



FESIA A. DAVENPORT
Acting Chief Executive Officer

County of Los Angeles Health and Mental Health Services

DATE: Wednesday, October 7, 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#**

**THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO
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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. **Discussion Item(s):**
 - a. **Sheriff Civilian Oversight Commission:** COC COVID-19 Report
- III. **Information Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):
 - a. **DHS:** Approval and Authorization to Accept the Payout and Disbursement of Funds from Academic Medical Center Connection
 - b. **DHS:** Approval to Accept Compromise Offers of Settlement for Patients Who Received Medical Care at either County Facilities and/or at Non-County Operated Facilities Under the Trauma Center Service Agreement

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

- a. **DHS:** Delegation of Authority for the Department of Health Services to Executed Agreements, Letters of Agreements and Amendments to Existing Agreements in Response to Impacts on the County Safety Net Health Care System Caused by the COVID-19 Pandemic or Any Subsequent State of Emergency Declared by the Board of Supervisors for Various Medical Services Required to Meet the Needs of County Patients
- b. **DPW/DHS:** LAC+USC MC Courtyard Refurbishment and Elevator Addition Project – Establish and Approve Capital Project, Approve Appropriation Adjustment, Authorize Use of JOC, and Adopt, Advertise, and Award
- c. **DPH:** Approval of Master Agreements for As-Needed Substance Use Prevention Services (#05117)
- d. **DPH:** Approval to Execute Four Contracts for the Provision of Pedestrian Plans Project (#05220)

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



COUNTY OF LOS ANGELES SHERIFF CIVILIAN OVERSIGHT COMMISSION

World Trade Center
350 South Figueroa Street, Suite 288, Los Angeles California 90071
(213) 253-5678

September 8, 2020

To: Commissioners
From: COVID-19 Ad Hoc Committee

Brian K. Williams
Executive Director

MEMBERS

Lael Rubin
Chair

Robert C. Bonner
Commissioner

James P. Harris
Commissioner

Patti Giggans
Commissioner

Sean Kennedy
Commissioner

Priscilla Ocen
Commissioner

Xavier Thompson
Commissioner

Casimiro Tolentino
Commissioner

Hernán Vera
Vice-Chair

AD HOC UPDATE REGARDING THE LOS ANGELES COUNTY SHERIFF'S DEPARTMENT'S EFFORTS TO MITIGATE EXPOSURE TO THE CORONAVIRUS (COVID-19) PANDEMIC WITHIN THE LOS ANGELES COUNTY JAILS.

The Los Angeles County Sheriff's Department operates one of the largest jail facilities in the world. While individuals are in custody, the Sheriff's Department has a constitutional and moral obligation to keep them safe.

COVID-19 spreads most readily in indoor, poorly ventilated settings, where people are in close proximity to one another and without adequate personal protective equipment like masks, gloves, soap, and hand sanitizer. According to the Centers for Disease Control, "[i]ncarcerated/detained persons live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread once introduced." In short, jails are an optimal setting for the uncontrolled spread of coronavirus.

To curb the spread of COVID-19 in congregate environments such as jails and prisons, the CDC has issued a series of [recommendations](#) to law enforcement agencies across the country. The CDC recommends that agencies responsible for jails and prisons ensure "operational preparedness," including communication with state and local partners, review existing policies regarding infectious diseases, identify alternatives to in-person judicial proceedings, and establish protocols for the provision of medical care, isolation of sick patients and quarantine for individuals exposed to coronavirus. In addition, the CDC recommends that facilities adopt social distancing guidelines and "ensure that sufficient stocks of hygiene supplies, cleaning supplies, [personal protective equipment] (PPE), and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available."

In April 2020, Chair Patti Giggans created an Ad Hoc Committee (Committee) on Coronavirus (COVID-19). The Ad Hoc Committee is comprised of Lael Rubin (Chair), James P. Harris, Sean Kennedy, and Priscilla Ocen. The COVID-19 Ad Hoc Committee was

formed to examine Los Angeles County Sheriff's Department's (LASD) efforts to mitigate exposure to the Coronavirus (COVID-19) pandemic within L.A. County jails, its adherence to CDC guidelines, and to identify problematic issues that need to be resolved. The Committee heard from the following stakeholders on their efforts to assist in managing the spread of COVID-19: Assistant Sheriff Bruce Chase of the Los Angeles Sheriff's Department (LASD), Dr. Cheryl Grills of the Sybil Brand Commission (SBC), Dr. Muntu Davis of the Department of Public Health (DPH) as well as representatives from Correctional Health Services (CHS), the Professional Peace Officers Association, Los Angeles County District Attorney's Office, the Public Defender, incarcerated individuals, and community members.

Status of COVID-19 in the L.A. County Jail Population

Approximately 12,000 people are currently in L.A. County jail facilities. To date, 2,949 individuals held in jail facilities have tested positive (both symptomatic and asymptomatic) for COVID-19. As of September 8, 2020, 63 people are in isolation, and another 1,561 are in quarantine. Six persons have died in custody since the beginning of the COVID-19 pandemic, who tested positive for COVID-19, although it has not been determined whether COVID-19 was the cause of death.

Coordination between LASD and Correctional Health Services

The Committee has some concerns that CHS and LASD are not working collaboratively on significant aspects of COVID-19 operations. LASD Custody Operations executive staff and CHS management meet periodically to discuss policies, inmate housing, inmate population, health services, and testing issues. CHS and LASD have coordinated to ensure that every person entering a jail facility is subject to a temperature check, and COVID-19 signage is visible in common areas.

According to LASD representatives, Correctional Health Services staff are primarily responsible for screening, testing, and assessing individuals in custody for COVID-19:

If an inmate is suspected of having coronavirus, they will be assessed by Correctional Health Services medical staff who make the determination of appropriate quarantine housing. A surgical mask will be placed on the inmate, and staff will follow proper Personal Protective Equipment (PPE) guidelines provided by the Center for Disease Control (CDC).

LASD reports that staff then ensure that the recommendations of CHS staff are implemented.

COVID-19 Testing of People in Custody and Staff

As of April 30, 2020, CHS screened and offered COVID-19 tests to all individuals in the L.A. County jails at the Reception Centers, which are the point-of-entry into the jails for new arrestees. To date, CHS has tested more than 10,000 people in custody. A full round of all L.A. County jails testing was completed on June 10, 2020. Another round of testing has yet to be announced.

Community members and public defenders, however, argue that the testing protocols in place are insufficient. For example, they argue that individuals who decline to take a COVID-19 test at intake have difficulty accessing testing once processed. In addition, individuals are not retested or isolated when they exit and return to facilities from court appearances. Individuals are not retested upon release from isolation when symptoms stop, or they go 14 days without symptoms. According to CHS, people in custody are not tested prior to release into the community, which [endangers public health](#).

Regarding deputies and custody assistants, testing is not mandatory. Instead, staff are encouraged to stay home if they are feeling ill and may be referred to an outside entity for testing voluntarily.

Face Masks in L.A. County Jail Facilities

According to LASD's policy manual, all employees are required to wear a face-covering when interacting with inmates, the public, or employees. All jail facility personnel are required to wear a cloth mask while inside a facility. LASD acquired cloth masks from a local vendor and distributed them to all custody line staff. Custody staff were also issued N95 respirator masks at the onset of the outbreak. New N95 masks continue to be issued as needed. In addition to the face masks provided to staff, Custody Operations facilitated the production of cloth masks for inmates by Century Regional Detention Facility (CDRF) and North County Correctional Facility (NCCF) vocational shops. These cloth masks, as well as dust masks and/or surgical masks, are provided to each inmate within the L.A. County jail system. New masks for inmates are replenished as needed. Inmates, however, are not required to wear masks in common areas.

It is unclear whether individuals are complying with LASD's mandatory mask policy. During an unannounced visit to several LASD facilities, members of the Sybil Brand Commission reported that individuals in custody were not wearing masks. At times staff was observed without a mask.

Given the [fact](#) that COVID-19 can be spread by respiratory droplets and aerosols that can linger in the air for hours, the inconsistent use of masks is profoundly troubling and dangerous.

Transporting Inmates to and from Court

The Committee heard from the Los Angeles County Public Defenders office who expressed concerns on how inmates are being brought to the Court that are in quarantine and/or have been tested but have no results of those tests. If test results are positive, they should not be transported to Court for any reason. It was stated that LASD personnel need to proactively provide masks to inmates in courthouse lock-ups who profess to have no mask. More importantly, LASD personnel need to lead by example by always, consistently wearing their own masks.

On August 6, 2020, the Committee submitted a letter to the Superior Court of California, County of Los Angeles Presiding Judge Kevin C. Brazile, and Supervising Judge of the Criminal Division, Sam Ohta.¹ The letter raised concerns on how deputy sheriffs are unable to maintain the recommended social distancing protocols during the transport and temporary housing of in-custody inmates in courtroom lock-ups. The Committee asked the Court if video arraignments from local L.A. County jail facilities will be available in the near future to remedy this critical health risk, which will reduce the spread of the virus during transport and the close quarters of the holding cells.

On August 25, Presiding Judge Kevin C. Brazile provided a written response to the Committee outlining the steps the Court has implemented to their day to day operations.² The main point of reference in the letter was how the courts launched a program to conduct arraignments via video, the latest in a series of actions to reduce traffic in the Los Angeles County courthouses. The program will provide approximately 250 criminal courtrooms with the ability for remote appearances with the consent of the defendant. Among other things, defendants have the right to be physically present in Court for the proceedings on their case. They must give consent to any remote proceeding, such as arraignment or preliminary hearing. See Emergency California Rules of Court (CRC), Rule 3 and 5. The launch of video arraignments aims to cut down on inmates' transfers and promote social distancing as concerns continue to mount over how quickly the virus can spread in confined spaces.

¹ See Committee letter to court, August 6, 2020, attached hereto as exhibit 1.

² See Superior Court of California, County of Los Angeles response letter to Committee, August 25, 2020, attached hereto as exhibit 2.

In April 2020, the Court reduced inmates' transportation and lock-up demands by developing and implementing remote video arraignments from 13 Sheriff sub-stations and 24 local police department stations throughout the County of Los Angeles.

The letter further stated how LASD has also negotiated with GTL (County contracted phone provider) to create a new communication system where criminal defense counsel may use an online portal to schedule appointments to speak with their incarcerated clients over the phone in a confidential setting. Inmates may use any jail phone to call their counsel at the scheduled time. This may reduce daily court transportation.

Although we acknowledge and applaud the efforts of the Superior Court to address the issues involving virtual court appearances, much more needs to be done. Video arraignment is the tip of the iceberg. The county must determine how to conduct virtual court proceedings for all types of court appearances. Video capacity at sheriff and police stations does not address the larger issue of the transporting of approximately 300-500 individuals daily to the various courthouses within Los Angeles County.

We recognize this is not, exclusively, the responsibility of the Superior Court. All justice partners need to collaboratively determine how to achieve a virtual court appearance while protecting the rights of the defendants. Los Angeles County should become the leader for this timely and secure method of administering timely court proceedings that preserve the public health of all participants.

Physical Distancing

In addition to masks, social distancing (at a minimum of 6 feet) is critical to halting the transmission of COVID-19. The physical layout, combined with the size of the jail population, makes social distancing virtually impossible. In several reports, the Office of the Inspector General highlighted the structural issues within the jails that prevent social distancing, such as bunk beds, which are bolted to the floor and in close proximity to each other.

Members of SBC expressed similar concerns. During a May 30, 2020 visit to Twin Towers, SBC members observed the following:

"Modules were visibly crowded due to the placement of cots in the dayroom resulting in beds no more than 2 feet away from one another. Crowded in between the beds were a number of inmates in wheelchairs. Alternating head to foot does not address the lack of social distancing. Only two inmates were wearing masks. Beds were placed in the day room because of lack of access to stairs for those in wheelchairs (although module A contained an elevator to the upstairs cells)."

In addition to these challenges at Twin Towers, SBC members noted that triple bunks at NCCF prevented social distancing in the dorms, while a dialysis dorm at the Men's Central Jail had insufficient protocols to protect vulnerable inmates.

In response to the concerns raised by the OIG and SBC members, LASD has instructed individuals in custody to sleep "head to foot" in dorm settings and when in multi-person cells with bunkbeds.

Hygiene and Sanitation Practices

In addition to masks and social distancing, the CDC recommends that individuals in custodial settings practice frequent hand washing and disinfecting of surfaces in common areas. LASD reports that sanitation efforts were enhanced at each facility by adding work crews to clean and disinfect high traffic and high touch areas and entry/exit points. Alcohol-based hand sanitizers were added to facilities near doors, elevators, and check-in areas. Additional hygiene products were given to inmate work crews to clean high traffic areas.

