



SACHI A. HAMAI  
Chief Executive Officer

## County of Los Angeles Health and Mental Health Services

**DATE:** Wednesday, June 10, 2020  
**TIME:** 10:00 a.m.

**DUE TO CLOSURE OF ALL COUNTY BUILDINGS,  
MEETING WILL BE HELD BY PHONE.  
TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:  
DIAL-IN NUMBER: 1 (323) 776-6996  
CONFERENCE ID: 495545110#**

### AGENDA

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Three (3) minutes are allowed for each item.

- I. Call to order
- II. **Information Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):
  - a. **DPH:** Advance Notification of Intent to Negotiate a Sole Source Contract with The Regents of the University of California, Los Angeles School of Dentistry to Establish a Dental Public Health Residency Program (#5223) (Continued from June 3, 2020 Agenda)
- III. **Presentation Item(s):**
  - a. **DHS:** DHS Fiscal Outlook for the Board meeting of June 23, 2020
  - b. **DPH:** Approval to Execute 48 New Contracts for Domestic Violence Supportive Services (#5287)
- IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
- V. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda

VI. Public Comment

VII. Adjournment



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**MUNTU DAVIS, M.D., M.P.H.**  
County Health Officer

313 North Figueroa Street, Room 806  
Los Angeles, California 90012  
TEL (213) 288-8117 • FAX (213) 975-1273

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)



**BOARD OF SUPERVISORS**

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

June 10, 2020

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.

SUBJECT: **ADVANCE NOTIFICATION OF INTENT TO NEGOTIATE A SOLE SOURCE CONTRACT WITH THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES SCHOOL OF DENTISTRY TO ESTABLISH A DENTAL PUBLIC HEALTH TRAINING PROGRAM**

This is to notify you that the Department of Public Health, Oral Health Program (DPH OHP) intends to begin sole source contract negotiations with The Regents of the University of California, Los Angeles School of Dentistry (UCLA SOD) in order to develop a dental public health training program.

This notice is being sent in accordance with Board Policy 5.100, which states that County departments that intend to negotiate a sole source service contract for Board approval must provide advance written notice and justification to the Board at least four weeks prior to commencing contract negotiations.

**Background**

In response to the Health Resources and Services Administration (HRSA) Notice of Funding Opportunity (HRSA-20-005) for Post-Doctoral Training in General Pediatrics, and Public Health Dentistry, DPH submitted an application proposing establishment of a dental public health residency program and identified UCLA SOD as a critical partner organization.

The UCLA SOD has a long history of supporting residencies in pediatric and general dentistry at their campuses in Los Angeles County. In addition, the UCLA faculty of the Division of Public Health and Community Dentistry has a long tradition of training students through engagement in different programs. Many of the faculty that will be part of the proposed residency program have served as mentors in the training programs.

**Justification for Sole Source Agreement**

DPH named UCLA SOD as a partner for this grant as they satisfy the grant requirement that all training activities be conducted within a postdoctoral training program accredited by the Commission on Dental Accreditation (CODA). Applicants were able to propose to develop an

accredited program; however, either the applicant or a partner organization responsible for the training should be an accredited program in general dentistry, pediatric dentistry, or dental public health by July 1, 2021 and for the remainder of the project period. UCLA SOD will be applying for accreditation and is the only school eligible in the county, given they are the only school with a Board Certified Dental Public Health Specialist. In order to be a CODA accredited program in dental public health, the program must be administered by a director who is board certified in the respective advanced dental education discipline of the program.

Although there are three additional dental schools in Southern California, including Loma Linda University, Western University, and the University of Southern California, none of these schools have a Dental Public Health Board Certified dentist on their faculty. UCLA SOD has a formal Public Health Dentistry Division and the principle investigator for this proposed residency program, Dr. Val Spolsky, is the only diplomate certified by America Board of Dental Public Health in Los Angeles County, within the three dental schools.

DPH OHP will establish a dental public health residency program in partnership with the UCLA SOD. DPH OHP will provide field experience in different public health programs that are aimed to increase access to dental care to the underserved, vulnerable populations to improve their oral health status. UCLA SOD, as a partner in this grant, will be responsible for housing, reimbursing, scheduling, and providing the didactic curriculum and training for the residents in order to prepare them to function in public health environments at the community, county, state and national levels.

#### **Impact to DPH if Sole Source is Not Approved**

The grant application was written in partnership with UCLA SOD making them a critical and necessary partner to the implementation of the dental public health residency program. If the sole source contract is not approved with UCLA SOD, DPH will not be able to accept grant funds and implement the residency program.

#### **Alternative Plan**

There is no viable alternate plan if the sole source contract with UCLA SOD is not approved.

#### **Timeline**

If DPH is awarded this grant, we intend to commence negotiations with UCLA four weeks from the date of this memorandum. The Board letter requesting approval to execute the sole source contract is projected to be presented to your Board in July 2020. If approved, these services will be effective upon date of execution through June 30, 2025.

If you have any questions or require additional information, please let me know.

BF:ld  
#05223

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors



# Health Services

LOS ANGELES COUNTY

June 23, 2020

## Los Angeles County Board of Supervisors

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

TO: Supervisor Kathryn Barger, Chair  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn

FROM: Christina R. Ghaly, M.D.  
Director

SUBJECT: **DEPARTMENT OF HEALTH SERVICES' (DHS)  
FISCAL OUTLOOK**

**Christina R. Ghaly, M.D.**  
Director

**Hal F. Yee, Jr., M.D., Ph.D.**  
Chief Deputy Director, Clinical Affairs

**Nina J. Park, M.D.**  
Chief Deputy Director, Population Health

This is to provide an update to DHS' fiscal forecast for Fiscal Years (FY) 2019-20 through 2022-23 (Attachment I). Attachment II provides detailed information on DHS' fund balance, including amounts for long-term receivables and obligated funds.

The COVID-19 pandemic has caused increased expenditures and contributed to lost revenues for DHS due to reductions in non-COVID-19 inpatient census and outpatient visits. In response to COVID-19, Congress approved various revenues for state and local governments, and hospitals: the Coronavirus Preparedness and Response Act; the Families First Coronavirus Response Act; and the Coronavirus Aid, Relief, and Economic Security (CARES) Act. DHS has received approximately \$103.9 million from these various federal sources and has deposited the funds into a trust fund. Once DHS determines that requirements for the different programs have been met, the trust funds will be used to cover the eligible costs. DHS' fiscal outlook includes the projected increases in costs, lost revenues, and anticipated use of CARES Act funds.

### **Adjusted Fund Balance and Cash Flow**

Attachment I for the current year demonstrates that DHS will close the fiscal year with a minimal surplus. In the out years, DHS is projecting an ongoing structural deficit. The material increase in the deficit from FY 2021-22 to FY 2022-23 is due to the anticipated increase of debt service for the Harbor-UCLA Medical Center Master Project (H-UCLA MC Master Project). In the short-term, DHS will use our adjusted fund balance (Attachment II) to balance the budgets for FYs 2020-21 and 2021-22. There is not enough fund balance remaining to fully close the shortfall for FY 2022-23. We will be working closely with the Chief Executive Office (CEO) as the Department continues with efforts to increase revenues and decrease costs to address the structural deficit

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213) 288-8050  
Fax: (213) 481-0503

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

*"To advance the health of our  
patients and our communities by  
providing extraordinary care"*



[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

(including debt service which is discussed further below) and the projected shortfall in FY 2022-23.

DHS has been working closely with the Department of Health Care Services (DHCS) to improve the timeliness of payments which impacts our cash flow and available fund balance. For Enhanced Payment Program (EPP) payments for FY 2018-19, we anticipate payment by September 2020, and for FY 2019-20, we are hoping to receive payment by the end of FY 2020-21. For FY 2020-21, we are asking that DHCS request the Centers for Medicare & Medicaid Services (CMS) to allow the EPP program to be redesigned so that EPP payments will be made on a monthly basis. If CMS approves our request, cash flow issues would materially improve.

CMS has granted approval on some previously pending issues, with resulting improvement in the current outlook and available fund balance. For example, as further described below, the Medicaid Graduate Medical Education (GME) proposal has now been approved and payments for FYs 2016-17 and 2017-18 are expected by the end of FY 2019-20. These efforts have also directly resulted in a decrease in the Department's level of borrowing. As a result of this and other changes, DHS' borrowing for FY 2018-19 to FY 2019-20 decreased from \$538.6 million to an estimated \$377.3 million. We will continue to work with the CEO and DHCS to develop additional solutions to any cash flow problems in the future.

### **Medicaid Fiscal Accountability Regulation (MFAR)**

We previously reported that the CMS' Proposed Rule, MFAR, was expected to significantly and negatively affect Medicaid fee-for-service payments, supplemental payments, disproportionate share hospital (DSH) payments, and health care-related taxes and provider-related donations. Due to the current environment, there is wide speculation that MFAR may be significantly revised or not issued at all in the foreseeable future. Given the uncertainty surrounding MFAR, we did not include the anticipated adverse impact of the finalization of MFAR in our forecast.

### **Waiver Revenues in FYs 2019-20 through 2022-23**

As reported previously, DHCS had been developing a multi-year plan called "California Advancing and Innovating Medi-Cal" (Cal-AIM), using a 1915(b) waiver, in anticipation of the December 31, 2020 expiration of the current 1115 Waiver. Cal-AIM was targeted for implementation on January 1, 2021, however, because of the COVID-19 situation, Cal-AIM has been indefinitely delayed.

Discussions are currently underway between CMS and DHCS regarding extending the current 1115 Waiver for another year through December 31, 2021. The Global Payment Program (GPP), which is a combination of DSH and Safety Net Care Pool (SNCP) funds, would be continued under the requested extension. While the DSH component of GPP is included in the forecast, because of concerns regarding how CMS calculates the Waiver's budget neutrality under its new policy, the Department believes that excluding SNCP funding beginning in FY 2020-21 is more fiscally prudent.

Under the current 1115 Waiver, the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) is scheduled to expire June 30, 2020; however, we expect that PRIME will be incorporated into Medi-Cal Managed Care under the Quality Incentive Payment (QIP) program effective July 1, 2020. We are projecting an increase in PRIME funding of approximately \$80.0 million. The increase is the net result of an increase in the Federal Medicaid Assistance Percentage (FMAP) and a decrease in DHS' allocation from the QIP distribution model. These funds are included in the forecast under Medi-Cal Managed Care.

DHS expects Whole Person Care (WPC) to be included in the Waiver extension and then incorporated into Medi-Cal Managed Care effective January 1, 2022. WPC funding is included in the forecast.

### **DSH**

Under the Affordable Care Act, reductions in DSH allotments were slated to begin in 2014. Since then, Congress has approved multiple delays so no actual reductions in DSH funding have occurred. As part of the CARES act, Congress delayed DSH cuts for FY 2019-20. It is expected that the DSH cuts will be further delayed for FYs 2020-21, 2021-22, and 2022-23, therefore, we have included full DSH funding in the forecast.

### **GME**

The Medi-Cal GME proposal has been approved by CMS effective back to January 2017. GME provides additional payments for public hospitals for Medi-Cal Managed Care beneficiaries, covering Medi-Cal's share of the salaries and benefits of interns and residents receiving training at public hospitals, and certain indirect costs associated with their training. DHS is expecting payment for FYs 2016-17 and 2017-18 in the amount of approximately \$92.0 million by June 30, 2020. The estimated net annual revenue is \$63.0 million. The GME funds have been included in the forecast.

### **Summary of Fiscal Assumptions**

The Fiscal Outlook is based on the following assumptions:

1. 1115 Waiver will be extended for one year through December 31, 2021.
2. SNCP funding will be eliminated effective June 30, 2020.
3. PRIME will be incorporated into Medi-Cal Managed Care under the QIP program effective July 1, 2020. DHS estimates a net increase of \$80.0 million.
4. WPC will be included in the Waiver extension and then incorporated into Medi-Cal Managed Care effective January 1, 2022.
5. DSH cuts are delayed for FYs 2019-20 through 2022-23.
6. GME payment of an estimated \$92.0 million for FYs 2016-17 (beginning January 1, 2017) and 2017-18 will be received by June 30, 2020. The estimated net annual revenue is \$63.0 million.
7. Only Board-approved cost of living adjustments have been included.

### **Capital Projects and Deferred Maintenance**

Attachment III provides a list of the major priority capital projects sorted into preventative maintenance, strategic priority/service enhancement, critical maintenance, and regulatory requirement categories. These projects are being reviewed and will be prioritized as necessary to align with budgetary realities.

Attachment IV reflects the Department's debt service from FYs 2010-11 through 2022-23. FYs 2019-20 through 2022-23 include annual payment for established projects and estimates for new priority deferred maintenance and capital projects. These payments include the first full-year projected payment of \$135.0 million in FY 2022-23 for the H-UCLA MC Master Project.

