



SACHI A. HAMAI
Chief Executive Officer

County of Los Angeles Health and Mental Health Services

DATE: Wednesday, June 17, 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:** Notice of Intent to Negotiate a New Sole Source Contract with LexisNexis Vital Check Network, Inc. for a Records Payment and Processing Center (#5201)
- III. **Discussion Item(s):**
 - a. **DHS:** DHS Commitment to Trauma-Informed Care: Implementing ACEs screening and Response through a Quality Improvement Collaborative
- IV. **Presentation Item(s):**
 - a. **DMH:** Approval to Amend the Existing Contract with Community Partners for the Provision of Additional Training and Technical Support Needed for the Incubation Academy for Fiscal Years 2020-21 and 2021-22
 - b. **CEO:** Fiscal Year 2020-21 Final Changes Budget Recommendations **(For the June 29, 2020 Board Meeting)**
 - Public Health
 - Mental Health
 - Health Services
 - Diversion and Re-Entry

- V. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
- VI. 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
- VII. Public Comment
- VIII. Adjournment



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

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

MEGAN McCLAIRE, M.S.P.H.
Acting Chief Deputy Director

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BOARD OF SUPERVISORS

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DRAFT

June 17, 2020

TO: Each Supervisor

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

SUBJECT: **NOTICE OF INTENT TO NEGOTIATE A NEW SOLE SOURCE
CONTRACT WITH LEXISNEXIS VITALCHEK NETWORK, INC. FOR A
RECORDS PAYMENT AND PROCESSING SYSTEM**

This is to notify you that the Department of Public Health (DPH) intends to begin sole source contract negotiations with LexisNexis VitalChek Network, Inc. (VitalChek) for the provision of a records payment and processing system.

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

Background

DPH's Vital Records division is responsible for the registration of birth and death (including fetal and stillbirths) certificates and for issuing burial permits for deaths that occurred in Los Angeles County. The Birth Section and the Death Section process in-person and mail order requests for birth and death certificates that occurred the current and prior year. Requests for birth or death certificates that occurred earlier to the prior year must be requested from the Los Angeles County Registrar-Recorder/County Clerk Office (RR/CC).

RR/CC has utilized services from VitalChek since March 17, 2009. The service allows customers to purchase copies of birth and death certificates in person and over the Internet. DPH was a party to the agreement from June 11, 2011 through October 2017.

On July 1, 2017, Vital Records started utilizing Los Angeles County Internal Services Department's (ISD) master agreement with Fidelity Information Services (FIS), a private independent on-line financial services provider at a cost of approximately \$54,000 per year for the provision of death certificate services which is limited to mortuaries and funeral homes. FIS does not have the capability to store data or validate and authenticate applicant's identities, posing a great security risk. A submission of a sworn statement and notarized certificate of identity is required for each order and is a service that is not provided by FIS. This agreement will expire in October 2020.

Justification for Sole Source Agreement

Vital Records' goal is to improve online customer services by extending online services for both birth and death certificate requests to the general public at no cost to the County.

VitalChek has been providing services to RR/CC since March 2009 and is the only vendor able to provide DPH a streamlined authentication application process to secure both death and birth certificates. VitalChek is able to provide encrypted sensitive data storage capacity to upload notarized certificates of identity with a robust identity authentication tool. A contract with VitalChek will allow Vital Records to extend online services to the general public, support expedited shipping, and improve the mail-in tracking system. VitalChek will also provide DPH customers with additional payment options such as credit/debit card, electronic check, and personal check. Online ordering fees apply to customers.

VitalChek offers an agency absorbed, service/conveniences fee which protects DPH from financial and legal liability. VitalChek is responsible for all chargebacks due to fraud or unauthorized charges which is usually the result of stolen account or card information. Electronic payment and convenience to the public is maximized with VitalChek. Payment and payment website related issues experienced by customers can be addressed by contacting VitalChek Customer Service, 24 hours/day, 7 days a week, year round. VitalChek will be responsible for managing software updates and major releases ensuring the County's technology and services will be automatically updated. Additionally, DPH's Vital Records division will be able to eliminate customer service support by ISD, thus saving DPH \$54,000 in annual expenses.