Like the mask policy, there appears to be a lack of consistency with regard to LASD's stated policy and actual hygiene practices. On the one hand, at many facilities examined by SBC, there was no cleaning schedule posted. Moreover, while incarcerated individuals were asked to clean their own living spaces, they were not given sufficient cleaning materials to clean their areas daily. At CRDF, members of SBC report that Trustees performing a deep cleaning of jail facilities were not provided with a change of clothes due to a shortage of clothing. SBC also noted in several reports that Trustees often move between quarantined areas, which can result in cross-contamination and a broader spread of the virus within facilities. During COC public comment, community members reported that individuals in custody do not have enough soap or a safe way to dry their hands, and showers are unsanitary within close quarters with no air ventilation.

On the other hand, SBC observed a rigorous cleaning process employed by staff at TTCF. There, deputies supervise cleaning (rather than inmates). Trustees are specially trained on COVID-19 cleaning protocols and given adequate personal protective equipment. Trustees are supervised by a deputy when moving between modules. Trustees receive clean clothing after sanitizing modules. To date, none of the trustees have contracted the virus.

We encourage LASD to ensure uniformity of hygiene practices across facilities and to adopt the practices used at TTCF at all county facilities.

Use of Quarantine and Isolation

Per CDC guidelines, the Department of Public Health has recommended aggressive use of isolation and containment to prevent the spread of COVID-19.³ In line with this guidance, LASD places individuals who test positive (or who are suspected to be positive) for COVID-19 in isolation⁴, while those who have been exposed to COVID-19 are placed in quarantine⁵. While individuals in isolation are generally placed in single cells, those in quarantine continue to be held in pods with many others due to overcrowding in many facilities. This practice may lead to individuals who are (pre-symptomatic or asymptomatic) positive interacting with others and transmitting the virus.

The Committee also made a note of instances when deputies and custody staff deviated from quarantine and isolation protocols. For example, SBC reports that at CRDF, the women's jail, deputies move between quarantined and non-quarantined areas without taking precautions. On another occasion, SBC reported instances in which individuals who tested positive for COVID-19 were inadvertently placed in quarantined modules.

These lapses also occur with respect to jail Trustees. SBC also documented complaints from Trustees who cook and clean at CDRF. The Trustees reported that they are required to move between quarantined areas to non-quarantined areas to clean without adequate precautions, which made the Trustees feel unsafe. At NCCF, SBC noted that some quarantined dorms were not being cleaned at all.

There are, however, difficulties in striking a balance between allowing freedom of movement and limiting the spread of the coronavirus. This tension was made clear by members of the Youth Justice Coalition, who complained that some inmates were on 24-hour lockdown. SBC received complaints from people housed at CRDF who reported feeling like COVID-19 isolation was punishment as they were housed alone, not given adequate medical support nor a change of clothes for days. Others at CRDF in quarantine complained that they only had access to showers every 2-3 days and were not given hygiene kits. Moreover, because access to day rooms has been strictly limited, individuals complained that they do not receive any programming, and they have difficulty making phone calls.

³ See memorandum from Los Angeles County Health Officer Dr. Mutu Davis to Board of Supervisors, April 24, 2020, attached hereto as Exhibit 3.

⁴ According to the Los Angeles County Sheriff's Department website, "[i]solation is designated for individuals who have a temperature of 100.4 or higher or are exhibiting certain flu-like symptoms consistent with an upper respiratory infection. All patients in isolation and under observation have either tested positive or have been tested pending results."

⁵ Quarantine is "designated for individuals who have had close contact with a PUI or a positive patient."

Policies and Signage

The ad hoc members received current policies and procedures related to COVID-19 from LASD, which includes protocols on hand hygiene, Personal Protective Equipment, isolation, quarantine, and visitation. [Videos](#) were developed by Custody Training and Standards Bureau to educate staff and inmates about COVID-19. The videos address subjects such as social distancing, proper hand washing techniques, proper use of PPE, and the importance of sanitation in work and living areas throughout the jails.

Other Concerns

Members of SBC recorded a number of complaints about the medical response to non-COVID related care. For example, individuals housed at TTCF and CRDF reported that requests for medical care for serious conditions have been delayed or outright ignored. The individual reported requesting a grievance form but not being given a pencil to fill out the form.

LASD Population Reduction Efforts

Since the onset of the COVID-19 crisis, LASD, in collaboration with the Los Angeles County District Attorney's Office, the Los Angeles County Public Defender's Office, and the courts, have worked together to reduce the jail population by 6,000 people. On June 2, 2020, the total jail population was 12,026. It was as low as 11,765 on May 1, 2020, marking the first time in decades that the L.A. County jail system's population was lower than the capacity assigned by the Board of State and Community Corrections. Currently, the jail population is down 32% from before the pandemic after many low-level offenders were released to prevent the virus from spreading. According to LASD's COVID-19 policy manual, their population reduction efforts were achieved based on the following:

- Zero-dollar bail – on April 13, 2020, the Judicial Council of California invoked emergency powers to temporarily eliminate bail for individuals arrested and charged with low-level offenses as part of a continuing effort to slow the influx of inmates and a potential likelihood of a COVID-19 outbreak. The Judicial Council ended the statewide emergency order on June 20, 2020.
- AB 109 Releases – the Department has accelerated releases for inmates up to 30 days prior to the completion of their sentences, with approval of the Presiding Judge of the Superior Court, under the statutory authority of California Penal Code section 4024.1.

- Vulnerable population - the Department is working with Correctional Health Services and other justice partners to identify individuals such as pregnant females, those over 65 years old, and medical “high risk” whose charges or current level would preclude them from release as a better alternative to remaining in jail.

While LASD’s progress on jail population reduction is laudable, the Committee is concerned that the population has plateaued, and population reduction efforts have stagnated. SBC also documented complaints from Trustees who feared that they were not being released (despite their eligibility) due to their status as “essential workers.”

Population Reduction Efforts by the Office of Diversion and Reentry and the Los Angeles District Attorney’s Office

The Office of Diversion and Reentry (ODR) is supportive of the efforts made by the justice partners over the past months to safely reduce jail populations to reduce their risk of exposure to COVID-19.

These efforts were initially focused on the pretrial population; however, ODR, with the assistance of Correctional Health Services (Department of Health Service or CHS), also compiled an initial list of 1,618 people in custody who were identified as most medically fragile. Medically fragile individuals include individuals with HIV/AIDS, pregnant women, those over 65, individuals in the medical/hospital sections of the jail, and individuals with significant mental health issues.

After some initial difficulty with the release coordination, the Court and other justice partners are now working collaboratively to improve the rate at which ODR can provide services to vulnerable patients leaving the jail, without delaying any releases. ODR has since made great efforts to coordinate with its health, justice, and community-based partners to be involved in the rapid release so that vulnerable persons with major mental and/or physical health disorders are not released to the streets without any services or treatment.

In addition to the efforts undertaken by ODR, beginning on March 20, 2020, the Los Angeles District Attorney’s Office (LADA) began the process of reviewing multiple lists of inmates eligible for release provided by LASD. LASD requested LADA to consider the release of inmates placed on the lists to reduce the population inside the county jails. One list contained the names of roughly 2,000 individuals who were eligible for release

under California's zero bail policy. LADA agreed to the release of 275 individuals from that list.⁶ LADA reviewed cases of inmates whom LASD identified as medically fragile, 60 years old and older, and those with non-serious or non-violent pending cases. The list contained approximately 3,500 names, and the review process remains ongoing. As of this writing, LADA agreed to release 894 inmates. Due to the volume of cases, deputy district attorneys were recruited to assist with case review of the individuals designated as eligible for early release by LASD. Although the review criteria are not entirely clear, LADA reports that each individual on the list was assessed by impact on the community, the totality of the circumstances, including the severity of the crime, the severity of any injuries, whether the accused used a weapon, and the type of weapon used. Many cases were reviewed electronically, utilizing LADA's case management database. While the ad hoc committee understands the need for LADA review, we are concerned the process has taken too long, and it is unclear how the criteria being used to evaluate candidates for release are weighed.

LADA is currently collaborating with the Public Defender's Office identifying inmates who have 90 days or less on their sentence to determine whether their sentence should be reduced. LADA has urged defense counsel to notify their office regarding any inmate who has a medical issue and is particularly vulnerable.

Ad Hoc Action Items

Population Reduction

Given the challenges posed by the inability to socially distance, inconsistent mask usage, and poor hygiene in the jails, county justice partners must aggressively move to reduce the jail population further.

Monitor Ongoing Issues

The Committee will continue to keep the Commission updated on developments related to necessary and appropriate measures to prevent and control the spread of COVID-19 in the jails.

⁶ See Letter to Lael Rubin from Sergio Gonzalez, Assistant District Attorney, May 18, 2020, attached hereto as Exhibit 4.

Collaborate with LASD, CHS, and SBC

The Committee will continue to collaborate with LASD, CHS, and the SBC to safeguard the management of COVID-19 inside the L.A. County Jails.

Social Distancing

LASD should ensure social distancing guidelines from the federal Center for Disease Control Prevention for physical distancing and testing in correctional facilities are enforced inside all county jail facilities, specifically the Correctional Treatment Center, people who are immunocompromised, the K6G unit, and the Old Man dorm in Men's Central Jail.

Hygiene and Sanitation Measures

LASD should continue to assess the adequacy of sanitation and healthy hygiene practices at facilities. Ensure adequate hygiene supplies and essentials are available to all inmates to slow the spread of COVID-19. Increase the frequency of laundry for clothes, towels, and linens. Have a consistent cleaning schedule for staff and incarcerated people.

COVID-19 Testing

LASD should continue to advocate for system-wide testing and broadening the screening and testing criteria for COVID-19 to detect persons with early, mild, or atypical disease presentations. Ensure free testing is readily available for any inmate or staff member who shows symptoms or fears they may have been exposed. Ensure that inmates are tested upon release from custody.

Improved Tracking/Tracing Capabilities in Facilities

LASD should adopt a mechanism for tracking the status of individuals and modules in line with SBC recommendations.⁷

⁷ At one visit to Twin Towers, SBC members noted the following:

Cell by cell COVID status signage was clearly visible and very informative. This is the result of the initiative taken by Deputy Trinh. He set up a whiteboard detailing relevant COVID information for the entire module and placed information sheets on each pod indicating the pods status, when they were placed on quarantine/restriction, and any special instructions relevant to that pod. This was the best designed and most informative signage observed across all inspection to date. It is worth exploring its use in other facilities.

Transportation to Court

LASD should reduce the number of in-person court appearances for non-essential matters and low-level cases. Push for efforts to accelerate the implementation of video arraignment. This will mitigate potential exposure to a currently large number of individuals (reportedly 300 to 500 daily) who are transported to and from the Court. This presents a significant threat to infection control among inmates and staff.

CONCLUSION

Since April 2020, the COVID-19 Ad Hoc Committee has gathered extensive information from LASD and other stakeholders about efforts to control and mitigate the spread of Covid-19 in Los Angeles County Jail.

As has been discussed above, there has been some success, but much more must be done. The failure to provide uniform procedures and protocols throughout the jail system leading to disparate results must not continue.

Testing of inmates must continue, including testing of inmates when they are released into the community. Greater coordination between LASD and the Courts to expand and enhance video arraignments with the defendant's consent will reduce inmate transportation and its attendant risks. The Ad Hoc Committee will continue to monitor Covid-19 in the Los Angeles County Jail.



EXHIBIT 1

COUNTY OF LOS ANGELES SHERIFF CIVILIAN OVERSIGHT COMMISSION

World Trade Center
350 South Figueroa Street, Suite 288, Los Angeles California 90071
(213) 253-5678

Brian K. Williams
Executive Director

MEMBERS

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Hernán Vera
Vice-Chair

August 6, 2020

Hon. Kevin C. Brazile, Presiding Judge
Hon. Sam Ohta, Supervising Judge of the Criminal Division
Los Angeles Superior Court
210 W. Temple Street
Los Angeles, CA 90012

Your Honors:

The Los Angeles Sheriff Civilian Oversight Commission provides ongoing review, analysis, and oversight of the Sheriff's Department's practices, policies, and procedures. The COVID-19 Ad Hoc Committee was formed to examine the Los Angeles County Sheriff's Department's efforts to mitigate exposure to the Coronavirus (COVID-19) pandemic within L.A. County jails, its adherence to CDC guidelines and to identify problematic issues that need to be resolved. The Committee has heard from numerous stakeholders on their efforts to assist in managing the spread of COVID-19.

Numerous justice partners have informed us that deputy sheriffs are unable to maintain the recommended social distancing protocols during the transport and temporary housing of in-custody inmates in courtroom lockups.

To remedy this critical health risk, video arraignments from local L.A. County jail facilities with an ability for confidential communications between attorneys and their clients will reduce the spread of the virus during transport and the close quarters of the holding cells.

The Commission welcomes any input the Court can provide on these matters.

