County of Los Angeles
Health and Mental Health Services

SACHI A. HAMAI
Chief Executive Officer

DATE: Wednesday, September 2, 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:** Approval of Agreement with Vitalchek Network, Inc. for Records Payment and Processing System and Related Services (#5202)

b. **DPH:** Approval to Execute a Sole Source Contract with Sunquest Laboratory Information Systems, Inc. for the Provision of Laboratory Information System Services Effective Upon Board Approval Through September 30, 2027 (#4937)

III. **Presentation Item(s):**

a. **DPW/DHS:** Cardiac Catherization Laboratory Remodel Projects – Approve Projects and Authorize Use of Job Order Contracts

b. **DPH:** Approval to Execute 18 New Contracts for Calfresh Healthy Living Program Services (#5196)

IV. **Discussion Item(s):**

a. **DPH:** Office of Violence Prevention Strategic Plan

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

BOARD LETTER FACT SHEET

Agenda Review Date: September 2, 2020
Board Meeting Date: September 15, 2020
Sup. Dist. / SPA No.: All

DEPARTMENT: ***DEPARTMENT OF PUBLIC HEALTH (DPH)***

SUBJECT: Request approval to execute a sole source contract with LexisNexis VitalChek Network, Inc. to provide a records payment and processing system and related services to facilitate and expedite customer requests for copies of birth certificates and death certificates for the current year and one year prior.

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

The Records Payment and Processing System supports the County's Goal III, realize Tomorrow's Government Today; Strategy III.1 Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability, to facilitate and expedite customer requests for copies of birth certificates and death certificates for the current year and one year prior.

II. RECOMMENDED ACTIONS (summarized)

Approve and instruct the Director of the DPH or designee, to execute a sole source Contract with LexisNexis VitalChek Network, Inc. (VitalChek) for a records payment and processing system and related services, effective upon Board approval, for an initial term of the Contract through August 31, 2024 with an option to extend for an additional four one-year periods and six optional month-to-month extensions through February 28, 2029; and delegated authority to approve and execute amendments for (i) alterations to change certain terms and conditions as mandated by Federal or State law or regulation; and (ii) changes to provide an increase or decrease in transaction fees as determined by VitalChek and approved by DPH; delegated authority to execute changes notices for alterations and changes that do not materially affect any term or condition of the contract; and delegated authority to issue written notices for partial or total termination of the contract for convenience without further notice to your Board.

III. COST AND FUNDING SOURCES

Cost: No cost to County

Funding: Services will be 100% funded by transaction fees charged to Vital Records customers

IV. BACKGROUND (critical and/or insightful)

On July 1, 2017, DPH's Vital Records Division 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 which expired March 13, 2020 is being extended on a month to month basis for six months. DPH's goal is to extend these services to include all members of the general public.

V. POTENTIAL ISSUE(S)

No potential issues known.

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

Chief, Public Health, Administration: Joshua Bobrowsky (213) 288-7871 jbobrowsky@ph.lacounty.gov
David Cardenas, DPH Departmental Chief Information Officer, (323) 914-8136 dcardenas@ph.lacounty.gov
Michael Owens, Deputy County Counsel, (213) 972-5726, mowens@counsel.lacounty.gov

COUNTY OF LOS ANGELES
Public Health

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

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

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DRAFT

BOARD OF SUPERVISORS

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

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Third District

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Fourth District

Kathryn Barger
Fifth District

September 15, 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 EXECUTE A SOLE SOURCE CONTRACT WITH LEXISNEXIS VITALCHEK NETWORK, INC.
FOR A RECORDS PAYMENT AND PROCESSING SYSTEM
AND RELATED SERVICES
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

CIO RECOMMENDATION: APPROVE ( ) APPROVE WITH MODIFICATION ( ) DISAPPROVE ( )

SUBJECT

Request approval to execute a sole source contract with LexisNexis VitalChek Network, Inc. to provide a records payment and processing system and related services to facilitate and expedite customer requests for copies of birth certificates and death certificates for the current year and one year prior.

IT IS RECOMMENDED THAT YOUR BOARD

1. Approve and instruct the Director of Department of Public Health (DPH), or designee, to execute a sole source contract, substantially similar to Attachment A, ("Contract") with LexisNexis VitalChek Network, Inc. (VitalChek) to provide a secure

records payment and processing system and related services (collectively "Services") for the DPH Vital Records effective September 1, 2020 through August 31, 2024.

2. Delegate authority to the Director of DPH, or designee, to execute amendments to the contract that: extend the contract term for four one-year extensions through August 31, 2028 and six optional month-to-month extensions through February 28, 2029; change certain terms and conditions as mandated by Federal or State law or regulation; and/or provide an increase or decrease in transaction fees as determined by VitalChek and approved by DPH; subject to review and approval by County Counsel, and as applicable, the Chief Information Office, 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 Contract for alterations and changes that do not materially affect any term or condition of the contract.

4. Delegate authority to the Director of DPH, or designee, to (a) to issue written notice(s) for partial or total termination of the contract for convenience without further notice to your Board, subject to review and approval by County Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of Recommendation 1 will allow DPH to execute a sole source contract with VitalChek for an initial four years to provide a secure records payment and processing system and related services which will provide the general public with online services to request vital records such as birth and death certificates.

VitalChek has been providing birth certificates, death certificates and marriage certificates to Registrar Recorder/County Clerk (RR/CC) since March 2009 and is able to provide DPH a streamlined authentication application process to secure both birth and death 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 DPH Vital Records to offer 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.

The Services allow DPH Vital Records customers to purchase copies of recorded documents over the internet, via fax and phone using a credit/debit card and in-person using a debit card, and also provides Vital Records customers with the option of

requesting expedited mail services. Services will be 100% funded by transaction fees charged by VitalChek to DPH Vital Records customers.

Recommendation 2 will allow DPH to execute amendments to the contract that extend the contract term for four one-year extensions through August 31, 2028 and six optional month-to-month extensions through February 28, 2029; change certain terms and conditions as mandated by Federal or State law or regulation; and/or provide an increase or decrease in transaction fees as determined by VitalChek and approved by DPH.

Recommendation 3 will allow DPH to execute Change Notices to the Contract for alterations and changes that do not materially affect any term or condition of the contract.

Recommendation 4 will allow DPH to issue written notice(s) for partial or total termination of the contract for convenience without further notice to your Board, subject to review and approval by County Counsel.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

The recommended actions support Goal III, Realize Tomorrow's Government Today; Strategy III.1 Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability.

FISCAL IMPACT/FINANCING:

There is no cost to the County. Under the Agreement, VitalChek supplies all equipment, supplies, material (except banknote paper for printing certificated copies of vital records), communication lines, internet connection, etc. needed to perform the services. Customers choosing to use credit/debit card payment options are charged a transaction fee of $9.00 for orders submitted over the internet, a fax, or phone and $1.75 for orders submitted in-person. VitalChek may additionally charge expedited shipping fees to any customer requesting an expedited shipping option. VitalChek is solely responsible for collection of all transaction fees and expedited shipping fees, as well as all fees due to the County for the recorded documents (collectively, "recorded document fees"). VitalChek assumes all risks of non-collection, chargebacks, and any other card adjustments. VitalChek forwards all recorded document fees to DPH Vital Records via Automated Clearing House transfer on the next business day following the day on which VitalChek is permitted to charge the customer's credit/debit card in association with applicable credit/debit card rules (irrespective of whether VitalChek actually collects those recorded document fees) and retains the transaction fees and expedited shipping fees. The transaction fees and expedited shipping fees are the sole amounts payable to VitalChek for performance of the Services.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

On June 14, 2011, an existing agreement between County and VitalChek, administered by the RR/CC was amended to incorporate DPH Vital Records. The amendment allowed DPH to accept debit/credit card payments for fees related to death certificate (burial permit fee and certified copies of death certificates) and birth certificates which provided customers with the flexibility and convenience to online purchase and to request expedited mail services. DPH was a party to the agreement from June 11, 2011 through October 2017.

On July 1, 2017, DPH's Vital Records division 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 not provided by FIS. This agreement which expired March 13, 2020 is being extended on a month-to-month basis for six months.

The proposed Contract with VitalChek contains all required County contracting terms and conditions. The Card transaction fees and other service fees described above will be charged by VitalChek when DPH customers purchase copies of burial permits, birth and death certificates online.

On a semi-annual basis during the term of the recommended Agreement, VitalChek is required to provide detailed documentation supporting the current transaction fees for DPH's review. If at any time DPH Vital Records reasonably determines that the current transaction fees are not supported by the applicable detailed documentation, then VitalChek is required to reduce such transaction fees accordingly.

As is required under Board Policy No 3.015 (Credit/Debit Card Payment Acceptance Policy), DPH has worked with TTC to implement the applications under the Agreement to accept credit/debit cards and will continue to work with TTC to implement the applications under the Agreement to accept credit/debit cards and to ensure that DPH complies with Card acceptance rules and regulations of the Card companies and/or associations.

County Counsel has reviewed and approved Attachment A as to form. The Chief Information Officer (CIO) concurs with DPH's recommendation and has determined this recommendation does not constitute a technology-related acquisition of hardware, software, or professional services that would necessitate a formal CIO analysis. Attachment B is the sole source checklist signed by the CEO.

CONTRACTING PROCESS:

On June 17, 2020, DPH notified your Board that I intended to begin sole source contract negotiations with VitalChek for the provisions of a records payment and processing system.

Subsequently, DPH is recommending execution of a new sole source contract with VitalChek to provide a secure website records payment and processing system.

IMPACT ON CURRENT SERVICES

Approval of the recommended contract will provide DPH customers with additional payment options and the flexibility to request expedited mail services when ordering certified copies of burial permits, birth and death certificates which will significantly improve customer service delivery to the funeral homes and public.

Respectfully submitted,

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

Reviewed by:

William Kehoe
Chief Information Officer

BF: jn
BL#05202

Enclosures

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

Attachment _B_

SOLE SOURCE CHECKLIST

Department Name: Department of Public Health (DPH)

X New Sole Source Contract LexisNexis VitalChek Network, Inc.

☐ Existing Sole Source Contract Date Sole Source Contract Approved: _____

Check (√)	**JUSTIFICATION FOR SOLE SOURCE CONTRACTS** Identify applicable justification and provide documentation for each checked item.
X	➢ Only one bona fide source (monopoly) for the service exists; performance and prices competition are not available. *A monopoly is an "Exclusive control of the supply of any service in a given market. If more than one source in a given market exists, a monopoly does not exist."* **LexisNexis VitalChek Network, Inc. (VitalChek) is the only vendor that has the capability to store data, validate and authenticate the applicant's identity and that is able to provide encrypted sensitive data storage capacity to upload notarized certificate of identity with a robust identity authentication tool. In addition, DPH will be able to eliminate customer service support by ISD and a $54,000 annual expense. VitalChek will be responsible for managing software updates and major releases ensuring the County's technology and services will be automatically updated and will remain current at all times.**
	➢ Compliance with applicable statutory and/or regulatory provisions.
	➢ Compliance with State and/or federal programmatic requirements.
	➢ Services provided by other public or County-related entities.
	➢ Services are needed to address an emergent or related time-sensitive need.
	➢ The service provider(s) is required under the provisions of a grant or regulatory requirement.
	➢ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	➢ Services are needed during the time period required to complete a solicitation for replacement services; provided services are needed for no more than 12 months from the expiration of an existing contract with has no available option periods.
	➢ Maintenance and support services are needed for an existing solution/system during the time to complete a solicitation for a new replacement solution/system; provided the services are needed for no more than 24 months from the expiration of an existing maintenance and support contract which has no available options periods.
	➢ Maintenance and service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
	➢ It is more cost-effective to obtain services by exercising an option under an existing contract.
	➢ It is in the best economic interest of the County (e.g., significant costs to replace an existing system or infrastructure, administrative cost savings and excessive learning curve for a new service provider, etc.) In such cases, departments must demonstrate due diligence in qualifying the cost-savings or cost-avoidance associated with the best economic interest of the County.

_____ 8/21/20

Chief Executive Office Date

BOARD LETTER FACT SHEET

Agenda Review Date: September 2, 2020
Board Meeting Date: September 15, 2020
Sup. Dist. / SPA No.: All

DEPARTMENT: ***DEPARTMENT OF PUBLIC HEALYTH (DPH)***

SUBJECT: Request approval to execute a sole source Contract with Sunquest Information Systems, Inc for the provision of Laboratory Information System maintenance and support services, effective upon Board approval through September 30, 2027, and

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

The Laboratory Information Systems (LIS) supports the Department of Public Health's (DPH) protection of the public against diseases, including diagnosis and assessment of communicable disease, outbreak response, and investigations related to chronic and communicable health issues.

II. RECOMMENDED ACTIONS (summarized)

Approve and instruct the Director of the DPH or designee, to execute a sole source Contract with Sunquest Information Systems, Inc. (Sunquest) for the provision of LIS maintenance and support services, effective upon Board approval, for an initial term of the Contract for five years, with an option to extend for an additional two one-year periods; and delegated authority to approve and execute (a) Change Notices for (i) alterations to the software and/or services schedule; and (ii) changes that do not require any additional costs or expenses or that do not otherwise materially affect any term or condition of the Contract; and (b) Change Orders or Amendment using Pool Dollars to acquire Optional Work, provided that the amounts payable under such do not exceed the available amounts of Pool Dollars; and issue written notice(s) of partial or total termination of Contract for convenience without further action by the County Board of Supervisors; and execute amendments to the Contract for various contractual actions.

III. COST AND FUNDING SOURCES

Cost: $ 6,044,100
Funding: Centers for Disease Control and Prevention and net County cost.

IV. BACKGROUND (critical and/or insightful)

The Laboratory Information Systems is a critical component needed to support DPH's protection of the public against diseases, including diagnosis and assessment of communicable disease, outbreak response, and investigations related to chronic and communicable health issues. The Sunquest LIS allows for real-time disease reporting as it is directly interfaced with DPH's Integrated Reporting and Investigation System (IRIS). DPH's Public Health Laboratory (PHL) also provides testing services for the city of Pasadena, serving as its reference laboratory. On occasion and as needed, the PHL performs testing for the state Public Health Laboratory, San Bernardino County, Orange County, Kern County, Ventura County, and other nearby local jurisdictions for surge support and emerging infectious diseases. Five high-volume external community based and non-DPH clinics are also directly interfaced to the public health laboratory using Sunquest with additional clinics planned.

V. POTENTIAL ISSUE(S)

No potential issues known.

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

Chief, Public Health, Administration: Joshua Bobrowsky (213) 288-7871 jbobrowsky@ph.lacounty.gov
David Cardenas, DPH Departmental Chief Information Officer, (323) 914-8136 dcardenas@ph.lacounty.gov
Michael Owens, Deputy County Counsel, (213) 972-5726, mowens@counsel.lacounty.gov

COUNTY OF LOS ANGELES
Public Health

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

MUNTU DAVIS, M.D., M.P.H.
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BOARD OF SUPERVISORS

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Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

September 15, 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 EXECUTE A SOLE SOURCE CONTRACT WITH SUNQUEST INFORMATION SYSTEMS, INC. FOR THE PROVISION OF LABORATORY INFORMATION SYSTEM SERVICES EFFECTIVE UPON BOARD APPROVAL THROUGH SEPTEMBER 30, 2027 (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

CIO RECOMMENDATION: APPROVE ( ) APPROVE WITH MODIFICATION ( ) DISAPPROVE ( )

SUBJECT

Request approval to execute a sole source Contract with Sunquest Information Systems, Inc., for the provision of Laboratory Information System maintenance and support services, effective upon Board approval through September 30, 2027, and delegated authority to amend the Contract for various contractual actions.

IT IS RECOMMENDED THAT YOUR BOARD

1. Approve and instruct the Director of the Department of Public Health (DPH), or designee, to execute a sole source Contract substantially similar to Exhibit I, with Sunquest Information Systems, Inc. (Sunquest) for the provision of Laboratory Information Systems (LIS) maintenance and support services, effective upon Board approval, for an initial term of the Contract for five years, with an option to extend for an additional two one-year periods, with a maximum contract sum not to exceed $6,044,100, as seen in Attachment A, which is made up of system maintenance fees, optional work system modifications and professional services, and optional additional system maintenance fees due to optional work. This is for the entire term of the Contract, including the optional extensions.

This contract includes modifications to the standard County Indemnification and adds Limitation of Liability provision to limit a monetary amount for any liability of Contractor to the County, arising out of, or relating to the contract in the aggregate, to the amount of damages up to five million dollars or the amount of insurance required under this Contract, whichever is greater.

2. Delegate authority to the Project Director or designee, to approve and execute: (a) change notices to the Contract for: (i) alterations to the software and/or services schedule; and (ii) changes that do not require any additional costs or expenses or that do not otherwise materially affect any term or condition of the Contract; and (b) change orders or amendments using pool dollars included as part of the maximum contract sum to acquire optional work, provided that the amounts payable under such change orders or amendments do not exceed the available amounts of pool dollars.

3. Delegate authority to the Director of DPH, or designee, to: (a) issue written notice(s) of partial or total termination of the Contract for convenience without further action by the County Board of Supervisors (Board); and (b) execute amendments to the Contract to: (i) add, delete, and/or change certain terms and conditions as mandated by federal or State law or regulation, Los Angeles County (County Policy, the Board and/or Chief Executive Office (CEO): (ii) internally reallocate funds between budget pools within the Contract; (iii) rollover unspent Contract funds; (iv) increase or decrease the services and the maximum contract sum up to ten percent (10%) of the total contract maximum sum; (v) assign and delegate the Contract, resulting from acquisitions, mergers, or other changes in ownership; (vi) approve cost of living adjustments (COLAs) limited to the fixed hourly rates for professional services and recurring maintenance and support fees, with any such COLAs, consistent with the Board's COLA policy, with all actions subject to prior review and approval by County Counsel, and as applicable, the Chief Information Office (CIO), with notice to the Board and CEO, for actions (b)(iv) and (b)(vi).

PURPOSE /JUSTIFICATION OF RECOMMENDED ACTION

Background

LIS is a critical component needed to support DPH's protection of the public against diseases, including diagnosis and assessment of communicable disease, outbreak response, and investigations related to chronic and communicable health issues. The Sunquest LIS allows for real-time disease reporting as it is directly interfaced with DPH's Integrated Reporting and Investigation System (IRIS). DPH's Public Health Laboratory (PHL) also provides testing services for the city of Pasadena, serving as its reference laboratory. On occasion and as needed, the PHL performs testing for the state Public Health Laboratory, San Bernardino County, Orange County, Kern County, Ventura County, and other nearby local jurisdictions for surge support and emerging infectious diseases. Five high-volume external community based and non-DPH clinics are also directly interfaced to the public health laboratory using Sunquest with additional clinics planned.

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Approval of Recommendation 1 will allow the DPH Director to execute a sole source Contract, substantially similar to Exhibit I, with Sunquest for an initial term of five years, with an option to extend the Contract for two optional one-year extensions. The Contract will provide maintenance and support services for the LIS, providing for ongoing technical support, periodic software updates and the implementation of software and hardware enhancements to continuously improve the efficiency of PHL operations.

Approval of Recommendation 2 will enable the Director of DPH to amend the Agreement via change notices and change orders, as set forth in the Contract. Change notices are for alterations to the software and services schedule and for changes that do not require any additional costs or expenses or that do not affect any term of or condition of the Agreement. Change orders are for the acquisition of optional work within the allocated pool dollars amount included within the maximum contract sum. This includes work in the form of system modifications, consisting of additional hardware and additional software, additional maintenance fees resulting from system modifications, and professional services, consisting of consulting services and training.

Approval of Recommendation 3 will allow the DPH Director, or designee to execute amendments to the Contract to add, delete, and/or change certain terms and conditions, as required under federal or State law or regulation, County policy, Board and/or CEO; execute amendments to reallocate funds between budget pools within the Contract; allow the rollover of unspent Contract funds; issue notices of partial or full termination for convenience; execute amendments to increase or decrease the Contract's scope of services and the maximum contract sum up to ten percent (10%) of the maximum contract sum; and execute amendments for assignment and delegations resulting from acquisitions, mergers, or other changes in ownership, as necessary. In accordance with Board Policy No. 5.070, multi-year services contract cost of living adjustments, the County, upon a future request from Sunquest, would have the discretion to grant a COLA as specified in the Contract. The COLA will not be automatic and is further limited to the lesser of movement in County salaries or any increase in the Consumer Price Index of the Department of Labor Bureau of Labor Statistics. Furthermore, should fiscal circumstances ultimately prevent the Board from approving any increase in the County employee salaries, no COLA will be granted.

Implementation of Strategic Goals

The recommended actions support strategy III.2 – Embrace Digital Government for the Benefit of Our Internal Customers and Communities, and strategy III.3, Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total County maximum obligation for the Sunquest contract is $6,044,100. The funding for this Contract is estimated as follows: $750,000 from Centers for Disease Control and Prevention, Epidemiology and Laboratory Capacity for Infectious Diseases

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Cooperative Agreement, Catalog of Federal Domestic Assistance Number 93.323, and the remaining $5,294,100 in net County cost.

Funding is included in DPH's fiscal year (FY) 2020-21 Adopted Budget and will be included in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Since December of 1997, the County, through Internal Services Department (ISD), has contracted with Sunquest for the provision of LIS services. Initially services were acquired through a Purchase Order Agreement, and subsequently in February 2010, through a Master Agreement (MA). The MA included both the DPH and the Department of Health Services (DHS). However, at the end of the Agreement term, DHS ceased to utilize Sunquest services.

The recommended Contract contains all of the Board's required provisions.

The Sunquest. contract includes modified Indemnification language and adds the Limitation of Liablity provision. CEO Risk Management has reviewed and approved these changes to the standard County provisions.

As required under Board Policy 5.100 (Sole Source Contracts), your Board was notified on September 11, 2019 of DPH's intent to enter into the recommended Contract (Exhibit I) with Sunquest on a sole source basis.

County Counsel has reviewed and approved Exhibit I as to form. The Chief Information Officer (CIO) has reviewed this Board letter as well as the Department's sole source justification, and recommends approval. The CIO has further determined that a CIO analysis is not required for the recommended action as it represents a continuation of the original Agreement, and contains no new Information Technology (IT) matter requiring review.

Attachment B is the sole source checklist signed by the CEO.

CONTRACTING PROCESS

On December 9, 1997, The County, through ISD, entered into Purchase Order Agreement Number 5692, with Sunquest for the provision of Clinical Laboratory Information System and Implementation services, as modified and extended by Amendments. On October 16, 2007, the County and Sunquest also entered into Agreement Number 76372 for the provision of Professional Services.

Subsequently, on February 1, 2010, the County, again through ISD, entered into MA-IS 1040326, which superseded the LIS Agreement. The MA expired on January 31, 2020, and was subsequently replaced via a Purchase Order Agreement to allow time to negotiate the new Contract.

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IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will provide the PHL with the needed maintenance and support services to support operations and help DPH protect the public by allowing it to function and respond effectively to disease incidents and outbreak.

