. On or around hospital opening, the County will no longer be a party to the agreement and at that time, it will become a two-party agreement between MLK-LA and Cerner, requiring no further involvement by the County for any changes or amendments.

With the hospital opening just a few months away, MLK-LA's assessment of their overall readiness to open is optimistic and they indicate they are on target with all activities.

#### MLK Lease Agreement Items

The revised financial assistance package approved by the Board in April 2014 included various grants and loans for MLK-LA to cover certain pre and post-hospital opening costs. All grant funds have been issued to MLK-LA, with the exception of a few Cerner EHR payments which are to be paid in the coming months. In January 2015, MLK-LA accessed the pre-hospital opening long-term loan with their second draw against those funds.

In an effort to facilitate activities which support the hospital's timely opening, on December 16, 2014, the Board delegated authority to DHS to act as the County's agent pursuant to the lease agreement. DHS received delegation to make changes that result in no cost to the County, including, but not limited to, the ability to amend the Cerner EHR agreement, authorize non-clinical expansion activities by MLK-LA and the ability to enter into temporary space use agreements on the campus for the purpose of onboarding staff and for various training activities.

#### MLK Community Hospital and Outpatient Center Collaboration

The Oversight Committee established by MLKCH and DHS' Martin Luther King, Jr. Outpatient Center (MLKOC) to create a plan for seamless patient care between the private and County facilities, as well as its sub-committees around information technology, finance, shared services and care coordination continue to meet regularly to

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finalize planning in preparation for hospital opening. Discussions also progressed related to EHR connectivity for shared services and common patients, financial discussions to update hospital pro forma given SB 857 and hospital presumptive eligibility, contracting between DHS and MLKCH for DHS patients admitted to the hospital discharge protocols to ensure DHS patients are reconnected to their patient centered medical home (PCMH) team, and shared clinical services on the MLK Campus.

On December 16, 2014, the Board authorized DHS to enter into a delegated authority agreement for Shared Services with MLKCH. Negotiations are currently ongoing with anticipation that the scope of work related to laboratory services performed by MLKOC for MLKCH will be completed in February 2015. Ongoing discussions are also taking place related to possible sharing of central sterile, MRI and nuclear medicine services on the MLK Campus.

The County will continue to provide necessary assistance and support to MLK-LA as hospital opening approaches. If you have any questions or require additional information, please contact me, or your staff may contact Dr. Mark Ghaly at (213) 240-8107 or [mghaly@dhs.lacounty.gov](mailto:mghaly@dhs.lacounty.gov).

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Director

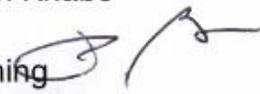
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**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

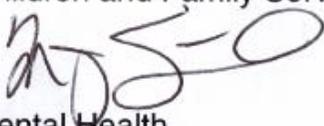
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Fifth District

March 30, 2015

To: Supervisor Michael D. Antonovich, Mayor  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe

From: Philip L. Browning   
Director, Department of Children and Family Services

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

**QUARTERLY REPORT FOR THE RESIDENTIALLY BASED SERVICES (RBS)  
REFORM DEMONSTRATION PROJECT APPROVED BY BOARD ON JULY 6, 2010**

The following is a report on the status of the Los Angeles County Residentially Based Services (RBS) Pilot Demonstration Project with the California Department of Social Services (CDSS). RBS contracts were executed on December 2, 2010. On November 18, 2014, the Board approved for these contracts to be extended through June 30, 2016.

**Current Enrollment and Placement Status**

RBS is a pilot combining enhanced mental health services and family-finding in short term intensive residential care, with the same service delivery team providing continued mental health and social services to the youth and family following transition to community care. There are three RBS contractors providing Countywide RBS services: Five Acres, Hathaway-Sycamores and Hillsides.

The Los Angeles County RBS Pilot Demonstration Project has served 275 youth since inception. As of February 28, 2015, 106 RBS youth successfully graduated from the

Pilot Demonstration Project; 103 youth exited RBS prior to graduating; 66 youth remain actively enrolled in the program, with 47 youth in residential care and 19 youth in the community.

As of February 28, 2015, a total of 66 children/youth, ages 6-18, are enrolled in the demonstration project: 47 of the 66 children are enrolled in residential care; while 19 are enrolled in community care. Tables 1 and 2 below show RBS enrollment delineated by agency and gender, respectively.

Table 1 RBS Current Enrollment as of 2/28/2015

RBS Provider Agency	Residential Care	Community Care	Agency Total
Five Acres	16	8	24
Hathaway-Sycamores	15	6	21
Hillsides	16	5	21
Total	47	19	66

Table 2 RBS Enrollment by Gender\*

RBS Provider Agency	Female	Male	Agency Total
Five Acres	0	24	24
Hathaway-Sycamores	0	21	21
Hillsides	15	6	21
Grand Total	15	51	66

\*The RBS programs at Five Acres and Hathaway-Sycamores only serve male youth while Hillsides serve both male and female youth.