Impact to DPH if Sole Source Contract is Not Approved

Failure to execute a sole source contract would result in the inability of Vital Records to provide online services to the public. Without the approval of this request, DPH customers will have limited purchasing and payment options resulting in inefficient and uneconomical services.

Alternative Plan

If DPH does not contract with VitalChek, DPH would have to renegotiate a contract with FIS which provides online services to funeral homes and mortuaries only, at a cost of \$54,000 yearly to DPH. FIS does not provide online services to members of the public. VitalChek is able to provide a convenient service to all customers, including funeral homes, mortuaries, and members of the public, allowing the online purchase of birth and death certificates, with service fees absorbed by the customer.

Timeline

DPH intends to commence negotiations with VitalChek four weeks from the date of this memorandum. A Board letter requesting approval to execute a sole source contract with VitalChek is projected to be presented to your Board in August 2020.

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

BF: jn
#05201

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



Program Implementation Update

Shannon Thyne, MD

June 2020

info@ACES-LA.org

DHS Commitment to Trauma-Informed Care

Since 2018, the DHS strategic approach has helped serve as the framework for trauma-informed care. DHS efforts have included behavioral health integration, staff education, and improved screenings for developmental challenges, for exposure to childhood trauma, and for mental health conditions. Screening has been accompanied by the creation of pathways to support those who screen positive.

When the California ACES Aware Campaign launched last year through the Office of the Surgeon General, DHS was ready and eager to implement Adverse Childhood Experience screening (ACES) and responses using its trauma-informed care framework.

The California Aces Learning and Quality Improvement Collaborative (CALQIC)

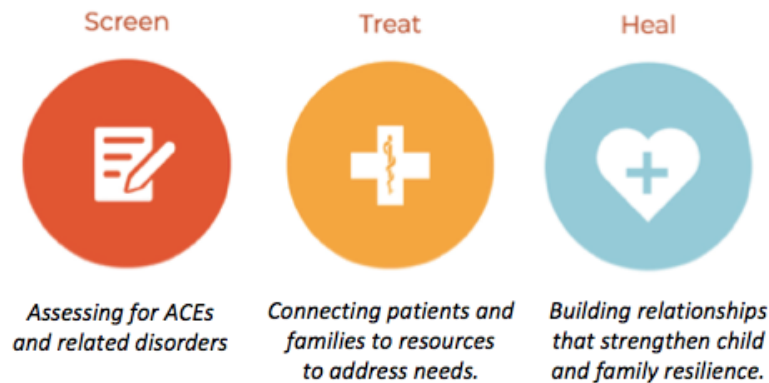
With its diverse safety net population and its readiness to implement screening through a robust system-wide electronic health record system, DHS was invited to participate in the California ACES Learning and Quality Improvement Collaborative (CALQIC). CALQIC is an 18-month statewide learning collaborative of pediatric and adult clinics that identifies promising practices, tools, resources, and partnerships that will inform future phases of the California ACES Aware initiative. The goal of CALQIC is to integrate screening and response for ACES, developmental challenges, and social determinants of health in a way that enhances connection between patients and providers, helps connect patients to services that lead to better outcomes, reduced disparities, and more positive experiences of care for all involved.

CALQIC supported the establishment of a DHS implementation team (the ACES-LA team) comprised of co-investigators Dr. Shannon Thyne (Director of Pediatrics for LA County Department of Health Services) and Dr. Amy Shekarchi (Primary Care Director at Olive View-UCLA Medical Center), data and project manager Nina Thompson, and community health worker, Jamie Ruiz. The ACES-LA team provides coaching and feedback throughout the project at critical intervals and as needed.

ACES-LA's participation in CALQIC includes partnerships with the Center for Care Innovations (CCI). CCI's expertise in coaching and technology support is valuable to DHS as we attempt to implement ACES and related screening and management in diverse settings.

DHS presents a unique opportunity for CALQIC because of its large, diverse patient populations, diverse geography and environment, an interconnected and existing response infrastructure, and an opportunity to assess implementation challenges and successes.

Adopting ACEs AWARE's Screen – Treat – Heal Approach



SCREEN

Screening for ACEs and toxic stress and providing targeted, evidence-based interventions for toxic stress can improve efficacy and efficiency of health care, better support individual and family health and well-being, and reduce long-term health costs.