Respectfully submitted,

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

Reviewed by:

William S. Kehoe
Chief Information Officer

BF:ld
#04937

Enclosures

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

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ATTACHMENT A

SUNQUEST INFORMATION SYSTEMS, INC.
PRICING TERMS

System Maintenance Fees	
Year	**Yearly Totals**
Year 1	$223,535
Year 2	234,712
Year 3	246,448
Year 4	258,771
Year 5	271,710
Year 6	285,296
Year 7	299,561
Total	**$1,820,033**

The table above represents the annual Maintenance Fees to be paid by County to Contractor during the term of the Contract for the Existing System

Optional Work (Pool Dollars) - System Modifications and Professional Services	
Year	**Yearly Totals**
Year 1	$474,787
Year 2	624,611
Year 3	146,078
Year 4	243,794
Year 5	334,884
Year 6	143,080
Year 7	78,123
Total	**$2,045,357**

The table above represents the annual projections for the acquisition of Additional Hardware, Additional Software and Professional Services as Optional Work using Pool Dollars for the term of the Contract, including sales tax of 10% for System Hardware

Optional Work (Pool Dollars) - Additional System Maintenance Fees Due to Optional Work	
Year	**Yearly Totals**
Year 1	$113,730
Year 2	206,565
Year 3	228,025
Year 4	242,505
Year 5	440,248
Year 6	462,261
Year 7	485,376
Total	**$2,178,710**

The table above represents the annual projections for the additional Maintenance Fees resulting from the acquisition of Additional Hardware, Additional Software and Professional Services as Optional Work using Pool Dollars for the term of the Contract

CONTRACT SUMMARY	Amount
System Maintenance Fees	$1,820,033
Optional Work (Pool Dollars) - System Modifications and Professional Services	2,045,357
Optional Work (Pool Dollars) - Additional System Maintenance Fees Due to Optional Work	2,178,710
Total Contract Sum	**$6,044,100**

ATTACHMENT A

SUNQUEST INFORMATION SYSTEMS, INC.
PRICING TERMS

System Maintenance Fees	
Year	**Yearly Totals**
Year 1	$223,535
Year 2	234,712
Year 3	246,448
Year 4	258,771
Year 5	271,710
Total Years 1 - 5	**$1,235,176**
Year 6 (Optional)	285,296
Year 7 (Optional)	299,561
Total Optional Years	**$584,857**
Total Years 1-5 (including Optional Years)	**$1,820,033**

Additional System Maintenance Fees	
Year	**Yearly Totals**
Year 1	$113,730
Year 2	206,565
Year 3	228,025
Year 4	242,505
Year 5	440,248
Total Years 1 - 5	**$1,231,073**
Year 6 (Optional)	462,261
Year 7 (Optional)	485,376
Total Optional Years	**$947,637**
Total Years 1-5 (including Optional Years)	**$2,178,710**

Optional Work System Modifications	
Year	**Yearly Totals**
Year 1	$474,787
Year 2	624,611
Year 3	146,078
Year 4	243,794
Year 5	334,884
Total Years 1 - 5	**$1,824,154**
Year 6 (Optional)	143,080
Year 7 (Optional)	78,123
Total Optional Years	**$221,203**
Total Years 1-5 (including Optional Years)	**$2,045,357**

Work Component	Amount
System Maintenance (Years 1-5)	$1,235,176
Optional Work (Pool Dollars)	3,055,227
Total Contract Sum	**$4,290,403**
Year 6 (Optional)	
System Maintenance	285,296
Optional Work (Pool Dollars)	605,341
Year 7 (Optional)	
System Maintenance	299,561
Optional Work (Pool Dollars)	563,499
Total Contract Sum (Including Optional Years)	**$6,044,100**

SUNQUEST INFORMATION SYSTEMS, INC.
PRICING

System Maintenance Fees	
Year	**Yearly Totals**
Year 1	$223,535
Year 2	$234,712
Year 3	$246,448
Year 4	$258,771
Year 5	$271,710
Total Years 1 - 5	**$1,235,176**
Year 6 (Optional)	$285,296
Year 7 (Optional)	$299,561
Total Optional Years	**$584,857**
Total Years 1-5 (including Optional Years)	**$1,820,033**

Optional Work System Modifications	
Year	**Yearly Totals**
Year 1	$474,787
Year 2	$624,611
Year 3	$146,078
Year 4	$243,794
Year 5	$334,884
Total Years 1 - 5	**$1,824,154**
Year 6 (Optional)	$143,080
Year 7 (Optional)	$78,123
Total Optional Years	**$221,203**
Total Years 1-5 (including Optional Years)	**$2,045,357**

Additional System Maintenance Fees	
Year	**Yearly Totals**
Year 1	$113,730
Year 2	$206,565
Year 3	$228,025
Year 4	$242,505
Year 5	$440,248
Total Years 1 - 5	**$1,231,073**
Year 6 (Optional)	$462,261
Year 7 (Optional)	$485,376
Total Optional Years	**$947,637**
Total Years 1-5 (including Optional Years)	**$2,178,710**

Work Component	Amount
System Maintenance (Years 1-5)	$1,235,176
Optional Work (Pool Dollars)	$3,055,227
Total Contract Sum	**$4,290,403**
Year 6 (Optional)	
System Maintenance	$285,296
Optional Work (Pool Dollars)	$605,341
Year 7 (Optional)	
System Maintenance	$299,561
Optional Work (Pool Dollars)	$563,499
Total Contract Sum (Including Optional Years)	**$6,044,100**

ATTACHMENT B

SOLE SOURCE CHECKLIST

Department Name: Department of Public Health (DPH)

☒ New Sole Source Contract Sunquest Information Systems, Inc.

☐ Sole Source Amendment to Existing Contract

Date Existing Contract First Approved: _____

Check (√)	**JUSTIFICATION FOR SOLE SOURCE CONTRACTS** Identify applicable justification and provide documentation for each checked item.
	➢ Only one bona fide source (monopoly) for the service exists; performance and prices competition are not available. *A monopoly is an "Exclusive control of the supply of any service in a given market. If more than one source in a given market exists, a monopoly does not exist."*
	➢ Compliance with applicable statutory and/or regulatory provisions.
	➢ Compliance with State and/or federal programmatic requirements.
	➢ Services provided by other public or County-related entities.
	➢ Services are needed to address an emergent or related time-sensitive need.
	➢ The service provider(s) is required under the provisions of a grant or regulatory requirement.
	➢ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	➢ Services are needed during the time period required to complete a solicitation for replacement services; provided services are needed for no more than 12 months from the expiration of an existing contract with has no available option periods.
	➢ Maintenance and support services are needed for an existing solution/system during the time to complete a solicitation for a new replacement solution/system; provided the services are needed for no more than 24 months from the expiration of an existing maintenance and support contract which has no available options periods.
	➢ Maintenance and service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
	➢ It is more cost-effective to obtain services by exercising an option under an existing contract.
	➢ The contractor was selected through a competitive solicitation process conducted by an outside entity (e.g., other municipalities, public agencies, State/federal government or non-profit organization).
√	➢ It is in the best economic interest of the County (e.g., significant costs to replace an existing system or infrastructure, administrative cost savings and excessive learning curve for a new service provider, etc.) In such cases, departments must demonstrate due diligence in qualifying the cost-savings or cost-avoidance associated with the best economic interest of the County. It is in the best interest of the County to continue services under a new sole source contract with Sunquest, as the Public Health Laboratory information system has been highly customized by the contractor. The cost in terms of a new system-wide design, build, and testing of a new laboratory information system by a different vendor including the costs for user training, implementation, and post-evaluation studies would not be cost-effective. Additionally, an assessment conducted by Association of Public Health Laboratory and Gartner in 2017, supports the justification indicating significant cost to migrate the system, as well as a strain to resources and operations for internal DPH Laboratory staff and external customers.

Chief Executive Office

7/9/20

Date

BOARD LETTER FACT SHEET

Agenda Review Date: September 2,2020
Board Meeting Date: September 15, 2020
Sup. Dist. / SPA No.: 1, 2, 3, and 5

DEPARTMENT: **PUBLIC WORKS**

SUBJECT: **Cardiac Catheterization Laboratory Remodel projects**

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

a. Mandated. Remodeling the existing cath labs to accommodate the new equipment, upgrade electrical and mechanical systems and structural supports, and make applicable accessibility upgrades to comply with the Americans with Disabilities Act accessibility requirements, and the Office of Statewide Health Planning and Development requirements.

II. RECOMMENDED ACTIONS (summarized)

a. Public Works is seeking Board approval of the Cardiac Catheterization Laboratory Remodel projects, the project budgets, and authorization to deliver the projects using Board-approved Job Order Contracts for the Harbor-UCLA, LAC+USC, and Olive View-UCLA Medical Centers.

III. COST AND FUNDING SOURCES

Cost: $7,300,000
Funding: Department of Health Services' Enterprise Fund

IV. BACKGROUND (critical and/or insightful)

a. BACKGROUND/DESCRIPTION

The Cath Lab Remodel projects are located at Harbor-UCLA (H-UCLA), LAC+USC, and Olive View-UCLA (OV-UCLA) Medical Centers. The Cath Labs are equipped with specialized equipment used for the evaluation of heart and blood vessels. The current equipment at these facilities are manufactured by Philips and are at the end of service life. They are experiencing increased maintenance downtimes and need to be replaced.
On November 19, 2019, the Board approved the acquisition and installation of a total of six Cath Lab equipment from Philips for these three medical centers for a total estimated cost of $9,197,000 as follows: $3,021,000 for the Harbor-UCLA Medical Center, $4,467,000 for the LAC+USC Medical Center, and $1,709,000 for the Olive View-UCLA Medical Center to fully fund the proposed acquisition of the Philips catheterization laboratory equipment.

V. POTENTIAL ISSUE(S)

a. None

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

* *DPW: Andy Moey (626) 300-2300 | Health Services: Phillip Franks (213) 288-8076 | County Counsel: Talin Halabi (213) 974-8948*

September 15, 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:

CONSTRUCTION-RELATED CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
CARDIAC CATHETERIZATION LABORATORY REMODEL PROJECTS
APPROVE PROJECTS AND PROJECT BUDGETS
AUTHORIZE USE OF JOB ORDER CONTRACTS
SPECS. 7657; CAPITAL PROJECT NO. 87581
SPECS. 7661; CAPITAL PROJECT NO. 87582
SPECS. 7662; CAPITAL PROJECT NO. 87583
(SUPERVISORIAL DISTRICTS 1, 2, 3, AND 5)
(4 VOTES)

SUBJECT

Public Works is seeking Board approval of the Cardiac Catheterization Laboratory Remodel projects, the project budgets, and authorization to deliver the projects using Board-approved Job Order Contracts for the Harbor-UCLA, LAC+USC, and Olive View-UCLA Medical Centers.

IT IS RECOMMENDED THAT THE BOARD:

1. Find that the recommended actions are within the scope of previously approved exemptions to the California Environmental Quality Act for the reasons stated in this letter and in the record of these projects.

2. Approve projects and project budgets for the following three capital projects: Harbor-UCLA Medical Center Cardiac Catheterization Laboratory Remodel, Capital Project No. 87581 for a budget of $2,970,000; LAC+USC Medical Center Cardiac Catheterization Laboratory Remodel, Capital Project No. 87582 for a budget of $2,860,000; and Olive View-UCLA Medical Center Cardiac Catheterization Laboratory Remodel, Capital Project No. 87583 for a budget of $1,470,000.

3. Authorize the Director of Public Works or his designee to deliver these projects using Board-approved job order contracts.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended actions will approve the Cardiac Catheterization Laboratory (Cath Lab) Remodel projects, the project budgets, find that the projects are within the scope of the Board's previous exemption findings under the California Environmental Quality Act (CEQA), and authorize Public Works to deliver the projects using Board-approved job order contracts (JOC).

Background

The Cath Lab Remodel projects are located at Harbor-UCLA (H-UCLA), LAC+USC, and Olive View-UCLA (OV-UCLA) Medical Centers. The Cath Labs are equipped with specialized equipment used for the evaluation of heart and blood vessels. The current equipment at these facilities are manufactured by Philips and are at the end of service life. They are experiencing increased maintenance downtimes and need to be replaced.

On November 19, 2019, the Board approved the acquisition and installation of a total of six Cath Lab equipment from Philips for these three medical centers for a total estimated cost of $9,197,000. The equipment consisted of a total of five Azurion 7 C20 Clarity machines, which includes two for H-UCLA, two for LAC+USC, and one for OV-UCLA; and one Azurion 7 B1212 Clarity for LAC+USC. The new equipment will reduce the radiation dosage to both patients and staff and improve imaging quality of the beating heart, allowing the clinical teams to more clearly treat and diagnose cardiac diseases. The new equipment will enhance workflow/user interface and improve efficiency of procedures.

The projects will remodel the existing cath labs to accommodate the new equipment, upgrade electrical and mechanical systems and structural supports necessary to accommodate the new equipment, and make applicable accessibility upgrades to comply with the Americans with Disabilities Act accessibility requirements, and the Office of Statewide Health Planning and Development requirements. Due to supply and return air deficiencies within the existing air system at H-UCLA, the heating, ventilation and air conditioning system needs to be upgraded.

Public Works completed the plans, specifications, and jurisdictional approvals of the projects using a Board-approved on-call architect/engineer agreement and is now seeking approval to complete the remodeling using Board-approved JOCs. It is anticipated that construction will begin in December 2020 and be substantially completed in November 2021 for H-UCLA. Construction will begin in December 2020 and be substantially completed in January 2022 for LAC+USC. Construction will begin in December 2020 and be substantially completed in April 2021 for Olive View-UCLA.

Implementation of Strategic Plan Goals

These recommendations support the County Strategic Plan Strategy I.1 - Increase our Focus on Prevention Initiatives; Strategy I.2, Enhance our Delivery of Comprehensive Interventions; Strategy II.2 - Support the Wellness of our Communities; and Strategy III.3 - Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability. These recommended actions support the Strategic Plan by supporting the wellness of our communities and enhancing the delivery of comprehensive and seamless healthcare services to the residents of the County seeking healthcare assistance.

FISCAL IMPACT/FINANCING

The Board previously approved the acquisition and installation of the Philips medical equipment for a total amount of $9,197,000 for all three facilities. The total combined budget for the remodel costs to accommodate the new equipment for all three projects is $7,300,000, which is allocated as follows: $2,970,000 for H-UCLA; $2,860,000 for LAC+USC; and $1,470,000 for OV-UCLA Cath Lab Remodel projects, respectively (Enclosure). Health Services paid $7,565 in Fiscal Year 2018-19 from its Operating Budget to fund planning and design services for the projects.

Sufficient appropriation will be included in the Fiscal Year 2020-21 Supplemental Change Budget for these projects to fund Fiscal Year 20-21 projected expenditures. Health Services will provide funding in the future budget phases, as needed, to fully fund the remaining project budget.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In accordance with the Board's Civic Art Policy, the project budgets will include 1 percent of design and construction costs to be allocated to the Civic Arts fund, which are as follows: $21,000 for H-UCLA; $20,000 for LAC+USC; and $10,000 for Olive View-UCLA.

In accordance with the Board's consolidated Local and Targeted Worker Hire Policy adopted on September 6, 2016, the H-UCLA and LAC+USC projects will require that at least 30 percent of the total California Craft Worker hours for construction of the project be performed by Local Residents and at least 10 percent be performed by Targeted Workers facing employment barriers, as their respective budgets are greater than $2,500,000. The OV-UCLA project will apply a best effort hiring goal of at least 30 percent of the total California Craft Worker hours for construction of the project be performed by Local Residents, as the project budget is less than $2,500,000.

ENVIRONMENTAL DOCUMENTATION

On November 19, 2019, the Board found the projects categorically exempt from the provisions of CEQA pursuant to Sections 15301 (a), (d), and (f); 15302 (c); and 15303 (d) of the State CEQA Guidelines and Classes 1 (c), (d), and (i); 2 (a) and (e); and 3 (d) of the County's Environmental Document Reporting Procedures and Guidelines, Appendix G. A Notice of Exemption was filed. The projects scope has remained the same and the recommended actions are within the scope of the previous exemption findings.

Upon the Board's approval of the recommended actions, Public Works will file a Notice of Exemption covering the projects at the three medical centers with the Registrar-Recorder/County Clerk in accordance with Section 21152 of the California Public Resources Code.

CONTRACTING PROCESS

The acquisition of medical equipment for the three medical centers was accomplished under the statutory authority of the County Purchasing Agent in accordance with the County's Sole Source Purchasing Policies and Procedures.

Public Works utilized a Board-approved, on-call architectural/engineering agreement with RBB Architects Inc. to complete the design of these projects.

The standard Board-directed clauses, including those that provide for contract termination and hiring qualified displaced County employees, are included in all JOCs. The JOC contractor who will perform the work is required to fully comply with applicable legal requirements, which among other things, include Chapters 2.200 (Child Support Compliance Program) and 2.203 (Contractor Employee Jury Service Program) of the Los Angeles County Code, and Section 1774 of the California Labor Code pertaining to payment of prevailing wages. This project scope includes substantial remodeling and alteration work and, as such, Public Works has made the determination that the use of a JOC is the most appropriate contracting method to deliver the project.

Upon the Board's authorization, construction of the projects will be completed using a Board-approved JOC.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommendations will have no impact on current services. The construction work at each medical center will be done in phases where at least one cath

lab will remain operational at all times during construction to minimize impact to patient care.

CONCLUSION

Please return one adopted copy of this Board letter to Public Works, Project Management Division I.

Respectfully submitted,

MARK PESTRELLA
Director of Public Works

MP:AKM:cg

Enclosures

c: Department of Arts and Culture
Auditor-Controller
Chief Executive Office (Capital Programs Division)
County Counsel
Executive Office
Department of Health Services (Capital Projects Division)
Internal Services Department

Enclosure
September 15, 2020

CONSTRUCTION CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
CARDIAC CATHETERIZATION LABORATORIES REMODEL PROJECTS
APPROVE PROJECTS AND PROJECT BUDGETS
AUTHORIZE USE OF JOB ORDER CONTRACTS
SPECS. 7657; CAPITAL PROJECT NO. 87581
SPECS. 7661; CAPITAL PROJECT NO. 87582
SPECS. 7662; CAPITAL PROJECT NO. 87583
(SUPERVISORIAL DISTRICT 1, 2, 3, AND 5)
(4 VOTES)

I. PROJECT SCHEDULE SUMMARY – HARBOR-UCLA MEDICAL CENTER C.P. NO. 87581

Project Activity	Scheduled Completion Date
Construction Documents	12/2019*
Jurisdictional Approvals	09/2020
Construction Start	12/2020
Substantial Completion	11/2021
Project Acceptance	12/2021

*Completed activity.

II. PROJECT BUDGET SUMMARY – HARBOR-UCLA MEDICAL CENTER C.P. NO. 87581

Budget Category	Total
Hard Costs	
Construction (JOC)	$ 1,851,000
Contingency	$ 271,500
Civic Art	$ 21,000
Hard Costs Subtotal	**$ 2,143,500**
Soft Costs	
Plans and Specifications	$ 298,000
Consultant Services	$ 71,000
Miscellaneous Expenditure	$ 10,000
Jurisdictional Review, Plan Check and Permit	$ 81,000
County Services	$ 366,500
Soft Costs Subtotal	**$ 826,000**
TOTAL	**$ 2,970,000**

CONSTRUCTION CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
CARDIAC CATHETERIZATION LABORATORIES REMODEL PROJECTS
APPROVE PROJECTS AND PROJECT BUDGETS
AUTHORIZE USE OF JOB ORDER CONTRACTS
SPECS. 7657; CAPITAL PROJECT NO. 87581
SPECS. 7661; CAPITAL PROJECT NO. 87582
SPECS. 7662; CAPITAL PROJECT NO. 87583
(SUPERVISORIAL DISTRICT 1, 2, 3, AND 5)
(4 VOTES)

I. PROJECT SCHEDULE SUMMARY – LAC+USC MEDICAL CENTER C.P. NO. 87582

Project Activity	Scheduled Completion Date
Construction Documents	05/2020*
Jurisdictional Approvals	10/2020
Construction Start	12/2020
Substantial Completion	01/2022
Project Acceptance	02/2022

*Completed activity.

II. PROJECT BUDGET SUMMARY – LAC+USC MEDICAL CENTER C.P. NO. 87582

Budget Category	Total
Hard Costs	
Construction (JOC)	$ 1,635,000
Contingency	$ 255,000
Civic Art	$ 20,000
Hard Costs Subtotal	**$ 1,910,000**
Soft Costs	
Plans and Specifications	$ 330,000
Consultant Services	$ 110,000
Miscellaneous Expenditure	$ 30,000
Jurisdictional Review, Plan Check and Permit	$ 100,000
County Services	$ 380,270
Soft Costs Subtotal	**$ 950,000**
TOTAL	**$ 2,860,000**

CONSTRUCTION CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
CARDIAC CATHETERIZATION LABORATORIES REMODEL PROJECTS
APPROVE PROJECTS AND PROJECT BUDGETS
AUTHORIZE USE OF JOB ORDER CONTRACTS
SPECS. 7657; CAPITAL PROJECT NO. 87581
SPECS. 7661; CAPITAL PROJECT NO. 87582
SPECS. 7662; CAPITAL PROJECT NO. 87583
(SUPERVISORIAL DISTRICT 1, 2, 3, AND 5)
(4 VOTES)

I. PROJECT BUDGET SCHEDULE SUMMARY – OLIVE VIEW–UCLA MEDICAL CENTER C.P. NO. 87583

Project Activity	Scheduled Completion Date
Construction Documents	05/2020*
Jurisdictional Approvals	10/2020
Construction Start	12/2020
Substantial Completion	04/2021
Project Acceptance	05/2021

*Completed activity.

II. PROJECT BUDGET SUMMARY – OLIVE VIEW-UCLA MEDICAL CENTER C.P. NO. 87583

Budget Category	Total
Hard Costs	
Construction (JOC)	$ 820,000
Contingency	$ 120,000
Civic Art	$ 10,000
Hard Costs Subtotal	**$ 950,000**
Soft Costs	
Plans and Specifications	$ 120,000
Consultant Services	$ 85,000
Miscellaneous Expenditure	$ 20,000
Jurisdictional Review, Plan Check and Permit	$ 35,000
County Services	$ 260,000
Soft Costs Subtotal	**$ 520,000**
TOTAL	**$ 1,470,000**

BOARD LETTER FACT SHEET

Agenda Review Date: September 2, 2020
Board Meeting Date: September 15, 2020
Sup. Dist. / SPA No.: ALL

DEPARTMENT: ***DEPARTMENT OF PUBLIC HEALTH (DPH)***

SUBJECT: Approval to execute 18 new contracts for CalFresh Healthy Living Program Services

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

The new contracts will allow DPH to implement the CalFresh Healthy Living Program designed to increase food security and reduce the prevalence of diet related chronic diseases among low-income individuals and families in Los Angeles County.

II. RECOMMENDED ACTIONS (summarized)

Approval to execute 18 new contracts selected under a competitive solicitation process for CalFresh Healthy Living Program services effective upon date of execution through September 30, 2022 and authority to execute future amendments and change notices to reflect funding adjustments, non-material and/or ministerial revisions, or necessary material service delivery changes as a result of COVID-19 restrictions and/or requirements; as well as authority to execute future amendments to extend or adjust the term through March 31, 2026.

III. COST AND FUNDING SOURCES

Cost: $12,009,248
Funding: Federal and State

IV. BACKGROUND (critical and/or insightful)

DPH issued a Request for Proposals to solicit proposals from qualified agencies to implement the CalFresh Healthy Living Program in six service categories. The recommended agencies were selected under this competitive solicitation process will enable DPH to implement specific strategies and/or activities that support the goals of each of these categories.

V. POTENTIAL ISSUE(S)

No Potential issues foreseeable.