In general, County policy recommends a maximum three percent ratio of debt service to appropriations. As Attachment IV shows, beginning in FY 2022-23, we project that the three percent benchmark will be exceeded. To address this issue, the Department will undertake a comprehensive review of all future planned capital projects to determine criticality, need, and funding practicality. The H-UCLA MC Master Project will be included in this review. We will report back to the Board regarding potential options for reducing the costs of the H-UCLA MC Master Project, possible alternative scenarios to rebuilding H-UCLA MC, and identifying funding sources to support the replacement of H-UCLA MC as currently planned.

### **Departmental Efforts to Contain Costs and Enhance Revenues**

Even while COVID-19 presents the Department with new challenges, we are proceeding with our efforts to more effectively manage resources and achieve cost efficiencies, where possible. Some of our efforts are specifically geared toward improving revenues.

One example is the Consolidated Business Office (CBO) which has been redesigned to increase efficiency and reduce barriers that inhibit successful billing. The focus of the redesign is the integration of the billing unit, which is responsible for the entire billing process, and a vendor monitoring unit, which is responsible for all outsourced programs. In addition, a quality unit has been created to enhance oversight and revenue maximization initiatives.

Aligning these three units within CBO has promoted enhanced collaborative processes that have produced positive results. For example, collections for Medi-Cal and Medicare billings for FY 2019-20 have increased by approximately \$15.0 million to date; increased secondary vendor referrals have resulted in approximately \$3.7 million in additional revenue; a settlement agreement with Kaiser for unpaid H-UCLA MC outpatient emergency claims has been reached for approximately \$2.3 million; and billing vendor invoicing and reconciliation realized \$2.2 million in fee recoupment. These improved processes have been operationalized within CBO.



DHS is working on the implementation of a cost accounting system that will assist in analyzing our current cost structure, enabling detailed cost analyses, and tracking budget compliance. The key to a successful implementation is that our financial and clinical data must be complete, accurate, and timely. DHS is aware that we must improve our underlying financial and clinical data that will be used by this system and have taken the following actions to assist us in achieving that goal.

On the clinical side, in 2017, DHS launched its combined medical record/nursing driven clinical documentation improvement program at our four hospitals. One of the many benefits of this initiative has been an improvement in the reliability and accuracy of our Case Mix Index (CMI). A higher CMI demonstrates that a hospital has more complex cases that require additional resources. In a cost accounting system, the CMI is a key tool that allows comparisons of financial performance between hospitals. Another benefit of improving the CMI is that Medicare uses CMI to determine a hospital's reimbursement rate across all of its cases. More accurate information is expected to improve revenues.

DHS must still go further on improving documentation to increase revenue and improving the accuracy and usefulness of the cost accounting system. Therefore, DHS is engaged in multiple efforts to improve system-wide, standardized data capture, verification, and coding. There are three Data Capture Improvement Software Solutions that are currently being explored:

- Real-Time Physician Documentation Improvement provides more reliable data capture at point of patient contact and increases provider productivity by suggesting best documentation choices;
- Computer-Assisted Clinical Documentation Improvement provides clinical quality measures and improved inpatient coding/data capture; and
- Computer-Assisted Coding improves greater coding accuracy and coder productivity.

Regarding the capture of labor costs which is a vital component of cost, an effort is underway as it relates to Workforce Time, Scheduling and Patient Acuity. DHS is seeking to optimize the patient care cycle through a workforce management and patient acuity system integrated with ORCHID, DHS' electronic health record. DHS manages a large workforce in a 24/7 setting with complex scheduling, time management, and patient care parameters. The new system will provide enterprise-wide staff scheduling coupled with automated time capture; track non-county workforce time and streamline invoicing; provide tools to monitor patient progress against established hospitalization benchmarks; and propose appropriate patient assignments and determine patient acuity-levels from clinical documentation in ORCHID – all in real time.

Implementation of an enterprise-wide solution will help improve the quality and cost of care by providing automation of predictable tasks, greater visibility of labor decisions and costs, and better responsiveness for patient care. The new system will replace numerous manual and inefficient processes, freeing up staff for clinical care and providing near-real-time productivity reporting that will speed the deployment of a

comprehensive workforce management capability linked to patient outcomes and experience. DHS has completed sole source negotiations, is assessing internal staffing needs, and anticipates requesting Board approval of a contract by the end of the year.

The implementation of time and scheduling along with data capture will provide accurate and timely data to the cost accounting system. These efforts will greatly improve our ability to develop workable strategies for achieving cost containment and efficiencies in the system. DHS expects to request Board approval of these contracts by December 2020. The expenses and associated revenues for all these initiatives have been included in the fiscal outlook.

In keeping with our mission, DHS' activities continue their focus on addressing community health needs, improving service delivery, strengthening core clinical services, and supporting our role as a safety net provider.

If you have any questions or need additional information, please let me know.

CRG:aw  
Fisc Outlk BL June 2020  
609:005

#### Attachments (4)

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisor

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES**  
**FORECAST \***  
**FISCAL YEARS 2019-20 TO 2022-23**  
(\$ in Millions)

	Year 1		Year 2		Year 3		Year 4	
	A	B	C = A+B	D	E = C+D	F	G = E+F	
	FY 2019-20 Forecast	Adjustments	FY 2020-21 Forecast	Adjustments	FY 2021-22 Forecast	Adjustments	FY 2022-23 Forecast	
(1) <b>Expenses</b>								(1)
(2) Salaries & Employee Benefits	\$ 3,315.579	\$ 197.969	\$ 3,513.548	\$ 89.980	\$ 3,603.528	\$ 31.096	\$ 3,634.624	(2)
(3) Net Services & Supplies	2,606.677	(135.020)	2,471.657	33.274	2,504.931	34.683	2,539.614	(3)
(4) Other Charges - Debt Service	66.360	22.369	88.729	7.426	96.155	121.522	217.677	(4)
(5) Other Charges - Other	135.927	(51.929)	83.998	5.424	89.422	5.646	95.068	(5)
(6) Capital Assets	55.396	(15.831)	39.565	0.023	39.588	0.025	39.613	(6)
(7) Operating Transfers Out + Capital Projects	74.468	83.510	157.978	(75.599)	82.379	(9.562)	72.817	(7)
(8) Intrafund Transfer	(287.992)	(2.542)	(290.534)	0.234	(290.300)	(1.882)	(292.182)	(8)
(9) <b>Total Expenses</b>	\$ 5,966.415	\$ 98.526	\$ 6,064.941	\$ 60.762	\$ 6,125.703	\$ 181.528	\$ 6,307.231	(9)
(10) <b>Revenues</b>								(10)
(11) Medi-Cal Inpatient	364.647	71.732	436.379	11.801	448.180	12.121	460.301	(11)
(12) Global Payment Program (GPP)	554.345	(94.667)	459.678	12.503	472.181	12.844	485.025	(12)
(13) Enhanced Payment Program (EPP)	590.920	7.174	598.094	15.430	613.524	15.851	629.375	(13)
(14) PRIME **	154.023	(154.023)	-	-	-	-	-	(14)
(15) Quality Incentive Program (QIP) **	114.723	241.069	355.792	(15.723)	340.069	3.293	343.362	(15)
(16) Managed Care ***	652.404	19.566	671.970	63.541	735.511	66.083	801.594	(16)
(17) Mental Health	55.025	1.619	56.644	-	56.644	-	56.644	(17)
(18) Whole Person Care (WPC) ***	155.299	(30.709)	124.590	(61.049)	63.541	(63.541)	-	(18)
(19) Medi-Cal Outpatient - E/R	112.259	1.449	113.708	3.034	116.742	3.116	119.858	(19)
(20) Medi-Cal CBRC	223.629	5.659	229.288	5.813	235.101	5.970	241.071	(20)
(21) Medi-Cal SB 1732	10.629	-	10.629	-	10.629	-	10.629	(21)
(22) Hospital Provider Fee	28.000	-	28.000	-	28.000	-	28.000	(22)
(23) Federal & State - Other	82.879	(41.443)	41.436	1.046	42.482	1.079	43.561	(23)
(24) OCD - Other	387.408	20.727	408.135	-	408.135	-	408.135	(24)
(25) Other	87.812	(8.193)	79.619	0.250	79.869	0.257	80.126	(25)
(26) Measure H	149.035	(5.421)	143.614	(10.324)	133.290	0.310	133.600	(26)
(27) Self-Pay	9.418	0.041	9.459	-	9.459	-	9.459	(27)
(28) Medi-Cal Managed Care GME	66.255	(3.255)	63.000	-	63.000	-	63.000	(28)
(29) Medicare	249.309	15.499	264.808	4.400	269.208	1.200	270.408	(29)
(30) Hospital Insurance Collection	78.725	13.909	92.634	-	92.634	-	92.634	(30)
(31) In-Home Supportive Services (IHSS)	153.677	1.460	155.137	-	155.137	-	155.137	(31)
(32) Grant Funded COVID	103.854	(103.854)	-	-	-	-	-	(32)
(33) <b>Total Revenues</b>	\$ 4,384.275	\$ (41.661)	\$ 4,342.614	\$ 30.722	\$ 4,373.336	\$ 58.583	\$ 4,431.919	(33)
(34) <b>Net Cost - Before PY</b>	\$ 1,582.140	\$ 140.187	\$ 1,722.327	\$ 30.040	\$ 1,752.367	\$ 122.945	\$ 1,875.312	(34)
(35) AB 85 Redirection	(314.831)	314.831	-	-	-	-	-	(35)
(36) Prior-Year Surplus / (Deficit)	613.266	(613.266)	-	-	-	-	-	(36)
(37) <b>Net Cost - After PY &amp; AB 85 Redirection</b>	\$ 1,283.705	\$ 438.622	\$ 1,722.327	\$ 30.040	\$ 1,752.367	\$ 122.945	\$ 1,875.312	(37)
(38) <b>Operating Subsidies</b>								(38)
(39) Sales Tax & VLF	330.700	0.001	330.701	-	330.701	-	330.701	(39)
(40) County Contribution	689.116	(0.997)	688.119	13.400	701.519	10.434	711.953	(40)
(41) Measure B	211.367	(0.044)	211.323	-	211.323	-	211.323	(41)
(42) Tobacco Settlement	59.479	(4.689)	54.790	-	54.790	-	54.790	(42)
(43) <b>Total Operating Subsidies</b>	\$ 1,290.662	\$ (5.729)	\$ 1,284.933	\$ 13.400	\$ 1,298.333	\$ 10.434	\$ 1,308.767	(43)
(44) <b>Surplus / (Deficit) = (43) - (37)</b>	\$ 6.957	\$ (444.351)	\$ (437.394)	\$ (16.640)	\$ (454.034)	\$ (112.511)	\$ (566.545)	(44)

\* The forecast is net of IGTs and other double-counts such as internal transfers, and includes Correctional Health and Office of Diversion and Re-Entry.

\*\* For FY 2020-21 forward, PRIME is incorporated into QIP.

\*\*\* For FY 2021-22, 6 months of WPC and the annual amount going forward are included in Managed Care.

## COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

**DHS FUND BALANCE**

FISCAL YEARS (FY) 2019-20 TO 2022-23

(\$ in Millions)

	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
Starting Fund Balance	\$ 1,124.412	\$ 1,131.369	\$ 693.975	\$ 239.941
Current FY Surplus / (Deficit)	6.957	(437.394)	(454.034)	(566.545)
<b>Ending Fund Balance</b>	<b>\$ 1,131.369</b>	<b>\$ 693.975</b>	<b>\$ 239.941</b>	<b>\$ (326.604)</b>
<u>Less: Long Term Receivables</u>				
— Prior FY Long-Term Receivable for EPP (General Fund)	218.971	-	-	-
— Prior FY Long-Term Receivable for CBRC (General Fund)	10.710	11.819	12.123	12.436
— Current FY Long-Term Receivable for CBRC (General Fund and Enterprise Fund)	38.822	39.806	40.818	41.856
Subtotal - Long Term Receivables	268.503	51.625	52.941	54.292
<b>Adjusted Fund Balance</b>	<b>\$ 862.866</b>	<b>\$ 642.350</b>	<b>\$ 187.000</b>	<b>\$ (380.896)</b>

Project Description	Facility	Project Need	Initial Project Estimate	Variance	TPCE
Outpatient Building (OPD) Replace Chill Water Coils	LAC+USC MC	Preventative Maintenance	\$500,000	\$250,000	\$750,000
GH Replace Plumbing Systems to 5th Floor	LAC+USC MC	Preventative Maintenance	\$5,000,000	\$0	\$5,000,000
Rand Schrader Clinic Elevator Modernization Upgrade	LAC+USC MC	Preventative Maintenance	\$800,000	\$0	\$800,000
Fire suppression system (OPD)	LAC+USC MC	Preventative Maintenance	\$23,000,000	\$0	\$23,000,000
HVAC equipment (OPD)	LAC+USC MC	Preventative Maintenance	\$5,000,000	\$0	\$5,000,000
Domestic cold/hot water plumbing (OPD)	LAC+USC MC	Preventative Maintenance	\$1,500,000	\$0	\$1,500,000
Stand alone boiler (OPD)	LAC+USC MC	Preventative Maintenance	\$1,000,000	\$0	\$1,000,000
Stand alone chiller(OPD)	LAC+USC MC	Preventative Maintenance	\$1,000,000	\$0	\$1,000,000
Replace main exhaust fan and rooftop (OPD)	LAC+USC MC	Preventative Maintenance	\$500,000	\$0	\$500,000
Replace storm drains (OPD)	LAC+USC MC	Preventative Maintenance	\$1,000,000	\$0	\$1,000,000
Remodel public restrooms (OPD)	LAC+USC MC	Preventative Maintenance	\$1,000,000	\$0	\$1,000,000
TOTAL (LAC+USC MC)			\$40,300,000	\$250,000	\$40,550,000
Hospital HVAC and Humidifier Upgrade	OV-UCLA MC	Preventative Maintenance	\$23,000,000	\$0	\$23,000,000
Elevator Maintenance	OV-UCLA MC	Preventative Maintenance	\$7,900,000	\$0	\$7,900,000
TOTAL (OV-UCLA MC)			\$30,900,000	\$0	\$30,900,000
Central Utility Plant Chiller Repair	RLA NRC	Preventative Maintenance	\$300,000	\$0	\$300,000
Central Utility Plant Line Leak Detector Installation	RLA NRC	Preventative Maintenance	\$89,000	\$0	\$89,000
Central Utility Plant Drift Eliminator Replacement	RLA NRC	Preventative Maintenance	\$151,000	\$0	\$151,000
JPI Patient Restroom Remodel	RLA NRC	Preventative Maintenance	\$730,000	\$0	\$730,000
TOTAL (RLA NRC)			\$1,270,000	\$0	\$1,270,000
Replace Fan Coil Units in SSB and NSB	MLK OC	Preventative Maintenance	\$1,200,000	\$0	\$1,200,000
Replace Air Handlers & Related HVAC Equipment	MLK OC	Preventative Maintenance	\$637,000	\$0	\$637,000
Windows Repair/Replacement	Long Beach CHC	Preventative Maintenance	\$250,000	\$0	\$250,000
Resurface/Repair Parking Lot	El Monte CHC	Preventative Maintenance	\$1,725,000	\$0	\$1,725,000
Dental Refurbish Operatories	Hudson CHC	Preventative Maintenance	TBD	0	\$0
Climate Control Air Compressor	Hudson CHC	Preventative Maintenance	TBD	0	\$0
Resurface/Repair Parking lot	Hudson CHC	Preventative Maintenance	\$1,475,000	\$0	\$1,475,000
Dental Waiting Room Remodel	Humphrey CHC	Preventative Maintenance	TBD	0	\$0
Laboratory & Urgent Care Clinic Remodel	Humphrey CHC	Preventative Maintenance	TBD	0	\$0
Ceiling Tile Replacement	Roybal CHC	Preventative Maintenance	\$5,000,000	\$0	\$5,000,000
Flooring Replacement	Roybal CHC	Preventative Maintenance	\$800,000	\$0	\$800,000
Elevator Refurbishment	Roybal CHC	Preventative Maintenance	\$1,350,000	\$0	\$1,350,000
Elevator Refurbishment	Humphrey CHC	Preventative Maintenance	\$1,350,000	\$0	\$1,350,000
Building Electrical Repairs	Wilmington HC	Preventative Maintenance	\$157,000	\$0	\$157,000
Building Electrical Repairs	Long Beach CHC	Preventative Maintenance	\$553,000	\$0	\$553,000
Building Electrical Repairs	Bellflower HC	Preventative Maintenance	\$135,000	\$0	\$135,000
Building Plumbing Repairs	Bellflower HC	Preventative Maintenance	\$11,000	\$0	\$11,000
Mechanical, Electrical & Plumbing (MEP)	LA Puente HC & Library	Preventative Maintenance	\$256,000	\$0	\$256,000
Electrical Repairs	Humphrey CHC	Preventative Maintenance	\$52,000	\$0	\$52,000
Plumbing	Roybal CHC	Preventative Maintenance	\$471,000	\$0	\$471,000
Electrical	Roybal CHC	Preventative Maintenance	\$663,000	\$0	\$663,000
Interior Ceiling	Hudson CHC	Preventative Maintenance	\$36,000	\$0	\$36,000
TOTAL (ACN)			\$16,121,000	\$0	\$16,121,000
Fire Alarm Refurbishment	DHS-Admin	Preventative Maintenance	\$1,700,000	\$0	\$1,700,000
Air Handler Coil Replacement (313)	DHS-Admin	Preventative Maintenance	\$980,000	\$0	\$980,000
Air Handler Insulation/Lining Replacement (313)	DHS-Admin	Preventative Maintenance	\$850,000	\$0	\$850,000
TOTAL (DHS-ADMIN)			\$3,530,000	\$0	\$3,530,000
TOTAL - PREVENTATIVE MAINTENANCE			\$92,121,000	\$250,000	\$92,371,000

Project Description	Facility	Project Need	Initial Project Estimate	Variance	TPCE
Women's and Children's Demo	LAC+USC MC	Strategic Priority/Service Enhancement	\$37,000,000	\$14,334,000	\$51,334,000
Recuperative Care	LAC+USC MC	Strategic Priority/Service Enhancement	\$17,661,000	\$6,540,884	\$24,201,884
Courtyard Refurbishment and Elevator Addition	LAC+USC MC	Strategic Priority/Service Enhancement	\$2,500,000	\$0	\$2,500,000
Child Care Center	LAC+USC MC	Strategic Priority/Service Enhancement	\$7,100,000	\$2,150,000	\$9,250,000
Cardiac Cath Lab	LAC+USC MC	Strategic Priority/Service Enhancement	\$4,467,000	\$450,776	\$4,917,776
PET CT Replacement	LAC+USC MC	Strategic Priority/Service Enhancement	\$375,000	\$0	\$375,000
Primary Care Clinic (OPD)	LAC+USC MC	Strategic Priority/Service Enhancement	\$6,000,000	\$0	\$6,000,000
TOTAL (LAC+USC MC)			\$75,103,000	\$23,475,660	\$98,578,660
Cardiac Cath Lab	H-UCLA MC	Strategic Priority/Service Enhancement	\$2,400,000	\$1,029,207	\$3,429,207
IR Room (Angio Suite)	H-UCLA MC	Strategic Priority/Service Enhancement	\$1,200,000	\$463,898	\$1,663,898
Radiography Fluoroscopy	H-UCLA MC	Strategic Priority/Service Enhancement	\$810,000	\$312,000	\$1,122,000
Master implementation Project	H-UCLA MC	Strategic Priority/Service Enhancement	\$2,241,000,000	\$0	\$2,241,000,000
Radiology Room Phase 1	H-UCLA MC	Strategic Priority/Service Enhancement	\$851,000	\$797,000	\$1,648,000
Adult Psych ER Svcs Upgrade	H-UCLA MC	Strategic Priority/Service Enhancement	\$3,412,000	\$388,000	\$3,800,000
TOTAL (H-UCLA MC)			\$2,249,673,000	\$2,990,105	\$2,252,663,105
Cardiac Cath Lab	OV-UCLA MC	Strategic Priority/Service Enhancement	\$1,709,000	\$220,582	\$1,929,582
Recuperative Care	OV-UCLA MC	Strategic Priority/Service Enhancement	\$8,361,000	\$12,175,675	\$20,536,675
Radiology Phase 2 (IR Suite)	OV-UCLA MC	Strategic Priority/Service Enhancement	\$3,533,139	\$0	\$3,533,139
GI Procedure Room	OV-UCLA MC	Strategic Priority/Service Enhancement	\$3,650,000	\$9,850,000	\$13,500,000
TOTAL (OV-UCLA MC)			\$17,253,139	\$22,246,257	\$39,499,396
Recuperative Care	RLA NRC	Strategic Priority/Service Enhancement	\$13,495,000	\$6,659,000	\$20,154,000
NRC (Harriman, SSA, Campus Infra, Demo)	RLA NRC	Strategic Priority/Service Enhancement	\$33,620,192	\$0	\$33,620,192
Install 68 Patient Lifts in the JPI Bldg	RLA NRC	Strategic Priority/Service Enhancement	\$885,000	\$0	\$885,000
TOTAL (RLA NRC)			\$48,000,192	\$6,659,000	\$54,659,192
Install CCTVs at Entryways	MLK OC	Strategic Priority/Service Enhancement	\$1,755,000	\$0	\$1,755,000
Urgent Care Remodel	Hudson CHC	Strategic Priority/Service Enhancement	\$2,000,000	\$0	\$2,000,000
Primary Care Clinic expansion	El Monte CHC	Strategic Priority/Service Enhancement	\$2,856,000	\$244,000	\$3,100,000
Urgent Care Center expansion	El Monte CHC	Strategic Priority/Service Enhancement	\$3,121,000	\$404,225	\$3,525,225
Clinic Expansion	Bellflower HC	Strategic Priority/Service Enhancement	TBD	0	\$0
Expand & relocate Pharmacy	Humphrey CHC	Strategic Priority/Service Enhancement	TBD	0	\$0
Remodel of Registration Windows	Long Beach CHC	Strategic Priority/Service Enhancement	\$500,000	\$0	\$500,000
Remodel: Family Medicine	Roybal CHC	Strategic Priority/Service Enhancement	\$2,591,000	\$0	\$2,591,000
Replace Registration Windows	Wilmington HC	Strategic Priority/Service Enhancement	\$500,000	\$0	\$500,000
Renovation and Community Center	Curtis Tucker HC	Strategic Priority/Service Enhancement	\$2,895,600	\$520	\$2,896,120
MLK Behavioral Health Center	MLK OC	Strategic Priority/Service Enhancement	\$25,503,965	\$2,312,058	\$27,816,023
MLK Jr. MC Child and Family Wellbeing Center	MLK OC	Strategic Priority/Service Enhancement	\$2,734,800	\$4,706,281	\$7,441,081
MLK CP1 and HSB NPC4 Upgrade	MLK OC	Strategic Priority/Service Enhancement	\$6,237,000	\$0	\$6,237,000
Interns & Residents Building 3rd & 6th Floor Remodel	MLK OC	Strategic Priority/Service Enhancement	\$5,758,000	(\$255,230)	\$5,502,770
TOTAL (ACN)			\$56,452,365	\$7,411,854	\$63,864,219
TOTAL - STRATEGIC PRIORITY/SERVICE ENHANCEMENT			\$2,446,481,696	\$62,782,876	\$2,509,264,572