Respectfully,

Lael Rubin
Chair, Civilian Oversight Commission



EXHIBIT 2

The Superior Court

111 NORTH HILL STREET
LOS ANGELES, CALIFORNIA 90012
CHAMBERS OF
KEVIN C. BRAZILE
PRESIDING JUDGE

TELEPHONE
(213) 633-0400

August 25, 2020

Lael Rubin, Chair
County of Los Angeles
Sheriff Civilian Oversight Commission
World Trade Center
350 South Figueroa Street, Suite 288
Los Angeles, CA 90071

VIA ELECTRONIC MAIL AND U.S. MAIL

Re: Courthouse Operations During COVID-19 Pandemic

Dear Chairperson Rubin:

By letter dated August 6, 2020 addressed to me and to the Hon. Sam Ohta, Supervising Judge of the Criminal Division of the Superior Court of California, County of Los Angeles (Court), you shared that numerous justice partners have informed the Sheriff Civilian Oversight Commission (Commission) that "deputy sheriffs are unable to maintain the recommended social distancing protocols during the transport and temporary housing of in-custody inmates in courtroom lockups." You note that "video arraignments from local L.A. County jail facilities with an ability for confidential communications between attorneys and their clients will reduce the spread of the virus during transport and the close quarters of the holding cells." You then invite "any input the Court can provide on these matters."

The constitutional due process rights in criminal proceedings dictate that the Court prioritize criminal operations. The challenge was how to do so in a manner that protected the health of participants and complied with Public Health guidelines to slow the spread of the novel coronavirus. The Court collaborated with justice partners to streamline processes and focused on ways to reduce the number of inmates that were brought to its courthouses.

1. One of the first measures the Court took was to adopt a zero-bail schedule in March 2020. This allowed law enforcement agencies to release defendants charged with most misdemeanors and low-level felonies.
2. The Court continued to attempt to reduce foot traffic at the criminal courthouses by facilitating remote arraignments and offering remote preliminary hearings. In April 2020,

the Court reduced inmate transportation and lock-up demands by developing and implementing remote video arraignments from 13 Sheriff sub-stations, and 24 local police department stations throughout the County of Los Angeles.

As of August 10, 2020, approximately 250 criminal courtrooms have the ability for remote appearances with the consent of the defendant.

3. The Court sought to reduce the jail population by encouraging various stipulated release processes between prosecutors and defense counsel. These consisted of: 1) Inmates in custody on cases where \$0 bail applied; 2) 60 days jail sentence or less; 3) 90 days jail sentence or less, and 4) vulnerable inmates. Since March 20, 2020, these efforts led to the stipulated release of over 1,250 inmates.
4. Increasing Opportunities for Confidential Attorney-Client Communications in County Jail

In devising options for reducing foot traffic at the courthouses and increasing stipulated settlements, the Court identified a source of delay. The COVID-19 pandemic has led the Sheriff's Department to limit attorney visits at the county jail severely. Consequently, attorneys wait to meet with their clients at the courthouse or via the 24 video conference stations at the county jail. The current population at the county jail hovers around 12,000 inmates. Currently, there is a two-week wait to use the video conference stations.

To expand the opportunities for confidential communications between defense counsel and their clients, the Court, together with the Los Angeles County Public Defender's Office (PD's Office), the Los Angeles County Alternate Public Defender's Office (APD's Office), the Los Angeles County's Internal Services Department (ISD), and the Los Angeles County Sheriff's Department is working to develop the use of the Inmate Telephone Monitoring System (ITMS) for this purpose. GTL, the private vendor who operates ITMS, has agreed to provide these calls free of charge starting the third week of July 2020. The telephone calls will neither be monitored nor recorded. With more than 3,800 phones at the county jail, the Court expects that the use of ITMS for confidential communications between defense counsel and their clients will increase dispositions of criminal cases.

5. Late Disposition Program

On June 1, 2020, the Court also implemented a Late Disposition Program (LDP) that facilitates prosecutors and defense to agree - either formally or informally - on a disposition of a criminal case. In the formal LDP, the defense and prosecution agree on a disposition and the defendant is ordered out to take a plea and be sentenced. When the defense and the prosecution have not agreed on a disposition, the parties present cases to the judge for a potential disposition. Consistent with *People v. Clancy* (2013) 56 Cal.4th 562, the Court may make an open plea offer, if appropriate. If the defendant accepts the plea offer, the defendant is brought to court to take the plea. At that point, the case is resolved. Since June 1, 2020, the LDP has disposed of at least 1,034 felony cases and 3,113 misdemeanor cases.

6. New Protocol Regarding Asymptomatic Inmate Testing

At the beginning of the pandemic, the Sheriff's Department transported asymptomatic inmates to court from the county jail. In early May of 2020, the Sheriff's Department began mass testing of county jail inmates for COVID-19. Their policy did not require they await results before transporting inmates who showed no signs of illness; accordingly, asymptomatic inmates were transported to court after testing. Inevitably, some of them tested positive for COVID-19. This created a logistical problem that required a solution to prevent the spread of COVID-19. The Sheriff's Department and the Court consulted with the Los Angeles County Department of Public Health (DPH) and agreed that the Sheriff's Department would not transport asymptomatic inmates to court before receipt of their test results. Such inmates were identified as "no-go meds." If the inmate tested negative, the "no-go meds" status would be lifted after two days and the inmate would once again be permitted to attend court proceedings. Many asymptomatic inmates, however, tested positive. This new protocol, while not foolproof, continues to prevent many asymptomatic inmates who are positive for COVID-19 from being transported to court.

The constitutional rights of defendants in criminal cases limit the Court's options for conducting proceedings remotely. Among other things, defendants have the right to be physically present in court for the proceedings on their case and must give consent to any remote proceeding, such as an arraignment or preliminary hearing. See Emergency California Rules of Court (CRC), Rules 3 and 5. While the Court requires all persons in court to use face coverings and to observe

Response to Lael Rubin, Chair
County of Los Angeles, Sheriff Civilian Oversight Commission
August 25, 2020
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physical distancing (six feet) and has taken other measures to protect the health of persons in court, it cannot violate defendants' rights to participate in court proceedings in person. If the Sheriff's Department or other justice partners have ideas that are more protective of the health of participants and still abide by the rights of defendants, the Court is open to hearing them.

Very truly yours,


Kevin C. Brazile

c: Hon. Eric C. Taylor, Assistant Presiding Judge
Hon. Sam Ohta, Supervising Judge, Criminal Division
Sherri R. Carter, Executive Officer/Clerk of Court

EXHIBIT 3



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April 24, 2020

TO: Each Supervisor

FROM: Muntu Davis, M.D., M.P.H.
Los Angeles County Health Officer

A handwritten signature in blue ink, appearing to be "Muntu Davis", written over the printed name and title.

**SUBJECT: UPDATE REGARDING NECESSARY AND APPROPRIATE MEASURES
TO PREVENT AND CONTROL THE SPREAD OF COVID-19 IN THE JAILS**

This is in response to the March 23, 2020 Executive Order that tasked the County Health Officer, in collaboration with the Department of Health Services and its Correctional Health Services (CHS), the Sheriff's Department (LASD), the Department of Mental Health, and the Office of Inspector General, to conduct an immediate assessment of Los Angeles County's jails for the purpose of identifying all measures to prevent the spread of COVID-19 and protect individuals incarcerated, working, or visiting County jails.

Specifically, this communication describes actions taken by the Department of Public Health (Public Health) to address the elements outlined in the Executive Order as well as related items (e.g., activities related to juvenile detention facilities).

Assessment of Juvenile Detention Facilities

On March 26, 2020, five teams of three Public Health Inspectors from our Environmental Health (EH) division conducted a rapid assessment of eight juvenile detention facilities covering COVID-19 related prevention, isolation and quarantine, and sanitation practices (See Appendix 1). Overall, the assessment revealed satisfactory measures were in place. All facilities showed adequate overall sanitation, including frequent cleaning of high touch surfaces. And while half of the facilities had at least some core supplies (i.e., masks, gloves, sanitizer), it is important to note that supplies will decrease quickly.

Handwashing and hand sanitizer supplies were also available to staff and youth at all facilities, but only two facilities provided sanitizer upon entry/exit. In addition, the ability of detained persons to implement disease prevention measures (e.g., frequent handwashing) may be limited by security considerations and is determined by the supplies provided in the facility. For example, many facilities restrict access to soap and paper towels and prohibit alcohol-based hand sanitizer and many disinfectants.

We will continue to work with the Probation Department to ensure all COVID-19 confirmed cases and Persons Under Investigation (PUIs) among staff and resident youth, are reported as well as to provide consultation on contact tracing.

Memo to the Sheriff's Department

On March 31, 2020, a memo was issued to Sheriff Alex Villanueva that recognized the imminent threat of the spread of COVID-19 within County jails. It highlighted the importance of following clinical guidance issued by State and Federal public health entities and offered additional recommendations including having the previously mentioned departments (1) develop predictions for the impact COVID-19 would have on the jails' housing and health services; (2) continue to reduce the incarcerated population, including using imminent emergency authority, so the County jails can adhere to the standards set forth in State and Federal guidelines; and (3) ensure people who are released from custody receive the supports necessary to protect themselves and the greater population.

To determine the extent to which the clinical guidance had been implemented, on April 10, 2020, teams from our EH and Acute Communicable Disease Control (ACDC) divisions, conducted assessments of Men's Central Jail (MCJ) and both buildings of the Twin Towers Correctional Facility (TTCF), including the Correctional Treatment Center (CTC) and Inmate Reception Center (IRC). Areas at MCJ and TTCF that have been designated as quarantine and isolation areas were also assessed.

Assessment of Los Angeles County Jails

Three teams of three Public Health Inspectors from our EH division used a rapid assessment to evaluate the facilities' practices related to COVID-19 prevention, isolation and quarantine, management of symptomatic and exposed individuals, and sanitation measures (See Appendix 2). One team of one physician, one public health nurse and two infection control nurses from our ACDC division used Public Health's [COVID-19 Guidance for Correctional and Detention Facilities](#) and conducted interviews with custody staff to assess similar elements of prevention and infection control while evaluating additional operations and staffing-related areas (See Appendix 3).

Both assessments reveal CHS and LASD have adopted responsive strategies to address COVID-19 in their facilities. This includes educating staff and inmates about COVID-19, rapid isolation of symptomatic persons, and grouping inmates who are close contacts of a [confirmed or suspected COVID-19 case](#) together to prevent contact with other unexposed inmates (cohorting).¹ Additionally, staff reinforce social distancing in common areas, whenever possible. CHS and LASD work collaboratively on major aspects of COVID-19 procedures, and LASD staff seem well versed on how clinical and public health decisions impact their operations.

¹ Ideally, confirmed cases and Persons Under Investigation (PUIs) for COVID-19 should be isolated individually, and close contacts should be quarantined individually. The Center for Disease Control's COVID-19 [Guidance for Correctional and Detention Facilities](#) also acknowledges that "some correctional facilities and detention centers do not have enough individual cells to do so and must consider cohorting as an alternative."

These assessments also highlight areas of improvement. Common observations were noted in the following areas:

Screening

Current screening practices highly depend on self-reported symptoms from incoming arrestees and staff.

Areas for Improvement – Screening:

- 1) More broadly screen persons with any early/mild symptoms of COVID-19, such as subjective fever or acute respiratory symptoms (e.g., cough or shortness of breath) to more quickly identify potential cases.
- 2) Increase the number of clinicians available to evaluate symptomatic arrestees outside of Tower 241 and CTC.
- 3) Dedicate a staff member to screen all staff upon entry, for any signs of respiratory illness. If not feasible, adopt the use of a mass notification tool to send twice daily temperature and symptom check reminders to staff, which may also require staff confirm they are symptom-free prior to starting their shift and 12 hours later.
- 4) Ensure all who enter the facility wear a cloth face covering.

Isolation & Quarantine

It is of the utmost importance that we continue to reinforce the difference between isolation (symptomatic – with or without resulted test) and quarantine (asymptomatic close contacts). Much work is happening in these areas, including the medical monitoring of people who are in isolation.

Areas for Improvement – Isolation:

- 1) Increase medical monitoring (temperature and symptom checks) for high-risk patients housed in CTC to every four hours.
- 2) Use existing space to alternatively serve as isolation areas in each building to minimize movement of sick persons (e.g. designate single person cells in the Medical Observation Specialty Housing (MOSH) of MCJ).
- 3) Initiate contact investigations, in consultation with Public Health, for Persons Under Investigation (PUIs) and quarantine of close contacts while the PUI's test results are pending. This will minimize potential spread of COVID-19 due to delays in result notification.

The current quarantine protocol is synonymous with limited movement; it does not include medical surveillance. Persons on quarantine should have some degree of medical monitoring with daily temperature and symptom checks.

Areas for Improvement – Quarantine

- 1) Implement active surveillance of persons in quarantine (i.e., using a no-touch thermometer to take temperatures twice a day and symptom checks once a day).
- 2) Decompress quarantine housing units to minimize bunk bed occupancy to the maximum extent feasible.
- 3) If more than 10 people have to be in a room, arrange beds/bunks so that individuals sleep head to foot to increase the distance between them.