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

DPH Director Government Affairs - Joshua Bobrowsky (213) 288-7871 jbobrowsky@ph.lacounty.gov
CDIP Tony Kuo, M.D., M.S.H.S. (213) 351-7341 tkuo@ph.lacounty.
Deputy County Counsel - Emily Issa (213) 974-187 eissa@counsel.lacounty.gov

COUNTY OF LOS ANGELES
Public Health

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

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

www.publichealth.lacounty.gov

DRAFT

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

September 15, 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 EXECUTE 18 NEW CONTRACTS FOR CALFRESH HEALTHY LIVING PROGRAM SERVICES (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

Request approval to execute 18 new contracts to support the Department of Public Health's Division of Chronic Disease and Injury Prevention CalFresh Healthy Living Program effective upon date of execution for the period of October 1, 2020 through September 30, 2022 and authority to execute future amendments and change notices, as appropriate, to reflect funding adjustments, non-material and/or ministerial revisions, or necessary material service delivery changes, including changes required as a result of COVID-19 restrictions and/or requirements; as well as authority to execute future amendments to extend or adjust the term through March 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 18 new contracts, substantially similar to Exhibit I, with the agencies listed in Attachment A, selected under a competitive solicitation process for the provision of CalFresh Healthy Living Program services, effective upon date of execution for the period of October 1, 2020 through September 30, 2022, at a total County maximum obligation of $12,009,248 (as detailed in Attachment A); 100 percent offset by United States Department of Agriculture (USDA) funding Catalog of Federal Domestic Assistance Number 10.561 passed through the California Department of Social Services, and the California Department of Public Health (CDPH).

2. Delegate authority to the Director of DPH, or designee, to execute future amendments to the contracts that: a) extend the term for up to three additional one-year periods through September 30, 2025, at amounts to be determined by the Director of DPH; b) allow a no-cost adjustment to the term through March 31, 2026; c) allow the rollover of unspent contract funds; d) and/or provide an increase or decrease in funding up to 30 percent above or below each term's annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable contract term, and make corresponding service adjustments, as necessary; and/or e) revise Scope(s) of Work (SOW) to make necessary substantive revisions; 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 SOW, as necessary; authorize budget modifications, and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or corrections of errors in 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 who 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 ACTIONS

The CalFresh Healthy Living Program is a State-wide program that improves the nutritional health of low-income Californians by providing access to nutrition education, physical activity education, and leadership toward healthy community initiatives. DPH's CalFresh Healthy Living Program is designed to improve food access and increase food security as well as reduce the prevalence of diet related chronic diseases among low-income individuals and families in Los Angeles County (LAC). The overall goal of the program is to achieve specific behavioral outcomes including increased consumption of healthy foods and water, reduced consumption of unhealthy foods and sugar sweetened beverages, increased levels of physical activity, and optimization of the food system.

Approval of Recommendation 1 will allow DPH to execute 18 new contracts with qualified agencies to implement the CalFresh Healthy Living Program in LAC. The recommended agencies will provide an array of services under one or more of the six CalFresh Health Living Program service categories with the goal to increase food access and improve food security and reduce the prevalence of diet related chronic diseases among low-income individuals and families.

The service categories consist of: 1) Early Childcare and Education; 2) K-12 Schools and Afterschool Programs; 3) Healthcare Clinics; 4) Food Banks/Pantries; 5) Produce Distribution; and 6) Nutrition Education and Physical Activity.

The recommended agencies will implement specific strategies and/or activities that support the goals of each of these categories.

Approval of Recommendation 2 will allow DPH to execute amendments to the contracts to extend and/or adjust the term of the contracts; rollover unspent funds; and/or increase or decrease funding up to 30 percent above or below the base maximum obligation, effective upon amendment execution, or at the beginning of the applicable contract term, and make corresponding service adjustments, as necessary; and/or revise SOWs to make necessary substantive service delivery changes, including changes as a result of COVID-19 restrictions and/or requirements. This recommended action will enable DPH to amend contracts to adjust the term for a period of up to six months beyond the expiration date. Such amendments will only be executed if and when there is an unanticipated extension of the term of the applicable grant funding to allow additional time to complete services and utilize grant funding. This authority is being requested to enhance DPH's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant funds.

Approval of Recommendation 2 will also enable DPH to amend the contract to allow for the changes to the SOWs and funding obligations to meet service needs. While the County is under no obligation to pay a contractor beyond what is identified in the original executed agreement, the County may determine that the contractor has provided evidence of eligible costs for qualifying contracted services and that it is in the County's best interest to increase the maximum contract obligation as a result of receipt of additional grant funds or a determination that funds should be reallocated. This recommendation has no impact on net County cost.

Approval of Recommendation 3 will allow DPH to execute change notices to the contracts that permit non-material and/or ministerial revisions to the SOW, as necessary; authorize budget modifications, and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or corrections of errors in 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 days' 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 Strategy II.2, Support the Wellness of Our Communities, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total County maximum obligation for the 18 recommended contracts is $12,009,248 ($6,284,000 for the period October 1, 2020 through September 30, 2021; and $5,725,248 for the period of October 1, 2021 through September 30, 2022) as detailed in Attachment A; 100 percent offset by USDA funding through CDPH.

There is no net County cost associated with this action.

Funding for these contracts is included in DPH's Adopted Budget for fiscal year (FY) 2020-2021 and will be included in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Historically, DPH has accepted USDA funding through CDPH to encourage low-income Californians to increase consumption of fruits and vegetables and increase levels of physical activity with the goal of preventing obesity and other diet-related chronic diseases.

As required under Board Policy 5.120, your Board was notified on July 13, 2020, of DPH's request to increase or decrease funding up to 30 percent above or below the annual base maximum obligation. Increased delegated authority is needed to

Exhibit I is the contract template reviewed and approved by County Counsel. Attachment A is a list of the recommended contracts. Attachment B is the contracting opportunity announcement on the County websites. Attachment C is the Community Business Enterprise Information Summary for the recommended contractors.

CONTRACTING PROCESS

On November 13, 2019, DPH released a Request for Proposals to solicit proposals from qualified agencies to implement the CalFresh Healthy Living Program in the following categories:

- Category 1: Early Childcare and Education
- Category 2: K-12 Schools and Afterschool Programs
- Category 3: Healthcare Clinics
- Category 4: Food Banks/Pantries
- Category 5: Produce Distribution
- Category 6: Nutrition Education and Physical Activity

The contracting opportunity announcement was posted on the County of Los Angeles Online website (Attachment B) and on DPH's Contracts and Grants website. Additionally, a contracting opportunity flyer was sent by electronic mail to over 400 agencies on DPH's internal lists of agencies that provide similar services.

DPH received 41 proposals that covered all six categories by the submission deadline. Pursuant to the selection criteria established in the RFP, four proposals were disqualified and deemed non-responsive to the RFP upon determination that they did not meet the minimum mandatory requirements. The Proposers did not request a Disqualification Review.

The remaining 37 proposals were reviewed by an evaluation committee that consisted of subject matter experts external and internal to DPH. The proposals were grouped by category and evaluated in accordance with the Evaluation Methodology for Proposals – Policy 5.054 approved by your Board on March 31, 2009 and the RFP solicitation process. As a result, DPH is recommending 19 proposals for funding from 18 responsible and responsive Proposers.

On July 14, 2020, notifications of the RFP results were sent to the Proposers. A debriefing was offered to the non-selected agencies. Subsequently, ten agencies requested and received a debriefing. Eight of the ten agencies submitted a Notice of Intent to Request a Proposed Contractor Selection Review (PCSR). One transmittal form to request a PCSR was received by the deadline. Upon review, DPH determined that the PCSR assertions were unsubstantiated. A request for a County Independent Review was not received by the due date and the protest process was completed.

DPH has obtained a Letter of Intent from each of the 18 recommended Proposers.

Community Business Enterprise Program information as reported by the recommended Proposers is identified in Attachment C. Proposers 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 implement the CalFresh Healthy Living Program to continue efforts to provide nutrition education and obesity prevention activities and interventions, as well as to increase food security and reduce prevalence of diet related chronic diseases, among low-income individuals and families in LAC.

Respectfully submitted,

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

BF:yhj
#05196

Enclosures (4)

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

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

RECOMMENDED CALFRESH HEALTHY LIVING PROGRAM SERVICES CONTRACTS

	Agency Name	Period 1 10/1/2020 - 9/30/2021	Period 2 10/1/2021 - 9/30/2022	Total Funding (Periods 1 - 2)	Service Planning Area Served	Supervisorial District Served
Category 1: Early Childcare and Education						
1	The Children's Collective, Inc.	$ 345,000	$ 306,433	$ 651,433	2	5
Category 2: K-12 Schools and Afterschool Programs						
2	Lawndale Elementary School District	$ 337,000	$ 298,433	$ 635,433	2	8
3	Glendale Unified School District	$ 337,000	$ 298,433	$ 635,433	5	2
4	Pasadena Unified School District	$ 337,000	$ 298,433	$ 635,433	5	3
Category 3: Healthcare Clinics						
5	Asian Pacific Health Care Venture, Inc.	$ 350,000	$ 311,434	$ 661,434	1	4
6	Northeast Valley Health Corporation	$ 350,000	$ 311,434	$ 661,434	3	2
7	Venice Family Clinic	$ 350,000	$ 311,434	$ 661,434	3	5
Category 4: Food Banks/Pantries						
8	Antelope Valley Partners for Health	$ 352,500	$ 312,808	$ 665,308	5	1
9	Los Angeles Regional Food Bank*	$ 352,500	$ 312,808	$ 665,308	2	6
Category 5: Produce Distribution						
10	Episcopal Diocese of Los Angeles	$ 317,000	$ 300,000	$ 617,000	1	4
11	Los Angeles Regional Food Bank*	$ 317,000	$ 300,000	$ 617,000	2	6
12	Social Justice Learning Institute	$ 317,000	$ 300,000	$ 617,000	2	8
13	Special Service for Groups, Inc.	$ 317,000	$ 300,000	$ 617,000	5	3
Category 6: Nutrition Education and Physical Activity						
14	Adventist Health Glendale Foundation	$ 317,500	$ 293,933	$ 611,433	5	2
15	Community Partners fbo Active San Gabriel Valley	$ 317,500	$ 293,933	$ 611,433	1	3
16	National Health Foundation	$ 317,500	$ 293,933	$ 611,433	1	4
17	Sustainable Economic Enterprises of Los Angeles	$ 317,500	$ 293,933	$ 611,433	1	4
18	The University Corporation	$ 317,500	$ 293,933	$ 611,433	3	2
19	The Whole Child - Mental Health & Housing Services	$ 317,500	$ 293,933	$ 611,433	4	7
TOTAL FUNDING		**$ 6,284,000**	**$ 5,725,248**	**$ 12,009,248**		

* Agency recommended for a Contract to include Category 4 and Category 5 services resulting in a total of 18 recommended contracts.

BL#05196

Attachment B

Los Angeles County Solicitations

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Solicitation Detail

Solicitation Number:	2019-008		
Title:	2019-008 CalFresh Healthy Living Program		
Department:	Department of Public Health		
Bid Type:	Service	**Bid Amount:**	N/A
Commodity:	SUPPLEMENTAL FOOD SERVICES		
Description:	The County of Los Angeles, Department of Public Health is pleased to announce the release of a Request for Proposals (RFP) to solicit proposals from interested qualified proposers to implement the CalFresh Healthy Living Program to increase food security and reduce the prevalence of diet related chronic diseases among low-income individuals and families. Proposals are being solicited for the following service categories: 1) Funding Category 1: Early Childcare and Education; 2) Funding Category 2: K-12 Schools and Afterschool Programs; 3) Funding Category 3: Healthcare Clinics; 4) Funding Category 4: Food Banks/Pantries; 5) Funding Category 5: Produce Distribution; and 6) Funding Category 6: Nutrition Education and Physical Activity Proposals are due Friday, January 17, 2020 by 4:00 p.m. PT. Electronic copies of the RFP can be obtained via the following County of Los Angeles website: http://publichealth.lacounty.gov/cg/index.htm under the "Open Solicitations for Public Health" heading. Less		
Open Day:	11/13/2019	**Close Date:**	1/17/2020 4:00:00 PM
Contact Name:	Jose C. Garcia	**Contact Phone:**	0 -
Contact Email:	cdipcontracts@ph.lacounty.gov		
Last Changed On:	11/14/2019 1:30:01 PM		
Attachment File (3) :	Click here to download attachment files.		

File Name	Description	Type	Size	Last Update On	
DocRelDate.pdf	Document Release Date	.pdf	22203	11-13-2019	Download
ContractAnnouncement.pdf	Contract Announcement	.pdf	110164	11-13-2019	Download

CALFRESH HEALTHY LIVING PROGRAM SERVICES
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION SUMMARY

Attachment C

FIRM / ORGANIZATION INFORMATION	The Children's Collective, Inc.	Lawndale Elementary School District	Pasadena Unified School District	Glendale Unified School District	Northeast Valley Health Corporation	Venice Family Clinics	Asian Pacific Health Care Venture, Inc.	Antelope Valley Partners for Health
Total Number of Employees in Firm	153	869	1753	n/a	959	337	196	106
Business Structure	Non-Profit	Public School District	Public School District		Non-Profit	Non-Profit	Non-Profit	Non-Profit
Owners/Partner/Associate								
Black/African American	0	Not Applicable	0	Not Applicable		Not Applicable		Not Applicable
Hispanic/Latin American	0	Not Applicable	0	Not Applicable		Not Applicable		Not Applicable
Asian or Pacific Islander	0	Not Applicable	0	Not Applicable		Not Applicable		Not Applicable
American Indian	0	Not Applicable	0	Not Applicable		Not Applicable		Not Applicable
Filipino	0	Not Applicable	0	Not Applicable		Not Applicable		Not Applicable
White	0	Not Applicable	0	Not Applicable		Not Applicable		Not Applicable
Unspecified	0	Not Applicable	0	Not Applicable		Not Applicable		Not Applicable
Total	**0**	**Not Applicable**	**0**	**Not Applicable**		**Not Applicable**		**Not Applicable**
Female (should be included in counts above and also reported here separately).	0	Not Applicable	0	n/a		n/a		n/a
Managers								
Black/African American	7	11	112	n/a	2	1	0	3
Hispanic/Latin American	1	23	303	n/a	74	7	0	14
Asian or Pacific Islander	0	5	75	n/a	13	8	7	0
American Indian	0		2	n/a	0	0	0	0
Filipino	0		12	n/a	0	0	2	1
White	1	24	396	n/a	18	23	0	9
Unspecified	0	0	58	n/a	0	0	0	0
Total	**9**	**63**	**958**	**n/a**	**107**	**39**	**9**	**27**
Female (should be included in counts above and also reported here separately).	7	50	704	n/a	91	30	4	24
Staff								
Black/African American	83	53	189		21	24	2	13
Hispanic/Latin American	58	305	405		657	216	65	53
Asian or Pacific Islander	2	45	41		62	17	67	0
American Indian	0	1	0		1	0	0	0
Filipino	1	6	16		0	0	44	2
White	0	229	137		101	39	9	11
Unspecified	0	0	7		0	0	0	0
Total	**144**	**639**	**795**		**842**	**296**	**187**	**79**
Female (should be included in counts above and also reported here separately).	136	519	508		91	237	151	74
Percentage of Ownership								
Black/African American	0.00%	Not Applicable						
Hispanic/Latin American	0.00%	Not Applicable						
Asian or Pacific Islander	0.00%	Not Applicable						
American Indian	0.00%	Not Applicable						
Filipino	0.00%	Not Applicable						
White	0.00%	Not Applicable						
Unspecified	0.00%	Not Applicable						
Total	0.00%	Not Applicable						
Female (should be included in counts above and also reported here separately).	0.00%	Not Applicable						
Current Certification as Minority, Women, Disadvantaged, and Disabled Veteran Business Enterprise								
Minority		Not Applicable						
Women		Not Applicable						
Disadvantaged		Not Applicable						
Disabled Veteran		Not Applicable						
Other		Not Applicable						
County Certification								
Local Small Business		Not Applicable						
Social Enterprise		Not Applicable						
Disabled Veteran Business		Not Applicable						
Other Certifying Agency		Not Applicable						

Figures are based on information provided by Vendors in their Proposals.

CALFRESH HEALTHY LIVING PROGRAM SERVICES
COMMUNITY BUSINESS ENTERPRICES (CBE) INFORMATION SUMMARY

Attachment C

FIRM / ORGANIZATION INFORMATION	Social Justice Learning Institute	Los Angeles Regional Food Bank	Special Service for Groups	Episcopal Diocese of Los Angeles	National Health Foundation	Community Partners fbo Active San Gabriel Valley	The University Corporation	Sustainable Economic Enterprises of Los Angeles	Adventist Health Glendale Foundation	The Whoe Child - Mental Health & Housing Services
Total Number of Employees in Firm	**23**	**132**	**1036**	**44**	**60**	**808**	**1261**	**33**	**2,647**	**142**
Business Structure	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Corporation	Corporation	Non-Profit	Non-Profit	Non-Profit
Owners/Partner/Associate Partners										
Black/African American										2
Hispanic/Latin American					2					4
Asian or Pacific Islander										1
American Indian										
Filipino										
White					3					6
Unspecified										
Total					**5**					**13**
Female (should be included in counts above and also reported here separately).					4					7
Managers										
Black/African American	6	6	32	1	2	23	4	3	6	7
Hispanic/Latin American	0	14	34	0	5	38	11	5	37	
Asian or Pacific Islander	1	2	41	0	0	23	9	0	43	
American Indian	0	0	1	0	0	3	0	0	2	
Filipino	0	1	Included in API	2	3	n/a	n/a	0	Included with API	
White	0	8	31	11	2	89	22	5	83	4
Unspecified	0	0	0	0	0	0	0	0	0	0
Total	**7**	**31**	**139**	**14**	**12**	**176**	**46**	**13**	**171**	**11**
Female (should be included in counts above and also reported here separately).	2	20	98	8	7	109	27	10	158	8
Staff										
Black/African American	8	11	235	1	8	85	80	0	116	2
Hispanic/Latin American	7	82	327	7	28	231	555	10	482	111
Asian or Pacific Islander		2	193	4	0	60	215	1	772	1
American Indian		0	1	0	0	47	4	0	5	
Filipino		1	Included in API	1	0	n/a	n/a	0	Included with API	
White		5	101	17	7	209	291	4	670	4
Unspecified		0	0	0	0	0	0	0	0	
Total	**15**	**101**	**857**	**30**	**43**	**632**	**1145**	**15**	**2045**	**118**
Female (should be included in counts above and also reported here separately).	10	46	599	19	29	408	663	15	1384	99
Percentage of Ownership										
Black/African American					0.00%					15.00%
Hispanic/Latin American					40.00%					30.00%
Asian or Pacific Islander					0.00%					10.00%
American Indian					0.00%					
Filipino										
White					60.00%					45.00%
Unspecified										
Total										100.00%
Female (should be included in counts above and also reported here separately).					20.00%					55.00%
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 Proposals.

Los Angeles County Office of Violence Prevention

Early Implementation Strategic Plan

Children in Unity
by Nicole Roggeman

2020-2024

A Blueprint for Peace and Healing

County of Los Angeles Public Health

OFFICE OF VIOLENCE PREVENTION

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Dear Friends and Partners:

Across LA County on a daily basis there are hundreds of individuals, from our youngest children to our oldest adults, who experience incidents of violence and who suffer lasting physical, emotional and economic impacts from these events. The health and social consequences are significant and persist far beyond the immediate experience of violence. While a criminal justice approach to violence generally focuses on individuals, we know there are broader social and systemic root causes that underlie every individual act of violence. These complex and interwoven root causes often involve failures of our education, economic, social service and justice systems; our policies and practices.

On February 19, 2019, the LA County Board of Supervisors established the Office of Violence Prevention (OVP) within the County's Department of Public Health to bring together County Departments and community partners including those with lived experience of violence, advocates and activists, philanthropy, nonprofits and academia; to develop an action plan to keep all children, families and communities safe and healthy. The Board called on the Office to use a public health approach to identify and advance policies and programs needed to prevent violence and to promote healing when violence does occur. Our work to date has focused on expanding partnerships and building cohesive leadership across sectors to shape and drive a common agenda to take on violence in all its forms.

This Early Implementation Strategic Plan reflects the voices of community stakeholders and partners and aligns with state and national violence prevention efforts. It is grounded in research but also aims to ensure opportunities for fresh thinking in dealing with violence. It serves as a blueprint to guide the programmatic and policy efforts of the Office and creates a framework that builds on the extraordinary work already taking place at County and community levels to advance a trauma informed, racially just care first approach. The Strategic Plan is a living document and will be reviewed regularly with our partners as the local, state and national landscapes change.

Throughout the process of developing this plan, we have worked alongside County and community partners whose passion for preventing violence and fostering healing in our neighborhoods, parks, libraries, places of worship, schools, County systems and homes have already made a difference in promoting a culture of peace in LA County. That shared commitment gives us hope that together we will be able to go further, to build a peaceful, safe, and thriving LA County where all individuals, families and communities can achieve their greatest potential through equitable access to opportunities and resources for wellbeing, safety and advancement.

Sincerely,
Dr. Barbara Ferrer, Director,
Los Angeles County Department of Public Health

Acknowledgements

Our heartfelt thanks go out to the many individuals and agencies who contributed to this plan. We would especially like to thank the OVP Community Partnership Council and the OVP County Leadership Committee for their considerable efforts, time, grace and guidance.

OVP Community Partnership Council Members

Akuyoe Graham, Spirit Awakening Foundation
Alexis Claiborne, Valley Oasis
Barbara Kappos, East LA Women's Center
Bridget Cervelli, community advocate
Cathy Friedman, Population Health Task Force
Damon Clark, LAC+USC Medical Center
Diego Rodrigues, Alma Family Center
Elisa Jimenez, California Mental Health Connection
Em Jackson, Free From
Father Stan Bosch, Soledad Enrichment Action
Gilbert Johnson, Community Coalition
Gilberto Salinas, Rancho Los Amigos Medical Center
Jackie Morris, community advocate
Javier Stauring, Healing Dialogue and Action
Lucy Herrera, Legacy LA
Margot Bennett, Women Against Gun Violence
Rabeya Sen, Esperanza Community Housing Corporation
Rochelle Dicker, Harbor UCLA Medical Center
Sandri Kramer, Didi Hirsch Suicide Prevention Center
Skipp Townsend, 2nd Call
Sonya Young Aadam, CA Black Women's Health Project
Stephany Powell, Journey Out
Tiffany Duvernay, community advocate

OVP County Leadership Committee Members

Arts & Culture
- Kristin Sakoda
- Denise Grande

Chief Executive Office (CEO, CIO & OEM)
- Sachi Hamai
- Peter Loo
- Mark Greninger
- Abbe Land
- Leslie Luke

Children and Family Services
- Bobby Cagle
- Jennifer Hottenroth

Consumer and Business Affairs
- Joseph Nicchitta
- Maritza Gutierrez

Mental Health
- Jonathan Sherin
- Wendi Tovey

Office of Child Protection
- Judge Michael Nash
- Karen Herbert

Office of Diversion & Reentry
- Judge Peter Espinoza

Office of Education
- Debra Duardo
- Jewel Forbes
- Arturo Valdez

Countywide Criminal Justice Coordination Commission (CCJCC)

- Mark Delgado
- Sergio Vasquez

District Attorney

- Jackie Lacey
- Ron Geltz
- Michelle Daniels

Fire Department

- Daryl Osby
- Will Pryor

Health Services

- Christina Ghaly
- Venise Russ

Human Resources

- Lisa Garrett
- Cynthia Harding

LA County Development Authority

- Emilio Salas
- Betsy Lindsay

Los Angeles Homeless Services Authority

- Jessica Reed
- Cristina Cortez

Medical Examiner- Coroner

- Jonathan Lucas
- Paul Parker

Parks and Recreation

- Norma E. Garcia
- Faith Parducho

Probation

- Chief Ray Leyva
- Reaver Bingham
- Bobby Entzminger

Public Defender

- Ricardo Garcia
- Winston Peters

Public Library

- Skye-Ephifanie Patrick
- Kelly Hulbert

Public Social Services

- Antonia Jimenez
- Araceli Dominguez

Public Works

- Mark Pestrella
- Emma Ayala

Regional Planning

- Amy Bodek
- Bruce Durbin

Sheriff's Department

- Alex Villanueva
- Charles Stringham (retired)
- Myron Johnson

Workforce Development, Aging & Community Services (WDACS) and Human Relations Commission

- Robin Toma
- Robert Sowell

Background and Purpose

Violence affects everyone in LA County whether it is directly experienced, witnessed or shared via newsfeed coming into our homes and communities. Two key indicators of violence – deaths and medical visits, show the widespread extent of violence in the County. Homicide and suicide have been among the top 5 leading causes of premature death[1] in the County for the past 10 years. Every day in 2017, an average of 4 County residents lost their lives to homicide or suicide,[2] and there were an additional 103[3] violence related medical visits. This means that on average, every day, 4 families in LA County lost a loved one, and many more community members had a friend, colleague or neighbor whose life was marked by violence.