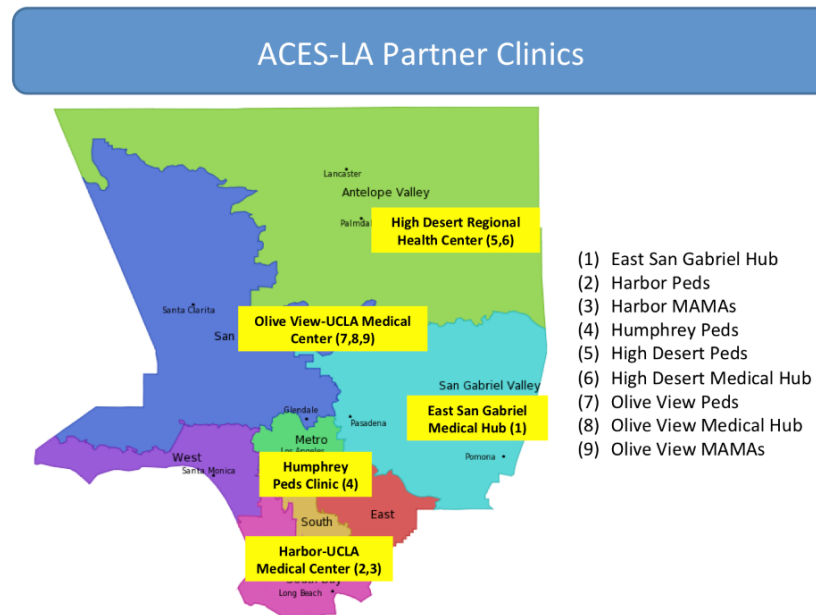
ACEs Screening, Treatment, and Response

The ACEs and other screening tools have been integrated into the DHS Electronic Medical Record system. DHS uses a Cerner product (ORCHID) which now has the ACEs, PEARLS (Pediatric version of ACEs with associated screens for Social Determinants of Health), and developmental screening tools for appropriate age groups – young children, teens, and adults – embedded in the age-specific templates for primary care visits. In addition, age-specific resilience questions were added to the screens to help shift the focus of trauma screening onto the personal resources our patients/families *already have at their disposal* as they address adversity. These screening tools can also be imported into any visits if a provider feels this is appropriate. The ACEs and other screens are now live and ready for use, and we are currently refining workflows for implementation to ensure that providers have the training they need to screen AND respond in any clinical setting (including telehealth), even on a day when a social worker or mental health supports are not immediately available.

DHS Partner Clinics

Clinic participation in the early stage of DHS ACES-LA implementation (Phase 1 spring; Phase 2 late summer) includes a diverse mix of clinics across DHS, specifically those with a keen interest in both screening and trauma-informed care, as well as solid leadership and bandwidth for implementation. Participating clinics undergo training and have access to coaching as they implement screening and develop response pathways. We anticipate that the foundation created through participation in CALQIC will enable DHS to quickly expand

screening beyond the initial sites into all pediatric clinics, into our juvenile correctional facilities, and into women's health and adult primary care settings.



Screening was initiated in May of 2020 with a modified approach due to COVID-19 constraints. Recent legislation enables DHS to receive reimbursement for these activities, and these funds can in turn support enhances responses. Using current patient volumes at initial implementation sites, the annual revenue potential exceeds \$1,000,000.

PARTNER CLINIC	UNIQUE PATIENTS	Effective January 1, 2020, Medi-Cal providers became eligible for a \$29 payment for conducting ACE screenings for child and adult patients with full-scope Medi-Cal. *
Olive View-Peds	- 3000 unique patients	\$348,000
Olive View HUB	- 1800 unique patients co-located with primary care clinic	\$208,000
East San Gabriel Valley Medical Hub	- 1500 unique patients	\$174,000
High Desert Peds	- 4000 unique patients	\$464,000
High Desert HUB	- 170 unique patients	\$19,720
Humphrey Peds	- 1000 unique patients	\$116,000
Harbor Peds	- 1000 unique patients	\$116,000



TREAT

Treatment and healing begin with conversations between clinic teams and patients and their families.