### **Status of All RBS Youth in Community**

Of the 19 youth who have transitioned to community care:

- 9 youth are in the home of their birth parent;
- 4 youth are placed with a relative;
- 0 youth are placed with a Non-Related Extended Family Member (NREFM);
- 5 youth are placed in D-Rate foster homes;
- 0 youth are in an ITFC home; and
- 1 youth is placed in a licensed foster home.

The average length of stay in residential care for youth who transitioned to community care during this reporting period was 9.8 months.

### **Youth in RBS Placement Over 10-Months**

We currently have a total of 66 children/youth, ages 6-18, enrolled in the demonstration project. A total of 9 youth (13%) remain in RBS residential care over 10-months as of February 28, 2015. Last year during the same reporting time there were 79 youth enrolled and 15 youth (19%) were over 10-months. During the current period of reporting, barriers cited for transitioning RBS youth into community care are similar to our last period of reporting:

- Difficulty in locating alternative placements in a lower level of care because of youth's unstable behavior, chronic substance abuse issues, delinquency, AWOL history and/or developmental delays;
- Identifying and approving the homes of prospective relative caregivers;
- Locating a placement in city and/or area that the child prefers;
- RBS youth's unwillingness/hesitation to move forward with the identified transitional plan;
- RBS youth's failed placement in community care due to caregiver's unwillingness/inability to continue working with the RBS youth;
- Youth's lack of lifelong permanency connections with individuals willing to explore placement;
- Youth's struggle in reversing and healing from the effects of institutionalized behaviors making it difficult to match youth with willing caregivers in a lower level of care; and
- Lack of specialized placement resources such as Treatment Foster Care (TFC).

### **DCFS Interventions**

- The Department partners with providers to expedite the criminal clearances for prospective relative caregivers and to transition RBS youth from residential care to community care;
- The Department conducts monthly Plan of Care Reviews with RBS Providers to examine overall treatment/transition goals and outcomes;
- The DCFS RBS team centrally conducts regular case review teleconferences at the 3-months, 9-months, and 10-months, in residential care with front-line regional staff and contracted providers staff (Therapist, Child and Family Specialist and Parent Partner) to discuss selected RBS youth's progress and transition plan; and
- Child and Family Team (CFT) meeting is held regularly with the RBS Program Staff, Children's Social Worker (CSW) and the youth to discuss the youth's strengths, needs, progress and transition plan.

### **RBS Annual Audit**

DCFS initiated the annual RBS Audits in September 2014 for the three RBS Agencies. The audit process includes four phases:

- Review of the records, interviews with staff and youth, a site visit and an observation of a Child and Family Team meeting;
- Exit Conference of potential findings;
- Final Letter; and
- Corrective Action Plan.

The audits are moving towards completion. It is anticipated that these audits will be completed by early April 2015.

### **Total Cost for Residential and Community Care** (December 2014 to \*February 2015)

As of February 28, 2015, the total cost of RBS Residential care was \$24,695,015 while the total cost of RBS Community care was \$5,260,508. The total RBS program cost was \$29,955,523. Please note that February 2015 expenditure figures are projected based on payments made in January 2015.

\*February 2015 expenditure figures are projected based on payments made in January 2015.

### **Early Periodic Screening Diagnostics Treatment (EPSDT)**

The estimated EPSDT cost of the initial two year RBS pilot demonstration was \$7,905,956 in Federal EPSDT funds and \$436,300 in DMH Katie A. funds for the County EPSDT requirement. The following table shows EPSDT spending for the first quarter of the current contract year.

\*Table 3 RBS EPSDT Spending:

RBS Provider Agency	December 2014	January 2015	February 2015	Agency Total
Five Acres	\$121,570	\$130,537	\$ 93,043	\$345,150
Hathaway-Sycamores	\$116,872	\$137,201	\$127,310	\$381,383
Hillsides	\$273,646	\$225,003	\$145,499	\$644,148
Total	\$512,088	\$492,741	\$365,852	\$1,370,681

We will continue to prepare and submit quarterly reports every 90 days for the duration of the RBS pilot demonstration project, including the duration of the Memorandum of Understanding (MOU), RBS Contracts, and RBS Community Services portion of the Wraparound Contract.

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March 30, 2015  
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If you have questions, please contact me or your staff may contact Aldo Marin of DCFS Board Relations at (213) 351-5530. Thank you.

PLB:MS  
HB:JG:lm

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County Counsel  
Acting Executive Officer