These deaths and assaults are the tip of the iceberg. For every person who dies from intimate partner violence, sexual violence, suicide, child abuse, elder abuse, gang violence, gun violence or hate violence or who suffers non-fatal injuries that require medical treatment and/or long-term physical or mental health care; there are many more incidents of violence or threats of violence that go unreported and uncounted.

Racism, and other forms of social marginalization, are closely tied to many types of violence and to the overall prevalence of violence in the United States. Structural racism that is woven into the very fabric of our society and embedded in our government, educational and criminal justice systems also increases a person's vulnerability to immediate and direct violence going back to the slave trade, but also seen in recent examples such as the caging of Latinx children at the US/Mexico border and the state sanctioned violence that resulted in the death of George Floyd.

A Call to Action

On March 13, 2018, shortly after the Parkland shooting in Florida, and in recognition of the devastating local impact of violence on individuals, families and communities; the LA County Board of Supervisors passed the first OVP board motion requesting DPH to propose the infrastructure and resources needed to create and support a robust and integrated Countywide Violence Prevention Initiative. The 2018 board motion commented, as rationale for creating a Countywide Initiative:

> "…despite the fact that the County manages a wide variety of excellent violence prevention programs, these initiatives have not been organized or coordinated in a holistic manner. Lacking a single office or agency within the County to coordinate these myriad programs, the County is unable to identify gaps in the current array of violence prevention programs or to adopt a more strategic approach to preventing violence within our communities. The Office of

[1] Premature death is death that occurs before the average age of death, which is 75 years in the United States. It is the number of potential years of life lost (YPLLs) before the age of 75.
[2] 2017 mortality data from CDC Wonder: wonder.cdc.gov
[3] Preliminary emergency department visit and hospitalization data from the Office of Statewide Health Planning and Development (OSHPD), prepared by OVP.

Violence Prevention (OVP) would fill a much-needed role of a local lead agency to coordinate efforts, provide technical assistance, and expand known best practices County-wide."

This motion led us to conduct a series of interviews with subject matter experts, Countywide listening sessions (Appendix A), stakeholder convenings and a review of reports and OVPs from around the country that indicated strong support for a centralized Office. On February 19, 2019, the Board of Supervisors advanced a second motion that officially established the LA County OVP (Appendix B). The Board decided that the Department of Public Health (DPH) would house OVP to ensure a strong public health foundation for a multi-sector, prevention-oriented response. This motion became our mandate and our opportunity. Despite the history of violence prevention work in the County and the leadership of many survivors, community-based organizations, faith officials, philanthropic entities, academic institutions and County Departments, our collective impact has been limited by a lack of coordination, competition for resources and a downstream focus that emphasizes criminal justice approaches. In addition, our efforts have been hampered by the inconsistent representation of those most impacted by violence, both those who have suffered harm and those who have done harm, at the tables where policy is thought out, system decisions are made, and programs are crafted. Our job is to change that framework.

Efforts to date have focused on expanding our partnerships and building cohesive leadership across sectors to shape and drive a common agenda to take on violence in all its forms. DPH has also worked to build an inclusive OVP table where diverse groups are represented, and where community members, County Departments and survivors collectively participate in the development of plans to address violence and promote healing. A County Leadership Committee was established in April 2019 followed by the establishment of a Community Partnership Council in October 2019. These advisory bodies meet bi-monthly to help guide the implementation of the strategic plan, hold the office accountable for advancing our objectives, and help coordinate violence prevention efforts by serving as liaisons to multiple community networks and County initiatives.

The OVP Early Implementation Strategic Plan

The OVP Early Implementation Strategic Plan focuses both on the prevention of violence before it occurs and intervention after violence has occurred in order to reduce its impact and prevent further perpetration and victimization Countywide. The plan does not override or replace efforts that are currently underway in the County, some carried out by County departments and offices and some by private entities, especially community-based nonprofit organizations. Rather, the plan provides a broad framework for prevention and intervention strategies around different forms of violence occurring in different parts of the County. The framework includes a number of commonalities that unify these diverse efforts. While spelled out in greater detail later in the plan, two of these principles are highlighted here. The first is a focus on upstream prevention – on strategies that address not just direct causes of violence but what researchers have called "the causes of causes,"[4] the upstream social factors that determine downstream conditions and behaviors associated with the prevalence of

[4] Nancy Krieger. Epidemiology and the web of causation: Has anyone seen the spider? Social Science and Medicine: Volume 39, Issue 7, October 1994, Pages 887-903.

violence. The second is a focus on equity in relation to all groups that experience elevated levels of violence and of threatened violence as a result of social marginalization. In particular, the framework and this plan, highlight the relationship between racism and violence that has shaped the history of this country and this County and that is still evident in the County today.

While violence affects and has an impact on every Los Angeles community, violence does not impact all communities equally. People of color and people who live in communities that have borne the brunt of racism, are disproportionately impacted by violence. For example, nationally, data show us that police violence is a leading cause of death for young men in the United States with the risk highest for black men, who face a 1 in 1,000 chance of being killed by police over their life course. Risk of being killed by police peaks between the ages of 20 and 35 for men and women and for all racial and ethnic groups.[5] Blacks also experience 12.5 times the rate of imprisonment. State level data show that a larger number of Blacks arrested for a felony are incarcerated than Whites arrested for felonies,[6] and Black male offenders on average receive longer federal sentences than White offenders who committed similar crimes.[7] Locally, the data show us that young Black and Latinx men die by homicide and experience assaults at rates higher than the County overall. When we look specifically at Black men and boys, disparities become even more obvious: the homicide rate among young Black men is 18 times higher than the rate for the County overall. Later sections of this document continue to link unequal risk of violence to social conditions that limit the options and resources available to communities of color and to a racist narrative that has justified violence towards people of color throughout our history.

This plan lays the foundation for an action agenda that calls on OVP to:

- Articulate a shared understanding of violence as the result of the interaction between individual and systemic factors that must be addressed through collective action across sectors;

- Promote trauma informed and healing approaches in pursuit of a culture shift within our County systems and our workforce, that is survivor centered and community-driven, both to create conditions that avert violence and in response to violence when it occurs;

- Facilitate coordination among community organizations, County Departments, cities, philanthropic organizations, policymakers, academia, private businesses, community stakeholders, survivors and other partners based on a shared prevention framework;

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[5] F. Edwards, H. Lee and M Esposito, Risk of being killed by police use of force in the United States by age, race-ethnicity, and sex. PNAS. August 20,2019, vol. 116, no. 34, 16793-16798.
[6] Center on Juvenile and Criminal Justice (CJCJ). (2016). Sentencing Practices in California by County, Calendar Year 2016. San Francisco, CA: CJCJ (2015 data). http://casi.cjcj.org/.
[7] United States Sentencing Commission. (November 2017). Demographic Differences in Sentencing: An Updated to the 2012 Booker Report. https://www.ussc.gov/sites/default/files/pdf/research-and-publications/research-publications/2017/20171114_Demographics.pdf

- Build infrastructure for authentic and diverse community engagement, grounded in equity and focused on the inclusion of communities and individuals most impacted by violence;

- Integrate community-driven intervention strategies in order to reduce further violence and trauma and create safe spaces for prevention strategies.

- Promote public access to relevant information and data including data that reveal exposure to different types of violence at the community level. Collect, or when necessary, generate data that show patterns of violence by demographic group, including groups characterized by age, race/ethnicity, income, gender and sexual identity, disability status, and any other factors that may reflect differential risk.

- Develop a research agenda to inform, educate and empower organizations and communities to better understand violence, including who is most impacted, and identify strategies that work;

- Promote, replicate and scale up best and promising practices to prevent violence; and

- Prioritize strategies that acknowledge and undo the impact of historical racism and discrimination that have shaped our policies and practices and resulted in deep inequities.

The prevailing cultural narrative in the United States promotes an implied message that violence is inevitable; that it is built into human DNA and will inevitably emerge unless suppressed. This view, although it is not always made explicit, underlies the emphasis on punitive, downstream approaches that characterize most of our society's responses to violence. Human history and modern science challenge that view, suggesting that violence is, in fact, socially grounded and preventable. Further, research has shown us that investing in a comprehensive approach to violence prevention is not only beneficial but is smart and cost-effective.[8] [9] The Board's establishment of OVP within the Department of Public Health indicates a recognition that strategies to address violence must go beyond downstream law enforcement and criminal justice approaches and focus instead on the root causes of violence, the social and systemic factors that most impact communities, families and children.

We look forward to working together in creative and innovative ways to foster system, policy and practice change that will create a violence free LA County where all individuals, families and communities can thrive and achieve their greatest potential; a LA County where there is equitable access for all to the resources and opportunities that create wellbeing, safety and advancement.

[8] Prevention Institute, 2010; Californians for Safety and Justice - Blueprint for Shared Safety; Advancement Project – A Call to Action
[9] Sharp, A. L., Prosser, L. A., Walton, M., Blow, F. C., Chermack, S. T., Zimmerman, M. A., & Cunningham, R. (2014). Cost analysis of youth violence prevention. *Pediatrics*, *133*(3), 448–453. https://doi.org/10.1542/peds.2013-1615

Definition of Violence

Our common understanding of violence and the definitions we use are critical to guide collaboration and determine violence prevention priorities. OVP's Definitions Workgroup started meeting in April 2019. Their work is reflected in this section. For a more detailed glossary, refer to Appendix C.

Violence is any human action that harms or threatens to harm people physically or psychologically.

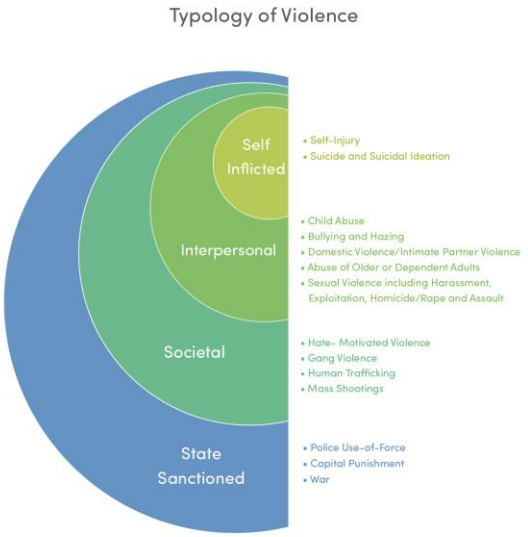
Core Definition of Violence

The Definitions Workgroup developed a core definition of violence that was broad enough to cover multiple forms of violence but focused enough to provide boundaries for an action agenda. The workgroup defined violence as: **"Any human action that harms or threatens to harm people physically or psychologically."** The workgroup further adopted a typology of violence including all of the forms of violence within the scope of OVP, as well as the intersection between these forms. The inclusion of threatened, rather than just achieved harm, and the inclusion of psychological as well as physical harm, reflect the workgroup's view that in the context of the United States, in which violence is a real and present event in the lives of so many individuals and communities, the threat of violence acts as a constant stressor, taking a measurable toll on human health. The national outcry in response to the murders of George Floyd, Breonna Taylor, Amadou Diallo, Tony McDade and many others, speaks to the palpable, persistent experience of vulnerability felt by Black and Brown Americans in relation to violence at the hands of police and the criminal justice system and the impact of that vulnerability on every aspect of everyday life.

While violence has an impact on all of us, in general, the costs of violence are disproportionately borne by communities of color, where multiple forms of violence and other health and social inequities occur concurrently as a result of historical injustices, discrimination and racism. As a social determinant of health, violence can have long reaching impacts on chronic disease, physical health, mental health and life expectancy. Understanding the links between violence, racism and other forms of social marginalization and health outcomes supports the need to invest in intervention to mitigate the impact of violence and prevent further trauma; and prevention, to keep violence from happening in the first place.

The Typology of Violence diagram organizes forms of violence into four categories, which we used to focus our work: self-inflicted, interpersonal, community, and state sanctioned. While we recognize that the optimal approach to crime prevention and the appropriate roles of police are policy matters requiring significant debate, it is clear that the current policies and practices cause enormous harm to communities confronted with unbridled and potentially lethal power on a daily basis and contributes to a climate that posits violence as an acceptable response within society.

Systemic and Structural Violence



In this plan, we focus on how to address specific acts of violence that cause or threaten physical harm to human beings. However, as noted above, it is important to recognize the contexts in which those acts occur and the social forces that underlie unequal vulnerability to violence. Structural violence, a term coined by Johan Galtung during the 1960s, describes social structures that stop individuals, groups and societies from gaining access to the resources and opportunities required for a healthy, happy, rewarding life. Structural violence includes systems, social forces, institutions, ideologies and processes that generate and reinforce inequities. Institutionalized ageism, classism, homophobia, racism, xenophobia and sexism are the underpinnings of structural violence. While we tend to think of direct violence and structural violence separately, they are in fact highly interdependent. Racial stereotyping, for example, justifies racial profiling, which results in increased exposure to violence of Black and other communities of color within the criminal justice system. Employment discrimination and historic economic oppression push more people of color to increased exposure to violence via "survival employment" such as engagement in the sale of drugs or acceptance of unsafe work in poorly regulated industries. These institutional practices create different outcomes for different social groups. Invariably, it is communities that are stigmatized by the "isms" listed above, mostly notably communities of color, that bear both the immediate hardship and the adverse outcomes of structural violence.

The Impacts of Violence

Individual Impacts

The most obvious consequences of violence are those felt directly by individuals: people who lost their lives or who are directly physically or psychologically harmed in other ways by the behavior of others. Short of death or major disability, such as immobility or traumatic brain injury, victims of violence may suffer short-term physical effects including treatable injuries like bruises, cuts, broken bones, or injuries to organs and other body parts. These immediate effects may also be linked to long-term health problems, including asthma, arthritis, cancer, heart disease including stroke, lung disease, diabetes and problems with the immune system.

Exposure to Violence

Research indicates that witnessing violence or even fear of violence in one's environment may have a broad range of physical and mental health impacts. Studies have linked community exposure to violence (rather than the direct experience of violence) to adverse birth outcomes and both incidence and exacerbation of asthma. [10] [11] According to Substance Abuse and Mental Health Services Administration (SAMHSA): "individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening, with lasting adverse effects on the individuals functioning and mental, physical, social, emotional, or spiritual well-being."[12] This definition highlights the significance of violence that is experienced emotionally as well as physically – this includes the impact of violence witnessed in the home, such as domestic violence, as well as the impact of violence witnessed in the community. The effects of trauma and resulting mental health conditions, such as depression and anxiety, can be compounded when people who have been exposed to violence cope with their distress by using drugs, drinking alcohol, smoking, or overeating.

Impact on Communities

Research has highlighted the impact of community violence as a cause of trauma. In communities that experience chronic or persistent violence, there can be complex trauma, which describes both the exposure to multiple traumatic events and the wide-ranging long-term impact of this exposure in terms of physical and mental health outcomes and socioeconomic and education outcomes. Further, these same communities generally have fewer resources, are park poor, have less access to services that support wellbeing, and experience higher economic hardship due to unemployment and inadequate educational opportunities.[13] [14] In addition, people who have high exposure to neighborhood violence or who perceive their neighborhood to be unsafe are more likely to be physically inactive and overweight resulting in higher risk of chronic disease.[15] Perception of lack of safety reduces people's ability to gather in public spaces, resulting in social isolation and decreased civic engagement which, in turn, undercut the neighborhood cohesion required to establish a sense of safety.[16] Due to historical oppression and redlining practices, many communities of color also suffer divestment, lack of safe housing, low performing schools, and increased exposure to environmental toxins from polluting industries. The policies and practices that sustain these inequities perpetuate the cycle of violence by increasing risk factors and removing protective factors that could support healing and wellbeing.

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[10] https://scholar.google.com/scholar?hl=en&as_sdt=0%2C22&q=Chile%2C+birth+outcomes%2C+violence&btnG=#d=gs_qabs&u=%23p%3DOEhTW4Fmo3AJ

[11] Am J Public Health. 2004 April; 94(4): 625–632. doi: 10.2105/ajph.94.4.625 PMCID: PMC1448309 PMID: 15054016 Community Violence and Asthma Morbidity: The Inner-City Asthma Study ; Rosalind J. Wright, MD, MPH, Herman Mitchell, PhD, Cynthia M. Visness, MA, MPH, Sheldon Cohen, PhD, James Stout, MD, MPH, Richard Evans, MD, MPH, and Diane R. Gold, MD, MP

[12] https://www.samhsa.gov/trauma-violence

[13] Loukaitou-Sideris A & Eck JE, 2007. Crime prevention and active living. American Journal of Health Promotion; 21(4):380-387.

[14] Fischer, K. N. and S. M. Teutsch. 2014. *Safe Summer Parks Programs Reduce Violence and Improve Health in Los Angeles County*. Discussion Paper, Institute of Medicine, Washington, DC. http://www.iom.edu/Global/Perspectives/2014/SafeSummerParks

[15] Centers for Disease Control and Prevention, Perceptions of Neighborhood Characteristics and Leisure-Time Physical Activity – Augustin/Travis County, Texas, 2004. MMWR. September 23, 2005; 54(37); 926-8

[16] Prevention Institute, 2010; Roman et al., 2008

Economic Impacts of Violence

Estimates from the Centers for Disease Control and Prevention indicate that the cost of medical care and lost wages due to homicides and assaults initially treated in hospitals and emergency departments in LA County was over $1.7 billion in 2014.[17] For suicides and suicide attempts these costs totaled over $1.2 billion.[18] These figures do not include costs for law enforcement, the legal system, incarceration, mental health care, and lost productivity associated with homicides and suicides. In addition, research has estimated the average total costs to be $217,866 for every rape, $67,277 for every robbery, and $87,238 for every serious assault.[19] **Applying these averages to violent crimes in LA County in 2017 yields an overall estimate of $5.3 billion, or a cost of $526 for each LA County resident.**

A Public Health Approach

In the United States we have tended to address violence as an inevitable part of human nature that must be managed through law enforcement. The decision of the Board of Supervisors to house the OVP within the Department of Public Health suggests an alternative view, that violence can be understood much as we understand a preventable disease. The methods used by public health to prevent disease generally operate at the systems level (for example, policies enforcing clean water, workplace safety, or red and green lights to control traffic flow) and the population level (for example vaccines which make people unavailable as hosts to harmful organisms, the universal adoption of seat belts, changes in cultural norms that reduce smoking behavior, health education campaigns that promote hygiene habits to reduce the spread of infection). These same kinds of strategies are applicable when addressing violence.

Violence is not an inevitable part of human life. In fact, forms of violence that we see as everyday events in the United States, including street violence and mass killings, occur far less often or not at all in many parts of the world. There is much we don't understand about violence. It is clear, however, that violence must be understood in context: that social and economic conditions, system policies and practices, cultural norms, and an individual's history of trauma interact and influence the trajectory of violence. Economic desperation, social isolation, lack of support, discrimination, and inequality of income and power across groups play important roles in the perpetuation of violence. While we know that violence is related to chronic disease, mental health, and race inequities, our program and service efforts do not reflect the interwoven nature of these issues. Our County and community efforts are often uncoordinated due to a narrow focus on specialty, geography, population or strategy, siloed thinking and fragmented funding. A cultural shift is needed to adequately address the complexity of

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[17] Cost of Injury Reports, Web-based Injury Statistics Query and Reporting System, National Center for Injury Prevention and Control, CDC.

[18] Cost of Injury Reports, Web-based Injury Statistics Query and Reporting System, National Center for Injury Prevention and Control, CDC.

[19] Heaton, Paul. Hidden in Plain Sight: What Cost-of-Crime Research Can Tell Us About Investing in Police. RAND Center on Quality Policing, 2010. – https://www.rand.org/pubs/occasional_papers/OP279.html

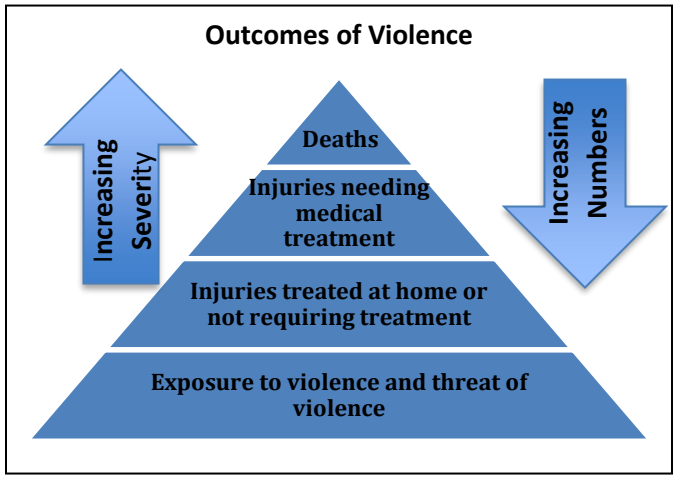
violence and trauma if we are to reduce the burden of injury, disability, and death that impact those most often exposed to violence.

Public health focuses on the root causes of violence and guides a coordinated approach for violence prevention that engages diverse sectors. Increasingly our efforts reflect a shared safety framework that draws on the experiences of survivors, placing those who are most impacted by violence and trauma at the center of violence prevention efforts.[20] Public health uses data as a foundation to understand how frequently violence occurs, where it occurs, trends in violence, victims and perpetrators, and then uses these data to engage stakeholders in the development of community solutions to prevent violence, promote healing, and restore communities. **Our comprehensive working definition informs where we should invest to prevent violence, where we should intervene to stop violence when it has occurred and acknowledges the need to support individual and community healing caused by violence.**

[20] Californians for Safety and Justice. *Blueprint for Shared Safety*.

Violence in Los Angeles County: What the Data Tell Us

In April 2019, the OVP County Leadership Committee formed a Data Workgroup tasked with identifying data sources to describe the full range of violence experienced in LA County. Data from these sources show how pervasive violence is in the County, touching residents in every community and from all walks of life and backgrounds. Current sources do not, however, yield a complete picture. Limitations in data collection systems, lack of trust on the part of potential respondents, the built-in biases in many sources of data (such as crime reports), leads to an underestimation of the true extent of violence and how it is distributed across communities.



Violence impacts LA County residents on many different levels; the severity of impacts can be visualized as an iceberg or pyramid. Deaths, at the tip of the pyramid, are the most visible outcome of violence but the least common, followed by injuries. At the bottom of the pyramid are more pervasive and less dramatic impacts including stress from witnessing violence, having a friend or family member violently injured or being personally threatened with violence. Generally, these less severe impacts are harder to track due both to their diversity (stress can take so many forms and have so many outcomes) and to limited information about underlying causes.