Provider – Patient Resources include: using resilience question answers to direct conversation towards strengths, utilizing follow up appointments to further build on discussions and relationships, and incorporate Trauma Informed Care principles throughout visit interactions. ACES-LA is developing a patient-facing website to share general resources and health education materials.

Clinic resources include: connecting patients and their families with Clinical Social Workers, Health Educators, Medical Caseworkers, Service Coordinators, and/or Community Health Workers; Automatic involvement in 6+ ACEs and Hub patients; actively sharing handouts about trauma, stress, and resilience with patients and their families.

Health System Resources include: the eConsult Portal, DMH/Psychiatry (adults), Development, Behavior, and Adversity (Pediatrics), Insurance Plan Programs (for behavioral therapy, mental health, transportation, financial, classes, and support), and the Strong, Healthy, and Resilient Kids (SHARK) Clinic.

Community Resources include: One Degree, Medical Legal Clinical partnerships, and partnerships with local organizations.

Strong, Health, and Resilient Kids (SHARK) Program



The Strong, Healthy and Resilient Kids (SHARK) Program addresses the needs of children and youth who are affected by developmental and behavioral challenges as well as toxic stress. This program serves as a resource offered to LA County's children and youth who screen positive on screens for developmental differences (via the Ages and Stages and Modified Checklist for Autism in Toddlers [MCHAT] Questionnaires) and for symptoms of toxic stress (via the Adverse Childhood Experiences [ACEs] screen).

Children with high ACEs and medical complexities are referred by clinicians at one of 16 pediatric clinic sites through eConsult for Behavior, Development, and Adversity, an electronic consultation and referral system linked to the DHS Electronic Medical Record (EMR). The eConsult referral system facilitates dialogue between primary care providers and the SHARK team who provide management and referral guidance. Enrolled children will be followed by a team of clinicians, therapists, social workers, and case managers. Services are provided either in person or remotely by phone or telemedicine. Parents of children enrolled in SHARK can also be linked to their own health providers through the SHARK program.

The SHARK Behavior, Development, and Adversity Program at Rancho Los Amigos is co-directed by Dr. Smita Malhotra and Alison Wittenberg, NP.



Partnerships

Optimization and utilization of community programs are driving forces for our development of the SHARK program and participation in ACEs screening and CALQIC initiatives.

While COVID-19 has necessitated a frame shift toward virtual visits, the eConsult portal and other pathways can now lead pediatric patients in DHS to the Strong, Healthy, and Resilient Kids (SHARK) Program, where specialists in mental health, childhood trauma, behavior, speech, physical therapy, and occupational therapy work together to provide bridge services as they transition to services in the community. Key partners in this effort include First5LA, Regional Centers, One Degree (an on-line user-driven social service and medical referral portal) and the Developmental Pediatrics programs at Harbor-UCLA Medical Center and LAC+USC Medical Center. In the fall of 2020, providers in the Los Angeles County Juvenile Corrections facilities and Medical Hubs will undergo training in trauma-informed care through a partnership with the LA County Department of Mental Health/UCLA Department of Psychiatry Center of Excellence in Child Trauma.

First 5 Los Angeles (LA): As a partner in intervention, First 5 LA will provide referral and resource support to patients and families enrolled in the ACEs intervention program. First 5 LA will also help disseminate information on best practices for ACEs intervention(s) to other service-providing organizations within the community.

At this important time in our evolution as healthcare providers, collaboration with other California partners will enable all of us to better understand how we can support screening, treatment, and healing of childhood adversity.

What we learn through CALQIC and these innovative care approaches will help create healthy and resilient families across Los Angeles County and beyond.



BOARD LETTER FACT SHEET

DRAFT

Agenda Review Date: June 17, 2020

Board Meeting Date: June 30, 2020

Sup. Dist. / SPA No.: All/All

DEPARTMENT: Mental Health

SUBJECT:

Execute an Amendment to the existing contract with Community Partners in order to continue to provide trainings and technical support for community based organizations participating in the Incubation Academy.

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

Approval of the proposed actions will promote the County's efforts in addressing the mental health needs of its constituents by partnering with organizations within those communities.