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ATTACHMENT III

PRIORITY CAPITAL PROJECTS

Project Description	Facility	Project Need	Initial Project Estimate	Variance	TPCE
Parking Structure 12 Refurbishment	LAC+USC MC	Critical Maintenance	\$2,191,500	\$377,500	\$2,569,000
Outpatient Building Fire Barrier Separation(OPD)	LAC+USC MC	Critical Maintenance	\$1,560,000	\$0	\$1,560,000
Outpatient Building Waste Line Replacement(OPD)	LAC+USC MC	Critical Maintenance	\$3,900,000	\$0	\$3,900,000
IPT Kitchen Drain	LAC+USC MC	Critical Maintenance	\$965,754	\$0	\$965,754
GH Elevator Modernization Upgrade	LAC+USC MC	Critical Maintenance	\$2,775,000	\$0	\$2,775,000
Lot #9 Elevator Modernization Upgrade	LAC+USC MC	Critical Maintenance	\$2,000,000	\$564,375	\$2,564,375
West Plant Summer Boiler + Steam Tunnel Replacement	LAC+USC MC	Critical Maintenance	\$1,105,000	\$0	\$1,105,000
OPD Emergency Power Generator Upgrade & ATS Switch	LAC+USC MC	Critical Maintenance	\$750,000	\$0	\$750,000
Lot #9 General Maintenance	LAC+USC MC	Critical Maintenance	\$175,000	\$2,389,385	\$2,564,385
Seismic and Infrastructure Upgrades (OPD)	LAC+USC MC	Critical Maintenance	\$30,000,000	\$10,000,000	\$40,000,000
Steam line valves replacement(OPD)	LAC+USC MC	Critical Maintenance	\$500,000	\$0	\$500,000
Replace Chill water pumps (OPD)	LAC+USC MC	Critical Maintenance	\$150,000	\$0	\$150,000
Hot main shut off valves (OPD)	LAC+USC MC	Critical Maintenance	\$50,000	\$0	\$50,000
Sump pumps (OPD)	LAC+USC MC	Critical Maintenance	\$15,000	\$0	\$15,000
Epoxy coat Mechanical floor space (OPD)	LAC+USC MC	Critical Maintenance	\$300,000	\$0	\$300,000
Lighting replacement in basement mechanical room (OPD)	LAC+USC MC	Critical Maintenance	\$25,000	\$0	\$25,000
TOTAL (LAC+USC MC)			\$46,462,254	\$13,331,260	\$59,793,514
Repair and Upgrade current HVAC Systems serving Endoscopy + Cath Lab	H-UCLA HC	Critical Maintenance	\$350,000	\$0	\$350,000
Elevator Upgrade	H-UCLA HC	Critical Maintenance	\$9,100,000	\$0	\$9,100,000
Electric Switchgear Replacement/Routing of Utility Pipe into BLD-01765 Central Plant Bldg	H-UCLA HC	Critical Maintenance	\$6,114,000	\$5,486,000	\$11,600,000
Repair and Upgrade current HVAC Systems serving the 3 each 2W IR Suites	H-UCLA HC	Critical Maintenance	\$150,000	\$0	\$150,000
Site Work Improvements	H-UCLA HC	Critical Maintenance	\$890,000	\$0	\$890,000
Air Handler Upgrades in Basement and 7th Floor, Labor & Delivery Area	H-UCLA HC	Critical Maintenance	\$1,600,000	\$0	\$1,600,000
TOTAL (H-UCLA MC)			\$18,204,000	\$5,486,000	\$23,690,000
Vacuum Pumps Replacement	OV-UCLA MC	Critical Maintenance	\$800,000	\$0	\$800,000
Heat Exchanger (inside co-gen plant)	OV-UCLA MC	Critical Maintenance	\$2,000,000	\$0	\$2,000,000
Olive View-UCLA MC Emergency Power Upgrade	OV-UCLA MC	Critical Maintenance	\$4,450,000	\$223,333	\$4,673,333
Wireless Access Points	OV-UCLA MC	Critical Maintenance	\$500,000	\$0	\$500,000
TOTAL (OV-UCLA MC)			\$7,750,000	\$223,333	\$7,973,333
Medical Air/Medical Vacuum System Replacement	RLA NRC	Critical Maintenance	\$1,800,000	\$0	\$1,800,000
TOTAL (RLA NRC)			\$1,800,000	\$0	\$1,800,000
Hawkins Anti Ligature	MLK OC	Critical Maintenance	\$1,059,000	\$100	\$1,059,100
HVAC and Roof Replacement	Mid-Valley CHC	Critical Maintenance	\$7,400,000	\$0	\$7,400,000
HVAC Upgrades - Supplement	Roybal CHC	Critical Maintenance	\$13,000,000	\$1,500,000	\$14,500,000
Hawkins Nurse Call System	MLK OC	Critical Maintenance	\$962,000	\$0	\$962,000
HVAC Replacement	Antelope Valley HC	Critical Maintenance	\$2,800,000	\$0	\$2,800,000
HVAC & Ceiling Replacement	Long Beach CHC	Critical Maintenance	\$3,700,000	\$0	\$3,700,000
MLK Clinical Lab and Red-bag Storage	MLK OC	Critical Maintenance	\$10,845,024	\$0	\$10,845,024
Main Point of Entry	MLK OC	Critical Maintenance	\$4,710,000	\$0	\$4,710,000
Central Plant Switchgear Room HVAC Replacement	MLK OC	Critical Maintenance	\$276,000	\$0	\$276,000
HVAC Distribution Systems	Hudson CHC	Critical Maintenance	\$17,000	\$0	\$17,000
Electrical	Hudson CHC	Critical Maintenance	\$19,000	\$0	\$19,000
Building HVAC Repairs	Bellflower HC	Critical Maintenance	\$10,000	\$0	\$10,000
I & R Bldg Electrical Critical Maintenance Deficiencies	MLK OC	Critical Maintenance	\$13,000	\$0	\$13,000
HSB Critical Maintenance Deficiencies	MLK OC	Critical Maintenance	\$7,000	\$0	\$7,000
TOTAL (ACN)			\$44,818,024	\$1,500,100	\$46,318,124
313 Emergency Generator	DHS-Admin	Critical Maintenance	\$550,000	\$193,760	\$743,760
Seismic Upgrades HSA	DHS-Admin	Critical Maintenance	\$40,000,000	\$0	\$40,000,000
TOTAL (DHS-ADMIN)			\$40,550,000	\$193,760	\$40,743,760
TOTAL - CRITICAL MAINTENANCE			\$159,584,278	\$20,734,453	\$180,318,731

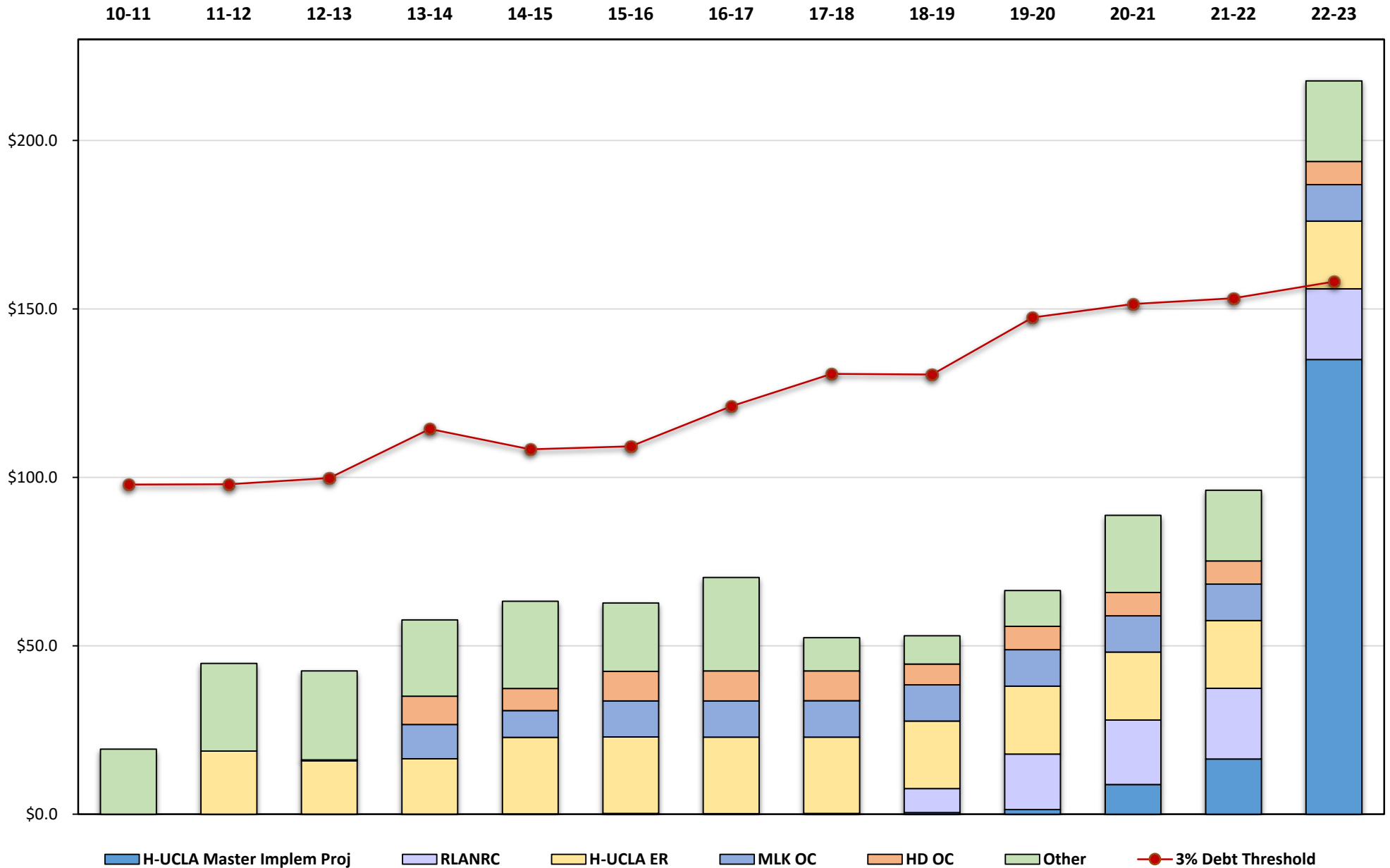
Project Description	Facility	Project Need	Initial Project Estimate	Variance	TPCE
USP 800 Pharmacy Upgrades	LAC+USC MC	Regulatory Requirement	\$1,666,000	\$0	\$1,666,000
TOTAL (LAC+USC MC)			\$1,666,000	\$0	\$1,666,000
Inpatient Pharmacy Expansion	H-UCLA MC	Regulatory Requirement	\$1,800,000	\$21,676	\$1,821,676
USP 800 Pharmacy Upgrades	H-UCLA MC	Regulatory Requirement	\$1,669,000	\$331	\$1,669,331
TOTAL (H-UCLA MC)			\$3,469,000	\$22,007	\$3,491,007
Fire Alarm/Nurse Call	OV-UCLA MC	Regulatory Requirement	\$22,000,000	\$21,737,000	\$43,737,000
SB 1953 Seismic Upgrades	OV-UCLA MC	Regulatory Requirement	\$9,712,000	\$485,600	\$10,197,600
USP 800 Pharmacy Upgrades	OV-UCLA MC	Regulatory Requirement	\$3,568,000	-\$1,368,000	\$2,200,000
TOTAL (OV-UCLA MC)			\$35,280,000	\$20,854,600	\$56,134,600
USP 800 Pharmacy Upgrades	MLK OC	Regulatory Requirement	\$511,000	\$0	\$511,000
Restroom Remodel: Public Restrooms-Main Lobby (4)	Hudson CHC	Regulatory Requirement	\$575,000	\$0	\$575,000
Restroom Remodel: Lobby Restrooms	Bellflower HC	Regulatory Requirement	\$262,000	\$0	\$262,000
Restroom Remodel: Public Restrooms	Roybal CHC	Regulatory Requirement	\$703,000	\$797,000	\$1,500,000
TOTAL (ACN)			\$2,051,000	\$797,000	\$2,848,000
TOTAL - REGULATORY REQUIREMENT			\$42,466,000	\$21,673,607	\$64,139,607
GRAND TOTAL - DHS PRIORITY CAPITAL PROJECTS			\$2,740,652,974	\$105,440,936	\$2,846,093,910



# DEBT SERVICE

FISCAL YEARS 2010-11 THROUGH 2022-23

(\$ In Millions)





# Health Services

LOS ANGELES COUNTY

June 23, 2020

## Los Angeles County Board of Supervisors

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

TO: Supervisor Kathryn Barger, Chair  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn

FROM: Christina R. Ghaly, M.D.  
Director

SUBJECT: **DEPARTMENT OF HEALTH SERVICES' (DHS)  
FISCAL OUTLOOK**

**Christina R. Ghaly, M.D.**  
Director

**Hal F. Yee, Jr., M.D., Ph.D.**  
Chief Deputy Director, Clinical Affairs

**Nina J. Park, M.D.**  
Chief Deputy Director, Population Health

This is to provide an update to DHS' fiscal forecast for Fiscal Years (FY) 2019-20 through 2022-23 (Attachment I). Attachment II provides detailed information on DHS' fund balance, including amounts for long-term receivables and obligated funds.

The COVID-19 pandemic has caused increased expenditures and contributed to lost revenues for DHS due to reductions in non-COVID-19 inpatient census and outpatient visits. In response to COVID-19, Congress approved various revenues for state and local governments, and hospitals: the Coronavirus Preparedness and Response Act; the Families First Coronavirus Response Act; and the Coronavirus Aid, Relief, and Economic Security (CARES) Act. DHS has received approximately \$103.9 million from these various federal sources and has deposited the funds into a trust fund. Once DHS determines that requirements for the different programs have been met, the trust funds will be used to cover the eligible costs. DHS' fiscal outlook includes the projected increases in costs, lost revenues, and anticipated use of CARES Act funds.