To explore patterns of violence with available information, the workgroup used the five most recent years of data from each of several available sources. This time frame was selected to ensure that the number of cases was large enough to make comparisons between multiple subpopulations feasible and to permit some sense of trends over time. Where possible, data were stratified by demographic groups and by geographic area. Rates reported here are calculated per 100,000 population adjusted to take into account different age distribution patterns in different parts of the County. More information about the data sources and how rates were calculated is included in Appendix D.

Table 1 shows that rates of homicide and assault and suicide and suicide attempts vary for different demographic groups and geographic areas. These indicators are highlighted here because homicide and suicide rank among the County's leading causes of premature death[21] and these broad measures encompass many other forms of violence including firearm injuries, intimate partner violence, rape/sexual assault, gang-related assaults, and others. Data tables showing similar data for additional forms of violence is also included in Appendix D. The rates in Table 1 below are color coded to show how rates for each demographic group or geographic area vary from the overall County rate.

[21] Patterns of Mortality in Los Angeles County, 2008-2017. Los Angeles County Department of Public Health. Office of Health Assessment and Epidemiology. December 2019.

	Highest: Over 2 times County rate
	Higher: Between 1.25 and 2 times the LA County rate
	About the same as the LA County rate
	Lower than the LA County rate
	N/A: Numbers are too small to calculate a reliable rate

Table 1. Rates of Homicide and Suicide by Demographic Group & Geographic Area

Los Angeles County	Mortality Data		Emergency Department Visit Data	
	Homicide	Suicide	Assault	Suicide Attempt
	5.7	7.6	256.6	26.1
Service Planning Area				
SPA 1	6.2	10.6	389.4	100.1
SPA 2	3.0	8.6	182.8	23.0
SPA 3	3.7	6.7	188.5	20.7
SPA 4	4.7	7.9	317.1	24.4
SPA 5	1.4	8.7	161.3	23.3
SPA 6	16.1	4.4	480.3	23.9
SPA 7	5.3	6.3	219.0	19.4
SPA 8	7.4	8.5	284.7	27.2
Race/Ethnicity				
Asian	1.3	6.1	55.3	7.0
Black	24.4	6.1	737.9	46.2
Latinx	5.5	4.4	229.1	19.1
White	2.1	12.4	196.1	36.1
Gender				
Male	9.8	12.5	331.2	24.3
Female	1.5	3.2	181.6	28.0
Age Group				
<1 Year	4.3		21.9	
1-4 Years	1.7		22.2	
5-9 Years	0.3		38.6	2.0
10-14 Years	0.6	0.8	169.3	32.7
15-19 Years	8.8	3.7	542.5	80.5
20-24 Years	14.1	7.5	652.8	62.8
25-29 Years	12.4	8.9	498.6	44.5
30-34 Years	9.2	7.7	392.4	33.3
35-44 Years	7.5	8.9	278.9	25.4
45-54 Years	5.2	11.5	247.3	19.4
55-64 Years	3.2	12.2	144.5	11.3
65 + Years	2.0	12.8	47.3	3.9

Mortality data for 2012-2016 from Los Angeles Department of Public Health, Los Angeles Linked Death Data,
Emergency department data for 2010-2014 from California Office of Statewide Health Planning and Development,
Population data for calculating rates from Hedderson Demographic Services, Population Estimates

What these data show us

Violence impacts all of us. Violence harms people of all ages, genders, sexual orientations, income levels, physical and mental abilities, and religious, racial/ethnic backgrounds in every community and in every area of LA County. **This tells us that we are all impacted by violence and each of us have a role to play in the prevention of violence.**

Violence does not impact all of us equally. Some populations concentrated in communities with deep experiences of inequities and historical oppression are disproportionately impacted by violence. For example, Table 1 shows that youth, Blacks and men all die by homicide and are injured in assaults at rates higher than the County overall; however, when these populations are combined, inequalities become obvious: the homicide rate among young Black men is **18 times** higher than the County overall. **This tells us that addressing racism is central to addressing violence in LA County.**

Patterns of self-inflicted violence are different from patterns of homicide and assault. This is particularly true for deaths; suicide rates are higher among older populations and whites, while homicide rates are higher among youth and Blacks. Youth have the highest rates for both less severe assaults and suicide attempts treated in emergency departments (EDs). **This tells us that prevention and intervention strategies should be tailored to specific populations.**

What these data do <u>not</u> show us

The impact of violence on individuals who are not immediate victims. There are a number of surveys that shed light on the effects of witnessing violence. However, data collection is not standardized across data sources, and when collected, not necessarily available at the local level. For example, the Youth Risk Behavior Surveillance Survey (YRBSS), a nationally designed survey carried out in a representative sample of schools in the Los Angeles Unified School District (LAUSD), tells us that during 2017, 7.4% of high school students missed school because of feeling unsafe at some point in the past 30 days. However, this may be different for other school districts within the County that were not included in the survey sample. Further, while the California Healthy Kids Survey asks questions about school safety, it does not include a question directly comparable to the YRBSS question, and does not survey all grades, making it impossible either to aggregate data or to compare across survey populations. **This tells us that improvements are needed in data collection to give us a clearer picture of the impacts of witnessing violence at the local level.**

How violence aligns, or does not align, with social and socioeconomic conditions at the community level; the social determinants of health. It is important to consider how local community conditions (availability of jobs, access to parks and libraries, transportation, etc.) may be related to violence. We analyzed the relationship between trauma center visits for assaults and the Healthy Places Index (a measure of community conditions). We found that while violence and unhealthy community conditions tend to be found in the same geographic areas, this is not always the case, and further

research is needed to understand unique local dynamics. Our analysis suggested that the relationship between community conditions and assaults was stronger in some areas (SPA 6, SPA 8) than others (SPA 1, SPA 2). More detailed results of this analysis can be found in Appendix F and on OVP's website. **This tells us that place-based approaches are needed to address how violence impacts individual communities and to address unhealthy community conditions that are related to violent outcomes.**

How these data may mislead us

Underreporting of violence affects the numbers and rates we calculate. Surveys indicate that many crimes are not reported to law enforcement agencies. Additionally, not all injured victims seek medical treatment for violence-related injuries. Reasons for underreporting may include lack of trust in medical and criminal justice systems, fear of reprisal by perpetrators or lack of services in a given community. If members of some demographic groups report less consistently when they are victims of violence, this will give us an incorrect picture of who is most impacted, with those with greater access or trust seeming to be disproportionately impacted. Reporting may also vary substantially depending on the type of violence. The 2018 National Crime Victimization Survey reported that overall 43% of victims of violent crimes reported the crime to law enforcement; however, among victims of rape/sexual assault, only 25% of victims reported the crime[22]. **This tells us that strategies that build trust and improve equitable access to services are needed if we are to accurately understand the impact of violence, and to develop further strategies to prevent it.**

Systemic biases impact the information collected from our data sources. Systems (health care, schools, law enforcement, etc.) may respond differently to violence involving members of different demographic groups. For example, in LA County, we know that the rate of school suspensions related to violence is about three times higher for boys (32.4 per 1000) than girls (10.8 per 1000). If bias leads schools to suspend boys more often than girls for similar violent incidents, as some researchers have suggested, this would mean that at least part of the difference in suspension rates is caused by the system's response to violence rather than actual differences in violent behavior between these groups. **This tells us that strategies are needed to identify systemic practices and data protocols that may result in biased reporting and to be aware of this possibility when using data as the basis for designing interventions.**

[22] Morgan RE and Oudekerk BA. Criminal Victimization, 2018. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. September 2019, NCJ 253043. Available: https://www.bjs.gov/content/pub/pdf/cv18.pdf

OVP Vision, Mission, Values, and Guiding Principles

This section presents decisions made by OVP based on work with County and community partners as the starting place for planning. It is our hope that the vision and mission defined by these groups will unite diverse stakeholders and communities in LA County to organize violence prevention work around a common action agenda and collectively move us towards a future that is free from all forms of violence.

Vision

A violence free LA County where all individuals are safe, healthy and thrive.

Mission

The Office of Violence Prevention works to strengthen coordination, capacity and partnerships to address the root causes of violence, and to advance policies and practices that are grounded in race equity, to prevent all forms of violence and to promote healing across all communities in LA County.

Values

- **Inclusiveness & Diversity:** We understand that diverse community and survivor knowledge is indispensable to violence prevention and healing efforts. We are dedicated to ensuring that the voices of community members and survivors are central to violence prevention planning, implementation, and evaluation.

- **Collaboration:** We are committed to providing a meaningful and effective nexus among entities working in violence prevention and trauma informed practice to highlight and build on existing efforts and identify new opportunities for creative joint program, policy and systems change.

- **Capacity-Building:** We seek to increase the effectiveness of communities and practitioners engaged in violence prevention and healing work by promoting access to resources, identifying best and promising practices, providing training and technical assistance, and serving as a data and information hub.

- **Equity & Justice:** We name, acknowledge and address racism, discrimination and structural violence. We promote a culture and narrative that rejects stereotyping and victim blaming and prioritizes the needs of marginalized communities.

- **Accountability:** Our processes, decisions and actions will be transparent and communicated regularly. Data will be culturally relevant, publicly accessible and used consistently to understand the impacts of violence and to measure outcomes to improve practice and achieve our intended results.

Guiding Principles

- **Community Engaged:** We will partner with local stakeholders, community members and survivors to understand the strengths and needs of communities and to gather lessons learned; we will collaborate to identify and implement just, effective and innovative solutions.

- **Culturally Inclusive:** We respect and value the uniqueness of each distinct experience and perspective and will work together to realize the synergistic results produced by integrating the richest possible diverse expressions of identity.

- **Grounded in Science:** We will use data and research to inform our decisions at all levels and to evaluate promising practices that address the needs of individuals, families and communities.

- **Trauma-Informed:** We will engage County and community partners, the County workforce and service providers in our efforts to address the impact of trauma on community members and survivors and to build County systems that serve and support all residents.

- **Focus on Upstream Prevention:** We will focus on prevention and upstream solutions while recognizing and addressing the intersection of all types of violence and multiple health and socio-economic disparities. We will bring multiple sectors together to address shared root causes and the full spectrum of resulting impacts.

- **Strength-Based:** We will work to ensure that the specific strengths and assets of each individual and community are acknowledged and incorporated in our work.

- **Youth-Engaged:** We will build opportunities and infrastructure to engage and empower youth and youth voice to inform policies and programs and to play a leadership role in violence prevention and healing efforts. We will work with partners to incorporate a developmental lens in policies, practices and programs.

OVP STRATEGIC PRIORITIES

Vision: LA County Free from All Forms of Violence

SUPPORT CHILDREN, YOUTH, & FAMILIES

UNIVERSAL SUPPORTS
- Social Emotional Learning
- Positive Youth Development
- Job Opportunities
- Trauma Informed Services
- Universal Domestic Violence Education
- Restorative Justice

FAMILY SUPPORTS
- Home Visitation
- Doula Services
- Trauma Informed Parenting
- Access to High Quality Early Care and Education

HIGH NEED SERVICES
- No Wrong Door: Access to Healthcare, Mental Health, & Substance Use Treatment
- Youth Justice/ Youth Diversion
- Reentry Resources/ Hubs

FOSTER SAFE NEIGHBORHOODS

CRISIS RESPONSE
- Street Intervention & Safe Passages
- Hospital Based Violence Intervention
- Psychiatric Mobile Response Team (PMRTs)
- Family Assistance Program

LOCAL INFRASTRUCTURE
- Equitable Built Environment
- Integrated Arts & Culture
- Economic Investment

COMMUNITY HUBS
- Parks After Dark/SNL
- Libraries
- School Wellbeing Centers
- Healing Centers
- Behavior Health Centers

CREATE A CULTURE OF PEACE

NORM CHANGE
- Trust Building/ Dialogue
- Common Messaging
- Acknowledge Harms & Advance Equity
- Implicit Bias Training
- Positive Gender Norms
- Equitable Law Enforcement

FIREARM SAFETY
- Legislation
- Safe Firearm Storage
- Emergency Protective Orders (GVRO/DVRO)
- Microstamping and other technologies

BUILD INFRASTRUCTURE FOR HEALING INFORMED POLICIES & SYSTEMS

INTEGRATION & ALIGNMENT
- Community Partnership Council
- County Leadership Committee
- Regional Coalitions
- Philanthropy & Business
- Policymakers & Academia

CAPACITY BUILDING
- Trauma Informed Systems
- Equitable Contracting & Technical Assistance
- Support Youth Leadership
- Survivor Centered & Inclusive

DATA SHARING & EVALUATION
- Publicly Accessible and Culturally Relevant Data
- Evaluation of Violence Prevention Efforts
- Culturally Informed Research

COMMUNICATIONS & MESSAGING
- Promoting Resources
- Learning Collaborative
- Transparency
- Narrative Shift

Goal #1: Safe and Healthy Children, Youth & Families

To ensure safe, happy and healthy children, youth and families, we must increase awareness and access to opportunities and resources that help all community members thrive and build positive relationships free of violence and hate. For example, communities where children grow up free from violence and the harms caused by racism. Communities where children and families have the resources they need to thrive and reach their fullest potential.

How will we do it?

Objective 1.1. By June 30, 2021, develop and begin implementation of a plan for training staff in trauma informed care and incorporating social emotional learning practices in programs serving children, youth and families. This means:

1.1.a. Collaborate with DPH's Division of Maternal, Child and Adolescent Health (MCAH) to **ensure that all staff in DPH-funded home visiting and doula programs are trained in trauma informed practices** by June 30, 2021. **MCAH Lead with First 5 LA, OCP and OVP Support and Connect.**

1.1.b. **Train staff in trauma informed care practices** in at least 3 early care and education sites and/or parenting programs by June 30, 2021. **OVP Lead, OCP, MCAH and Office of Early Care and Education (OAECE) as partners.**

1.1.c. **Ensure parent voice in violence prevention efforts** by supporting participation of at least 2 parent advocates (other than staff of community agencies who happen to be parents) in each of the Regional Violence Prevention Coalitions to be funded by the Office (see Objective 2). Conduct at least four hours of training for these parents to support their unique role as family advocates. **OVP Lead, OCP, CBOs, FBOs and parents as partners.**

1.1.d. Identify and map school, county and community-based resources that are engaged in **social emotional learning**. By June 30, 2021, identify at least 3 opportunities to build on current programming through cross-training, evaluation and other low-cost options to support student emotion and behavior regulation, the fostering of empathy and perspective-taking, and support conflict resolution and positive-social behavior countywide. **OVP Lead, OAECE, OCP, First 5 LA, LACOE, LAUSD, and CBO Support**.

Objective 1.2. By June 30, 2021 complete work of the County Youth Networking Group, co-led by OVP, Department of Parks and Recreation and Probation, to align County departments around a draft Countywide positive youth development framework, including metrics to be used to evaluate existing programming, and a plan to expand opportunities for leadership and empowerment for women and girls and men and boys of color, in schools and neighborhoods most impacted by

violence and make recommendations for expansion. Align efforts with Chief Executive Office, Commission on Children and Families, and Office of Youth Diversion and Development. This means:

1.2.a. By December 31, 2020, coordinate with the OVP Data Workgroup, and the OVP Positive Youth Development evaluation contractor, funded by Probation, to **identify relevant metrics for positive youth development efforts countywide**. **OVP Co-lead with Youth Networking Group, MCAH Positive Youth Development Project and SAPC Wellbeing Center Program.**

1.2.b. Coordinate with the Office of Diversion and Re-entry (ODR) **Youth Justice Workgroup** that is working to promote a preventive, upstream approach to the Workgroup's planned report on reshaping Los Angeles County's juvenile justice system into a **rehabilitative, health- focused and care-first systems**. **ODR Lead, OVP Support**.

1.2.c. Support positive youth development by **requiring paid participation** of at least **2 youth representatives in each Regional Violence Prevention Coalition** and providing training and support for participating youth through current DPH youth development programming. **OVP Lead.**

Objective 1.3. By December 31, 2021, identify opportunities to increase resources for expansion of initiatives and services that address gender-based violence across the lifespan. This means:

1.3.a. Conduct **a landscape analysis of gender-based violence needs and resources** in South LA to be completed by 12/31/2020. Analysis will be focused on domestic violence, sexual assault and human trafficking, addressing size and make-up of populations impacted, barriers to accessing services and resources, gaps and service needs and identifying opportunities to incorporate gender-based violence prevention in the Trauma Prevention Initiative (TPI) community violence prevention and intervention strategies. **OVP and DV Council Lead**

1.3.b. Complete planning for and implement an in-person or virtual conference **addressing the interrelation of DV and gang violence in LA County** by June 2021 as supported by grant from the Blue Shield Foundation. **OVP Lead and DV Council Lead, Office of Women's Health (OWH), Blue Shield, DV Service Providers and Community Partners Support.**

1.3.c. Coordinate with the DPH Domestic Violence Council (DVC), the DPH Office of Women's Health (OWH), the Women and Girls' Initiative (WGI) and My Brother's Keeper (MBK) to host at least 5 convenings of survivors and people who cause harm, using **culturally and trauma informed healing centered approaches,** to gain a deeper understanding of the features of programs and practices that reduce gender-based and family violence by December 31, 2021. **DVC, OVP and OWH Co-Lead, WGI and MBK Support.**

Goal #2: Safe and Thriving Neighborhoods

The well-being of a neighborhood – the sense it offers residents that they live in a nurturing, supportive environment – depends on the built and physical environment and on the availability and accessibility of stores and other resources to meet basic needs, opportunities to enjoy arts and culture, and opportunities to engage with neighbors and friends in parks, restaurants, music venues, cultural centers and other places that build connection and a sense of shared ownership. Achieving Goal 2 requires neighborhoods that are free from violence, where all people feel safe and can be physically active, and where parks, libraries and schools serve as community hubs where individuals of all ages can access services and resources.

How will we do it?

Objective 2.1. January 1, 2021, identify and fund a lead agency in each of the County's eight Service Planning Areas (SPAs) to establish Regional Violence Prevention Coalitions. Regional Coalitions will conduct a landscape analysis and develop local place-based plans to address violence and promote healing based on needs identified and building upon existing community resources and efforts. OVP will help to identify funding to support existing place-based efforts in South LA through the Trauma Prevention Initiative and expand community driven safety solutions countywide including street outreach, safe passages, healing centers and Hospital Violence Intervention. This means:

2.1.a. By January 1, 2021, contract with local lead agencies to **establish regional violence prevention coalitions**, which will develop a profile of violence prevention needs and develop a responsive action plan for each SPA. Contracted lead entities will be trauma informed and trusted community leaders that welcome a diverse range of stakeholders to the table, assuring that youth and marginalized community members have a voice in community violence prevention efforts. Identify opportunities to align with other county community networks such as DMH Health Neighborhoods, First 5 LA Best Start Communities, and DCFS Prevention and Aftercare Networks. **OVP Lead with County and Community Partners.**

2.1.b. By October 31, 2020, complete and **disseminate an evaluation of the DPH Trauma Prevention Initiative (TPI)** implemented in 4 unincorporated communities in South LA with disproportionately high levels of violence, including recommendations for expanding effective strategies. TPI activities include development of community leadership networks, funding for violence prevention street outreach and Hospital Violence Intervention, and capacity building for grassroots organizations. **OVP Lead with County and community partners.**

2.1.c. Identify funding and **establish protocols to expand healing and holistic gang intervention strategies** (including violence interruption, conflict mediation, case

management, and safe passages programs) in high need communities, schools, and parks, and coordinating a regional approach across jurisdictions, including TPI,City of Los Angeles GRYD and City of Long Beach. **OVP Lead with County, City, and CBO Partners.**

2.1.d. By September 1, 2020, **establish and participate in regular meetings of a multi-disciplinary Hospital Violence Intervention (HVI) Consortium** that includes county and community partners to develop shared protocols and data sharing agreements, improve referrals and connections between trauma centers and community networks, foster a learning collaborative, and identify federal, state and local funding to maintain and expand HVI services and sites, prioritizing communities with high levels of violence. **OVP Lead with DHS, Trauma Centers, CBOs, Intervention Agencies, DMH and DV Service Provider Partners.**

2.1.e. Coordinate with the county's Crisis Response Workgroup, led by DMH, to **develop a plan for community-based response teams** to facilitate access to referrals for counseling, shelters, financial assistance, housing, and development of safety plans (i.e. Victims Services, Family Resources Centers, Family Justice Centers, Wellbeing Centers, Healing Centers) following an emergency or crisis. Plans will include training and supporting community and faith-based leaders, those with lived experience (including peer specialists such as gang intervention, promotoras, community health workers) and faith communities to serve as liaisons between those impacted by violence and county and community resources. **OVP Lead with DMH, CBO and FBO partners.**

2.1.f. **Implement 4 healing arts peer exchange learning days** by March 31, 2021, for community organizations that utilizes a trauma-informed framework to build connections and support holistic intervention strategies in high need South LA TPI communities, schools, and parks. Peer Learning is supported by the Edward Byrne Memorial Justice Assistance Grant (JAG) Program. **OVP Lead with Arts for Incarcerated Youth Network and CBO Partners.**

2.1.g. **Implement an 8 week Peer-to-Peer Violence Prevention Learning Academy (P2P)** by December 31, 2021. DPH will recruit a pilot cohort of 24 peer specialists (intervention workers, promotoras, community health workers) in TPI communities, provide cross-training on trauma and mental health first aid, and connect peers to support system navigation. **OVP Lead in collaboration with DHS, DMH, and other County and Community Partners.**

2.1.h. By January 1, 2021, **secure grant funding to support the production and dissemination of a video as an activity of the *Violence, Hope and Healing Storytelling Project*,** showing the impact of violence on the lives of diverse Angelinos and highlighting the ripple effects of violence on families, communities and the whole county. Dissemination will be

countywide via public screening events that will also create opportunities for dialogue. **OVP Lead in partnership with Regional Coalitions**

Objective 2.2. By June 30, 2022, work with regional coalitions to enhance the built environment in each SPA and create plans to promote safety and equitable access to resources. This means:

2.2.a. Continue to partner with the Department of Parks and Recreation (DPR) **to include health-related and violence prevention programming at 33 Parks After Dark (PAD) sites** in unincorporated areas throughout the county. Advocate for sustainable funding to maintain and expand programs like Parks After Dark and Summer Night Lights that ensure parks are safe and accessible for all members of the community. **DPR Lead, DPH Support.**

2.2.b. Work with CBOs, FBOs, and DPH Substance Abuse Prevention and Control (SAPC) to **engage the community on issues related to alcohol outlet density, marijuana, and other substance use** prevention priorities including the disproportionate number of liquor and tobacco licenses located in communities of color by December 31, 2021. Strengthen the capacity of residents to civically engage to reduce the number of tobacco, liquor and marijuana establishments by June 30, 2022. **SAPC Lead and OVP Support in partnership with Bureau partners, Los Angeles County Development Authority, Los Angeles Homeless Services Authority and community-based organizations.**

2.2.c. By January 1, 2021, establish bi-annual meetings of OVP staff with Regional Planning and the Healthy Design Workgroup led by DPH PLACE program to identify opportunities to incorporate OVP strategies in Community Plans to **enhance neighborhood environments, particularly in communities with high rates of violence, through the arts, increasing walkability/bikeability, increasing access to shared use spaces**, advocating for land use strategies, and neighborhood beautification and greening as important components in neighborhood violence prevention. **Regional Planning Lead, DPH and OVP Support.**

Objective 2.3. By December 30, 2022, identify at least 2 strategies that address socioeconomic inequality that OVP can support and promote as violence prevention strategies.