II. RECOMMENDED ACTIONS (summarized)

Authorize the Director of Mental Health to execute an amendment to the existing contract with Community Partners to increase the funding amount for Fiscal Year (FY) 2020-21 by \$848,961 and for FY 2021-22 by \$197,275, and the revised Total Contract Sum will be \$5,827,236, in order to continue to provide trainings and technical support for community based organizations participating in the Incubation Academy; execute future amendments to revise the boilerplate language; revise the Total Contract Sum; add, delete, modify, or replace the Statement of Work; and/or, reflect federal, State, and County regulatory and/or policy changes; terminate the Contract in accordance with Contract termination provisions.

III. COST AND FUNDING SOURCES

Cost: The FY 2020-21 funding for this Contract is \$848,961

Funding: MHSA revenue

IV. BACKGROUND (critical and/or insightful)

On May 29, 2018, Your Board approved a motion directing the CEO and the Director of the Department of Mental Health in consultation with the Auditor-Controller and the Director of the Center for Strategic Partnerships, to make recommendations on establishing a Community-Based Mental Health Incubation Academy. This Academy is intended to provide technical support and financial resources to participating agencies in order to build capacity and competencies in providing mental health support services within at-risk communities. Community Partners was the agency identified to provide the training to the interested agencies.

V. POTENTIAL ISSUE(S)

Given the current circumstances and in response to the COVID-19 pandemic, public gatherings are prohibited. As such, there were unanticipated costs with respect to added work, materials and equipment needed to replace in-person trainings with additional virtual trainings. More technical support is needed to assist agencies in shifting to a virtual training environment, which also requires additional administrative supports and costs.

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

Gregory Polk, Chief Deputy Director, GPolk@dmh.lacounty.gov, (213) 738-4926
Vicki Kozikoujekian, County Counsel, VKozikoujekian@counsel.lacounty.gov, (213) 972-5717



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

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

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

Curley L. Bonds, M.D.
Chief Medical Officer

June 30, 2020

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

Dear Supervisors:

**APPROVAL TO AMEND THE EXISTING CONTRACT WITH COMMUNITY
PARTNERS FOR THE PROVISION OF ADDITIONAL TRAINING AND TECHNICAL
SUPPORT NEEDED FOR THE INCUBATION ACADEMY FOR
FISCAL YEARS 2020-21 AND 2021-22
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to amend the existing Community Partners Contract and thereby increase the Total Contract Sum in order to continue to expand training capacity and technical support for Fiscal Years 2020-21 and 2021-22.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and authorize the Director of Mental Health (Director), or his designee, to prepare, sign, and execute an Amendment, substantially similar to Attachment I, to the existing contract with Community Partners in order to continue to provide trainings and technical support for community based organizations participating in the Incubation Academy. The Amendment will be effective July, 1, 2020 with an increase of \$848,961 for Fiscal Year (FY) 2020-21 and an increase of upon Board approval and will increase the Total Contract Sum (TCS) in the amount of \$848,961 for Fiscal Year (FY) 2020-21 and \$197,275 for FY 2021-22, for a total amount of \$1,046,236, fully funded by Mental Health Services Act (MHSA) revenue. The revised Total Contract Sum (TCS) will be \$5,827,236.

2. Delegate authority to the Director, or his designee, to prepare, sign, and execute future amendments to revise the boilerplate language; revise the TCS; add, delete, modify, or

replace the Statement of Work; and/or, reflect federal, State, and County regulatory and/or policy changes provided that: 1) the County's total payment to the Contractor will not exceed an increase of more than ten percent of the last Board-approved TCS; and 2) sufficient funds are available. These amendments will be subject to the prior review and approval as to form by County Counsel, with written notice to the Board and Chief Executive Officer (CEO).