COVID-19 Testing

Isolation and testing determinations are currently based on presentation of moderate disease (fever and acute respiratory symptoms) and not early or mild disease (fever or acute respiratory symptoms). Given the large population of relatively young persons who traffic through the jail, many may overwhelmingly present with mild symptoms. The facility testing criteria at the time of this assessment can miss a number of potential cases. Additionally, the strict requirement of a documented fever can miss people who are immunocompromised who may otherwise present atypically.

Areas for Improvement – COVID-19 Testing

- 1) Broaden the screening and testing criteria to detect persons with early, mild or atypical disease presentations.
- 2) Expand the number of facility providers who are permitted to screen and test (outside of CTC and Tower 241). This includes, but is not limited to, primary care providers.

Public Health has since learned that efforts to broaden testing criteria are underway. Public Health strongly supports this direction and advises such efforts be sustained.

Policies & Signage

Public Health received current policies and procedures related to COVID-19 from LASD (i.e., hand hygiene, Personal Protective Equipment (PPE), isolation, quarantine, and visitation); we are still waiting to receive these documents from CHS that outline facility practices on testing, quarantine and isolation.

Area for Improvement – Policies & Signage

- 1) More widespread signage (e.g., head-to-toe configuration, hand hygiene and cough etiquette in English and Spanish) in every common area housing unit/dorm, clinical area (e.g., MCJ clinics, Towers clinics, IRC, and CTC).
- 2) Submit all CHS policies and procedures related to COVID-19 to Public Health.
- 3) Ensure each facility's Emergency Plan is strictly adhered to.

Clinical Practice

CHS medical providers have been encouraged to institute changes in practice that minimize the number of clinic visits. However, interviews reveal that non-essential clinic visits continue.

Area for Improvement – Clinical Practice

- 1) Cancel and postpone all non-essential clinic visits, both for primary care and specialty services. Clinical judgement should be used when making these decisions.

Social Distancing

Social distancing practices applied within the facility when possible. Still, there are notable areas for improvement.

Area for Improvement – Social Distancing

- 1) As outlined above, cancel and postpone all non-essential clinic visits, both for primary care and specialty.
- 2) Intensify efforts to accelerate the implementation of video arraignment. This will mitigate potential exposure to the currently large number of individuals (reportedly 300 to 500 daily) who are transported to and from court. This presents a significant threat to infection control among inmates and staff.

Successful Implementation of Recommendations

Public Health would like to acknowledge the efforts and current actions taken to support and protect the County's incarcerated population, as well as the County staff who work in the jails. In addition, we continue to applaud reductions already made and the efforts of our justice partners to continue reducing the incarcerated population in County jails, as well as efforts to expand the use of technology solutions, such as telemedicine and virtual arraignments and proceedings.

Public Health will continue to work with the Sheriff's Department and Whole Person Care (WPC) to ensure care transitions of PUIs, positive cases and quarantined persons being released to congregate environments. Specifically, Public Health will notify receiving facilities of status.

In addition, as outlined in the March 31st memo, Public Health introduced Correctional Health Services and the Sheriff's Department to local subject matter experts, who may be able to develop short-term, mid-term, and long-term predictions to estimate the growth of the pandemic in the incarcerated population and its impact on jail-related housing and health services.

Your Board's continuous support is critical to ensure correctional facilities can secure the appropriate levels of clinical staffing, personal protective equipment, cleaning and hygiene supplies, signage, and technology.

Public Health appreciates the opportunity to act as a resource to protect the lives of the incarcerated population and County staff during this pandemic. Coordinated teamwork is the best approach to preserving the public's health during this crisis, and we look forward to continued cooperation and collaboration.

Public Health will continue to keep your Board updated on developments related to necessary and appropriate measures to prevent and control the spread of COVID-19 in the jails.

Please let me know if you have any questions or need additional information.

c: Department of Health Services
Correctional Health Services
Probation Department
Sheriff's Department
Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Environmental Health Assessment of Respiratory Illness Control in Los Angeles County Juvenile Detention Facilities

EXECUTIVE SUMMARY

Background

As part of ongoing efforts to contain the spread of the novel coronavirus (COVID-19), the Department of Public Health (Public Health) conducted a rapid environmental health assessment of eight juvenile detention facilities (**Appendix A**) in Los Angeles County. The assessment evaluated juvenile detention facilities' capability to prevent, manage and control COVID-19 at their site. The integration of housing, education, healthcare, food service, and workplace components present unique challenges for control of COVID-19 transmission among detained persons, staff, and visitors.

Summary of Findings

On March 26, 2020, five teams of three Public Health inspectors assessed eight juvenile detention facilities using a rapid assessment tool to document findings. The facilities were evaluated on their application of specific prevention practices, facility capacity for isolation and quarantine, management of symptomatic and exposed individuals, and sanitation measures to reduce the risk of transmission and severe disease from COVID-19. This report provides a summary of findings:

Prevention Practices

There are many opportunities for COVID-19 to be introduced into a juvenile detention facility, including daily staff ingress and egress; transfer of detained persons; and visits from family, legal representatives, and other community members. The assessment evaluated the prevention practices of facility administration and staff.

Prevention Practices	Yes	No
Signs posted for reporting symptoms	8 (100%)	0
Daily screening of youth upon arrival	7 (87%)	1 (13%)
Youth and staff informed on Covid-19	8 (100%)	0
Staff informed to stay home if sick	8 (100%)	0
Staff trained on infectious disease transmission	8 (100%)	0

All facilities had signs posted for reporting symptoms (100%) and most screened youth upon arrival (87%). However, Dorothy Kirby Center was the only facility that did not screen youth upon arrival to the facility. Key informant interviews revealed staff and youth were informed on COVID-19 related symptoms and procedures to report symptoms of fever, cough and shortness of breath.

Medical/Health Evaluation

Options for medical isolation and reporting of symptoms associated with COVID-19 can vary depending on the type and size of facility, as well as the current capacity level. The assessment evaluated the ability to socially distance at least 6 feet apart, isolation or segregating capabilities, availability of medical services, and tracking isolated youth.

Medical/Health	YES	No
Able to socially distance youth	8 (100%)	0
Ability to isolate youth	8 (100%)	0
Adequate spacing between beds	7 (87%)	1 (13%)
Medical care services on site	8 (100%)	0
Partnership with health care provider	8 (100%)	0
Ability to track isolated residents	8 (100%)	0

As part of the assessment, detention facilities were asked to identify how many beds could be made available for isolation purposes. Of the 8 facilities assessed, all were able to socially distance and isolate symptomatic youth. Adequate bed spacing was available at 7 of the 8 facilities; Challenger Camp had beds bolted 4 feet apart and were advised to have the youth sleep in a head to foot configuration. Adequate levels of healthcare staffing and services were available for medical intervention and tracking of symptomatic youth.

Sanitation Evaluation

Detained youth live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread once introduced. The ability of detained persons to implement disease prevention measures (e.g., frequent handwashing) may be limited and is determined by the supplies provided in the facility and by security considerations. Many facilities restrict access to soap and paper towels and prohibit alcohol-based hand sanitizer and many disinfectants. The assessment evaluated the adequacy of sanitation at the facility, adequate supplies (sanitizers, masks, and gloves), and the availability of handwashing essential to slow the spread of COVID-19.

Sanitation/Hygiene	YES	No
Cleaning schedule in place	8 (100%)	0
Frequently touched surfaces cleaned	8 (100%)	0
Hot/warm water available	8 (100%)	0
Restroom cleaned regularly	8 (100%)	0

Sanitation/Hygiene	YES	No
Adequate number of supplies	4 (50%)	4 (50%)
Hand sanitizer available prior to eating	8 (100%)	0
Adequate handwashing facilities available	8 (100%)	0
Adequate handwashing supplies available	8 (100%)	0
Handwashing signs posted	7 (87%)	1 (13%)
Hand sanitizer provided on Entry/Exit	2 (25%)	6 (75%)

All facilities showed adequate overall sanitation and high touched surfaces were frequently cleaned throughout the facility. Half of the facilities had at least some of the core supplies (i.e. masks, gloves, sanitizer), however, it is important to note that quantities of supplies will decrease quickly. Central Juvenile Hall, Barry J. Nidord Juvenile Hall, Dorothy Kirby Center and Joseph Scott Camp were urged to order and maintain proper quantities. Handwashing and hand sanitizer supplies were available to staff and youth at all facilities, however, only Challenger and Joseph Scott camps provided sanitizer upon entry/exit.

Conclusion

Public Health is committed to providing guidance in maintaining robust sanitation practices and procedures to prevent the potential spread of illness. The majority of the Juvenile Facilities demonstrated use of best management practices to protect staff and youth from becoming exposed to COVID-19.

Public Health remains a collaborative partner with law enforcement, juvenile detention centers, and those supporting detained populations and offers the following top three recommendations:

- Address all areas for improvement noted above, including but not limited to:
 - Provide adequate supplies (i.e. masks, gloves, sanitizer) to assist with direct contact of symptomatic youth.
 - Ensure the availability of hand sanitizer for staff on Entry/Exit at all facilities.
- Maintain vigilant on cleaning and sanitation procedures with an emphasis on hand hygiene and frequently touched surfaces.
- Continue to explore and implement best practices¹ to educate on health protective actions and implement social distancing between youth, guests, and staff to prevent them from becoming exposed.
- Report all staff and resident youth confirmed cases of and Persons Under Investigation for COVID-19 and consult with Public Health on contact tracing.

¹ <http://publichealth.lacounty.gov/media/coronavirus/docs/facilities/GuidanceCorrectionalDetentionFacilities.pdf>

**Appendix A:
Juvenile Detention Facilities**

1. Central Juvenile Hall	1605 Eastlake Ave, Los Angeles, CA 90033
2. Barry J. Nidorf Juvenile Hall	16350 Filbert St. Sylmar, CA 91342
3. Dorothy Kirby Center Camp	1500 S. McDonnell Ave, Commerce, CA 90040
4. Joseph Scott Camp	28700 Bouquet Canyon Rd. Santa Clarita, CA 91390
5. Challenger Camp	5300 W. Ave I, Lancaster, CA 93536
6. Glenn Rocky Camp	1900 Sycamore Canyon Rd. San Dimas, CA 91773
7. Afflerbaugh Camp	6631 Stephens Ranch Rd. La Verne, CA 91750
8. Paige Camp	6631 Stephens Ranch Rd. La Verne, CA 91750

Environmental Health Assessment of Respiratory Illness Control in Los Angeles County Men's Central Jail and Twin Towers Correctional Facility

EXECUTIVE SUMMARY

Background

As part of ongoing efforts to contain the spread of the novel coronavirus (COVID-19) in Los Angeles County, the Department of Public Health (Public Health) conducted a rapid environmental health assessment of Los Angeles County's jails to identify all necessary and appropriate measures to prevent the spread of COVID-19 in the jails and protect individuals incarcerated in the jails, as well as County staff working in the jails. The integration of housing, education, recreation, healthcare, food service, and workplace components present unique challenges for control of COVID-19 transmission among detained persons, staff, and visitors. As of April 22, 2020, reports show 96 confirmed cases at some point in jail facilities; the Sheriff's Department reports 65 detained persons are in isolation and 1,586 are in quarantine.

Summary of Findings

On April 10, 2020, three teams of three Public Health inspectors assessed the Los Angeles County Men's Central Jail and both buildings of the Twin Towers Correctional Facility using a rapid assessment tool to document findings. The facilities were evaluated on their application of specific prevention practices, capacity for isolation and quarantine, management of symptomatic and exposed individuals, and sanitation measures to reduce the risk of transmission and severe disease from COVID-19. This report provides a summary of findings:

Prevention Practices

There are many opportunities for COVID-19 to be introduced into a jail, including daily staff ingress and egress; transfer of detained persons; and visits from family, legal representatives, and other community members. Administrators should ensure that all persons in the facility know how to prevent the spread of infection and respond if they develop symptoms. The assessment evaluated the prevention practices of facility administration and staff, including the ability to socially distance (maintain a physical distance of at least 6 feet) between all individuals, regardless of the presence of symptoms.

Prevention Practices	Yes	No
Signs posted for handwashing	2 (67%)	1 (33%)
Signs posted for reporting symptoms to staff	3 (100%)	0
Daily screening of staff and incarcerated persons	2 (67%)	1 (33%)
Staff and incarcerated persons informed on COVID-19	3 (100%)	0
Staff informed to stay home if sick	3 (100%)	0
Staff trained on infectious disease transmission	3 (100%)	0



All facilities had signs posted for reporting symptoms (100%), however, Men's Central Jail was missing the handwashing signs and only Twin Tower I & II had handwashing signs posted. Two of three facilities screened all incarcerated persons upon arrival (67%); Twin Tower II only screens sick individuals. Staff for all three facilities were instructed to self-screen for temperature twice a day rather than providing dedicated staff to perform this function. Staff report that employees and incarcerated persons were informed on COVID-19 related symptoms and procedures to report symptoms of fever, cough and shortness of breath.