2.3.a. By November 1, 2020, **engage local chambers of commerce and at least 3 private businesses in at least one dialogue per SPA with regional coalition partners** to advance economic opportunity communities with high levels of violence. Facilitated dialogues will include data, discussions of racism, disinvestment and the disproportionate allocation of resources in communities most impacted by violence as a result of historical oppression. **OVP Lead with Private Sector, LACDA, FBO and CBO Support.**

2.3.b. By January 31, 2021 collaborate with Workforce Development, Aging and Community Services (WDACS), the Department of Consumer Business Affairs (DCBA), ODR Youth Development and

Diversion and the Alternatives to Incarceration (ATI) Workgroup to provide **trauma informed training to at least 1 employer per SPA engaged in youth employment** programming. **WDACS Lead, DCBA, ODR, Community Partners and OVP Support.**

2.3.c. By December 1, 2020, **partner with the Los Angeles County Alternatives to Incarceration (ATI) Workgroup** to ensure that recommendations outlined in their **Care First, Jails Last Report** are shared with regional coalitions so that efforts are coordinated and aligned to best assist community members returning from incarceration and their families to break the cycle of violence. Partnership opportunities could include working together to expand decentralized coordinated service hubs, increasing access to life and job skills coaching, expanding case management opportunities and removing barriers to transportation, housing, mental health, substance use and healing services. **ATI Work Group to Lead, OVP Support.**

Goal #3: A Culture of Peace

To create a culture of peace we must start by developing messaging and communication that promotes a shared understanding of the root causes of violence including the connection between racism, historical oppression and violence; an understanding of trauma; the connections among multiple forms of violence; and the resources available to prevent violence. For example, a common understanding of the pathway from discrimination to widespread underemployment in some communities to engagement of youth in low level drug trade can challenge prevailing myths that justify "get tough" crime strategies and exposure of youth to violence in the criminal justice system.

How will we do it?

Objective 3.1. By December 31, 2020, work with the County Leadership Committee and the Community Partnership Council to develop a plan for a coordinated communications strategy to promote a shared understanding of violence and violence as a public health issue. This means:

3.1.a. **Research and analyze forces shaping prevalent views on violence** including media portrayals of multiple forms of violence by December 31, 2020. **OVP Lead.**

3.1.b. Work with survivors, the County Leadership Committee and the Community Partnership Council and the DPH Youth Advisory Council, to **complete an OVP communications plan** by December 31, 2020. The OVP Communications Plan will address key target audiences, key messages and options for delivery of messaging to targeted groups and include strategies to ensure that communities are not stigmatized and lift up hidden issues such as suicide and gender-based violence. **OVP Lead with DVC, DMH, County and Community Partners Support.**

3.1.c. Identify or develop a **resource guide to effective violence prevention strategies** for publication on the OVP website by February 28, 2021. **OVP Lead.**

3.1.d. By September 1, 2020, partner with the Department of Arts and Culture to **begin implementation of the *Violence, Hope and Healing Storytelling Project* to humanize violence across LA County** in a way that quantitative data alone cannot. By April 30, 2021 complete the first draft of a book comprising personal narratives drawn from the project and photographs of 10 to 15 individuals or families who have experienced different types of violence in each of the county's 8 SPAs. **OVP and Department of Arts and Culture co-leads with Regional Violence Prevention Coalitions as partners.**

3.1.e. **Support the expansion of LA vs. Hate** and **Hate Free Zones** by disseminating initiative materials that promote awareness through regional coalitions and community partners and help to identify funding to sustain the initiatives. These initiatives call out hate, bullying and online harassment and provide access to resources, and empower community members and youth, school staff and other partners to be allies against hate violence, while taking pressure off those being victimized. **Human Relations Commission (HRC) Lead, Department of Arts and Culture and OVP Support.**

3.1.f. Participate on the Sheriff Civilian Oversight Commission Planning Committee to help design and implement an **annual conference aimed at building trust between community members and law enforcement**, promote the conference through our county and community networks and provide sponsorship funding. **Sheriff Oversight Commission Lead, OVP and Human Relations Commission Support.**

3.1.g. By September 30, 2020, hold at least two meetings with Human Relations Commission (HRC) to **identify at least 2 strategies outlined in the Commission's Redefining Policing Report that OVP can actively support** to advance equitable law enforcement practices. **Human Relations Commission Lead, OVP Support with County and Community Partners.**

Objective 3.2. By June 30, 2021, develop and begin implementation of plan to promote firearm safety through education, policy and peer approaches. This means:

3.2.a. Establish a Policy Workgroup by January 1, 2021 to **identify and work on at least 2 policies aimed at reducing firearm violence particularly among youth** and those most at risk of harming themselves/others. **OVP Lead with County and community partners.**

3.2.b. Develop content on the OVP website by June 30, 2021 to **increase awareness of gun safe storage laws** and emergency protective orders such as gun and domestic violence restraining order processes, and convene partners to discuss how to ensure that these practices are culturally appropriate and effective for communities most impacted by violence, including undocumented communities. **OVP Lead, DV Council and DHS Support.**

3.2.c. Work with Office of Emergency Management (OEM) to **update existing emergency response protocols** to incorporate public health, social service and community response approaches to existing protocols by June 30, 2021. Working with the County Department of Human Resources (DHR) to ensure that the County emergency response training incorporates these human service perspectives in case of an event. **OEM and DHR Lead, OVP Support.**

3.2.d. Collaborate with an academic research center by September 30, 2021 to **conduct a health impact assessment** to assess the potential impact of policies/practices designed to reduce firearm violence to inform systems change. **OVP Lead, Academia, CPC, CLC and DV Council Support.**

3.2.e. Convene a group of community partners, law enforcement, veterans' groups, representatives of the American Academy of Pediatrics and other physician groups, Children's Hospital of LA and gun stores/ranges by December 31, 2021 to **discuss and develop recommendations for safety education and peer approaches to prevent firearm violence including unintentional injury, DV, and suicide.** **OVP Lead, DVC and DMH Support.**

Goal #4: Healing Informed and Equitable Systems and Policies

Healing informed and equitable systems address the needs of individual and families who are exposed to violence, including those who experience and/or those who perpetuate violence. They seek to understand risk and protective factors and to foster conditions that advance the well- being and empowerment of all county residents.

How will we do it?

Objective 4.1. By June 30, 2021, build capacity for trauma Informed systems change and practice among County departments and community stakeholders to promote healing and wellbeing and to support the unique needs of local communities. This means:

4.1.a. Establish a County Training Workgroup to **develop and implement workplace violence prevention training** that incorporates a race equity and trauma informed lens. A training pilot will be implemented by June 30, 2021. Training will be mandatory for all County employees, including those who work in hospitals, clinics, schools, parks, libraries, and law enforcement. **OVP and DHR Co-Leads with County and Community Partners.**

4.1.b. Develop a resource list by September 30, 2020 in partnership with DMH and the Suicide Prevention Network, and working with OVP's County Leadership Committee and the Community Partnership **to build community awareness and promote utilization of County suicide and trauma prevention and healing resources** including Healing Centers, Behavioral Health Centers, Primary Care Villages, and school-based Wellbeing Centers. **DMH and DPH Lead, OVP Support.**

4.1.c. Conduct key informant interviews with impacted County and private sector employees and complete a summary report of findings on prevalence, nature, available resources and gaps in care for dealing with vicarious trauma by March 31, 2021. **Connect individuals and neighborhoods to services and resources that address vicarious trauma and burnout of front-line staff and first responders, community interventionists and individuals who work with violence impacted communities.** **OVP Lead, DVC, DMH, DHS, Fire Department, DCFS, Sheriff's Department, EMS Agency Support.**

4.1.d. By June 30, 2021, **identify funding for a consultant to develop a plan to implement trauma and healing informed systems change in the County**, and incorporate lessons learned from above strategies, engage the County Leadership Committee to acknowledge that addressing trauma and resiliency are vital to our collective work, secure senior leadership commitment across departments to integrate guiding principles in all aspects of work, and nurture a trauma and resiliency informed culture shift. **OVP Lead.**

Objective 4.2. By December 31, 2021, built and support County efforts to address institutional racism and advance an anti-racist agenda. This means:

4.2.a. By August 1, 2020, **establish a Workgroup on Racism and Violence within DPH** to explore experiences of racism and identify training and policy changes needed to promote an equitable workplace for County staff. Complete a report on the Workgroup process, findings and action agenda and share with other County departments by December 31, 2020. **OVP and DPH Center for Health Equity Lead, DMH, Office of Equity and HRC as partners.**

4.2.b. Collaborate with the MLK Healing Center **to develop and implement a community forum series focused on Violence, Racism and Trauma** with separate tracks for adults and youth starting by October 1, 2020. **DPH Regional Health Office Lead, OVP Support.**

4.2.c. By June 30, 2021 coordinate with the County Leadership Committee and the Community Partnership Council to **identify at least 2 strategies for OVP to support the County's Anti-Racist Action Agenda**, including opportunities for county departments to align efforts to advance an anti-racist and equitable work environment for county staff, and to strengthen capacity and empower decision-making of community leaders and organizations in county initiatives. OVP Lead, **OVP and DPH Center for Health Equity Lead, DMH, Office of Equity and Human Relations Commission Support.**

Goal #5: Community Relevant Shared Data & Evaluation Support

In order to effectively evaluate efforts and monitor outcomes we must standardize data collection, promote data sharing and develop community relevant metrics. For example, all communities should have access to the data and information they need to inform and evaluate their violence prevention efforts.

How will we do it?

Objective 5.1. By December 31, 2020, increase access to data via a centralized open data portal and develop metrics to evaluate progress on strategic plan goals and objectives. This means:

5.1.a. Engage community members through the regional coalitions to identify variables that are most relevant to their communities and experiences. By March 31, 2021, **publish and disseminate core variables across jurisdictions and for various types of violence**. **OVP Lead with County and Community Partners, Survivors and Youth.**

5.1.b. By March 31, 2021, **begin sharing the recorded and written stories captured through the *Violence, Hope and Healing Storytelling Project*** via the open data portal. **OVP and Department of Arts and Culture (DAC) Lead with Artist in Residence and Community Members.**

5.1.c. Centralize and share information by **creating a data dashboard** that will be posted on the OVP open data portal by October 31, 2020 and conducting outreach to county and community partners through social media and public forums to share data. **OVP Lead with Chief Information Office (CIO) Support.**

5.1.d. Identify and **set common metrics to collect, analyze, share and report data** regarding the impact of multiple forms of violence across sectors and coordinate with the OVP Data Workgroup to develop data sharing recommendations by June 30, 2021. **OVP Lead with CIO Support.**

Objective 5.2. By December 31, 2021, develop research partnerships with academia and with community partners to address data gaps and build capacity of partners to evaluate the effectiveness of their work. This means:

5.2.a. Collaborate with county departments, academia, and community partners to identify methods to **improve collection of data on gender-based violence, LGBTQ+ violence, police violence and hate violence incidents**. Summarize findings by December 31, 2020. **OWH, DV Council and Human Relations Commission Leads, OVP Support.**

5.2.b. Coordinate with county departments, academia, and community partners, **to conduct ongoing surveillance and collect qualitative data to understand the impact of the COVID-19 pandemic on measures of violence and trauma**, particularly suicide, IPV, child and elder abuse by December 31, 2021. **OVP Lead, County and Community Partners Support.**

5.2.c. Complete at least **one collaborative research grant proposal** with an academic partner by June 30, 2021. **OVP Lead, Office of the DPH Chief Science Officer support.**

5.2.d. By June 30, 2021, identify at least 3 opportunities to draw on qualitative data sources, **engaging survivors of violence and community partners, to enhance understanding of the nature, extent and impact of violence on the lives of LA County residents**. Consult with academic research partners on best methods for collection, analysis and reporting of qualitative findings. **OVP Lead.**

5.2.e. Identify at least one academic and or other expert who can partner with and **build data collection capacity of Regional Violence Prevention Coalitions** by December 31, 2020. Experts should be recruited as coalition members to both advise on and participate in environmental scans in each region. **OVP Lead.**

2 Year Milestones and Performance Measures

Action	Performance Measures
1. Develop and Share OVP Strategic Plan to shape and drive a common agenda to take on violence in all its forms	• Establishment of a County Leadership Committee (CLC) • Establishment of a Community Partnership Council (CPC) • # of sectors engaged in violence prevention events or meetings • # of community partners engaged in violence prevention events or meetings • # of community partners engaged by type of violence and geography • Establishment of workgroups to lead development and implementation of action plans for priority strategies in each goal area
2. Establish Regional Coalitions	• # of regional violence prevention coalitions established • # and type of stakeholders, including community and faith based organizations, businesses, County departments, and others, that are engaged and support violence prevention and healing priorities • # of youth and parents actively engaged and participating in regional coalitions
3. Develop a Communications Strategy and implement key activities	• Development of a communications plan • OVP website developed and launched • Storytelling Project launched with 10 to 15 stories collected from each SPA • Dissemination of Strategic Plan materials to community members and stakeholders across LA County • Number and type of materials and articles produced to share work of OVP • Biannual reporting on strategic plan progress via OVP website and open data portal
4. Develop a Resource and Funding Plan	• Development of a funding and resource development plan that includes an engagement strategy for philanthropy, business, and other potential funders • Amount of prevention funding allocated from public and private sources to support violence prevention and healing goals and objectives
5. Create and Implement a Policy Agenda	• Establishment of OVP policy workgroup • Policy recommendations developed for board legislative agenda in partnership with CPC and CLC • Number of joint policy positions drafted to support strategic plan • Development of an action agenda to address racism
6. Develop Research & Data Sharing Strategies	• Development and launch of OVP Open Data Portal • Development of 2 research partnerships with academia and community • Development of metrics and tracking systems for key indicators • Development of research and evaluation plan

Measuring Our Impact

The OVP Early Implementation Strategic Plan identifies the priority goals, objectives, and strategies that will be implemented over the next five years. This plan exists as a future roadmap, as a living document that will allow flexibility in the face of unanticipated events caused by rapidly changing political, social and resource environments, our growing knowledge of the common risk factors and cross-cutting impacts of multiple forms of violence, and our increasing awareness of the many assets and resources available to address them. We are committed to practicing adaptive leadership and to being responsive to our County and community partners and will review and amend our implementation plan on a regular basis to adjust to changing needs and ensure accountability to our vision, mission, values, and guiding principles.

In order to evaluate the strategic plan objectives and strategies, OVP will collect baseline data and establish specific metrics of success. The most basic indicators used to track levels of violence will be:

- Homicide rates
- Suicide rates
- Rate of emergency department visits for assaults
- Rate of emergency department visits for suicide attempts
- DV Calls for Assistance, number of DV program participants and children housed in DV shelters
- IPV Cases Treated in Emergency Departments
- Rate of Forcible Sexual Assault Cases Reported to Law Enforcement
- Number of Hate Crimes and Hate Incidents
- Number of Substantiated Child and Elder Abuse Reports
- Number and rate of Deputy involved shootings

OVP will also examine metrics focusing on multiple forms of violence and targeted to OVP's specific activities. These metrics will be developed with input from the Community Partnership Council, the County Leadership Committee, and with support from the Department of Public Health's Performance Improvement Program. While Countywide indicators will be important to measure the overall impact of OVP, as Service Planning Area (SPA)-based coalitions are formed and each prioritizes violence prevention efforts based on local conditions, additional metrics will also be developed to measure the impact of programming within each SPA. Metrics will incorporate different types of indicators including, for example:

- **Population Impact Indicators (Countywide, and for specific populations and communities)**
    - Reduction in violence
    - Reduction in disparities
    - Improvement of assets and outcomes
    - Improvement in trauma informed inclusive community engagement
    - Perceptions of Safety

- **Process Indicators**

    - Number of and type of stakeholders engaged, and quality of engagement
    - Action plans developed for each strategy
    - Information sharing and transparency
    - Successes and challenges of implementation

- **Outcome Indicators**

    - Implementation of joint policies or protocols
    - Alignment of funding to support plan goals
    - Implementation progress

OVP's Data Workgroup is in the process of developing an open data portal which will be used to share the data compiled in this strategic plan and will also be used to track the identified metrics both for the County overall and at the local level. OVP will utilize a Continuous Quality Improvement approach and Results Based Accountability to measure achievement of goals and make course corrections as needed. Implementation progress for each goal, objective, and strategy, and achievement of metrics will be included in an annual report card, which will be disseminated via the open data portal.

Investing in Violence Prevention and Healing

Violence is a significant problem in LA County that exacts a tremendous physical, psychological, social, and financial toll. It is a complex issue that impacts everyone whether we have directly experienced violence, have perpetrated violence, know someone affected by violence, or think it is "not my problem." Violence reduces the economic growth of Los Angeles businesses and communities, affects how children learn, operate and contribute in society, impacts the delivery and cost of health care, results in the loss of private revenues and consumes our public tax dollars.

But violence is not inevitable, and if we invest in individuals, families and communities, violence can be prevented. There is now a strong body of research that clearly shows that a wide range of strategies have demonstrated impacts on reducing violence. As community partners and County Departments continue to invest in these best and promising practices (home visitation, park programming, safe passages, hospital violence intervention, trauma informed practice), as well as identify new recommendations for a racially just care first, harm reduction approach, the body of research will continue to grow. But there remains a need to strengthen the infrastructure and funding mechanisms that support local place-based efforts including investments in community driven and survivor inclusive planning, implementation and evaluation and trauma informed approaches. No one entity can solve violence and no one entity can fund it, but through collaboration and pooled funding for violence, together we can prevail to stop violence and increase peace.

Role of Government

County and city governments, and public health in particular, have a specific responsibility in preventing violence and addressing trauma. The mission of DPH is "to protect health, prevent disease and injury, and promote health and well-being for everyone in LA County." This role dictates that we identify and maintain core funding for violence prevention and trauma so that other DPH efforts are effective, far-reaching and sustainable. Government can also realign existing resources and work to generate new resources to support violence prevention efforts whether it is through the pooling of departmental resources to support programming in priority areas, responding to violence prevention funding opportunities from a variety of federal, state, and local sources, or supporting legislation that helps advance the field.

Role of Philanthropy

Philanthropy is an essential partner and also has a key role to play in reducing violence across the County. Philanthropy is often able to operate with an agility that is difficult for government agencies and is need for effective funding, training, and technical assistance to CBOs. For instance, the tailored services needed for populations, such as youth or gang-involved individuals' communities, may be best provided by small and medium-sized CBOs that require it. In this situation, philanthropy is often better equipped to provide direct funding, training, and technical assistance to these CBOs. Philanthropy has a broader view and can be more responsive and creative than any government entity. Finally, philanthropy can fund pilots or smaller initiatives that are new and need to be tested. This is essential to assess new strategies and think outside the box in terms of violence prevention strategies.

Philanthropy is also an important thought-partner in this effort, helping OVP and the County think creatively and broadly. Philanthropy can share their insights, and challenge government to be more proactive. A continued collaborative relationship with philanthropy is critical and the field of violence prevention and trauma benefits from the neutrality that philanthropic organizations bring without being beholden to any ideology or administration.

Role of the Private Sector

Local businesses benefit from safe communities, and safer communities will bring in more investment and create more jobs. While some in the private sector may believe violence is a problem for law enforcement alone, we increasingly understand that there must be community based alternatives to law enforcement. There is much the private sector can contribute to prevent violence from taking root and particularly to provide young people with positive options and pathways that lead away from a life of violence. The private sector can help government and philanthropy by funding community educational, vocational and cultural programs, creating volunteer and intern opportunities and being mentors for youth. Corporate funders can also focus social responsibility projects in marginalized communities and can also offer training, mentoring or business and branding expertise.

16 Things Philanthropy and the Private Sector Can Do Now

Opportunities to Support Children, Youth and Families

- Invest in infrastructure to support youth initiatives, including stipends, transportation vouchers, and training for youth and organizations working with youth, and providing more youth leadership and mentoring programs at local businesses, parks, libraries, and schools.
- Support the development of holistic and culturally relevant youth centers throughout the County but particularly in communities with high levels of violence to provide resources, services, build youth leadership, and advance the arts, healing and restorative justice.
- Invest in building the capacity for organizations and County departments to be trauma informed particularly schools, parks, libraries, and youth serving organizations. Serve as a thought partner to understand and advance trauma informed and healing practices and resources beyond training.

Opportunities to Foster Safe and Thriving Neighborhoods

- Identify dedicated, ongoing funding to sustain and expand summer park program initiatives such as Parks After Dark and Summer Night Lights. Serve as a thought partner in creating a well- integrated and comprehensive regional approach.
- Support and expand trauma informed intervention services to communities with high levels of violence through local initiatives such as the Trauma Prevention Initiative (TPI), and the Gang Reduction Youth Development (GRYD) Program. Flexible funding is needed to enable a quick response to upticks in violence and to provide broader support for grassroots organizations.
- Provide resources to maintain and expand Hospital Violence Intervention Programs (HVIPs) to additional trauma centers in communities where there are high levels of violence.

- Provide flexible funding and mini-grants to community and faith-based organizations to test new and creative strategies so that the field is constantly evolving and adapting to the latest social circumstances and political and physical environments.

Opportunities to Create a Culture of Peace

- Provide resources to develop and implement creative, culturally tailored communication campaigns to promote norms around community safety, the reduction of hate violence and to promote community cohesion, and frame violence as preventable.
- Support community based participatory research to better understand gun violence and its impact on individuals and communities.

Opportunities to Build Infrastructure for Equitable and Healing Informed Policies and Systems

- Invest in countywide trauma informed systems change including training for the County workforce at all levels including executive leadership; changing organizational practices to do no harm; and supporting staff with "we care" policies and resources to address vicarious trauma and compassion fatigue.
- Support survivors and community members, including youth, to participate at tables where they can develop recommendations for policies and practices that are trauma and healing informed and that reduce elements of racism and bias across government departments and other sectors.
- Augment funding for community based organizations to establish regional violence prevention coalitions and coordinate meetings and trainings for community partners to create shared knowledge on root causes of violence, a public health approach, trauma and healing, racism and historical oppression, and to develop local prevention plans that integrate existing efforts.

Opportunities to Improve Violence Prevention Data Sharing and Coordinated Evaluation

- Provide resources to improve the identification and collection of data to reflect accurate count and description of domestic violence (DV), sexual violence (SV), human trafficking (HT).
- Provide resources to better understand the intersectionality of multiple forms of violence, and to identify and address data gaps including violence data as it pertains to the LGBTQ+ community.
- Invest in building the capacity of communities and community-based agencies to collect data and evaluate their violence prevention strategies.
- Augment funding for the arts-based practice of storytelling to capture the voices of those most impacted by violence, including youth voices, to provide needed context to data and support our understanding of violence from individual and community perspectives.

Get Involved!

Join with us. The only way we will truly be able to eliminate violence in LA County is if we all work together collectively and collaboratively to ensure that violence is no longer the norm, no matter our individual areas of focus, perspectives and/or biases. Working together to prevent violence and promote healing has tremendous emotional, social and economic value and benefit to all of us. We are not a singular voice in violence prevention but rather a part of a rapidly evolving movement where everyone has a part and role to play. If you would like more information about how you can get involved, or would like to join our mailing list, contact us:

Our Website: www.ph.lacounty.gov/ovp
Our Phone: 626.293.2610
Our Email: ovp@ph.lacounty.gov

Additional Acknowledgments

The planning process for this early phase of the OVP was the collective effort of many and we are grateful for the tremendous show of support from the Board of Supervisors, philanthropy, academic institutions, community stakeholders across the County, and from multiple County Departments in helping to establish the OVP and develop the early implementation strategic plan. We look forward to ongoing conversations to ensure that the wide range of voices and perspectives that contributed to this early implementation strategic plan continue to remain engaged to help us fulfill the promise of the Office. Special thanks to the following groups and individuals who supported and played a key role in the planning process and development of the strategic plan.