3. Delegate authority to the Director, or his designee, to terminate the Contract described in accordance with the termination provisions, including Termination for Convenience. The Director, or his designee, will notify the Board and CEO, in writing, of such termination action.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

On May 29, 2018, the Board approved a motion directing the CEO and the Director of the Department of Mental Health (DMH) in consultation with the Auditor-Controller and the Director of the Center for Strategic Partnerships (CSP), to make recommendations on establishing a Community-Based Mental Health Incubation Academy (Academy). This Academy is intended to provide technical support and financial resources to participating agencies in order to build capacity and competencies in providing mental health support services within at-risk communities. In the report back to the Board dated September 14, 2018, CEO requested delegated authority to procure and select the contractor, with input from stakeholders; and, Community Partners was the agency identified to provide the training to the interested agencies. Given the current circumstances and in response to the COVID-19 pandemic, public gatherings are prohibited. As such, there were unanticipated costs with respect to added work, materials and equipment needed to replace in-person trainings with additional virtual trainings; and, to adequately equip the Incubation Academy in order to best prepare community-based organizations with the provision of relevant, sustainable, and essential services in a post-COVID-19 world. More technical support was needed to assist agencies in shifting to a virtual training environment, which also required additional administrative supports and costs for Community Partners.

Board approval of Recommendation 1 will allow DMH to amend the Contract to increase the funding amount for the purpose of conducting additional trainings.

Board approval of Recommendation 2 will allow DMH to amend the Contract as necessary, without interruption to trainings. ~~in services.~~

Board approval of Recommendation 3 will enable DMH to terminate the Contract in accordance with the Contract's termination provisions, including Termination for Convenience, in a timely manner, as necessary.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

These recommendations support the County's Strategic Plan Goal I, Make Investments That Transform Lives via Strategy I.1 Increase Our Focus on Prevention Initiatives; Strategic Plan Goal II, Foster Vibrant and Resilient Communities via Strategies II.1 Drive Economic and Workforce Development in the County and II.2 Support the Wellness of our Communities.

FISCAL IMPACT/FINANCING

The FY 2020-21 funding for this Contract is \$848,961, fully funded by State MHSA revenue and is included in DMH's FY 2020-21 Recommended Budget.

Funding for future fiscal years will be requested through DMH's annual budget request process.

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

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Recommendations for implementing a Department of Mental Health Community-Based Incubation Academy were provided to the Board in a report dated September 14, 2018. Included in this report are the curriculum and program design.

The Academy program design has two components: 1) A five-step selection process to recruit and select the targeted small to mid-size community organization population; and, 2) An Academy consisting of three modules for selected qualifying participants. Each of the three training modules have specific objectives designed to prepare agencies to contract with DMH to provide on-going community-based prevention services.

The attached amendment format has been approved as to form by County Counsel.

As mandated by your Board, the performance of the Contractor is evaluated by DMH on an annual basis to ensure the contractors' compliance with all contract terms and performance standards.

|

The Honorable Board of Supervisors
06/30/20
Page 4

IMPACT ON CURRENT SERVICES OR PROJECTS

Board approval of the proposed actions will promote the County's efforts in addressing the mental health needs of its constituents by partnering with organizations within those communities.

Respectfully submitted,

Jonathan E. Sherin, M.D., Ph.D.
Director

JES:ES:SK:yy

Attachments (1)

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

Changes from the 2020-21 Recommended Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
PUBLIC HEALTH					
2020-21 Recommended Budget	1,226,240,000	94,450,000	909,545,000	222,245,000	5206.0
1. Net County Cost (NCC) Reduction: Reflects a decrease in appropriation and the deletion of 58.0 vacant positions to meet the reduced NCC target due to an anticipated reduction in revenues as a result of the COVID pandemic.	(10,410,000)	--	--	(10,410,000)	(58.0)
2. Vision Zero Reduction: Reflects the deletion of 2.0 positions that were to support the implementation of the Vision Zero Initiative, as the positions do not appear to be an urgent or critical need for the department at this time.	(356,000)	--	--	(356,000)	(2.0)
3. AB 109 Reduction: Reflects a decrease in appropriation and revenue, including the deletion of 1.0 vacant position, due to an anticipated reduction in revenues as a result of the COVID pandemic.	(5,100,000)	--	(5,100,000)	--	(1.0)
4. 1991 Realignment – Sales Tax: Reflects a decrease in the projected FY 2020-21 1991 Sales Tax Realignment collections, due to an anticipated reduction in revenues as a result of the COVID pandemic.	--	--	(2,726,000)	2,726,000	--
5. 2011 Realignment – Sales Tax: Reflects a decrease of \$2.641M in the projected FY 2020-21 2011 Sales Tax Realignment collections, due to an anticipated reduction in revenues as a result of the COVID pandemic, fully offset by the one-time use of the 2011 Realignment Trust Fund.	--	--	--	--	--
6. AB 109 Base Allocation Adjustment: Reflects a decrease in on-going AB 109 funding to support COLA's for personnel servicing the AB 109 population	(22,000)	--	(22,000)	--	--
7. Salaries and Employee Benefits: Reflects Board-approved increases in salaries and employee benefits.	5,000	--	--	5,000	--
8. Retirement: Reflects the final FY 2020-21 employer contribution retirement rates based upon the June 30, 2019 actuarial valuation of retirement benefits.	(842,000)	--	(423,000)	(419,000)	--
9. Retirement Health: Reflects the FY 2020-21 plan year retiree health insurance rate renewals and benefits changes.	(21,000)	--	(21,000)	--	--
10. Savings Plan: Reflects the temporary suspension of the County contribution to the County's 401(k) Savings Plan for non-represented and grand-fathered represented Flex and MegaFlex employees.	(1,018,000)	--	(249,000)	(769,000)	--