Medical/Health Evaluation

Options for medical isolation and reporting of symptoms associated with COVID-19 can vary depending on the type and size of the facility, as well as the current capacity level. The assessment evaluated isolation or segregating capabilities, availability of medical services and supplies, and tracking incarcerated persons under isolation or quarantine.

Medical/Health	YES	No
Ability to medically isolate	3 (100%)	0
Ability to socially distance	3 (100%)	0
Medical care services on site	3 (100%)	0
Adequate spacing between beds	3 (100%)	0
Ability to track incarcerated persons under isolation or quarantine	3 (100%)	0

As part of the assessment, facilities were asked to identify how many beds could be made available for isolation purposes. Of the 3 facilities assessed, all were able to socially distance and isolate symptomatic individuals. Adequate bed spacing was available at Twin Tower II, Section 241. Adequate levels of healthcare staffing and services were available for medical intervention and tracking of symptomatic individuals.

Sanitation Evaluation

Incarcerated persons live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread once introduced. The ability to implement disease prevention measures (e.g., frequent handwashing) may be limited and is determined by security considerations and by the supplies provided in the facility. The assessment evaluated the adequacy of sanitation, healthy hygiene practices at the facility, and adequate supplies essential to slow the spread of COVID-19.

Sanitation/Hygiene	YES	No
Adequate supply of Personal Protective Equipment (PPE)	3 (100%)	0



Cleaning schedule in place	3 (100%)	0
Sanitation/Hygiene	YES	No
Frequently touched surfaces cleaned	3 (100%)	0
Hot/warm water available	3 (100%)	0
Restroom cleaned regularly	3 (100%)	0
Adequate handwashing supplies	3 (100%)	0
Adequate handwashing facilities available	3 (100%)	0
Hand sanitizer available prior to eating	3 (100%)	0
Hand sanitizer provided on entry/exit	3 (100%)	0

All facilities had personal protective equipment for cleaning (i.e. masks, gloves), however, it is important to note that quantities of supplies will decrease quickly. All facilities showed adequate overall sanitation and high-touch surfaces are frequently cleaned throughout the facility. Handwashing and hand sanitizer supplies were available to staff and incarcerated persons at all facilities. All facilities provided sanitizer upon entry/exit.

Conclusion

Public Health is committed to providing guidance in maintaining robust sanitation practices and procedures to prevent the potential spread of illness. To support and protect the County's incarcerated population, as well as the County staff who work in the jails, Public Health recommends the following:

- Dedicate a medical staff member to screen all staff upon entry to facility for temperature and any signs of respiratory illness.
- Screen all incarcerated persons, sick or healthy, for any signs of respiratory illness, including temperature checks.
- Ensure that all staff who enter the facility are wearing a face covering while in the facility.
- Maintain vigilant cleaning and sanitation procedures with an emphasis on hand hygiene and frequently touched surfaces.
- Post handwashing signage reminders¹.
- Continue to explore how best to educate on health protective actions and implement social distancing between incarcerated persons, staff, and guests to prevent exposure.
- Ensure Emergency Plan is strictly adhered to.

¹ <http://publichealth.lacounty.gov/media/coronavirus/GuidanceHandwashingEnglish.pdf>



Acute Communicable Disease Control Infection Control Assessment of Los Angeles County Men's Central Jail and Twin Towers Correctional Facility

Executive Summary Assessment Conducted April 10, 2020

Background

As part of ongoing efforts to contain the spread of the novel Coronavirus (COVID-19) in Los Angeles County, the Department of Public Health (Public Health) conducted an infection control assessment of Los Angeles County's jails to identify measures to prevent the spread of COVID-19 and protect individuals incarcerated, working, or visiting County jails.

Summary of Findings

On April 10, 2020, a teams of one physician, one public health nurse and two infection control nurses from Acute Communicable Diseases (ACD) [insert title(s)] assessed the Los Angeles County Men's Central Jail (MCJ), and both buildings of the Twin Towers Correctional Facility using Public Health's [Guidance for Correctional and Detention Facilities](#) and interviews with staff. The facilities were evaluated on their application of various elements ranging from signage to isolation and quarantine protocol. This report provides a summary of findings:

Elements to assess	Assessment	Recommendation
Who oversees infection control at each location?	<ul style="list-style-type: none">Chief Medical Officer (CMO) along with nursing leadership appears to oversee infection control at all locations. There is no dedicated infection preventionist.	<ul style="list-style-type: none">Identify and assign an infection preventionist, preferably by facility.
Isolation Protocol		
Have physical locations (dedicated housing and bathrooms) been identified to isolate confirmed cases?	<ul style="list-style-type: none">Temperature and symptom checks done two times a day for Persons Under Investigation (PUIs) (both high-risk and non-high risk).No isolation area at MCJ.	<ul style="list-style-type: none">Increase medical monitoring (temperature and symptom checks) for high-risk patients at Correctional Treatment Center (CTC) to every 4 hours.Consider single person cells in the Medical Observation Specialty Housing (MOSH) of MCJ as alternate isolation area for MCJ PUIs and positive cases.

Elements to assess	Assessment	Recommendation
Is there a facility isolation plan in place that includes: <ul style="list-style-type: none"> Medically High-risk individuals? When to discontinue isolation? 	<ul style="list-style-type: none"> High-risk and non-high-risk individuals are isolated in different places. Correctional Treatment Center (CTC) is allocated to isolate high-risk PUIs. Tower Two 241 is allocated to isolate non-high risk PUIs. Discontinue isolation if test is negative. 	<ul style="list-style-type: none"> If possible, identify isolation units in each building to minimize movement of sick persons. Consider single person cells in the MOSH of MCJ as alternate isolation area for MCJ PUIs and positive cases.
If an individual is symptomatic, is a face mask provided?	<ul style="list-style-type: none"> Yes 	
Quarantine Protocol		
Have physical locations been identified for quarantine of close contacts of cases?	<ul style="list-style-type: none"> When PUI is identified, everyone who cohabitated with the PUI is considered a close contact. The entire housing unit that PUI was housed in is put on limited movement. Current quarantine housing unit is severely overcrowded. 	<ul style="list-style-type: none"> Decompress quarantine housing units whenever possible. If more than 10 people in a room, ensure head-to-toe configuration of beds.
Is there a facility has quarantine plan that includes: <ul style="list-style-type: none"> Where housing? How many days? Face mask? Symptom monitoring? What to do if becomes symptomatic? Testing? Meals? Laundry? Is staff is wearing appropriate PPE?	<ul style="list-style-type: none"> Limited movement Close contacts are put on limited movement if and after PUI test results are positive (2-3 days). No medical monitoring of individuals in limited movement. Persons are expected to self-report if they develop symptoms. Quarantine duration is 14 days or until they test negative. Masks provided. Relying on self-monitoring. Observed staff to be wearing face mask and gloves Meals served in quarantine dorm. Workers issuing laundry are using PPE Observed staff to be wearing face mask and gloves 	<ul style="list-style-type: none"> Introduce some form of active surveillance of persons in quarantine. Use a no-touch thermometer to do temperature and symptom checks two times a day (at QD).

Social Distancing		
<p>Is a list of Social Distancing strategies made for:</p> <ul style="list-style-type: none"> • Common Areas-increase spacing of inmates? • Recreation-stagger times, restrict usage? • Meals-stagger meals, seating with more space, provide meals inside cells? • Group activities-limit size, increase space between individuals, suspend programs, consider alternatives? • Housing-reassign bunks if allowed to provide more space, sleep head to foot, minimize movements? • Medical-designate a room in each housing unit, have dedicated room for intake assessment? 	<ul style="list-style-type: none"> • Social distancing principles were verbalized by staff, including facility wide Public Service Announcements. • Common area-observed increased spacing of inmates in most areas • Recreation-rooftop area -observed group of about 20 inmates playing basketball. • Meals are provided in cell or dorm area. • Most group activities have been limited and with smaller numbers or cancelled. • Per interview, custody is trying to create more space through reassignment of housing where possible. • Elevators have signs for up to 4 people at a time. • Combination of single rooms and multiple occupancy rooms. Difficult to assign alternate bunk beds (i.e. top, then bottom, then top) since most bunk beds are occupied. • Difficult to are enforce inmate position (i.e. head, then feet, then head) on the beds. 	<ul style="list-style-type: none"> • Do not restrict outdoor privileges for non-symptomatic, non-quarantine persons. However, prohibit contact sports. • Decompress rooms, when possible, to minimize bunk bed occupancy; reinforce head to toe positioning.
Signage		
<p>Is signage posted throughout the facility for:</p> <ul style="list-style-type: none"> • Symptoms of COVID-19 for all and in proper languages? • Staff-stay at home if sick? 	<ul style="list-style-type: none"> • Signage for symptoms was posted at entry points. • All signs for COVID-19 observed were in English only. • Signage telling staff to stay home when sick was posted. 	<ul style="list-style-type: none"> • More widespread COVID-19 signage in every common area is needed. This includes, every housing unit/dorm, clinical area (UC, Inmate Reception Center IRC, CTC, MCJ clinics and Towers clinics). • Add sign noting head-to-toe configuration in every dorm. • Ensure there is signage in English and Spanish.



		<ul style="list-style-type: none"> Have signage on donning and doffing in clinical areas.
Operation and Supplies		
Does the facility have sufficient stock of: <ul style="list-style-type: none"> Medical supplies? Tissues? Liquid soap? Hand Drying supplies? Alcohol-based sanitizer? PPE? COVID-19 testing materials? 	<ul style="list-style-type: none"> Reporting low supplies of n95 masks, gowns, and disinfectant wipes. Witnessed a 50fl oz bottle of hand sanitizer at the main entrance by the guest sign-in. 	<ul style="list-style-type: none"> Ensure adequate supply of soap and surgical masks. Frequently restock as necessary.
Does the facility have a contingency plan in case of a PPE shortage?	<ul style="list-style-type: none"> PPE supplies are distributed to areas/units based on number of patients, type of units, type of procedures, number of HCP in the unit Non-emergency medical procedures that can be postponed are postponed 	<i>Adequate</i>
Hygiene		
Is signage posted for the following topics: <ul style="list-style-type: none"> Cough etiquette? Hand hygiene? Avoid touch eyes, nose, mouth? Avoid sharing utensils? 	<ul style="list-style-type: none"> Cough etiquette was posted but in limited areas Did not observe hand hygiene signs posted 	<ul style="list-style-type: none"> Include hand hygiene signage Increase signage on hand hygiene and cough etiquette across all common areas, including housing units.
Do all persons have access to soap, running water and hand drying machines and tissues?	<ul style="list-style-type: none"> Per interview with custody staff, all inmates are provided soap liberally at no cost, and they have their own towels. Each inmate room has a sink, toilet, shower, and bed. Multiple occupancy rooms have multiple sinks, toilets, showers, and bunk beds. No hand drying machines observed. Trash bags are placed in each room (no touch). 	<ul style="list-style-type: none"> Make tissues available to inmates
Is education provided regarding the need to avoid sharing drugs and equipment?	<ul style="list-style-type: none"> Not directly 	<ul style="list-style-type: none"> Develop signage to communicate risks of sharing drug supplies and tattoos including Hepatitis



		C, HIV and COVID spread.
Screening and Testing Inmates		
Are intake screening and temperature checks are taking place for inmates?	<ul style="list-style-type: none"> • Custody staff do initial screening on entry as part of arrestee screening form. This is done in the transportation area. • Relying on self-reporting of symptoms. If report symptoms and fever, then patient waits outside. RN evaluates patients and takes vital signs in this area. Arrestee doesn't enter the facility. • If patient has a fever and respiratory symptoms, then medical provider evaluates the patient in that area. If determined to be PUI, patient is taken directly to 241 or IRC. 	<ul style="list-style-type: none"> • Broaden PUI criteria to detect and screen persons with early/mild symptoms of COVID-19 – subjective fever or acute respiratory symptoms (shortness of breath, cough). • Broaden number of clinicians (outside 241, CTC) to test.
Are the staff that are doing intake wearing proper PPE for screening and temperature checks?	<ul style="list-style-type: none"> • Did not observe 	<i>Adequate</i>
Do staff know to isolate individuals with symptoms and to: <ul style="list-style-type: none"> • Provide mask? • Place under medical isolation? 	<ul style="list-style-type: none"> • Yes 	
Do staff know to quarantine individuals reporting close contact to a COVID-19 case?	<ul style="list-style-type: none"> • Custody and medical staff define isolation as positive cases. They define quarantine as including as symptomatic persons who have pending test results. 	<ul style="list-style-type: none"> • Suggest reinforcing distinction between isolation (symptomatic – with or without resulted test) and quarantine (asymptomatic close contacts)
Prior to release, are individuals screened for COVID-19 symptoms and temperature? <ul style="list-style-type: none"> • Do have plan if they do not clear screening process? • Are contacting receiving facility before release? <ul style="list-style-type: none"> ○ Symptomatic 	<ul style="list-style-type: none"> • Per interview, are using self-screening. • For PUIs and confirmed cases, and individuals under quarantine, they are notifying receiving facility. 	<ul style="list-style-type: none"> • Public Health will work with custody and WPC to ensure care transitions of PUIs, positive cases and quarantined persons being released to congregate environments. Specifically, Public Health will notify receiving facilities of status.