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213) 288-8050  
Fax: (213) 481-0503

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

### **Adjusted Fund Balance and Cash Flow**

Attachment I for the current year demonstrates that DHS will close the fiscal year with a minimal surplus. In the out years, DHS is projecting an ongoing structural deficit. The material increase in the deficit from FY 2021-22 to FY 2022-23 is due to the anticipated increase of debt service for the Harbor-UCLA Medical Center Master Project (H-UCLA MC Master Project). In the short-term, DHS will use our adjusted fund balance (Attachment II) to balance the budgets for FYs 2020-21 and 2021-22. There is not enough fund balance remaining to fully close the shortfall for FY 2022-23. We will be working closely with the Chief Executive Office (CEO) as the Department continues with efforts to increase revenues and decrease costs to address the structural deficit

*"To advance the health of our  
patients and our communities by  
providing extraordinary care"*



[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

(including debt service which is discussed further below) and the projected shortfall in FY 2022-23.

DHS has been working closely with the Department of Health Care Services (DHCS) to improve the timeliness of payments which impacts our cash flow and available fund balance. For Enhanced Payment Program (EPP) payments for FY 2018-19, we anticipate payment by September 2020, and for FY 2019-20, we are hoping to receive payment by the end of FY 2020-21. For FY 2020-21, we are asking that DHCS request the Centers for Medicare & Medicaid Services (CMS) to allow the EPP program to be redesigned so that EPP payments will be made on a monthly basis. If CMS approves our request, cash flow issues would materially improve.

CMS has granted approval on some previously pending issues, with resulting improvement in the current outlook and available fund balance. For example, as further described below, the Medicaid Graduate Medical Education (GME) proposal has now been approved and payments for FYs 2016-17 and 2017-18 are expected by the end of FY 2019-20. These efforts have also directly resulted in a decrease in the Department's level of borrowing. As a result of this and other changes, DHS' borrowing for FY 2018-19 to FY 2019-20 decreased from \$538.6 million to an estimated \$377.3 million. We will continue to work with the CEO and DHCS to develop additional solutions to any cash flow problems in the future.

### **Medicaid Fiscal Accountability Regulation (MFAR)**

We previously reported that the CMS' Proposed Rule, MFAR, was expected to significantly and negatively affect Medicaid fee-for-service payments, supplemental payments, disproportionate share hospital (DSH) payments, and health care-related taxes and provider-related donations. Due to the current environment, there is wide speculation that MFAR may be significantly revised or not issued at all in the foreseeable future. Given the uncertainty surrounding MFAR, we did not include the anticipated adverse impact of the finalization of MFAR in our forecast.

### **Waiver Revenues in FYs 2019-20 through 2022-23**

As reported previously, DHCS had been developing a multi-year plan called "California Advancing and Innovating Medi-Cal" (Cal-AIM), using a 1915(b) waiver, in anticipation of the December 31, 2020 expiration of the current 1115 Waiver. Cal-AIM was targeted for implementation on January 1, 2021, however, because of the COVID-19 situation, Cal-AIM has been indefinitely delayed.

Discussions are currently underway between CMS and DHCS regarding extending the current 1115 Waiver for another year through December 31, 2021. The Global Payment Program (GPP), which is a combination of DSH and Safety Net Care Pool (SNCP) funds, would be continued under the requested extension. While the DSH component of GPP is included in the forecast, because of concerns regarding how CMS calculates the Waiver's budget neutrality under its new policy, the Department believes that excluding SNCP funding beginning in FY 2020-21 is more fiscally prudent.

Under the current 1115 Waiver, the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) is scheduled to expire June 30, 2020; however, we expect that PRIME will be incorporated into Medi-Cal Managed Care under the Quality Incentive Payment (QIP) program effective July 1, 2020. We are projecting an increase in PRIME funding of approximately \$80.0 million. The increase is the net result of an increase in the Federal Medicaid Assistance Percentage (FMAP) and a decrease in DHS' allocation from the QIP distribution model. These funds are included in the forecast under Medi-Cal Managed Care.

DHS expects Whole Person Care (WPC) to be included in the Waiver extension and then incorporated into Medi-Cal Managed Care effective January 1, 2022. WPC funding is included in the forecast.

### **DSH**

Under the Affordable Care Act, reductions in DSH allotments were slated to begin in 2014. Since then, Congress has approved multiple delays so no actual reductions in DSH funding have occurred. As part of the CARES act, Congress delayed DSH cuts for FY 2019-20. It is expected that the DSH cuts will be further delayed for FYs 2020-21, 2021-22, and 2022-23, therefore, we have included full DSH funding in the forecast.

### **GME**

The Medi-Cal GME proposal has been approved by CMS effective back to January 2017. GME provides additional payments for public hospitals for Medi-Cal Managed Care beneficiaries, covering Medi-Cal's share of the salaries and benefits of interns and residents receiving training at public hospitals, and certain indirect costs associated with their training. DHS is expecting payment for FYs 2016-17 and 2017-18 in the amount of approximately \$92.0 million by June 30, 2020. The estimated net annual revenue is \$63.0 million. The GME funds have been included in the forecast.

### **Summary of Fiscal Assumptions**

The Fiscal Outlook is based on the following assumptions:

1. 1115 Waiver will be extended for one year through December 31, 2021.
2. SNCP funding will be eliminated effective June 30, 2020.
3. PRIME will be incorporated into Medi-Cal Managed Care under the QIP program effective July 1, 2020. DHS estimates a net increase of \$80.0 million.
4. WPC will be included in the Waiver extension and then incorporated into Medi-Cal Managed Care effective January 1, 2022.
5. DSH cuts are delayed for FYs 2019-20 through 2022-23.
6. GME payment of an estimated \$92.0 million for FYs 2016-17 (beginning January 1, 2017) and 2017-18 will be received by June 30, 2020. The estimated net annual revenue is \$63.0 million.
7. Only Board-approved cost of living adjustments have been included.

### **Capital Projects and Deferred Maintenance**

Attachment III provides a list of the major priority capital projects sorted into preventative maintenance, strategic priority/service enhancement, critical maintenance, and regulatory requirement categories. These projects are being reviewed and will be prioritized as necessary to align with budgetary realities.

Attachment IV reflects the Department's debt service from FYs 2010-11 through 2022-23. FYs 2019-20 through 2022-23 include annual payment for established projects and estimates for new priority deferred maintenance and capital projects. These payments include the first full-year projected payment of \$135.0 million in FY 2022-23 for the H-UCLA MC Master Project.

In general, County policy recommends a maximum three percent ratio of debt service to appropriations. As Attachment IV shows, beginning in FY 2022-23, we project that the three percent benchmark will be exceeded. To address this issue, the Department will undertake a comprehensive review of all future planned capital projects to determine criticality, need, and funding practicality. The H-UCLA MC Master Project will be included in this review. We will report back to the Board regarding potential options for reducing the costs of the H-UCLA MC Master Project, possible alternative scenarios to rebuilding H-UCLA MC, and identifying funding sources to support the replacement of H-UCLA MC as currently planned.

### **Departmental Efforts to Contain Costs and Enhance Revenues**

Even while COVID-19 presents the Department with new challenges, we are proceeding with our efforts to more effectively manage resources and achieve cost efficiencies, where possible. Some of our efforts are specifically geared toward improving revenues.

One example is the Consolidated Business Office (CBO) which has been redesigned to increase efficiency and reduce barriers that inhibit successful billing. The focus of the redesign is the integration of the billing unit, which is responsible for the entire billing process, and a vendor monitoring unit, which is responsible for all outsourced programs. In addition, a quality unit has been created to enhance oversight and revenue maximization initiatives.

Aligning these three units within CBO has promoted enhanced collaborative processes that have produced positive results. For example, collections for Medi-Cal and Medicare billings for FY 2019-20 have increased by approximately \$15.0 million to date; increased secondary vendor referrals have resulted in approximately \$3.7 million in additional revenue; a settlement agreement with Kaiser for unpaid H-UCLA MC outpatient emergency claims has been reached for approximately \$2.3 million; and billing vendor invoicing and reconciliation realized \$2.2 million in fee recoupment. These improved processes have been operationalized within CBO.

DHS is working on the implementation of a cost accounting system that will assist in analyzing our current cost structure, enabling detailed cost analyses, and tracking budget compliance. The key to a successful implementation is that our financial and clinical data must be complete, accurate, and timely. DHS is aware that we must improve our underlying financial and clinical data that will be used by this system and have taken the following actions to assist us in achieving that goal.

On the clinical side, in 2017, DHS launched its combined medical record/nursing driven clinical documentation improvement program at our four hospitals. One of the many benefits of this initiative has been an improvement in the reliability and accuracy of our Case Mix Index (CMI). A higher CMI demonstrates that a hospital has more complex cases that require additional resources. In a cost accounting system, the CMI is a key tool that allows comparisons of financial performance between hospitals. Another benefit of improving the CMI is that Medicare uses CMI to determine a hospital's reimbursement rate across all of its cases. More accurate information is expected to improve revenues.

DHS must still go further on improving documentation to increase revenue and improving the accuracy and usefulness of the cost accounting system. Therefore, DHS is engaged in multiple efforts to improve system-wide, standardized data capture, verification, and coding. There are three Data Capture Improvement Software Solutions that are currently being explored:

- Real-Time Physician Documentation Improvement provides more reliable data capture at point of patient contact and increases provider productivity by suggesting best documentation choices;
- Computer-Assisted Clinical Documentation Improvement provides clinical quality measures and improved inpatient coding/data capture; and
- Computer-Assisted Coding improves greater coding accuracy and coder productivity.

Regarding the capture of labor costs which is a vital component of cost, an effort is underway as it relates to Workforce Time, Scheduling and Patient Acuity. DHS is seeking to optimize the patient care cycle through a workforce management and patient acuity system integrated with ORCHID, DHS' electronic health record. DHS manages a large workforce in a 24/7 setting with complex scheduling, time management, and patient care parameters. The new system will provide enterprise-wide staff scheduling coupled with automated time capture; track non-county workforce time and streamline invoicing; provide tools to monitor patient progress against established hospitalization benchmarks; and propose appropriate patient assignments and determine patient acuity-levels from clinical documentation in ORCHID – all in real time.

Implementation of an enterprise-wide solution will help improve the quality and cost of care by providing automation of predictable tasks, greater visibility of labor decisions and costs, and better responsiveness for patient care. The new system will replace numerous manual and inefficient processes, freeing up staff for clinical care and providing near-real-time productivity reporting that will speed the deployment of a

comprehensive workforce management capability linked to patient outcomes and experience. DHS has completed sole source negotiations, is assessing internal staffing needs, and anticipates requesting Board approval of a contract by the end of the year.

The implementation of time and scheduling along with data capture will provide accurate and timely data to the cost accounting system. These efforts will greatly improve our ability to develop workable strategies for achieving cost containment and efficiencies in the system. DHS expects to request Board approval of these contracts by December 2020. The expenses and associated revenues for all these initiatives have been included in the fiscal outlook.

In keeping with our mission, DHS' activities continue their focus on addressing community health needs, improving service delivery, strengthening core clinical services, and supporting our role as a safety net provider.

If you have any questions or need additional information, please let me know.

CRG:aw  
Fisc Outlk BL June 2020  
609:005

#### Attachments (4)

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisor

## BOARD LETTER FACT SHEET

DRAFT

Agenda Review Date:

Board Meeting Date:

Sup. Dist. / SPA No.:

DEPARTMENT:

SUBJECT:

**I. PUBLIC BENEFIT** (precise description, mandated or non-mandated)

**II. RECOMMENDED ACTIONS** (summarized)

**III. COST AND FUNDING SOURCES**

Cost:

Funding:

**IV. BACKGROUND** (critical and/or insightful)

**V. POTENTIAL ISSUE(S)**

**VI. DEPARTMENT & COUNTY COUNSEL CONTACTS**





**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**MUNTU DAVIS, M.D., M.P.H.**  
County Health Officer

313 North Figueroa Street, Room 806  
Los Angeles, California 90012  
TEL (213) 240-8117 • FAX (213) 975-1273

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

**BOARD OF SUPERVISORS**

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

June 16, 2020

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

Dear Supervisors:

**APPROVAL TO EXECUTE 48 NEW CONTRACTS FOR  
DOMESTIC VIOLENCE SUPPORTIVE SERVICES  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

**SUBJECT**

Request approval to execute 48 new contracts for the provision of Domestic Violence Supportive Services effective July 1, 2020 through June 30, 2023 and authority to execute future amendments and change notices, as appropriate, to reflect funding adjustments, and non-material and/or ministerial revisions; as well as authority to execute future amendments to extend or adjust the term through December 31, 2026.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Approve and instruct the Director of the Department of Public Health (DPH), or designee, to execute 48 new contracts, substantially similar to Exhibit I, with the agencies listed in Attachment A, selected under a solicitation process for the provision of Domestic Violence Supportive Services (DVSS), effective July 1, 2020 through June 30, 2023, at a total maximum obligation of \$48,993,000; offset with

California Work Opportunity and Responsibility to Kids (CalWORKs) Single Allocation and net County cost (NCC), as described in Attachment B.