11. Horizons Plan: Reflects the temporary suspension of the County contribution to the County's Thrift Plan (Horizons) for non-represented and grand-fathered represented Flex and MegaFlex employees.	(1,178,000)	--	(591,000)	(587,000)	--
12. Management Appraisal and Performance Plan (MAPP) Tier I: Reflects the reversal of the 2020-21 Recommended Budget MAPP Tier I salaries and employee benefit increase.	(11,000)	--	--	(11,000)	--
Total Changes	(18,953,000)	--	(9,132,000)	(9,821,000)	(61.0)
2020-21 Final Changes	1,207,287,000	94,450,000	900,413,000	212,424,000	5,145.0

Changes from the 2020-21 Recommended Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
MENTAL HEALTH					
2020-21 Recommended Budget	2,895,263,000	184,093,000	2,653,236,000	57,934,000	6,059.0
1. Net County Cost (NCC) Reduction – Public Guardian-Probate: Reflects a (\$0.3) million reduction in NCC and 3.0 positions for Public Guardian-Probate services, required to meet the reduced NCC target due to an anticipated reduction in revenues caused by economic uncertainty as a result of the COVID pandemic.	(307,000)	--	--	(307,000)	(3.0)
2. Net County Cost Reduction – Single Adult Model: Reflects a (\$0.2) million reduction in NCC and 2.0 position for the Single Adult Model, required to meet the reduced NCC target due to an anticipated reduction in revenues caused by economic uncertainty as a result of the COVID pandemic.	(170,000)	--	--	(170,000)	(2.0)
3. AB 109 Public Safety Realignment Revenue: Reflects a (\$3.5) million reduction in appropriation and 4.0 positions funded by one-time Assembly Bill (AB) 109 funding, primarily for State hospital and Institution for Mental Disease beds and DMH contract provided outpatient mental health treatment services, to meet the reduced AB 109 funding target due to an anticipated reduction in revenues caused by economic uncertainty as a result of the COVID pandemic.	(3,511,000)	--	(3,511,000)	--	(4.0)
4. MHSA – County Partners: Reflects the reversal of \$3.0 million in one-time MHSA funding added in the FY 20-21 Recommended budget for the Parks After Dark program provided in partnership with the L.A. County Department of Parks and Recreation.	(3,000,000)	--	(3,000,000)	--	--
5. Sales Tax and Vehicle License Fees Realignment: Reflects a decrease in the projected FY 2020-21 Realignment collections, comprised of (\$119.4) million in Sales Tax Realignment revenue, and (\$27.3) million in Vehicle License Fee Realignment received by DMH as NCC, equally offset by a (\$146.7) million total increase in one-time Realignment fund balance, due to an anticipated reduction in revenues caused by economic uncertainty as a result of the COVID pandemic.	--	--	27,263,000	(27,263,000)	--