o Confirmed case Released before isolation or QT finished		
CHS and Custody Staff		
Are screening for temperature and symptoms occurring daily upon entry into facility?	<ul style="list-style-type: none"> Relying on self-reporting, no active screening of temperature occurring Temperature checks with no touch thermometer at entry to CTC. 	If in-person temperature and symptom checks are not feasible, adopt a mass notification tool for twice daily reminders. Everbridge is an example commonly used in hospitals.
Are COVID-19 positive staff not allowed to work until isolation is discontinued?	<ul style="list-style-type: none"> Staff will need clearance from employee health prior to returning to work. 	<i>Adequate</i>
Are quarantined staff instructed to self-quarantine for 14 days?	<ul style="list-style-type: none"> Staff needing quarantine will be referred to employee health for instructions and clearance 	<i>Adequate</i>
Are staff encouraged to maintain at least 6 feet of physical distance when feasible?	<ul style="list-style-type: none"> Yes, in person briefing and training was provided to the staff 	<i>Adequate</i>
Visitors		
Are visitors screened for COVID-19 symptoms and temperature?	<ul style="list-style-type: none"> Staff verbalized that no visitors allowed at current time 	<i>Adequate</i>
Does the facility have a policy for visitations during COVID-19?	<ul style="list-style-type: none"> Did not receive policy 	<ul style="list-style-type: none"> Did not receive policy
Operations		
Is the facility limiting transfers?	<ul style="list-style-type: none"> Unclear Video arraignments in some instances. 	<ul style="list-style-type: none"> Explore ways to expand virtual arraignments and proceedings
Are non-essential medical appointments limited?	<ul style="list-style-type: none"> Not observed 	<ul style="list-style-type: none"> Cancel/postpone non-essential medical appointments
Infection Control		
Are written infection control policies and procedures available? <ul style="list-style-type: none"> PPE handwashing Isolation Quarantine 	<ul style="list-style-type: none"> Did not see any written policies or procedures 	<ul style="list-style-type: none"> Did not receive policy



Is hand hygiene: <ul style="list-style-type: none"> Performed after PPE removal? Training provided to all staff? Supplies for adherence to hand hygiene are available to both staff and inmates? 	<ul style="list-style-type: none"> Staff was knowledgeable of hand hygiene practices. 	<ul style="list-style-type: none"> Did not receive policy
Is PPE: <ul style="list-style-type: none"> Training provided to all personnel who use PPE? Selection known by all personnel? Located near where it is needed? Donned in correct order? Doffed in correct order? 	<ul style="list-style-type: none"> None observed 	<ul style="list-style-type: none"> Post signage and/or videos on donning and doffing. Public Health will provide a number of posters.

Summary

CHS and LASD have adopted responsive strategies to address COVID-19 in their facilities. This includes early screening of all inmates entering the facility and rapid isolation of symptomatic persons. People in isolation are medically monitored. Additionally, staff reinforce social distancing in common areas, whenever possible. CHS and LASD appear to work collaboratively on major aspects of COVID-19 operations, and LASD staff seem well versed on how clinical and public health decisions impact their operations.

Areas for improvement are worth noting. The current quarantine protocol is synonymous with limited movement. It does not include medical surveillance. Persons on quarantine should have some degree of medical monitoring with daily temperature and symptom checks at minimum (preferably twice daily as outlined in the Public Health COVID-19 Guidance for Correctional and Detention Facilities).

Isolation and testing determinations were based on presentation of moderate disease (fever and acute respiratory symptoms) and not early or mild disease (fever or acute respiratory symptoms). Given the large population of relatively young persons who traffic through the jail who may overwhelmingly present with mild symptoms, CHS's current testing criteria likely misses a large number of potential cases. Additionally, the strict requirement of a documented fever can miss people who are immunocompromised who otherwise may present atypically. Therefore, Public Health recommends broadening the screening and testing criteria to detect persons with early, mild or atypical symptoms. This may necessitate expanding the number of providers who are permitted to test (outside of CTC and Tower II Section 241).

Lastly, Public Health requests of all current policies and procedures related to COVID-19 from CHS. We have received these documents from LASD. Public Health looks forward to collaborating and supporting CHS and LASD in its COVID-19 related efforts.

EXHIBIT 4



LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE

JACKIE LACEY • District Attorney
JOSEPH P. ESPOSITO • Chief Deputy District Attorney

SERGIO A. GONZALEZ
Assistant District Attorney

May 18, 2020

Lael Rubin
Chair, Ad-Hoc Committee on COVID-19 and
Vice-Chair, LA County Sheriff Civilian Oversight Commission
World Trade Center
350 South Figueroa Street, Suite 288
Los Angeles, California 90071

Dear Lael,

The Los Angeles County District Attorney's Office (LADA) is in receipt of your letter dated May 12, 2020. We too share your concern about the potential deadly spread of COVID-19 in county jail facilities. On March 20, 2020, the LADA began the process of reviewing multiple lists of inmates provided by the LASD. Our office was asked to consider the release from custody of the listed inmates because of the COVID-19 public health crisis. We reviewed the cases of inmates whom LASD identified as medically fragile, 60 years old and older, and those with non-serious or non-violent pending cases. We reviewed approximately 3500 cases and agreed to release 894 inmates. Every Head Deputy and Deputy-in-Charge reviewed the list of names in their particular Branch or Area office. In Line Operations, there are 15 Head Deputies and 23 Deputies-in-Charge. Due to the volume of cases in Central Operations, deputy district attorneys were recruited to help vet the list of names. We provided names to the court on a daily basis. The vast majority of cases were reviewed electronically utilizing our case database. Our personnel understood the gravity of the situation and made decisions as soon as possible. The review of the lists was their top priority.

The Emergency \$0 Bail Schedule became effective on April 13, 2020 at 5:00 p.m. Our office was provided a list by the LASD of 2107 inmates who were potentially eligible for release. We quickly identified and stipulated to the release of over 275 inmates. We also identified numerous inmates on the list who were already released or did not qualify for release because they were charged with serious and/or violent felonies. The inmates who remain in custody have been charged with committing serious and violent felonies including murder, attempted murder, rape, arson, robbery and other crimes. Their release will endanger the public and victims.

In assessing each inmate for release, we consider the impact their release will have on victims and the community, the totality of the circumstances including the severity of the crime, the severity of any injuries, whether the accused used a weapon and what type of weapon. We have completed our review of the lists provided by the Sheriff's Department.

Hall of Justice
211 West Temple Street
Suite 1200
Los Angeles, CA 90012
(213) 257-2910

Lael Rubin
Page Two
May 18, 2020

We are currently working with the Public Defender's Office identifying inmates with 90 days or less remaining on their sentence and determining whether their sentence should be reduced. We have also urged defense counsel to notify us regarding any person who has medical issues and is particularly vulnerable. This is an on-going project.

Our office remains committed to working with the necessary justice partners to expedite the release of appropriate inmates.

Sincerely,

JACKIE LACEY
District Attorney

By

SERGIO GONZALEZ
Assistant District Attorney

tla

BOARD LETTER FACT SHEET

Agenda Review Date: October 7, 2020


Board Meeting Date: October 20, 2020

Sup. Dist. / SPA No.: All

DEPARTMENT: **Health Services**

SUBJECT: **APPROVAL AND AUTHORIZATION TO ACCEPT THE PAYOUT AND DISBURSEMENT OF FUNDS FROM ACADEMIC MEDICAL CENTER CONNECTION**

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

Approve & authorize the Director of the DHS, or designee, to accept the payout from Academic Medical Center Connection, formerly known as University Health Consortium, for the balance of DHS' Patronage Earned Credits, in a combined total of \$1,614,056. 

II. RECOMMENDED ACTIONS (summarized)

Approve and authorize the Director of the Department of Health Services (DHS), or designee, to accept the payout from Academic Medical Center Connection (AMCC), formerly known as University Health Consortium (UHC), for the balance of DHS' Patronage Earned Credits (PECs) and Special Written Notices of Allocation (SWNA), in a combined total of \$1,614,056, which includes \$1,598,152 for DHS and \$15,904 for Department of Public Health (DPH). Approve and authorize the Director of the DHS, or designee, to distribute the \$15,904 PECs payout to DPH.

III. COST AND FUNDING SOURCES

Cost: There is no net cost to County.

Funding: N/A

IV. BACKGROUND (critical and/or insightful)

DHS obtained Board approval in November 1997 to become a member of UHC, an Illinois-based non-profit member-owned alliance of academic medical centers, and its group purchasing organization (GPO). DHS has also accessed commodity agreements through Novation, the UHC co-owned GPO, for various medical, surgical, laboratory, and pharmaceutical supplies. In return, DHS received PECs from UHC, which were applied toward various UHC services. UHC merged with VHA, also a Novation GPO co-owner. The merger formed a new for-profit entity named Vizient Inc, which combines the strengths of UHC, VHA, and Novation in supply chain & clinical operation improvements. Since the merger and final dissolution of the member-owned consortium, AMCC is liquidating all of its remaining assets, and this includes distribution of all remaining PECs and all SWNA.

V. POTENTIAL ISSUE(S)

None

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

Department of Health Services, Jason Ginsberg, jginsberg@dhs.lacounty.gov, (323) 914-7926
County Counsel, Natasha Mosley, nmosley@counsel.lacounty.gov, (213) 974-8572

October 20, 2020

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

Dear Supervisors:

**APPROVAL AND AUTHORIZATION TO ACCEPT THE PAYOUT AND
DISBURSEMENT OF FUNDS FROM ACADEMIC MEDICAL CENTER
CONNECTION
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Approve and authorize the Department of Health Services to accept the payout and distribute the funds from Academic Medical Center Connection.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and authorize the Director of the Department of Health Services (DHS), or her designee, to accept the payout from Academic Medical Center Connection (AMCC), formerly known as University Health Consortium (UHC), for the balance of DHS' Patronage Earned Credits (PECs) and Special Written Notices of Allocation (SWNA), in a combined total of \$1,614,056, which includes \$1,598,152 for DHS and \$15,904 for Department of Public Health (DPH).
2. Approve and authorize the Director of the DHS, or her designee, to distribute the \$15,904 PECs payout to DPH.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommendations will enable the Director of DHS, or her designee, to accept the payout in a combined total of \$1,614,056, which includes \$1,598,152 for DHS and \$15,904 for DPH, from using services through AMCC. The payout is from the balance of DHS' PECs and SWNA that was the result of the dissolution of the member-owned consortium, AMCC.

BACKGROUND

DHS obtained Board approval in November 1997 to become a member of UHC, an Illinois-based non-profit member-owned alliance of academic medical centers, and its group purchasing organization (GPO). DHS has also accessed commodity agreements through Novation, the UHC co-owned GPO, for various medical, surgical, laboratory, and pharmaceutical supplies. In return, DHS received PECs from UHC, which were applied toward various UHC services.

By the spring of 2014, UHC-AMCC maximized the number of entities legally allowed within its cooperative. After exploring potential expansion options, UHC's member board voted on January 15, 2015 to merge with VHA, a longstanding business partner, and also a Novation GPO co-owner. The merger formed a new for-profit entity named Vizient, Inc. (Vizient), which combines the strengths of UHC, VHA, and Novation in supply chain and clinical operation improvements.

On September 27, 2016, the Board approved the delegation and assignment of rights, title, and interest in common stock of Vizient to LAC+USC Medical Center Foundation, Inc. and directed DHS to return to the Board for approval to accept the cash payout and approval of use of the funds. Since the merger and final dissolution of the member-owned consortium, AMCC is liquidating all of its remaining assets, and this includes distribution of all remaining PECs and all SWNA. The SWNA are the result of UHC's investment in an electronic data interchange solution and UHC taking an ownership position in a company called Neoforma. Neoforma was subsequently purchased by Global Health Exchange (GHX), and UHC received shares of GHX. UHC's ownership position in GHX was eventually sold and the proceeds from this investment make up the SWNA. This final cash payout of \$1,614,056 includes the PEC balance and SWNA.

Implementation of Strategic Plan Goals

This recommendation supports the County Strategic Plan: III.3, "Pursue Operational Effectiveness, Fiscal Responsibility and Accountability".