2. Delegate authority to the Director of DPH, or designee, to execute future amendments to the contracts that extend the term for up to three additional one-year terms through June 30, 2026 at amounts to be determined by the Director of DPH; allow a no-cost adjustment through December 31, 2026; and/or provide an increase or decrease in funding up to 10 percent above or below each term's annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable term, and make corresponding service adjustments, as necessary, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office.
3. Delegate authority to the Director of DPH, or designee, to execute change notices to the contracts that permit non-material and/or ministerial revisions to the scope of work, as necessary; authorize budget modifications, and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or corrections or updates to the contract's terms and conditions.
4. Delegate authority to the Director of DPH, or designee, to immediately suspend any contract upon issuing a written notice to contractors that fail to fully comply with program requirements; to terminate contracts for convenience by providing a 30-calendar day advance written notice to contractors; and to accept voluntary contract termination notices from contractors.

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

DPH is the administrator of the County's DVSS program which provides case management and legal services to survivors of domestic violence (DV) who are eligible participants in CalWORKs, General Relief (GR), and General Relief Opportunities for Work (GROW) programs in Los Angeles County (LAC). Collectively these services are known as DVSS.

Case management services include confidential support services, safety planning, and advocacy. DV survivors are provided with advocacy/referral services to help with obtaining the appropriate community resources (financial assistance, emotional stability, and educational benefits). The goal of case management services is to empower survivors to make decisions that are the safest for them and their children and help survivors overcome barriers related to DV and become self-sufficient. Case management also includes an assessment to determine if DV prevents the recipient from complying with any of the CalWORKs Welfare to Work (WtW) requirements.

Legal services include obtaining, renewing and enforcing protective orders (restraining orders) in court; securing child custody orders so that a parent and his or her children can legally and safely leave the abusive partner and/or parent; aid in obtaining

separation and divorce proceeding; providing advocacy in public benefits hearings; providing legal representation in housing and other court hearings; and providing legal assistance for immigrants.

DVSS are currently being provided by 36 contracted agencies. These contracts have been in effect from July 1, 2016 and are scheduled to end June 30, 2020.

Approval of Recommendation 1 will allow DPH to execute 48 new contracts with qualified agencies to provide DVSS in LAC. Of the 48 recommended agencies, 38 will provide case management services, four will provide legal services, and six will provide both case management and legal services.

Approval of Recommendation 2 will allow DPH to execute amendments to the contracts to extend and/or adjust the term of the contracts; and/or increase or decrease funding up to 10 percent above or below the annual base maximum obligation, effective upon amendment execution, and make corresponding service adjustments, as necessary.

Approval of Recommendation 3 will allow DPH to execute change notices to the contracts that permit non-material and/or ministerial revisions to the scope of work, as necessary; authorize budget modifications, and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or corrections or updates to the contract's terms and conditions.

Approval of Recommendation 4 will allow DPH to immediately suspend contracts with contractors who fail to perform and/or fully comply with program requirements, to terminate contracts for convenience by providing 30-calendar day advance written termination notice to contractors, and to accept notices from contractors who voluntarily request to terminate their contract(s).

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

The recommended actions support Goal I, Make Investments that Transform Lives; Strategy I.2, Enhance Our Delivery of Comprehensive Interventions, of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

The total annual maximum obligation for fiscal year (FY) 2020-21 for the 48 recommended contracts is \$16,331,000 as detailed in Attachment A. Of that amount, \$16,090,000 is funded with CalWORKs Single Allocation passed through the Department of Public Social Services (DPSS) via a Departmental Service Order; and \$241,000 by NCC (\$60,000 for services to GR participants and \$181,000 for services to GROW participants) as detailed in Attachment B.

Funding for these contracts is included in DPH's FY 2020-21 Adopted Budget and will be included in future FYs, as necessary.

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

In May 29, 2018, your Board approved the transfer of administrative responsibility for the DVSS contracts from DPSS to DPH, effective July 1, 2018. DPH is responsible for the administration of DVSS contracts, in line with DV programming, public health programming around women's health, maternal and child health, and violence prevention.

Exhibit I is the contract template reviewed and approved by County Counsel. Attachment A is a list of the recommended contractors. Attachment B is the Domestic Violence Support Services Fiscal Year Allocation for DVSS. Attachment C is the contracting opportunity information posted on the County of Los Angeles website. Attachment D is the Community Business Enterprise Information Summary for the recommended contractors.

### **CONTRACTING PROCESS**

On February 25, 2020, DPH released a Request for Applications (RFA) to solicit applications from qualified agencies/vendors to provide DVSS to survivors of DV who are eligible participants in CalWORKs, GR, and GROW programs in LAC. Under the RFA, interested and qualified agencies were able to submit an application for case management, legal services, or both service categories by the submission deadline of April 27, 2020.

The contracting opportunity announcement was posted on the County of Los Angeles website (Attachment C) and on the DPH's Contracts and Grants website. Additionally, a contracting opportunity flyer was sent by electronic mail to DPH's internal list of DVSS funded agencies.

DPH received 51 applications by the submission deadline. Applications were reviewed in accordance with the Review Process outlined in the RFA by internal DPH and external subject matter experts. Of the 51 applications, five agencies that applied in one service category (i.e., legal services or case management) were disqualified and deemed non-responsive to the RFA upon determination that they did not meet the minimum mandatory requirements. Two of these agencies requested a Disqualification Review. Additionally, three agencies that applied in two service categories were disqualified in only one of the service categories for not meeting the minimum requirements of that service category. Two of these agencies requested a Disqualification Review. A DPH representative with services contract knowledge who was not involved in the RFA process conducted the disqualification reviews. After the reviews were completed, determination letters affirming that the Applicants' met the minimum mandatory requirements for the service categories they applied for were sent to these four

agencies. As a result, DPH is recommending that your Board approve the execution of the recommended 48 contracts.

On June 3, 2020 notifications of the RFA results were sent to the recommended Applicants. DPH has obtained a Letter of Intent from each of the recommended Applicants.

Community Business Enterprise Program information, as reported by the recommended Applicants, is identified in Attachment D. Applicants were selected without regard to gender, race, creed, color or national origin for award of a contract.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Approval of the recommended actions will allow DPH to continue to support the delivery of the County's DVSS program to DV survivors.

Respectfully submitted,

Barbara Ferrer, Ph.D., M.P.H., M.Ed.  
Director

BF:vv  
BL#05287

Enclosures

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors

**DOMESTIC VIOLENCE SUPPORTIVE SERVICES  
RECOMMENDED CONTRACTORS**

Attachment A

	AGENCY	SD	Annual Case Management Services Funding	Annual Legal Services Funding	TOTAL
1	1736 Family Crisis Center	1		\$170,114	
		2	\$634,000	\$102,655	
		4	\$152,160	\$58,660	
	<b>Agency Total</b>		<b>\$786,160</b>	<b>\$331,429</b>	<b>\$1,117,589</b>
2	Amanecer Community Counseling Service	1	\$291,640		
	<b>Agency Total</b>		<b>\$291,640</b>		<b>\$291,640</b>
3	Antelope Valley Domestic Violence Council	5	\$765,872	\$117,320	
	<b>Agency Total</b>		<b>\$765,872</b>	<b>\$117,320</b>	<b>\$883,192</b>
4	Asian Americans Advancing Justice - Los Angeles	1		\$99,722	
	<b>Agency Total</b>			<b>\$99,722</b>	<b>\$99,722</b>
5	California Hispanic Commission on Alcohol & Drug Abuse, Inc.	1	\$240,920		
	<b>Agency Total</b>		<b>\$240,920</b>		<b>\$240,920</b>
6	Cambodian Association of America	4	\$126,800		
	<b>Agency Total</b>		<b>\$126,800</b>		<b>\$126,800</b>
7	Center For the Pacific Asian Family, Inc.	2	\$12,680		
		3	\$27,896		
		4	\$22,824		
	<b>Agency Total</b>		<b>\$63,400</b>		<b>\$63,400</b>
8	Change Lanes Youth Support Services	5	\$101,440		
	<b>Agency Total</b>		<b>\$101,440</b>		<b>\$101,440</b>
9	Child & Family Center	5	\$152,160		
	<b>Agency Total</b>		<b>\$152,160</b>		<b>\$152,160</b>
10	Children's Bureau Southern California	2	\$101,440		
		5	\$101,440		
	<b>Agency Total</b>		<b>\$202,880</b>		<b>\$202,880</b>
11	Children's Center of the Antelope Valley, The	5	\$101,440		
	<b>Agency Total</b>		<b>\$101,440</b>		<b>\$101,440</b>
12	Community Legal Aid SoCal	2		\$146,650	
		4		\$346,094	
	<b>Agency Total</b>			<b>\$492,744</b>	<b>\$492,744</b>
13	Comptior, Inc.	1	\$50,720		
	<b>Agency Total</b>		<b>\$50,720</b>		<b>\$50,720</b>
14	East Los Angeles Women's Center	1	\$393,080		
	<b>Agency Total</b>		<b>\$393,080</b>		<b>\$393,080</b>
15	El Centro de Amistad, Inc.	3	\$228,240		
	<b>Agency Total</b>		<b>\$228,240</b>		<b>\$228,240</b>

**DOMESTIC VIOLENCE SUPPORTIVE SERVICES  
RECOMMENDED CONTRACTORS**

Attachment A

	AGENCY	SD	Annual Case Management Services Funding	Annual Legal Services Funding	TOTAL
16	Foothill Family Service	1	\$278,960		
		5	\$240,920		
	<b>Agency Total</b>		<b>\$519,880</b>		<b>\$519,880</b>
17	H.O.P.E. Helping Other People Excel	2	\$101,440		
	<b>Agency Total</b>		<b>\$101,440</b>		<b>\$101,440</b>
18	Harriett Buhai Center for Family Law	2		\$302,099	
	<b>Agency Total</b>			<b>\$302,099</b>	<b>\$302,099</b>
19	Haven Hills, Inc.	3	\$380,400		
	<b>Agency Total</b>		<b>\$380,400</b>		<b>\$380,400</b>
20	HealthRIGHT 360	2	\$101,440	\$129,052	
		3	\$403,224	\$123,186	
		5	\$101,440	\$117,320	
	<b>Agency Total</b>		<b>\$606,104</b>	<b>\$369,558</b>	<b>\$975,662</b>
21	Helpline Youth Counseling, Inc.	1	\$50,720		
		4	\$101,440		
	<b>Agency Total</b>		<b>\$152,160</b>		<b>\$152,160</b>
22	House of Ruth, Inc.	1	\$253,600		
	<b>Agency Total</b>		<b>\$253,600</b>		<b>\$253,600</b>
23	Human Services Association	1	\$126,800		
		5	\$101,440		
	<b>Agency Total</b>		<b>\$228,240</b>		<b>\$228,240</b>
24	Institute for Multicultural Counseling and Education Services, Inc. (IMCES)	2	\$202,880	\$117,320	
		5	\$252,183	\$117,320	
	<b>Agency Total</b>		<b>\$455,063</b>	<b>\$234,640</b>	<b>\$689,703</b>
25	Jenesse Center, Inc.	2	\$380,400	\$146,650	
	<b>Agency Total</b>		<b>\$380,400</b>	<b>\$146,650</b>	<b>\$527,050</b>
26	Jewish Family Service of Los Angeles	2	\$50,720		
		3	\$253,600		
	<b>Agency Total</b>		<b>\$304,320</b>		<b>\$304,320</b>
27	Legal Aid Foundation of Los Angeles	1		\$161,315	
		2		\$322,630	
		3		\$87,990	
		4		\$454,615	
	<b>Agency Total</b>			<b>\$1,026,550</b>	<b>\$1,026,550</b>
28	Los Angeles Center for Law and Justice	1		\$322,630	
		4		\$102,655	
	<b>Agency Total</b>			<b>\$425,285</b>	<b>\$425,285</b>