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
6. Salaries and Employee Benefits: Reflects Board-approved salary increases, the final FY 2020-21 employer contribution retirement rates based upon the June 30, 2019 actuarial valuation of retirement benefits, the FY 2020-21 plan year retiree health insurance rate renewals and benefits changes, and the temporary suspension of the County contribution to the County's Thrift Plan (Horizons) and 401(k) Savings Plan for non-represented and grand-fathered Flex and MegaFlex employees.	(711,000)	--	(711,000)	--	--
7. Operating Costs: Reflects miscellaneous changes to align the budget with anticipated funding from various sources, including a realignment of revenue among the federal and non-federal shares of Medi-Cal as a result of a temporary increase in the Federal Matching Assistance Percentages (FMAP), and a reduction in funding received from the Office of Diversion and Reentry.	(607,000)	(607,000)	--	--	--
Total Changes	(8,306,000)	(607,000)	20,041,000	(27,740,000)	(9.0)
2020-21 Final Changes	2,886,957,000	183,486,000	2,673,277,000	30,194,000	6,050.0

Changes from the 2020-21 Recommended Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
HEALTH SERVICES					
2020-21 Recommended Budget	8,596,694,000	292,880,000	7,274,496,000	1,029,318,000	25,899.0
1. Net County Cost (NCC) Reduction: Reflects a reduction in NCC and 101.0 vacant, budgeted positions to the Integrated Correctional Health Services and Juvenile Court Health Services units due to an anticipated reduction in revenues caused by economic uncertainty as a result of the COVID-19 pandemic.	(29,797,000)	--	--	(29,797,000)	(101.0)
2. AB 109 Public Safety Realignment Revenue: Reflects a reduction in appropriation and 10.0 vacant, budgeted positions funded by Assembly Bill (AB) 109 funding due to an anticipated reduction in revenues caused by economic uncertainty as a result of the COVID-19 pandemic.	(12,179,000)	(2,259,000)	(9,920,000)	--	(10.0)
3. Interns and Residents Compensation: Reflects Board-approved housing allowances and education bonuses for interns and residents, based on the most recently negotiated Memorandum of Understanding.	6,536,000	--	--	6,536,000	--
4. Conversion of the LAC+USC Medical School Affiliation Agreement (MSAA) to County Positions: Reflects the addition of 12.0 new, budgeted positions, partially offset with the deletion of 12.0 vacant, budgeted positions and a reduction of the MSAA with the University of Southern California, to transition a portion of the MSAA services to County positions.	109,000	--	--	109,000	--
5. Salaries and Employee Benefits: Primarily reflects Board-approved changes in salaries and employee benefits.	(10,784,000)	--	(27,000)	(10,757,000)	--
6. Capital Projects: Reflects an increase to recognize updated capital project projections.	2,948,000	--	--	2,948,000	--
7. Ministerial Changes: Reflects the deletion of one-time funding, deletion of 9.0 vacant, budgeted positions, and re-allocation of overhead costs.	(13,964,000)	(866,000)	(13,098,000)	--	(9.0)
8. Revenue Changes and Operating Subsidies: Reflects revenue adjustments related to Medi-Cal Managed Care revenues. Also includes appropriation and revenue adjustments for operating subsidies, a placeholder to reduce appropriation to match the \$219.1 million of obligated fund balance available, and a decrease in Sales Tax and VLF Realignment revenues.	(14,204,000)	--	16,419,000	(30,623,000)	--
Total Changes	(71,335,000)	(3,125,000)	(6,626,000)	(61,584,000)	(120.0)
2020-21 Final Changes	8,525,359,000	289,755,000	7,267,870,000	967,734,000	25,779.0

Changes from the 2020-21 Recommended Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
DIVERSION AND RE-ENTRY					
2020-21 Recommended Budget	127,154,000	9,600,000	63,153,000	54,401,000	0.0
1. AB 109 Public Safety Realignment Revenue:	(3,453,000)	--	(3,453,000)	--	--
Reflects the reduction of on-going Assembly Bill (AB) 109 funding for various Office of Diversion & Re-Entry (ODR) funded programs, due to an anticipated reduction in revenues caused by economic uncertainty as a result of the COVID-19 pandemic.					
Total Changes	(3,453,000)	0	(3,453,000)	0	0.0
2020-21 Final Changes	123,701,000	9,600,000	59,700,000	54,401,000	0.0