FISCAL IMPACT/FINANCING

There is no net cost to County.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

This Board letter has been reviewed by County Counsel.

IMPACT ON CURRENT SERVICES

Approval of the recommendation does not impact current services or projects.

The Honorable Board of Supervisors
October 20, 2020
Page 3

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:jc

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Department of Public Health

BOARD LETTER FACT SHEET

Agenda Review Date: October 7, 2020

Board Meeting Date: October 20, 2020

Sup. Dist. / SPA No.: All Districts

DEPARTMENT: **Department Of Health Services (DHS)**

SUBJECT: **REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT FOR PATIENTS SEEN UNDER THE TRAUMA CENTER SERVICE AGREEMENT**

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

Requesting Board approval for the acceptance of compromise offers of settlement for patient accounts that are unable to be paid in full. The payments will replenish the Los Angeles County Trauma Funds.



II. RECOMMENDED ACTIONS (summarized)

The Board is being asked to authorize the Director, or designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code. This will expedite the County's recovery of revenue totaling \$49,960.00 for medical care provided at Harbor UCLA MC and LAC+USC MC.

III. COST AND FUNDING SOURCES

Cost: There is no net cost to the County

Funding: Not Applicable

IV. BACKGROUND (critical and/or insightful)

The acceptance of the attached compromise settlements will help maximize net revenues and will help DHS meet its' budgeted revenue amounts.

V. POTENTIAL ISSUE(S)

Not applicable

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

DHS, Virginia Perez, virperez@dhs.lacounty.gov

County Counsel, Margaret Ambrose, Mambrose@counsel.lacounty.gov

October 20, 2020

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

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT
FOR PATIENTS SEEN UNDER THE
TRAUMA CENTER SERVICE AGREEMENT
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

To request Board approval for the Director of Health Services, or designee, to accept compromise offers of settlement for patients who received medical care at either County facilities and/or at non-County operated facilities under the Trauma Center Service Agreement. The compromise offers of settlement referenced below are not within the Director's authority to accept.

IT IS RECOMMENDED THAT YOUR BOARD:

Authorize the Director of Health Services (Director), or designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual accounts:

Patients who received medical care at County facilities:

LAC+USC Medical Center – Account Number 100620185 in the amount of
\$30,000.00

Harbor UCLA Medical Center – Account Number 101457524 in the amount of
\$6,600.00

Harbor UCLA Medical Center – Account Number 100689505 in the amount of
\$10,000.00

Harbor UCLA Medical Center – Account Number 100997486 in the amount of \$3,360.00

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patients who received medical care at County facilities: The compromise offer of settlement for these patient accounts is recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department of Health Services (DHS) was able to negotiate or was offered.

The best interest of the County would be served by approving the acceptance of these compromises, as it will enable the DHS to maximize net revenue on these accounts.

Implementation of Strategic Plan Goals

The recommended actions will support Strategy III.3 “Pursue for Operational Effectiveness, Fiscal Responsibility, and Accountability” of the County’s Strategic Plan.

FISCAL IMPACT/FINANCING

This will expedite the County’s recovery of revenue totaling approximately \$49,960.00. There is no net cost to the County.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Chapter Section 2.76.046, the Director, or designee, has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director’s, or designee’s, authority requires Board approval.

On January 15, 2002, the Board adopted an ordinance granting the Director, or designee, authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

On November 1, 2005, the Board approved a revised ordinance granting the Director, or designee, authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by the Board on December 8, 2005.

The Honorable Board of Supervisors
October 20, 2020
Page 3

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts. All payments received for the trauma accounts (non-County facilities) will replenish the Los Angeles County Trauma Funds.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:ANW:VP

Enclosures (4)

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 20-6-A

Amount of Aid	\$254,898.00	Account Number	100620185
Amount Paid	0.00	Name	Adult Male
Balance Due	\$254,898.00	Service Date	03/28/16 – 04/11/16
Compromise Amount Offered	\$30,000.00	Facility	LAC+USC Medical Center
Amount to be Written Off	\$224,898.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LAC+USC Medical Center at a cost of \$254,898.00. The account was referred to the County vendor whom was able to negotiate the payment of \$30,000.00 for this account.

This compromise offer of settlement is recommended because it represents the maximum amount the County vendor was able to negotiate with the insurance company.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 20-6-B

Amount of Aid	\$24,638.00	Account Number	101457524
Amount Paid	0.00	Name	Adult Male
Balance Due	\$24,638.00	Service Date	12/05/17 – 12/07/18
Compromise Amount Offered	\$6,600.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$18,038.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at Harbor UCLA Medical Center at a total cost of \$24,638.00.

The attorney has settled the case in the amount of \$25,000.00. Due to the recovery amount being insufficient enough to fully satisfy all liens the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$8,332.50	\$8,332.50	33.33%
Attorney Cost	\$105.00	\$105.00	0.42%
Other lien holders	\$5,653.40	\$1,514.55	6.06%
Los Angeles Department of Health Services	\$24,638.00	\$6,600.00	26.40%
Net to Client (Heirs)	\$0.00	\$8,447.95	33.79%
Total	\$38,728.90	\$25,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 20-6-C

Amount of Aid	\$183,030.00	Account Number	100689505
Amount Paid	0.00	Name	Adult Male
Balance Due	\$183,030.00	Service Date	03/02/19 – 10/23/19
Compromise Amount Offered	\$10,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$173,030.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at Harbor UCLA Medical Center at a total cost of \$183,030.00.

The attorney has settled the case in the amount of \$100,000.00. Due to the recovery amount being insufficient enough to fully satisfy all liens the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$33,330.00	\$33,330.00	33.33%
Attorney Cost	\$599.31	\$599.31	0.60%
Other lien holders	\$40,482.64	\$2,791.00	2.79%
Los Angeles Department of Health Services	\$183,030.00	\$10,000.00	10.00%
Net to Client (Heirs)	\$0.00	\$53,279.69	53.28%
Total	\$257,441.95	\$100,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 20-6-D

Amount of Aid	\$24,014.00	Account Number	100997486
Amount Paid	0.00	Name	Adult Male
Balance Due	\$24,014.00	Service Date	05/05/17 – 06/01/17
Compromise Amount Offered	\$3,360.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$20,654.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at Harbor UCLA Medical Center at a total cost of \$24,014.00.

The attorney has settled the case in the amount of \$83,000.00. Due to the recovery amount being insufficient enough to fully satisfy all liens the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$0.00	\$0.00	0.00%
Attorney Cost	\$32,437.69	\$32,437.69	39.08%
Other lien holders	\$174,264.01	\$24,387.00	29.38%
Los Angeles Department of Health Services	\$24,014.00	\$3,360.00	4.05%
Net to Client (Heirs)	\$0.00	\$22,815.31	27.49%
Total	\$230,715.70	\$83,000.00	100.00%

BOARD LETTER FACT SHEET

Agenda Review Date: October 7, 2020

Board Meeting Date: October 20, 2020

Sup. Dist. / SPA No.: All Sup Districts and Sp⁺

DEPARTMENT: *Health Services*

SUBJECT: Delegated authority to execute agreements with private and public health care systems to increase access to medical services during COVID-19 pandemic or any subsequent state of emergency declared by the Board of Supervisors (Board)

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

Ensures that medically-necessary services are provided to DHS patients in a timely manner when a local emergency impacts the County safety net health care system's capacity.

II. RECOMMENDED ACTIONS (summarized)

Delegate authority to the Director of Health Services, or her designee, to:

A. Execute provider agreements and amendments of existing County agreements at negotiated rates up to market rates for medically-necessary services on an as-needed and intermittent basis when the Board declares a local emergency that adversely impacts the capacity of the County safety net health care system.

B. Modify or waive the County's standard contract provisions, including but not limited to those pertaining to insurance, and indemnification, upon approval by County Counsel under specified conditions described in the Board letter.

III. COST AND FUNDING SOURCES

Cost: It is too early to estimate the cost of the recommended contracting actions.

Funding: Patient care revenues and Provider Relief Funds (PRF) to offset net County costs,

IV. BACKGROUND (critical and/or insightful)

COVID-19 has materially impacted the County's health and public health care systems, particularly with respect to inpatient and outpatient health care service capacity. Consistent with its mission to treat the most vulnerable populations in the County, DHS anticipates, as the County enters the Fall and Winter seasons, which also bring with them the seasonal flu, that its hospitals may reach "surge" capacity, especially in the Intensive Care Units (ICU), as the flu or COVID-19 or both infect more County residents. DHS seeks to be as prepared as possible to meet increasing demand for its services and to mitigate, if not avoid, extended waiting times to obtain ICU and other inpatient medical services, post-acute, outpatient, and/or ancillary care for the County's patients for the duration of until the needs of the County have been stabilized pursuant to the impact of COVID-19, and for the duration of any

V. POTENTIAL ISSUE(S)

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

DHS: Hal Yee, hyee@dhs.lacounty.gov, (213) 240-7989

Contracts and Grants: Julio Alvarado, jalvarado@dhs.lacounty.gov, (213) 288-7819

County Counsel: Sharon Reichman, sreichman@counsel.lacounty.gov, (213) 240-8182

October 20, 2020

DRAFT

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

Dear Supervisors:

**DELEGATION OF AUTHORITY FOR THE DEPARTMENT OF HEALTH SERVICES
TO EXECUTED AGREEMENTS, LETTERS OF AGREEMENTS AND AMENDMENTS
TO EXISTING AGREEMENTS IN RESPONSE TO IMPACTS ON
THE COUNTY SAFETY NET HEALTH CARE SYSTEM CAUSED BY
THE COVID-19 PANDEMIC OR ANY SUBSEQUENT STATE OF EMERGENCY
DECLARED BY THE BOARD OF SUPERVISORS FOR VARIOUS MEDICAL
SERVICES REQUIRED TO MEET THE NEEDS OF COUNTY PATIENTS
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request for approval of delegated authority to offer and execute Agreements and Letters of Agreement, or amendments of existing County agreements, with providers of various medically-necessary services for patients of all Department of Health Services facilities in response to impacts on the County safety net health care system caused by the COVID-19 pandemic or any subsequent state of emergency declared by the Board of Supervisors.

IT IS RECOMMENDED THAT THE BOARD:

Delegate authority to the Director of Health Services, or her designee, until the locally declared state of emergency related to the COVID-19 pandemic is lifted by the Board of Supervisors (Board) and until the needs of the County have been stabilized pursuant to the impact of COVID-19, and for the duration of any subsequent local state of emergency, as declared by the Board, that impacts the County safety net health care system, until the needs of the County have been stabilized pursuant to the impact of such subsequent emergency:

1. To execute Agreements and Letters of Agreement (LOA), using templates pre-approved by County Counsel, with private and other public health care systems and/or

providers for intermittent, as-needed medically-necessary inpatient medical services, post-acute, outpatient, and/or ancillary care for the County's patients at negotiated rates, up to market rates;

2. To execute amendments of existing County agreements as necessary with private and other public health care systems and/or providers for intermittent, as needed medically-necessary inpatient medical services, post-acute, outpatient, and/or ancillary care for the County's patients at negotiated rates, up to market rates; and
3. To modify or waive the County's standard contract provisions, including but not limited to those pertaining to insurance, and indemnification, upon approval by County Counsel and on condition that the modified or waived provisions are not mandated by federal, state or County law or ordinance, on a case-by-case basis, in accordance with the terms of this Board letter.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

As your Board is aware, COVID-19 has materially impacted the County's health and public health care systems, particularly with respect to inpatient and hospital outpatient health care service capacity. Consistent with its mission to treat the most vulnerable populations in the County, the Department of Health Services (DHS) is committed to providing on-going healthcare access for all persons who require inpatient medical care and urgently needed hospital outpatient care, including those impacted by COVID-19.

Accordingly, DHS anticipates, as the County enters the Fall and Winter seasons, which also bring with them the seasonal flu, that its hospitals may reach "surge" capacity, especially in the Intensive Care Units (ICU), as the flu or COVID-19 or both infect more County residents. Already, DHS has experienced surges following recent holidays, such as Memorial Day and July 4th, and it must anticipate similar surges going forward. In addition, the suspension of elective care during the early days of the COVID-19 pandemic has brought to the fore a need to address an accrued volume of backlog services that have resulted from the need to restrict face to face outpatient services to only the most urgent medical needs while rescheduling non-urgent care needs to future dates to optimize the safety of individuals. Thus, DHS seeks to be as prepared as possible to meet increasing demand for its services and to mitigate, if not avoid, extended waiting times to obtain ICU and other inpatient services, physician care, diagnostic testing, and other related/outpatient services. Finally, DHS has identified several high priority areas for non-complex care, including Radiology, GI Endoscopy, Surgery, and Cardiac Diagnostics that it wishes to address through the use of outside medical care providers, again so that it may create and maintain as much capacity as possible within its own system of care.