**DOMESTIC VIOLENCE SUPPORTIVE SERVICES  
RECOMMENDED CONTRACTORS**

Attachment A

	AGENCY	SD	Annual Case Management Services Funding	Annual Legal Services Funding	TOTAL
29	Neighborhood Legal Services of Los Angeles County	1	\$50,720	\$234,640	
		3	\$131,872	\$293,300	
		5	\$101,440	\$117,320	
	<b>Agency Total</b>		<b>\$284,032</b>	<b>\$645,260</b>	<b>\$929,292</b>
30	New Hope Drug and Alcohol Treatment Program, Inc.	2	\$101,440		
	<b>Agency Total</b>		<b>\$101,440</b>		<b>\$101,440</b>
31	New Star Family Center	2	\$101,440		
		4	\$76,080		
	<b>Agency Total</b>		<b>\$177,520</b>		<b>\$177,520</b>
32	Niswa Association, Inc.	4	\$126,800		
	<b>Agency Total</b>		<b>\$126,800</b>		<b>\$126,800</b>
33	Office of Samoan Affairs of California, Inc.	2	\$405,760		
	<b>Agency Total</b>		<b>\$405,760</b>		<b>\$405,760</b>
34	Para Los Niños	1	\$114,120		
		2	\$253,600		
	<b>Agency Total</b>		<b>\$367,720</b>		<b>\$367,720</b>
35	Parents Anonymous® Inc.	1	\$50,720		
		5	\$101,440		
	<b>Agency Total</b>		<b>\$152,160</b>		<b>\$152,160</b>
36	Peace Over Violence	5	\$202,880	\$117,320	
	<b>Agency Total</b>		<b>\$202,880</b>	<b>\$117,320</b>	<b>\$320,200</b>
37	Penny Lane Centers	2	\$101,440		
		3	\$101,440		
		5	\$101,440		
	<b>Agency Total</b>		<b>\$304,320</b>		<b>\$304,320</b>
38	Personal Involvement Center, Inc.	2	\$101,440		
		5	\$101,440		
	<b>Agency Total</b>		<b>\$202,880</b>		<b>\$202,880</b>
39	Project Peacemakers, Inc. (PPMI)	2	\$443,800		
	<b>Agency Total</b>		<b>\$443,800</b>		<b>\$443,800</b>
40	Rainbow Services, Ltd.	4	\$101,440		
	<b>Agency Total</b>		<b>\$101,440</b>		<b>\$101,440</b>
41	San Fernando Valley Community Mental Health Center, Inc.	3	\$405,760		
	<b>Agency Total</b>		<b>\$405,760</b>		<b>\$405,760</b>
42	South Asian Helpline and Referral Agency (SAHARA)	4	\$96,368		
	<b>Agency Total</b>		<b>\$96,368</b>		<b>\$96,368</b>



**DOMESTIC VIOLENCE SUPPORTIVE SERVICES  
RECOMMENDED CONTRACTORS**

Attachment A

	AGENCY	SD	Annual Case Management Services Funding	Annual Legal Services Funding	TOTAL
43	Su Casa~ Ending Domestic Violence (Su Casa)	4	\$101,440		
	<b>Agency Total</b>		<b>\$101,440</b>		<b>\$101,440</b>
44	Tarzana Treatment Centers, Inc.	3	\$317,000		
		5	\$355,040		
	<b>Agency Total</b>		<b>\$672,040</b>		<b>\$672,040</b>
45	Women's and Children's Crisis Shelter, Inc.	4	\$86,224		
	<b>Agency Total</b>		<b>\$86,224</b>		<b>\$86,224</b>
46	WomenShelter of Long Beach	4	\$278,960		
	<b>Agency Total</b>		<b>\$278,960</b>		<b>\$278,960</b>
47	YWCA of Glendale, The	5	\$253,600	\$117,320	
	<b>Agency Total</b>		<b>\$253,600</b>	<b>\$117,320</b>	<b>\$370,920</b>
48	YWCA of San Gabriel Valley	5	\$253,600		
	<b>Agency Total</b>		<b>\$253,600</b>		<b>\$253,600</b>
	<b>TOTAL</b>		<b>\$11,905,103</b>	<b>\$4,425,897</b>	<b>\$16,331,000</b>

SD = Supervisorial District Served

**Summary of Recommended Contractors by Service Category:**

Case Management	35
Legal Services	5
Case Management and Legal Services	8
<b>Total</b>	<b>48</b>

**The Los Angeles County Department of Public Health developed the allocations according to the following guidelines:**

- 1 All eligible applicants receive funding
- 2 Funding is distributed across Supervisorial Districts based upon current distribution of cases across Supervisorial Districts
- 3 Allocations were made to minimize cuts to existing programs to avoid interruption of existing client services
- 4 Needs in each Supervisorial District were estimated based upon current caseload
- 5 After assigning clients on a per-Supervisorial District basis to existing contractors based upon prior caseload, remaining caseload for a given Supervisorial District was divided up evenly among new applicants in that District

**County of Los Angeles - Department of Public Health  
Office of Women's Health  
Domestic Violence Support Services  
Fiscal Year Allocation**

Sup. District	Case Management Services Funds								Legal Services Funds			Total Available Funds
	CalWORKS Participants (b)	CalWORKS % (b)	CalWORKS Funds	GR % (c)	GR Funds	GROW % (c)	GROW Funds	Total Case Management Services Funds	CalWORKS Participants (a)	CalWORKS % (a)	Total Legal Services Funds	
1	662	14.25%	\$ 1,644,593	0.00%	\$ -	0.00%	\$ -	\$ 1,644,593	353	22.76%	\$ 1,035,352	\$ 2,679,945
2	1,232	26.53%	3,061,826	42.75%	25,650	47.33%	85,668	3,173,144	437	28.17%	1,281,454	4,454,598
3	922	19.85%	2,290,889	23.75%	14,250	28.33%	51,277	2,356,416	177	11.41%	519,041	2,875,457
4	493	10.61%	1,224,500	13.75%	8,250	0.00%	-	1,232,750	341	21.99%	1,000,325	2,233,075
5	1,336	28.76%	3,319,192	19.75%	11,850	24.34%	44,055	3,375,097	243	15.67%	712,828	4,087,925
	<b>4,645</b>	<b>100.00%</b>	<b>\$ 11,541,000</b>	<b>100.00%</b>	<b>\$ 60,000</b>	<b>100.00%</b>	<b>\$ 181,000</b>	<b>\$ 11,782,000</b>	<b>1,551</b>	<b>100.00%</b>	<b>\$ 4,549,000</b>	<b>\$ 16,331,000</b>

**SUMMARY:**

	Case Management Services	Legal Services	Total
CalWORKS	\$11,541,000	\$4,549,000	\$16,090,000
GR	\$60,000	\$0	\$60,000
GROW	\$181,000	\$0	\$181,000
	\$11,782,000	\$4,549,000	\$16,331,000

**Notes:**

(a) Based on number of CalWORKS participants who received Legal services in from July 1, 2018 through June 30, 2019.

(b) Based on number of CalWORKS participants who received Case Management services from July 1, 2018 through June 30, 2019.

(c) Based on prior year funding allocation percentage, while GR and GROW participant numbers for the period of July 1, 2018 through June 30, 2019 are not available.



[Home](#) / [Open Solicitations](#) / [Detail](#)

[Solicitation Detail](#)

Solicitation Number:	2020-001								
Title:	2020-001 Request for Applications (RFA) for Domestic Violence Supportive Services								
Department:	Department of Public Health								
Bid Type:	Commodity	Bid Amount:	N/A						
Commodity:	CASE MANAGEMENT SERVICES								
Description:	County of Los Angeles, Department of Public Health is issuing an RFA to solicit applications for contracts with qualified Case Management and Legal Services contractors for the provision of Domestic Violence Supportive Services. Applications are due Tuesday, March 24, 2020 by 3:00 p.m. PT. Electronic copies of the RFA can be obtained via the following County of Los Angeles website: <a href="http://publichealth.lacounty.gov/cg/index.htm">http://publichealth.lacounty.gov/cg/index.htm</a> under "DPH OPEN SOLICITATIONS" heading.			<a href="#">Less</a>					
Open Day:	2/25/2020	Close Date:	3/24/2020 3:00:00 PM						
Contact Name:	Violeta Villalobos	Contact Phone:	() -						
Contact Email:	Vvillalobos@ph.lacounty.gov								
Last Changed On:	2/25/2020 11:01:44 AM								
Attachment File (2) :	<div><a href="#">Click here to download attachment files.</a></div> <table><thead><tr><th>File Name</th><th>Description</th><th>Type</th><th>Size</th><th>Last Update On</th></tr></thead></table>				File Name	Description	Type	Size	Last Update On
File Name	Description	Type	Size	Last Update On					

DocRelDate.pdf	Document Release Date	.pdf	41914	02-25-2020	
ContOppFlyer.pdf	Contracting Opportunity Announcement	.pdf	103695	02-25-2020	



DOMESTIC VIOLENCE SUPPORTIVE SERVICES  
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION SUMMARY

FIRM / ORGANIZATION INFORMATION	1736 Family Crisis Center	Amanecer Community Counseling Service	Antelope Valley Domestic Violence Council	Asian Americans Advancing Justice - Los Angeles	California Hispanic Commission on Alcohol and Drug Abuse, Inc.	Cambodian Association of America	Center for the Pacific Asian Family, Inc.	Change Lanes Youth Support Services	Child & Family Center	Children's Bureau of Southern California
Total Number of Employees in Firm	180	136	123	54	81	40	52	4	155	525
Business Structure	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit
Owners/Partner/Associate Partners										
Black/African American	37	9	24	10	0	0	2	1	9	49
Hispanic/Latin American	95	113	56	4	73	4	8		76	338
Asian or Pacific Islander	9	4	0	37	4	32	38		15	30
American Indian	0	0	0	0	1	0	0		3	0
Filipino	0	0	0	0	0	0	1		0	0
White	39	10	43	3	3	4	3		52	108
Unspecified	0	0	0	0	0	0	0		0	0
Total	180	136	123	54	81	40	52	1	155	525
Female (should be included in counts above and also reported here separately).	158	112	106	34	56	24	46	1	48	465
Managers										
Black/African American	6	2	1	9	0	0	0		3	7
Hispanic/Latin American	5	17	6	3	8	1	0		8	33
Asian or Pacific Islander	2	1	0	6	0	5	14		3	6
American Indian	0	0	0	0	1	0	0		1	0
Filipino	0	0	0	0	0	0	0		0	0
White	7	1	8	1	1	2	2		18	32
Unspecified	0	0	0	0	0	0	0		0	0
Total	20	21	15	19	10	8	16		33	78
Female (should be included in counts above and also reported here separately).	15	15	14	10	5	3	14		29	64
Staff										
Black/African American	31	7	13	1	0	0	2	2	6	42
Hispanic/Latin American	90	96	50	1	62	3	8	1	68	305
Asian or Pacific Islander	7	3	0	31	4	27	24		12	24
American Indian	0	0	0	0	0	0	0		2	0
Filipino	0	0	0	0	0	0	1		0	0
White	32	9	25	2	2	2	1		34	76
Unspecified	0	0	0	0	0	0	0		0	0
Total	160	115	88	35	68	32	36	3	122	447
Female (should be included in counts above and also reported here separately).	143	97	92	24	47	21	32	2	48	401
Percentage of Ownership										
Black/African American								100.00%		
Hispanic/Latin American										
Asian or Pacific Islander										
American Indian										
Filipino										
White										
Unspecified										
Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%
Female (should be included in counts above and also reported here separately).								100.00%		
Current Certification as Minority, Women, Disadvantaged, and Disabled Veteran Business Enterprise										
Minority										
Women										
Disadvantaged										
Disabled Veteran										
Other										
County Certification										
Local Small Business Enterprise										
Social Enterprise										
Disabled Veteran Business Enterprise										
Other Certifying Agency										

Figures are based on information provided by Vendors in their statement of qualifications.