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

DPH Leadership

- Dr. Barbara Ferrer, Director, Department of Public Health
- Dr. Deborah Allen, Deputy Director, Health Promotion Bureau

Office of Violence Prevention Staff

- Andrea Welsing
- Kelly Fischer
- Isabelle Sternfeld
- Eileen Manasan

OVP Strategic Planning Support

CLC Data Workgroup Leads
- Isabelle Sternfeld
- Mark Greninger

CLC Definitions Workgroup Leads
- Kelly Fischer
- Robert Sowell
- Bobby Entzminger

CLC Training Workgroup Leads
- Cynthia Harding
- Andrea Welsing

Artist in Residence
- Olga Koumoundouros
- Robin Garcia

DPH Office of Planning

- Gayle Haberman
- Susan Blackwell
- Jocelyn Ramirez
- Emily Caesar

General Support

- Julia Heinzerling
- Nkem Ndefo
- Joel Garcia

Prevention & Population Health Task Force – Violence Prevention Ad Hoc Committee

Sonya Young Aadam, CA Black Women's Health Project
Mayra Alvarez, The Children's Partnership
Melinda Cordero-Barzaga, Visión Y Compromiso
Michelle Fluke, Antelope Valley Partners for Health
Cathy Friedman, Peace Over Violence
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Nomsa Khalfani, Essential Access Health
Lauren Nakano, Beach Cities Health District
Elisa Nicholas, The Children's Clinic
Janae Oliver, Kaiser Permanente

Strategic Plan Development, Funding and Thought Partners

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- La'Quana Williams
- Roxan Rivas

First 5 LA

- Kim Belshé
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- Ann Isbell

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- Sonali Patel
- Jennifer O'Brien
- Michael Stiehl
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Alliance for Safety and Justice

- Marisa Arrona

Blue Shield of California Foundation

- Peter Long (former CEO)
- Raymond Baxter
- Lucia Corral Peña

California Wellness

- Judy Belk
- Alex Johnson

Hope and Heal

- Brian Malte
- Ally Barron

Office of Public Private Partnerships

- Kathryn Anderson
- Elizabeth Cohen

Thought Leaders Convening Invited Attendees

Academia

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Cheryl Grills, Loyola Marymount University
Jorja Leap, UCLA
Deborah Prothrow-Stith, Charles R. Drew University
Michael Rodriguez, UCLA
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Billie Weiss, UCLA

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Xiamora Flores Holguin, DCFS
Judge Michael Nash, Office of Child Protection
Robin Toma, Human Relations Commission
Judge Peter Espinoza, Department of Health Services Office of Diversion & Re-entry
Vincent Holmes, LA County CEO
Abbe Land, LA County CEO
Debbie Innes-Gomberg, DMH
Anne Tremblay, City of Los Angeles, GRYD
Pia Escudero, LAUSD
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Gilbert Salinas Jr., DHS
Kelly Colopy, City of Long Beach Health Services
Eve Sheedy, LA County DPH
Deanne Tilton, Interagency Council on Child Abuse and Neglect (ICAN)

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Marisa Arrona, Alliance for Safety & Justice
Kim Belshé, First 5 LA
Margot Bennett, Women Against Gun Violence
Brian Malte, Hope and Heal Fund
Fernando Rejón, Urban Peace Institute
Alberto Retana, Community Coalition
D'Artagnan Scorza, Social Justice Learning Institute
Tchaka Shepherd, Saint Francis Medical Center
Aqeela Sherrills, Self-Determination Institute

Nonprofit

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Aquil Basheer, BUILD/PCTI
Father Greg Boyle, Homeboy Industries
Cheryl Branch, Los Angeles Metropolitan Churches (LAM)
Kay Buck, CAST LA
Paul Carrillo, Southern California Crossroads
Anna Conti, Su Casa
Rachel Davis, Prevention Institute
Kelli Dillon, Back to the Basics, LA
Patti Giggans, Peace Over Violence
Kenny Green, Toberman Center
Melvyn Hayward, H.E.L.P.E.R. Foundation
Barbara Kappos, ELA Women's Center
Loren Lieb, Women Against Gun Violence
Kent Mendoza, Anti-Recidivism Coalition (ARC)
Adrianna Molina, Children's Institute
Nkem Ndefo, Lumos Transforms
Kevin Orange, Advocates 4 Peace & Urban Unity (APU)
John Ott, Center for Collective Wisdom
Sonya Passi, Free From
Marc Philpart, PolicyLink
Stephany Powell, Journey Out
Blinky Rodriguez, Communities in Schools
Sharon Shelton, YWCA Greater Los Angeles
Kaile Shilling, Arts for Incarcerated Youth Network (AIYN)
Terra Slavin, Los Angeles LGBT Center

Appendices

A. Prevention Institute Stakeholder Report Executive Summary

Stakeholder Perspectives: LA County Office of Violence Prevention

Summary of Preliminary Findings - Prepared for the Los Angeles County Department of Public Health
By Prevention Institute

DAA-AO-18-054

10 Key Findings:

1. County leaders and decision-makers must recognize and address multiple forms of violence and the intersections between multiple forms of violence in communities.
2. The geographic spread of Los Angeles County presents its own unique challenges to preventing violence in communities.
3. Trauma was a significant issue and concern, and people spoke of the need for healing.
4. Mistrust of government systems by community members is real: "We want accountability!"
5. Improving neighborhood conditions is paramount to preventing violence in LA County communities.
6. People (of all races) recognize racial inequities within the County and (many) view it as a problem that "affects us all" and would like collective solutions.
7. Community connectedness and social inclusion are central to preventing violence.
8. Effective Communication about the Office of Violence Prevention and Its Approach to Preventing Violence will help change the Narrative, particularly in Communities where there are Negative Perceptions.
9. The Office of Violence Prevention Must Be Adequately Resourced to take on the Challenge of Preventing Violence.
10. Provide and share quantitative and qualitative data and metrics to support community level violence prevention (across communities and departments).

PREVENTION INSTITUTE

B. Board of Supervisor Motion - February 2019

STATEMENT OF PROCEEDINGS FOR THE

REGULAR MEETING OF THE BOARD OF SUPERVISORS

OF THE COUNTY OF LOS ANGELES HELD IN ROOM 381B

OF THE KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET, LOS ANGELES, CALIFORNIA 90012

Tuesday, February 19, 2019

1:00 PM

12. Supporting Efforts for the Prevention of Violence in Our Communities - Establishing the Office of Violence Prevention

Recommendation as submitted by Supervisors Kuehl and Ridley-Thomas: Instruct the Director of Public Health to launch the Office of Violence Prevention (OVP), in collaboration with relevant County Departments and community partners, by completing the strategic planning for the OVP, recruiting a permanent Director, establishing a County Leadership Committee and a Community Advisory Council that can advise on priorities for the OVP and report back to the Board in 180 days on its progress; approve interim ordinance authority for the Department of Public Health, pursuant to Section 6.06.020 of the County Code, to recruit and hire key personnel for the OVP, including the Director and eight core staff positions, subject to allocation by the Chief Executive Office, Classification Division; direct the Chief Executive Officer to identify at least $6,000,000 in unobligated funding in the Measure B Special Revenue Fund to support the OVP, fund the OVP's overall operations and contracted services with community organizations for regional coalitions and support capacity building in each Service Planning Area for the first two years of operations; and direct the Chief Executive Officer, in collaboration with the Director of Public Health, to report back to the Board in writing within 90 days that includes a long-term funding plan for the OVP and related community-identified violence prevention efforts, using funding from Measure B. (19-1111)

Anthony Ortiz Luis, La'Quana Williams, Paul Carrillo, Gabriela Santiago, Carlos Leon, Hari Kim, Rebecca Weiker, Kandee Lewis, Nicole Brown, Joseph Maizlish, Kenneth Batiste, Nicole Parsons, Ricker Larson, Jaime Garcia, Kim McGill, and other interested persons addressed the Board.

Supervisor Barger directed the Chief Executive Officer to monitor the allocation of Measure B funding and make adjustments if needed, to ensure funding is distributed to the proper entities.

C. Glossary of Terms and Definitions of Violence

Abuse of Older or Dependent Adults – In California law, an older adult is someone 65 years of age or older. A dependent adult is someone 18 years of age or older with disabilities that prevent them from being able to do normal activities or protect themselves. Abuse of older adults or dependent adults is behavior that causes them physical harm, pain, or mental suffering or deprives them of what they need to avoid physical harm or suffering.[23]

Assault – Assault is an unlawful attack for the purpose of causing injury. Simple assault is an attack that does not include use of a weapon and does not result in serious injury. Aggravated assault is intended to cause severe injury or death and usually involves use of a weapon.[24]

Bullying - Bullying is unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems. In order to be considered bullying, the behavior must be aggressive and include:

- **An Imbalance of Power:** Kids who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.
- **Repetition:** Bullying behaviors happen more than once or have the potential to happen more than once.

Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose.

Child Maltreatment – Child maltreatment includes nonaccidental physical or emotional harm, or threat of harm, caused by what a parent or guardian does or fails to do.[25]

Criminal Homicide – Criminal homicide is the unlawful killing of a person by another person intentionally or as a result of gross negligence.[26]

Discrimination – Discrimination is unfair treatment of anyone based on specific characteristics.[27] California law protects persons from discrimination based on the following characteristics: race/color, ancestry/national origin, religion/creed, age (40yrs and older), disability, sex, gender, sexual orientation, gender identity and expression, medical condition, genetic information, marital status, and military and veteran status.[28]

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[23] CA Welfare and Institutes Code Section 15610.07.
[24] "UCR Offense Definitions."
[25] CA Welfare and Institutions Code Section 300.
[26] "UCR Offense Definitions."
[27] "What is Discrimination?" 2019.
[28] "Employees and job applicants are protected from bias."

Domestic Violence/Intimate Partner Violence – "Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another."[29]

Education Inequity – Education inequity consists of unfair policies and practices that lead to unequal education performance and outcomes by students, who are subject to discrimination.[30]

Environmental Injustice – Environmental injustice is "disproportionate exposure of communities of color and the poor to pollution, and its…effects on health and environment…[and] unequal environmental protection and…quality" by government.[31]

Equity – Equity is "the state, quality or ideal of being just, impartial and fair." The concept of equity is synonymous with fairness and justice. It is a helpful to think of equity as not simply a desired state of affairs or a lofty value. To be achieved and sustained, equity needs to be thought of as a structural and systemic concept.

Gang Violence – Gang violence is the use of violence or intimidation to accomplish unlawful aims by a group of people who identify themselves by creating and using a distinct group identity.[32]

Gender Based Violence - Gender-based violence is violence directed against a person because of their gender. Both women and men experience gender-based violence but the majority of victims are women and girls.

Hate-Motivated Violence – Hate-motivated violence is violent crime motivated by prejudicial stereotypes against targeted populations.[33]

Health Equity – Health is shaped by the community conditions in which we live, learn, work, play and pray. Health equity is when everyone has the community conditions needed for optimal health and wellbeing.

Health Care Inequality – Health care inequality is disproportionally limited access to health care based on income.[34]

Human Trafficking – "Human trafficking is a form of modern-day slavery in which traffickers use force, fraud, or coercion to control victims for the purpose of engaging in commercial sex acts or labor services against his/her will."[35]

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[29] *Annotated Bibliography, Domestic Violence/Intimate Partner Violence* 2018.
[30] "Equity" 2016.
[31] Maantay 2002.
[32] "About Violent Gangs" 2019.
[33] Seymour et al. 2002.
[34] Dickman et al. 2017.
[35] "Human Trafficking" 2019.

Inclusion – is the action or state of including or of being included within a group or structure. More than simply diversity and numerical representation, inclusion involves authentic and empowered participation and a true sense of belonging.

Inequitable Criminal Justice Policies and Practices – Inequitable criminal justice policies and practices are those guidelines, standards, and procedures that result in greater proportions of communities of color and other marginalized groups within the control of the criminal justice system than the proportions of those communities and groups in the general population.[36]

Race – a socially constructed system of categorizing humans largely based on observable physical features (phenotypes) such as skin color and on ancestry. There is no scientific basis for or discernible distinction between racial categories. The ideology of race has become embedded in our identities, institutions and culture and is used as a basis for discrimination and domination.

Racial Justice – the systematic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone. All people are able to achieve their full potential in life, regardless of race, ethnicity or the community in which the live. Racial justice goes beyond "anti-racism". It's not just about we are against, but also what we are for. A "racial justice" framework can move us from a reactive posture to a more powerful, proactive and even preventative approach.

Racism – prejudice, discrimination, or antagonism directed against a person or people on the basis of their membership in a particular racial or ethnic group, typically one that is a minority or marginalized. At the micro level of racism, or individual level, are internalized and interpersonal racism. At the macro level of racism, we look beyond the individuals to the broader dynamics, including institutional and structural racism.

Self-Injury – Self-injury is intentionally hurting one's own body.[37]

Sexual Violence – Sexual violence is any sexual act that is coerced, committed, or attempted against someone without that person's consent or against someone unable to give consent.[38]

Stalking – the act or crime of willfully and repeatedly following or harassing another person in circumstances that would cause a reasonable person to fear injury or death especially because of express or implied threats.

Suicide – "Suicide is death caused by injuring oneself with the intent to die."[39]

Systematic Equity – a complex combination of interrelated elements consciously designed to create, support and sustain social justice. It is a robust system and dynamic process that

[36] Nellis 2008.
[37] "Self-Injury" 2019.
[38] Basile et al. 2014.
[39] "Preventing Suicide" 2019.

reinforces and replicates equitable ideas, power, resources, strategies, conditions, habits and outcomes.

Systemic Violence - the type of violence that is deeply embedded in a nation's social, economic, educational, political, legal and environmental frameworks, and tends to be rooted in government policy.

Trauma – Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (**SAMHSA**)

Unfair Employment Practices – Unfair employment practices are discrimination against, or harassment of, job applicants and employees, or retaliation against them because of their assertion of their legal rights.[40]

Unfair Housing Practices – Unfair housing practices are discrimination against tenants or homeowners by anyone engaged in the housing business (e.g. landlords, real estate agents, home sellers, builders, mortgage lenders) as well as discrimination by government agencies in housing policies, including zoning and land-use decisions.[41]

Unwarranted Police Use-of-Force – Unwarranted police use-of-force is the use of force by a peace officer under circumstances other than those explicitly allowed by law or that is unlawfully excessive in that it is not objectively reasonable. This includes the use of deadly force when it is not necessary to defend against an imminent threat of death or apprehend someone for a violent felony who is believed will kill or seriously injure another person unless immediately apprehended.[42]

[40] "Employees and job applicants are protected from bias" 2019.
[41] "Overview of unlawful housing practices" 2019.
[42] "AB 392, Weber" 2019. "Expanded Course Outline" 2019.

D. Measuring Violence - Methodology and Data Tables

Calculating rates

We calculated rates of violence per 100,000 residents for LA County (LAC) overall and for individual demographic groups and Service Planning Areas (SPAs). Most rates other than those for specific age groups are age-adjusted to the 2000 US population. However, some data sources did not include age breakdowns, so crude rates are presented for these sources (i.e. crime and arrests).

Identifying elevated rates

To show populations with elevated rates of violence, we call out demographic groups and SPAs who have a rate over 25% higher than LAC overall and additionally identify those groups with a rate more than two times higher than LAC overall. For data obtained from surveys, we highlight those demographic groups and SPAs with reported values that were significantly different from the County overall.

Time period

For most types of violence, we used the five most recent years of data available to identify which demographic groups and SPAs had elevated levels of violence. However, for some data types fewer years of data were available. The oldest data source used was emergency department visit data, which covered the time period 2010-2014. When looking at trends additional, earlier years of data were available from some sources, and in those cases, longer-term trends were used. The graphs in each violence type section clearly identifies the time frame of the included data.

Identifying demographic groups

Most data sources provided basic information for different demographic groups: gender, racial/ethnic groups and age groups. However, particularly for race/ethnicity, not all providers used the same groups. Where possible, we calculated rates separately for Asians and Pacific Islanders, but some providers, such as hospitals and emergency departments combined these two groups when reporting race/ethnicity.

Identifying geographies

In many cases data were provided by zip code. For these data sources, SPA was assigned based on the location of the centroid of each zip code. Since zip codes boundaries do not correspond to SPA boundaries, this means some violent incidents are assigned to an incorrect SPA. Other data providers were able to share data at the SPA level or provided incident locations that could be geocoded and placed within the appropriate SPA.

Overlap between violence types

There is substantial overlap between the types of violence presented here. For instance, nearly three quarters of homicides and just over one third of suicides involve firearms. Some types of violence are entirely subsets of broader violence types: overall homicides, gang homicides, and intimate partner homicides all have their own sections. Because of this overlap, it is important to avoid using this data to talk about overall numbers of violent incidents in LA County.

Known data gaps/limitations

Several data sources did not include information needed to calculate rates by demographic group or SPA. A major change in the way emergency department data were coded was implemented partway through 2015 and the most appropriate way to identify violence-related visits has not yet been established, so 2014 is the most recent year of data used. The Youth Risk Behavior Surveillance System only includes schools from the Los Angeles Unified School District and is not representative of LAC overall. Certain types of violence (intimate partner violence and sexual violence in particular) have been shown to be substantially underreported, so results presented here are underestimates, and the demographic breakdowns for other types of violence (probation, arrests, child abuse/neglect) may reflect more the likelihood of individuals becoming involved with the associated system rather than true differences in levels of violence.

Color coding in charts

For measures where we calculated rates, we categorized the rates into 4 levels: groups with rates that were over 2 times the County's rate for that measure; groups with rates that were between 1.25 and 2 times the County's rate; groups with rates that were at least as high as the County's rate, but less than 1.25 times the County's rate; and groups with rates that were lower than the County's rate. Groups for which rates could not be calculated because of small numbers or missing data are shown in gray.

	Highest: Over 2 times County rate
	Higher: Between 1.25 and 2 times the County rate
	About the same as LA County rate (or less than 1.25 times the County rate)
	Lower than LA County rate
	N/A: *Numbers are too small to calculate a reliable rate*

For measures from surveys, we categorized the responses into 3 levels: groups with values significantly higher than the County overall; groups with values that were not significantly different from the County; and groups with values that were significantly lower than County.

	Highest: Over 2 times higher than LA County value
	About the same as LA County
	Lower than LA County
	N/A: *Numbers are too small to calculate a reliable rate*

The tables on the next few pages are grouped into the following categories:

- Mortality data
- Emergency department visit data
- Crime data
- Other non-survey data sources
- LA County Health Survey data
- Other survey data sources

Table 1. Mortality Data by SPA and Demographic Group

	All Homicide	All Suicide	All Firearm Deaths	Gang Homicides
Los Angeles County	5.7	7.6	7.0	2.6
Service Planning Area				
SPA 1	6.2	10.6	9.8	1.3
SPA 2	3.0	8.6	5.6	1.0
SPA 3	3.7	6.7	4.9	1.2
SPA 4	4.7	7.9	4.9	1.8
SPA 5	1.4	8.7	3.8	0.5
SPA 6	16.1	4.4	14.4	8.2
SPA 7	5.3	6.3	6.2	1.8
SPA 8	7.4	8.5	9.0	4.1
Race/Ethnicity				
Asian	1.3	6.1	2.0	0.2
Black	24.4	6.1	22.2	14.3
Latinx	5.5	4.4	5.4	2.5
White	2.1	12.4	6.3	0.3
Gender				
Male	9.8	12.5	13.0	4.9
Female	1.5	3.2	1.3	0.3
Age Group				
<1 Year	4.3			
1-4 Years	1.7			
5-9 Years	0.3			
10-14 Years	0.6	0.8		
15-19 Years	8.8	3.7	8.7	6.3
20-24 Years	14.1	7.5	14.5	9.2
25-29 Years	12.4	8.9	13.6	6.8
30-34 Years	9.2	7.7	9.8	4.5
35-44 Years	7.5	8.9	8.5	3.3
45-54 Years	5.2	11.5	6.8	1.4
55-64 Years	3.2	12.2	6.2	0.4
65 + Years	2.0	12.8	7.5	

Homicide, Suicide, Gun Death Data for 2012-2016 from Los Angeles Department of Public Health, Los Angeles Linked Death Data;
Gang Homicide Data for 2012-2016 from Los Angeles County Violent Death Reporting System;
Population data for calculating rates from Hedderson Demographic Services, Population Estimates

Table 2. Emergency Department Visit Data by SPA and Demographic Group

	All Assaults	All Suicide Attempts	All Firearm Injuries	Intimate Partner Violence	Rape
Los Angeles County	256.6	26.1	11.2	4.4	1.3
Service Planning Area					
SPA 1	389.4	100.1	11.3	10.0	3.8
SPA 2	182.8	23.0	6.3	3.1	0.9
SPA 3	188.5	20.7	7.3	3.2	0.6
SPA 4	317.1	24.4	10.7	4.1	2.1
SPA 5	161.3	23.3	3.6	2.4	1.4
SPA 6	480.3	23.9	31.0	7.0	2.4
SPA 7	219.0	19.4	10.4	5.0	0.7
SPA 8	284.7	27.2	12.4	5.3	1.2
Race/Ethnicity					
Asian	55.3	7.0	1.5	1.8	
Black	737.9	46.2	42.4	10.1	4.5
Latinx	229.1	19.1	10.4	4.2	0.9
White	196.1	36.1	4.6	3.3	1.4
Gender					
Male	331.2	24.3	19.2	0.8	0.3
Female	181.6	28.0	2.9	8.0	2.4
Age Group					
<1 Year	21.9				
1-4 Years	22.2		1.6		
5-9 Years	38.6	2.0	3.1		
10-14 Years	169.3	32.7	9.7		1.4
15-19 Years	542.5	80.5	34.0	1.7	3.7
20-24 Years	652.8	62.8	38.1	8.1	3.5
25-29 Years	498.6	44.5	22.2	10.2	2.5
30-34 Years	392.4	33.3	15.8	9.8	1.9
35-44 Years	278.9	25.4	9.1	7.7	1.2
45-54 Years	247.3	19.4	5.2	5.9	1.1
55-64 Years	144.5	11.3	2.6	2.6	
65 + Years	47.3	3.9	1.4	0.9	

All Emergency Department Data from Office of Statewide Health Planning and Development;
Population data for calculating rates from Hedderson Demographic Services, Population Estimates

Table 3. Crime Data by SPA and Demographic Group

	Homicide	Aggravated Assault	Rape	Robbery	Hate Crime
Los Angeles County	5.7	243.5	24.8	184.7	3.6
Service Planning Area					
SPA 1	5.3	253.7	32.1	143.2	4.5
SPA 2	2.8	144.5	18.4	92.8	4.1
SPA 3	3.4	141.6	19.8	91.8	1.5
SPA 4	6.3	320.9	33.9	289.9	7.3
SPA 5	1.8	152.4	28.2	122.6	5.0
SPA 6	17.5	502.9	33.6	427.6	5.2
SPA 7	4.6	205.7	18.6	151.4	2.0
SPA 8	6.2	247.8	26.3	193.6	2.2
Race/Ethnicity					
Asian*					0.9
Black					12.6
Latinx					1.8
White					2.5
Gender					
Male					3.9
Female					1.7
Age Group					
<1 Year					
1-4 Years					
5-9 Years					
10-14 Years					
15-19 Years					
20-24 Years					
25-29 Years					
30-34 Years					
35-44 Years					
45-54 Years					
55-64 Years					
65 + Years					

* Includes Pacific Islanders for Hate Crimes.