**DOMESTIC VIOLENCE SUPPORTIVE SERVICES  
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION SUMMARY**

DOMESTIC VIOLENCE SUPPORTIVE SERVICES	Community Legal Aid SoCal	Compator, Inc.	East Los Angeles Women's Center	El Centro de Amistad, Inc.	Foothill Family Service	H.O.P.E. Helping Other People Excel	Harriett Buhai Center for Family Law	Haven Hills, Inc.	HealthRIGHT 360	Helpline Youth Counseling, Inc.
<b>Total Number of Employees in Firm</b>	107		51	78	316	4	22	4	1,252	102
<b>Business Structure</b>	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit
<b>Owners/Partner/Associate Partners</b>										
Black/African American	5		0	1	4	3	0	1	289	8
Hispanic/Latin American	53	100%	50	1	244	1	7	20	353	76
Asian or Pacific Islander	22		0		32	0	1	2	176	4
American Indian	0		0		0	0	0	0	6	0
Filipino	1		0		0	0	0	0	0	2
White	26		1		36	0	14	5	428	12
Unspecified	0		0		0	0	0	0	0	0
<b>Total</b>	<b>107</b>		<b>51</b>	<b>2</b>	<b>316</b>	<b>4</b>	<b>22</b>	<b>1</b>	<b>1252</b>	<b>102</b>
Female (should be included in counts above and also reported here separately).	81		50	2	27	2	20	1	888	79
<b>Managers</b>										
Black/African American	3		0		3	2	0	1	40	1
Hispanic/Latin American	3	100%	9	10	40	0	0	5	41	15
Asian or Pacific Islander	7		0		7	0	0	0	35	1
American Indian	0		0		0	0	0	0	1	0
Filipino	0		0	1	0	0	0	0	0	1
White	5		1	3	21	0	3	2	70	2
Unspecified	0		0		0	0	0	0	0	0
<b>Total</b>	<b>18</b>		<b>10</b>	<b>14</b>	<b>71</b>	<b>2</b>	<b>3</b>	<b>8</b>	<b>187</b>	<b>20</b>
Female (should be included in counts above and also reported here separately).	11	100%	10	12	17	1	3	7	130	14
<b>Staff</b>										
Black/African American	2		0		1	1	0	2	249	7
Hispanic/Latin American	50	100%	41	60	204	1	7	1	312	61
Asian or Pacific Islander	15		0	1	25	0	1	2	141	3
American Indian	0		0		0	0	0	0	5	0
Filipino	1		0		0	0	0	0	0	1
White	21		0	1	15	0	11	3	358	10
Unspecified	0		0		0	0	0	0	0	0
<b>Total</b>	<b>89</b>	<b>100%</b>	<b>41</b>	<b>62</b>	<b>245</b>	<b>2</b>	<b>19</b>	<b>3</b>	<b>1065</b>	<b>82</b>
Female (should be included in counts above and also reported here separately).	70	99%	40	57	229	2	17	2	761	65
<b>Percentage of Ownership</b>										
Black/African American								100.00%		
Hispanic/Latin American										
Asian or Pacific Islander										
American Indian										
Filipino										
White										
Unspecified										
<b>Total</b>			0.00%		0.00%	0.00%	0.00%	100.00%	0.00%	0.00%
Female (should be included in counts above and also reported here separately).								100.00%		
<b>Current Certification as Minority, Women, Disadvantaged, and Disabled Veteran Business Enterprise</b>										
Minority		Yes								
Women		Yes								
Disadvantaged		Yes								
Disabled Veteran										
Other										
<b>County Certification</b>										
Local Small Business Enterprise										
Social Enterprise										
Disabled Veteran Business Enterprise										
Other Certifying Agency										

Figures are based on information provided by Vendors in their statement of qualifications.

DOMESTIC VIOLENCE SUPPORTIVE SERVICES  
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION SUMMARY

FIRM / ORGANIZATION INFORMATION	House of Ruth, Inc.	Human Services Association	Institute for Multicultural Counseling and Education Services, Inc.	Jenesse Center, Inc.	Jewish Family Service of Los Angeles	Legal Aid Foundation of Los Angeles	Los Angeles Center for Law and Justice	Neighborhood Legal Services of Los Angeles County	New Hope Drug and Alcohol Treatment Program, Inc.	New Star Family Center
Total Number of Employees in Firm	65	270	92	64	265	166	37	4	8	10
Business Structure	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit
Owners/Partner/Associate Partners										
Black/African American	11	3	9	45	22	13	1	1	6	2
Hispanic/Latin American	33	258	34	13	70	72	29	75	2	5
Asian or Pacific Islander	1	3	8	2	13	32	2	22	0	0
American Indian	0	0	0	0	0	0	0	0	0	0
Filipino	0	0	0	0	0	4	0	0	0	0
White	20	6	41	4	160	45	5	32	0	3
Unspecified	0	0	0	0	0	0	0	0	0	0
Total	65	270	92	64	265	166	37	1	8	10
Female (should be included in counts above and also reported here separately).	61	208	63	51	207	115	36	1	5	3
Managers										
Black/African American	5	1	1	8	2	2	4	3	2	0
Hispanic/Latin American	4	28	4	0	7	10	0	8	0	0
Asian or Pacific Islander	0	0	0	0	2	10	0	5	0	0
American Indian	0	0	0	0	0	0	0	0	0	0
Filipino	0	0	0	0	0	4	0	0	0	0
White	4	2	2	0	35	4	1	9	0	0
Unspecified	0	0	0	0	0	0	0	0	0	0
Total	13	31	7	8	46	30	5	25	2	1
Female (should be included in counts above and also reported here separately).	13	25	1	8	40	18	5	18	1	1
Staff										
Black/African American	6	2	8	37	20	11	1	2	3	2
Hispanic/Latin American	29	230	30	13	63	62	25	1	2	5
Asian or Pacific Islander	1	3	8	2	11	24	2	17	0	0
American Indian	0	0	0	0	0	0	0	0	0	0
Filipino	0	0	0	0	0	0	0	0	0	0
White	16	4	38	4	125	37	4	23	0	1
Unspecified	0	0	0	0	0	0	0	0	0	0
Total	52	239	84	56	219	134	32	3	5	8
Female (should be included in counts above and also reported here separately).	48	208	55	43	169	97	31	2	4	8
Percentage of Ownership										
Black/African American								100.00%		
Hispanic/Latin American										
Asian or Pacific Islander										
American Indian										
Filipino										
White										
Unspecified										
Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%
Female (should be included in counts above and also reported here separately).								100.00%		
Current Certification as Minority, Women,										
Minority										
Women										
Disadvantaged										
Disabled Veteran										
Other										
County Certification										
Local Small Business Enterprise										
Social Enterprise										
Disabled Veteran Business Enterprise										
Other Certifying Agency										

Figures are based on information provided by Vendors in their statement of qualifications.

**DOMESTIC VIOLENCE SUPPORTIVE SERVICES  
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION SUMMARY**

<b>FIRM / ORGANIZATION INFORMATION</b>	<b>Niswa Association, Inc.</b>	<b>Office of Samoan Affairs</b>	<b>Para Los Niños</b>	<b>Parents Anonymous® Inc.</b>	<b>Peace Over Violence</b>	<b>Penny Lane Centers</b>	<b>Personal Involvement Center, Inc.</b>	<b>Project: Peacemakers, Inc.</b>	<b>Rainbow Services, Ltd.</b>	<b>San Fernando Valley Community Mental Health Center, Inc.</b>
<b>Total Number of Employees in Firm</b>	8	29	414	10	68	569	102	4	59	450
<b>Business Structure</b>	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit
<b>Owners/Partner/Associate Partners</b>										
Black/African American	1	1	14	1	7	105	54	1	0	34
Hispanic/Latin American	0	7	354	6	40	324	36	5	49	249
Asian or Pacific Islander	7	16	16	1	4	13	0	0	3	26
American Indian	0	0	0	0	0	5	0	0	1	2
Filipino	0	3	0	0	1	0	0	0	1	0
White	0	2	30	2	16	122	12	0	5	139
Unspecified	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>29</b>	<b>414</b>	<b>10</b>	<b>68</b>	<b>569</b>	<b>102</b>	<b>1</b>	<b>59</b>	<b>450</b>
Female (should be included in counts above and also reported here separately).	8	22	361	8	58	432	59	1	54	347
<b>Managers</b>										
Black/African American	0	0	5	0	2	20	6	1	0	3
Hispanic/Latin American	0	0	42	2	8	45	3	0	2	11
Asian or Pacific Islander	0	1	2	0	1	5	0	0	2	5
American Indian	0	0	0	0	0	1	0	0	1	0
Filipino	0	1	0	0	0	0	0	0	1	0
White	0	0	14	1	5	46	1	0	1	27
Unspecified	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>2</b>	<b>63</b>	<b>3</b>	<b>16</b>	<b>117</b>	<b>10</b>	<b>1</b>	<b>7</b>	<b>46</b>
Female (should be included in counts above and also reported here separately).	0	2	48	3	13	95	6	1	7	32
<b>Staff</b>										
Black/African American	1	1	9	1	5	75	48	2	0	31
Hispanic/Latin American	0	7	312	4	32	279	33	1	47	236
Asian or Pacific Islander	2	10	14	1	3	8	0	0	1	19
American Indian	0	0	0	0	0	4	0	0	0	2
Filipino	0	2	0	0	1	0	0	0	0	0
White	0	2	16	1	11	66	11	0	4	79
Unspecified	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>22</b>	<b>351</b>	<b>7</b>	<b>52</b>	<b>432</b>	<b>92</b>	<b>3</b>	<b>52</b>	<b>367</b>
Female (should be included in counts above and also reported here separately).	3	18	313	5	45	337	63	2	47	300
<b>Percentage of Ownership</b>										
Black/African American								100.00%		
Hispanic/Latin American										
Asian or Pacific Islander										
American Indian										
Filipino										
White										
Unspecified										
<b>Total</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0.00%</b>
Female (should be included in counts above and also reported here separately).								100.00%		
<b>Current Certification as Minority, Women, Disadvantaged, and Disabled Veteran Business Enterprise</b>										
Minority										
Women										
Disadvantaged										
Disabled Veteran										
Other										
<b>County Certification</b>										
Local Small Business Enterprise										
Social Enterprise										
Disabled Veteran Business Enterprise										
Other Certifying Agency										

Figures are based on information provided by Vendors in their statement of qualifications.



**DOMESTIC VIOLENCE SUPPORTIVE SERVICES  
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION SUMMARY**

FIRM / ORGANIZATION INFORMATION	South Asian Helpline and Referral Agency	Su Casa ~ Ending Domestic Violence (Su Casa)	Tarzana Treatment Centers, Inc.	The Children's Center of the Antelope Valley	Women's and Children's Crisis Shelter, Inc.	WomenShelter of Long Beach	YWCA of Glendale	YWCA of San Gabriel Valley		
<b>Total Number of Employees in Firm</b>	10	26	921	50	25	30	34	4		
<b>Business Structure</b>	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit		
<b>Owners/Partner/Associate Partners</b>										
Black/African American	0	1	127	5	1	1	4	1		
Hispanic/Latin American	0	17	399	24	15	25	19	62		
Asian or Pacific Islander	10	2	71	1	1	3	3	12		
American Indian	0	0	2	0	0	0	0	0		
Filipino	0	1	3	2	0	0	0	6		
White	1	5	319	18	8	1	8	8		
Unspecified	0	0	0	0	0	0	0	0		
<b>Total</b>	<b>10</b>	<b>26</b>	<b>921</b>	<b>50</b>	<b>25</b>	<b>30</b>	<b>34</b>	<b>1</b>		
Female (should be included in counts above and also reported here separately).	8	22	562	40	20	28	29	1		
<b>Managers</b>										
Black/African American	0	0	9	1	0	0	2	2		
Hispanic/Latin American	0	3	33	2	2	3	4	13		
Asian or Pacific Islander	0	0	6	0	0	0	2	0		
American Indian	0	0	0	0	0	0	0	0		
Filipino	0	0	0	1	0	0	0	0		
White	1	4	43	6	0	1	1	1		
Unspecified	0	0	0	0	0	0	0	0		
<b>Total</b>	<b>1</b>	<b>7</b>	<b>91</b>	<b>10</b>	<b>2</b>	<b>4</b>	<b>9</b>	<b>16</b>		
Female (should be included in counts above and also reported here separately).	1	6	56	6	2	4	8	16		
<b>Staff</b>										
Black/African American	0	1	118	4	1	1	2	2		
Hispanic/Latin American	0	14	365	22	10	22	15	1		
Asian or Pacific Islander	9	2	64	1	1	3	1	12		
American Indian	0	0	2	0	0	0	0	0		
Filipino	0	1	3	1	0	0	0	6		
White	0	1	267	12	0	0	7	7		
Unspecified	0	0	0	0	0	0	0	0		
<b>Total</b>	<b>9</b>	<b>19</b>	<b>819</b>	<b>40</b>	<b>12</b>	<b>26</b>	<b>25</b>	<b>3</b>		
Female (should be included in counts above and also reported here separately).	7	16	562	34	9	24	21	2		
<b>Percentage of Ownership</b>										
Black/African American			0.00%		0.00%			100.00%		
Hispanic/Latin American			9.00%		27.00%					
Asian or Pacific Islander			9.00%		0.00%					
American Indian			0.00%		0.00%					
Filipino			0.00%		0.00%					
White			82.00%		73.00%					
Unspecified			0.00%		0.00%					
<b>Total</b>	0.00%	0.00%	100.00%		100.00%			100.00%		
Female (should be included in counts above and also reported here separately).			17.00%		82.00%			100.00%		
<b>Current Certification as Minority, Women, Disadvantaged, and Disabled Veteran Business Enterprise</b>										
Minority										
Women										
Disadvantaged										
Disabled Veteran										
Other										
<b>County Certification</b>										
Local Small Business Enterprise										
Social Enterprise										
Disabled Veteran Business Enterprise										
Other Certifying Agency										

Figures are based on information provided by Vendors in their statement of qualifications.