Crime data from Los Angeles Police Department, Los Angeles Sheriff Department, and California Attorney General. SPA was assigned by approximate crime location for LASD and LAPD, and by city for other agencies that reported to the Attorney General. Demographics are not available Countywide. Hate crime data from Los Angeles Human Relations Commission. All data in table are for years 2013-2017.

Population data for calculating rates from Hedderson Demographic Services, Population Estimates

Table 4. Other Data Sources by SPA and Demographic Group

	Child Maltreatment	Elder Abuse/Neglect	Juvenile Probation	Arrests for Violent Felonies
Los Angeles County	1201.3	1917.6	515.9	276.0
Service Planning Area				
SPA 1	3104.1	2670.4	791.5	
SPA 2	860.1	1661.0	315.2	
SPA 3	1247.9	1413.9	484.7	
SPA 4	874.9	2215.0	405.2	
SPA 5	296.9	1874.8	178.3	
SPA 6	1723.2	3595.8	733.4	
SPA 7	1069.7	1755.2	470.3	
SPA 8	1245.7	1890.1	624.0	
Race/Ethnicity				
Asian*	203.2		30.9	
Black	3588.0		1739.7	950.5
Latinx	1169.0		521.4	289.0
White	607.7		176.2	143.3
Gender				
Male	1190.6		793.5	447.4
Female	1212.2		226.7	106.1
Age Group				
<1 Year				
1-4 Years				
5-9 Years				
10-14 Years				
15-19 Years				
20-24 Years				
25-29 Years				
30-34 Years				
35-44 Years				
45-54 Years				
55-64 Years				
65 + Years				

* Includes Pacific Islanders for Child Maltreatment data.

Child Maltreatment Cases Among 0-17 year olds Handled by Department of Children and Family Services for 2017-2018, Data provided by DCFS. Elder Abuse/Neglect data is from investigations conducted the County's Adult Protective Services program from 2013-2017 (data is for fiscal years, not calendar years). Juvenile probation data for 10-19 year olds on probation from 2014-2018, data provided by Probation Department. Arrest data for 2013-2017 from California Attorney General. Population data for calculating rates from Hedderson Demographic Services, Population Estimates

Table 5. LA County Health Survey Data by SPA and Demographic Group

	% Reporting Neighborhood is Safe from Crime	% Reporting Physical or Sexual Violence by an Intimate Partner	Average Number of Poor Mental Health Days in Past Month	% With Current Depression
Los Angeles County	85.0%	16.8%	4.0	11.5%
Service Planning Area				
SPA 1	93.6%	22.8%	4.4	13.1%
SPA 2	91.1%	16.6%	3.7	11.6%
SPA 3	84.9%	10.6%	3.7	8.7%
SPA 4	76.4%	16.2%	4.6	12.3%
SPA 5	88.8%	21.9%	3.5	15.8%
SPA 6	69.0%	18.2%	4.0	10.6%
SPA 7	87.0%	16.5%	4.0	12.0%
SPA 8	87.5%	20.3%	4.2	11.5%
Race/Ethnicity				
Asian	90.1%	10.4%	4.0	5.8%
Black	82.9%	27.1%	4.3	15.3%
Latinx	80.5%	13.5%	3.8	9.5%
White	88.5%	21.6%	4.1	16.5%
Gender				
Male	84.1%	13.2%	3.6	8.7%
Female	85.8%	20.2%	4.3	14.1%
Age Group				
18-24 Years	81.8%	13.0%	5.4	9.6%
25-29 Years	87.6%	19.8%	4.5	10.3%
30-39 Years	82.5%	19.9%	4.1	10.7%
40-49 Years	81.4%	18.8%	4.2	11.4%
50-59 Years	84.1%	18.5%	3.7	13.5%
60-64 Years	92.6%	14.3%	3.5	14.2%
65 + Years	90.1%	11.8%	2.6	11.2%

All data from 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. Survey respondents included adults aged 18+.

Table 6. Other Survey Data by SPA and Demographic Group

	% Reporting Physical or Sexual Abuse During Pregnancy	% Reporting Seriously Thinking About Suicide	% of High Schoolers Reporting Being Bullied at School	% of High Schoolers Reporting Missing School Because They Did Not Feel Safe
Los Angeles County	2.4%	8.2%	13.2%	7.4%
Service Planning Area				
SPA 1	3.5%	11.4%		
SPA 2	*	7.1%		
SPA 3	3.3%	7.6%		
SPA 4	4.6%	9.6%		
SPA 5	1.2%	9.5%		
SPA 6	*	*		
SPA 7	*	8.0%		
SPA 8	2.6%	9.2%		
Race/Ethnicity				
Asian	*	7.2%	13.8%	5.8%
Black	4.4%	9.7%	*	*
Latinx	2.6%	6.6%	13.1%	7.0%
White	1.2%	10.2%	14.5%	12.1%
Gender				
Male		8.0%	11.6%	6.3%
Female		8.3%	14.9%	8.6%
Age Group				
<1 Year				
1-4 Years				
5-9 Years				
10-14 Years				
15-19 Years		9.4%		
20-24 Years		13.6%		
25-29 Years		11.9%		
30-34 Years		10.2%		
35-44 Years		6.8%		
45-54 Years		8.0%		
55-64 Years		6.9%		
65 + Years		4.4%		

* unstable estimate, or number of respondents too small to calculate.

Abuse during pregnancy from Los Angeles Mommy and Baby (LAMB) Survey for 2016. Bullying (in past year) and Missing School (in past 30 days) from the Youth Risk Behavior Surveillance Survey, which covers LA Unified School District, not the whole County. Thoughts about suicide from California Health Interview Survey data for LA County, 2013-2017.

E. The Relationship Between Violence and Community Conditions

Data Sources and Preparation

2013-2017 Zip code level data on the numbers of assault related trauma center visits was provided by the LA County Emergency Medical Services Agency. Zip code counts represent the number of injuries that occurred in that zip code. 2010 US Census data was used to calculate rates by zip code.

The Healthy Places Index was developed by the Public Health Alliance of Southern California to measure levels of community conditions related to healthy outcomes in neighborhoods throughout California. The index is subdivided into 8 components and includes a total of 25 variables. The 8 different components are housing, economic, education, health care, neighborhood, pollution, transportation, and social. Individual indicators included in each component are listed in the sections of this appendix devoted to each component. The 25 indicators were selected using these criteria:

- Evidence-based (as determined through literature reviews)
- The availability of statewide, publicly available data at the census tract level
- Continuity with earlier versions of HPI
- Actionable for policy, systems, or environmental change
- Associated with life expectancy at birth

The community conditions included as measures in the HPI are commonly known as social determinants of health. These are not individual behaviors, but are policy, systems, and environmental issues that impact many facets of the health of Californians, including health outcomes related to violence. More information about the Healthy Places Index is available on its website: https://healthyplacesindex.org/.

For the analyses in this appendix, census tract level Healthy Places Index (HPI) Scores were obtained from the Public Health Alliance of Southern California's HPI website and were combined into zip code level scores by project consultants from Chapin Hall. Zip code level scores were calculated for the overall index and for each of the eight component sub-index groups.

Mapping

Zip code level maps of LA County were created that used colors to show the range of HPI scores. Zip codes shaded red show zip codes with less healthy community conditions, while zip codes shaded in blue show areas with healthier community conditions. The size of the dot placed at the center of each zip code shows the magnitude of the zip code's rate of assault related trauma center visits. Separate maps were made to show the relationship between overall HPI and violence as well as the relationship between each HPI sub-index and violence.

Scatterplots and correlations

The scatterplots are another way of showing the same information that is provided in associated map. Each dot in a scatterplot represents a single zip code. The horizontal x-axis shows that zip code's HPI score and the vertical y-axis shows the zip code's assault related trauma center visit rate. The R^2 value shown in each plot is a measure of how correlated the two measures are; values can range from 0 to 1. An R^2 value of 0 would indicate that assault related trauma center visits are not at all correlated with that HPI component measure. Higher R^2 values indicate that assault rates and the Healthy Places Index scores are more strongly correlated. Correlations were calculated between overall HPI and violence rates as well as for each individual HPI sub-index and violence.

Importance of Outliers

It will be important to examine zip codes that are outliers. By looking at the scatterplots, it is possible to see that some zip codes have high levels of disadvantage as measures by HPI but have relatively low rates of assault-related trauma center visits. There are also zip codes that have low levels of disadvantage, but relatively high rates of assault-related trauma center visits. As OVP begins working at the local level, learning what is happening in these outlier zip codes can help inform the work of SPA-based coalitions.

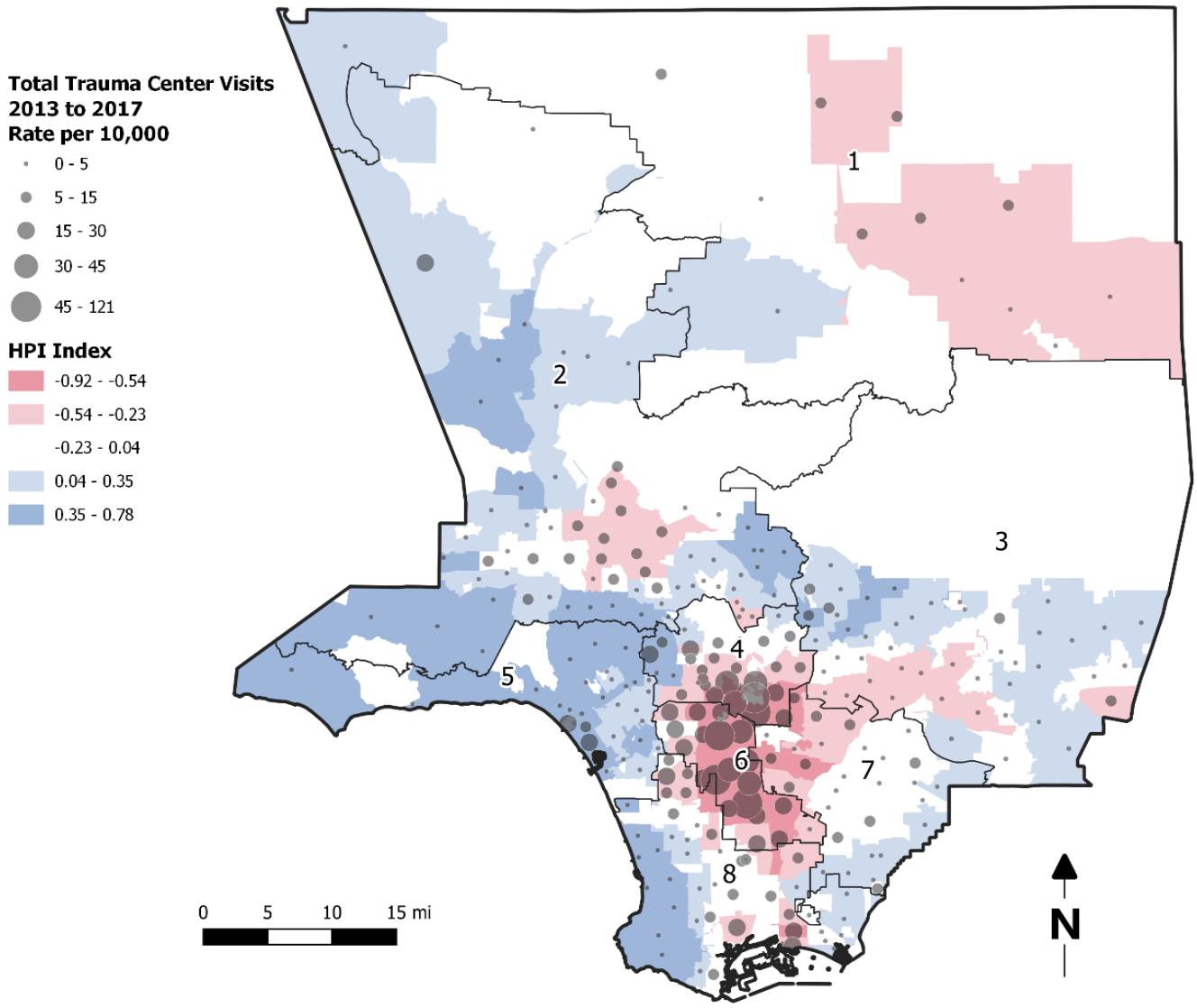
Additional Analyses

The results presented here show how each component of the HPI relates to assault-related trauma center visit rates; however, it is also possible to conduct similar analyses for each individual variable in the HPI. This will show which individual variables are most closely related to the outcome of violence. Additionally, the relationship with HPI measures may be quite different for other forms of violence. Future work will involve examining how other types of violence, such as suicide/self-inflicted injuries, are related to HPI's measures.

Table 7. Correlations at the Zip Code Level Between Rate of Trauma Center Visits for Assaults and Healthy Places Index, by SPA for Overall HPI and by HPI Component at the County Level

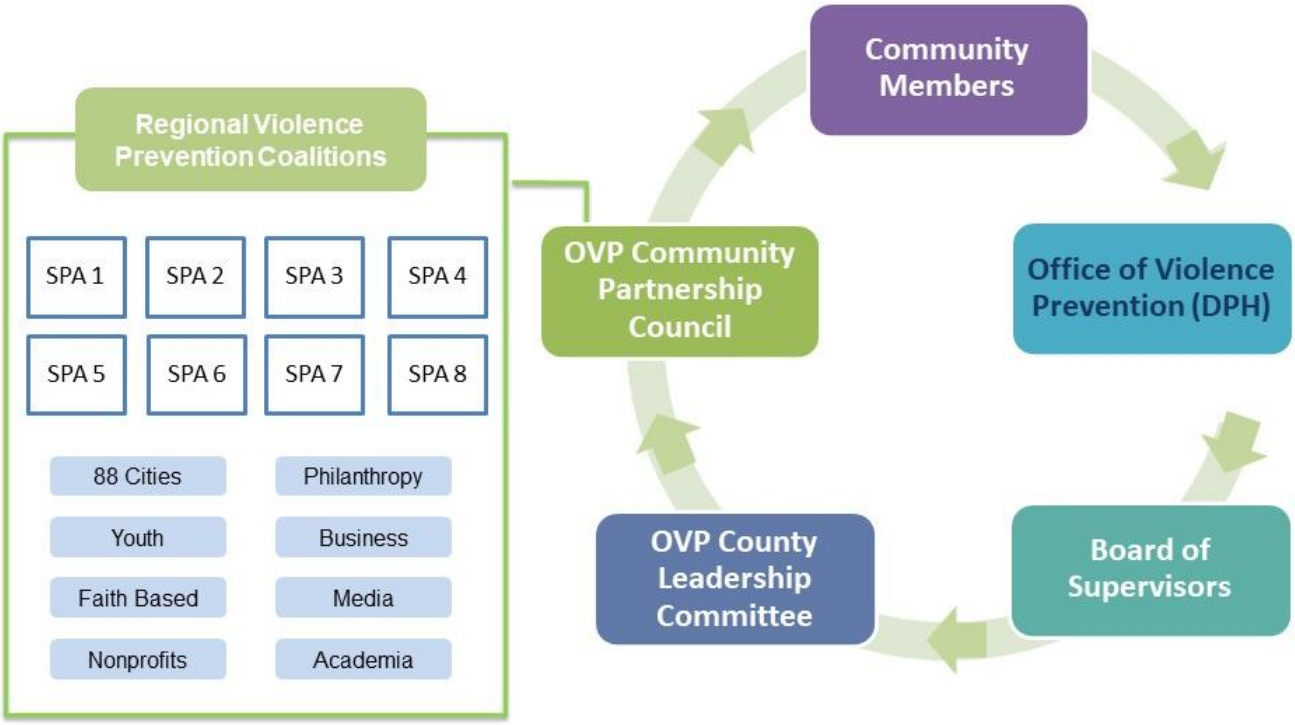
Overall Healthy Places Index – by SPA	Correlation	Healthy Places Index – by Component	Correlation
SPA 1	0.005	Housing	0.31
SPA 2	0.003	Economic	0.23
SPA 3	0.163	Education	0.07
SPA 4	0.279	Healthcare	0.18
SPA 5	0.529	Neighborhood	0.00
SPA 6	0.670	Pollution	0.04
SPA 7	0.274	Transportation	0.17
SPA 8	0.550	Social	0.30
Countywide correlation between overall HPI and Assaults = 0.23			

Figure 1. Map showing relationship between Rate of Trauma Center Visits for Assaults and Overall Healthy Places Index by LA County Zip Codes



F. OVP Governance Structure

The Office of Violence Prevention (OVP) leadership has built a governance structure that enables cross-system information sharing and the ability to reimagine systems in order to streamline processes and ensure efforts are more equitable and effective, using the tenets of the National Implementation Research Networks Practice to Policy Communication Loop. This design facilitates the ability to intervene actively, at multiple levels of implementation, to help increase the likelihood of sustainability and support a new way of work. A process to ensure that 'policy enables practice' and that 'practice informs policy' can help improve our chances to make change and achieve outcomes. OVP governance structure includes three key components inclusive of policy makers and practitioners ensuring the Practice to Policy Communication Loop is intact and able to advise long-term: OVP Executive Leadership; Community Partnership Council; and a County Leadership Committee.



County Leadership Committee

The OVP County Leadership Committee was developed to facilitate improved coordination and shared accountability for both County Departments and community stakeholders. The Committee provides a structure for County agencies to align existing efforts and initiatives through improved coordination while creating a space to advance new and innovative ideas, strategies, policies, practices, and fill identified gaps. The County Leadership Committee began convening in January 2019 and includes high-level representatives, including department heads

and designees, of 30 County departments. The County Leadership Committee also established ad-hoc workgroups to develop key aspects of the strategic plan, including a Data Workgroup, a Definitions Workgroup and a Training Workgroup. Additional workgroups will be established to move forward planning and implementation of priority strategies.

Community Partnership Council

The OVP Community Partnership Council membership is restricted to individuals who live and work in LA County and represent networks or coalitions (local, state, or national non-governmental) engaged in violence prevention; organizations serving individuals impacted by violence including survivors; or leaders organizing efforts to address violence in each Service Planning Area (SPA) or a distinct demographic group. The Community Partnership Council was established in October 2019 and includes 25 individuals representing the diversity of LA County across regions, populations, and expertise in multiple forms of violence. The OVP Community Partnership Council will assist with the design of the SPA coalitions, provide technical guidance for implementation, and troubleshoot and advise on issues that arise.

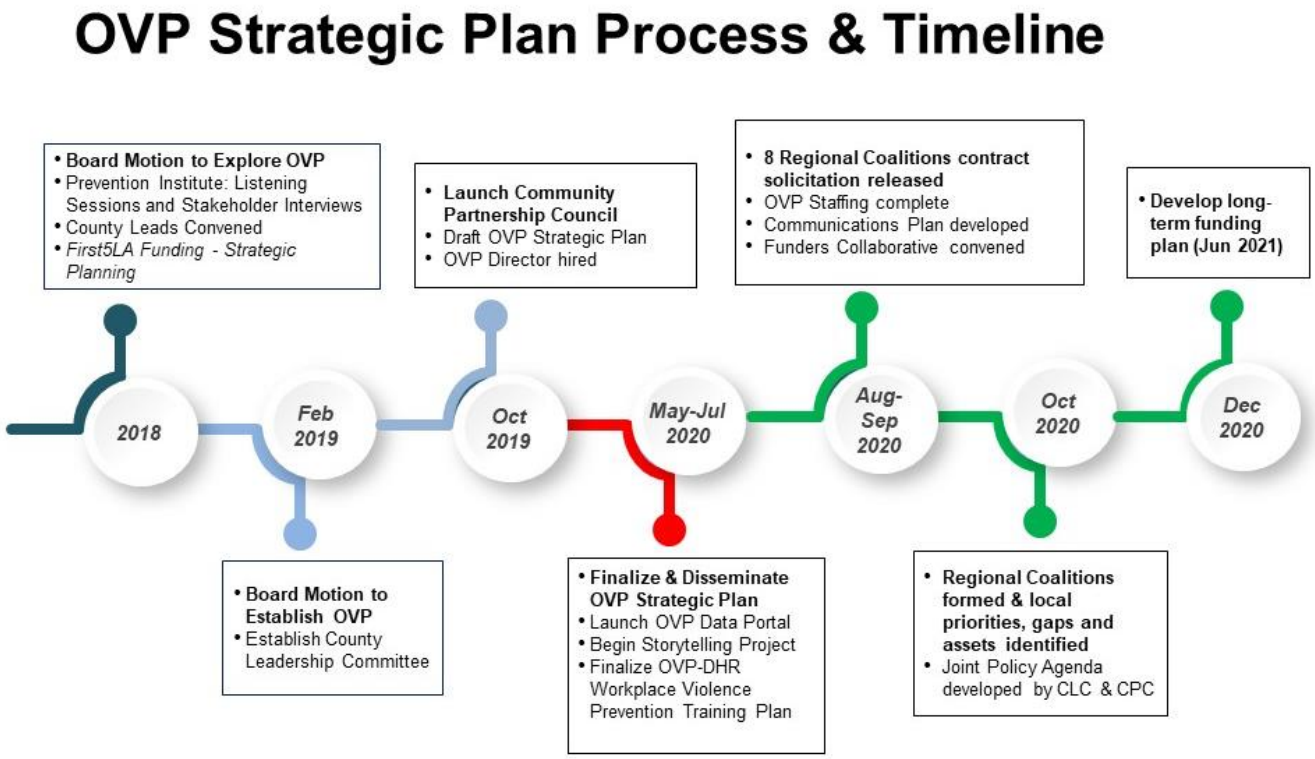
Service Planning Area (SPA) Coalitions

A regional approach to stakeholder engagement is critical to ensure that OVP has a transparent and accessible interface with communities throughout the County. OVP will contract with community based organizations (CBOs) to convene a violence prevention coalition in each of the eight County Service Planning Areas (SPAs). DPH will contract with eligible organizations that are pre-qualified through the DPH community engagement master agreements and can demonstrate expertise in violence prevention, community mobilization and outreach, organizing stakeholders towards a common goal, and maintaining relationships with a broad group of stakeholders in their selected SPA. The selected agencies may choose to sustain an existing coalition that aligns with the goals of OVP or may establish a new coalition. SPA Coalitions will designate a community leader to serve as a liaison to the Community Partnership Council.

Other Partner Engagement Strategies

The OVP plans to engage other critical voices and expand the governance structure to include LA County youth, healthcare and medical personnel, academia, representatives from LA City, State representatives, and philanthropy members. Each of these voices will help to shape the future objectives and strategies of the Office and will further the depth and reach of the OVP mission, vision, values, and guiding principles.

G. Methods & Planning Process



Information gathering across LA County and across a broad sector of stakeholders has been a critical foundational step in the development of this early implementation strategic plan. To begin the information gathering process at the community level, DPH contracted with Prevention Institute (PI) in May 2018 to obtain feedback from stakeholders across the County. PI conducted ten listening sessions in each of the County's eight Service Planning Areas (SPAs), and 15 subject matter expert interviews. The DPH Injury and Violence Prevention Program (IVPP) also conducted more than twenty interviews of key informants with expertise across multiple forms of violence. Additionally, DPH took the following steps to ensure an array of input:

- Obtained input from the Los Angeles County Network Against Hate Crime, and the Hate Violence Prevention Partnership to incorporate hate violence prevention;
- Secured funding from California Wellness Foundation to convene a group of violence prevention thought leaders to inform the OVP;
- Conducted preliminary data analysis and an environmental scan;
- Conducted a survey with County Departments about violence initiatives and needs; and
- Obtained input from the County Leadership Committee and Community Partnership Council.