The recommended actions will permit DHS the flexibility to provide this medically necessary care through outside resources as it prepares for and experiences the next

influx of COVID-19 patients along with seasonal flu patients. The recommended actions will permit DHS to increase surge capacity at the County hospitals for the duration of this pandemic and any future local state of emergency declared by the Board, and ensure that patient care is provided in a timely manner, by permitting DHS to partner with private and public community providers to expand service access to DHS patients, and reimburse those entities up to market rates for medical and related care. To that end, DHS intends to reimburse the private facilities/providers at the applicable Medicare rates, but authority to pay up to market rates will give the Department added flexibility, particularly for those patients whose needs make them more challenging to place.

Finally, although DHS does not anticipate deviating from the County's standard contract terms, if such a need arises, on a case-by-case basis, DHS will work with County Counsel and CEO Risk Management to modify or waive the County's contracting requirements for insurance, standard indemnification provisions, and other standard County contract language as needed.

Implementation of Strategic Plan Goals

The recommended actions support Strategy II.2, "Support the Wellness of Our Communities" and III.3, "Pursue Operational Effectiveness, Fiscal Responsibility and Accountability" of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

It is too early to estimate the cost of the recommended contracting actions. However, DHS intends to use patient care revenues and Provider Relief Funds (PRF) to offset such costs for the duration of the current local emergency related to COVID-19, resulting in no net County cost. Should circumstances change, DHS will work with the Chief Executive Office (CEO), to explore other available options within DHS resources, if necessary. In addition, DHS will work with the CEO to address any funding appropriation issues related to any future local emergency.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On April 14, 2020, the Board approved a number of recommendations pertaining to DHS' contracts and amendments to existing contracts needed to prepare for and address an anticipated surge in COVID-19 cases in the County.

The recommendations in this letter represent DHS' most immediate needs to address surges in COVID-19 cases in the County until the COVID-19 Proclamation is lifted and until the needs of the County have been stabilized pursuant to the impact of COVID-19.

In addition, the approval of the recommendations herein will allow DHS to respond to local emergencies, declared by the Board, that impact the County's health care system and its ability to provide timely and critical medical care to its patients.

All contracted services will be intermittent and as needed and, therefore, not subject to the Living Wage Program (Los Angeles County Code Chapter 2.201).

County Counsel will review and approve the LOA and Agreement template(s) as to form prior to such being offered to any entity, as well as any changes (on a case by case basis) prior to execution.

CONTRACTING PROCESS

The Agreements and LOAs shall be on a form approved by County Counsel. DHS will work with County Counsel and CEO Risk Management to modify such forms as necessary based upon contract negotiations, with such changes to be included in the pre-approved form or handled on a case-by-case basis. For example, the contract form may include changes to the insurance provisions to only include coverage consistent with the kind of contracted service or purchased goods, and appropriate insurance coverage amounts taking into account the volume of services/goods. The contract form will include contractor indemnification, but may also include mutual indemnification based on negotiations, with such language to be developed in conjunction with County Counsel. Other standard provisions will be offered, but may be modified or waived only as needed.

DHS may vary from the County's procurement processes due to the pandemic and emergent needs, but will comply with all applicable funding requirements in regard to procurement.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommendations will ensure that medically-necessary services are provided to DHS patients in a timely manner during locally declared emergencies.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:ja

The Honorable Board of Supervisors
October 20, 2020
Page 5

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

BOARD LETTER FACT SHEET

Agenda Review Date: October 7, 2020

Board Meeting Date: October 27, 2020

Sup. Dist. / SPA No.: 1

DEPARTMENT: PUBLIC WORKS

SUBJECT: LAC+USC Medical Center Courtyard Refurbishment and Elevator Addition project

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

- a. Non-Mandated. The proposed project will provide for improved travel between the plaza level and the Outpatient and Interns/Residents building level for the visitors and employees, especially for elderly persons and people with disabilities.

II. RECOMMENDED ACTIONS (summarized)

- a. Public Works is seeking Board approval to establish and approve the LAC+USC Courtyard Refurbishment and Elevator Addition project, Capital Project No. 87492, approve the project budget, approve an Appropriation Adjustment, and authorize the use of Board-approved Job Order Contracts for make-ready work; adopt plans and specifications, advertise for bids, and authorize Public Works to execute the construction contract.

III. COST AND FUNDING SOURCES

Cost: \$2,500,000

Funding: Department of Health Services' Enterprise Fund

IV. BACKGROUND (critical and/or insightful)

a. BACKGROUND/DESCRIPTION

The Outpatient and Interns/Residents buildings is located approximately 17 feet above the plaza level and is currently connected by stairs and a series of ramps. Visitors and staff currently need to use either the stairs or the existing ramps to traverse between the two levels.

The proposed project will construct a new elevator tower with two elevator cabs and renovate the courtyard staircase at the LAC+USC Medical Center plaza for use by visitors and staff.

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

October 27, 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 CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
LAC+USC MEDICAL CENTER
COURTYARD REFURBISHMENT AND ELEVATOR ADDITION PROJECT
ESTABLISH AND APPROVE CAPITAL PROJECT
APPROVE PROJECT BUDGET
APPROVE APPROPRIATION ADJUSTMENT
AUTHORIZE USE OF JOB ORDER CONTRACTS
ADOPT, ADVERTISE, AND AWARD
CAPITAL PROJECT NO. 87492
(SUPERVISORIAL DISTRICT 1)
FISCAL YEAR 2020-21
(4 VOTES)**

SUBJECT

Public Works is seeking Board approval of the LAC+USC Courtyard Refurbishment and Elevator Addition project, Capital Project No. 87492; authorize the use of Board-approved Job Order Contracts for make-ready work; and adopt plans and specifications, advertise for bids, and authorize Public Works to execute the construction contract.

IT IS RECOMMENDED THAT THE BOARD:

1. Find that the recommended actions are within the scope of the impacts analyzed in the previously certified Final Environmental Impact Report for the LAC+USC Medical Center Campus Master Plan project.
2. Establish and approve the proposed LAC+USC Medical Center Courtyard Refurbishment and Elevator Addition project, Capital Project No. 87492 with a project budget of \$2,500,000.

3. Approve the Appropriation Adjustment to reallocate a total of \$1,153,000 from the Department of Health Services' Enterprise Fund-Committed for the Department of Health Services to fund the projected Fiscal Year 2020-21 expenditures for the LAC+USC Medical Center Courtyard Refurbishment and Elevator Addition project, Capital Project No. 87492.
4. Authorize the Director of Public Works or his designee to use Board-approved Job Order Contracts for the make-ready work for the LAC+USC Courtyard Refurbishment and Elevator Addition project.
5. Adopt plans and specifications that are on file with the Business Relations and Contracts Division of Public Works for construction of the Courtyard Refurbishment and Elevator Addition project at an estimated \$1,465,000 construction cost.
6. Instruct the Executive Officer of the Board to advertise the project for bids to be received and opened no later than December 8, 2020, in accordance with the Instruction Sheet for Publishing Legal Advertisements.
7. Authorize the Director of Public Works or his designee to execute a consultant services agreement with the apparent lowest responsive and responsible bidder of the Courtyard Refurbishment and Elevator Addition project, to prepare a baseline construction schedule for a \$5,000 not-to-exceed fee funded by existing project funds, and to establish the effective date following determination by the Director of Public Works or his designee.
8. Delegate authority to the Director of Public Works or his designee to make the determination that a bid is nonresponsive and to reject a bid on that basis; to award to the next responsive and responsible bidder; to waive inconsequential and non-material deficiencies in bids submitted; and to determine, in accordance with the applicable contract and bid documents, whether the apparent lowest responsive and responsible bidder has timely prepared a satisfactory baseline construction schedule and satisfied all conditions for contract award. Upon such determination, authorize the Director of Public Works or his designee to award and execute a single construction contract for the project, in the form previously approved by County Counsel, to the apparent lowest responsive and responsible bidder if the low bid can be awarded within the approved total budget; to establish the effective date of the contract upon receipt by Public Works of acceptable performance and

payment bonds and evidence of required contractor insurance; and to take all other actions necessary and appropriate to deliver the project.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended actions will find the project is within the scope of the LAC+USC Campus Master Plan project analyzed in an Environmental Impact Report (EIR) certified by the Board on November 18, 2014, establish and approve the LAC+USC Medical Center Courtyard Refurbishment and Elevator Addition project Capital Project No. 87492, approve the project budget and related Appropriation Adjustment, authorize Public Works to use a Job Order Contract (JOC) to perform the make-ready work for the project, and adopt plans and specifications advertise for bids and authorize Public Works to execute the construction contract.

Background

The Outpatient and Interns/Residents buildings are located approximately 17 feet above entry floor of the Clinic Tower, Diagnostic & Treatment Building and the Inpatient Nursing Tower at the plaza level and are currently connected by stairs and a series of ramps. Visitors and staff currently need to use either the stairs or the existing ramps to traverse between the buildings noted. The proposed project will construct a new elevator two-cab elevator tower and renovate the courtyard staircase at the LAC+USC Medical Center plaza for use by visitors and staff.

The proposed project will provide for visitor-friendly travel between the plaza level and the Outpatient and Interns/Residents building level, especially for elderly persons and people with disabilities.

A Board-approved JOC contractor will be used to perform site investigation and preparation work. The current site conditions consist of a developed courtyard space, which joins the Outpatient Building with the newer hospital complex. Site investigation and preparation work will consist of selective demolition and materials testing of existing retaining walls and other courtyard elements incorporated into the construction of the proposed project.

Plans, specifications, and jurisdictional approvals have been completed using a Board-approved, on-call architect/engineer agreement. Upon the Board's authorization of the recommended actions, construction of the project is anticipated to begin in February 2021 and is estimated to be completed in November 2021. To expedite the construction, we are recommending that the Board adopt and advertise these documents

for construction bids, and authorize Public Works to award and execute a construction contract with the lowest responsive and responsible bidder if the low bid can be awarded within the approved total project budget.

The make-ready work for the Courtyard Refurbishment and Elevator Addition project will be performed using a Board-approved JOC contract.

Green Building/Sustainable Design Program/Leadership in Energy and Environmental Design

The proposed project is less than 10,000 square feet in size and, therefore, not required to meet the Board's policy for Leadership in Energy and Environmental Design Gold certification. However, the project will be designed to support the Board's policy for Green Building/Sustainable Design Program by incorporating energy conservation features.

Implementation of Strategic Plan Goals

These recommendations support the County Strategic Plan: Strategy II.1 - Drive Economic and Workforce Development in the County; 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 providing improved access to services for the community that will in turn benefit the common good by driving the development of the workforce and the economic development of the County.

FISCAL IMPACT/FINANCING

The total project budget (Enclosure A) for the LAC+USC Medical Center Courtyard Refurbishment and Elevator Addition project is \$2,500,000, which includes plans and specifications, plan check, construction, consultant services, Civic Art fee, miscellaneous expenditures, and County services.

Of this amount, the Department of Health Services (DHS) has already paid \$273,000 for preliminary design services through the DHS operating budget. Board approval of the enclosed Appropriation Adjustment (Enclosure B) will reallocate \$1,153,000 from the DHS Enterprise Fund-Committed for DHS to fund the projected Fiscal Year 2020-21 expenditures for the Courtyard Refurbishment and Elevator Addition project, Capital Project No. 87492. DHS will provide funding in the future budget cycle, as needed, to fully fund the remaining project expenditures.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In accordance with the Board's Civic Art Policy, the project includes a budget of \$18,850 to be allocated to the Civic Arts Special Fund that is 1 percent of the design and construction costs.

In accordance with the Board's consolidated Local and Targeted Worker Hire Policy, the project 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.

A standard construction contract will be used that contains terms and conditions supporting the Board's ordinances and policies, including but not limited to, the County's Greater Avenues for Independence and General Relief Opportunities for Work Programs, Contract Language to Assist in Placement of Displaced County Workers, and Notice to Employees Regarding the Federal Earned Income Credit (Federal Income Tax Law, Internal Revenue Service Notice 1015).

Prior to execution of the construction, Public Works will ensure that the contractor has submitted acceptable performance and payment bonds and evidence of required contractor insurance. The plans and specifications include the contractual provisions and material requirements necessary for the project and are on file with Public Works' Business Relations and Contracts Division.

ENVIRONMENTAL DOCUMENTATION

A final EIR was certified and the LAC+USC Medical Center Campus Master Plan project for the LAC+USC Medical Center was approved by the Board on November 18, 2014. Findings of Fact and a Statement of Overriding Consideration, as well as a Mitigated Monitoring and Reporting Program, were adopted.

The Courtyard and Elevator Addition project is a part of the Master Plan and was analyzed in detail as part of the LAC+USC Campus Master Plan. The recommended actions related to the Courtyard and Elevator Addition project are within the scope of the adopted EIR. There are no changes to the Courtyard and Elevator Addition project or to the circumstances under which the project will be undertaken that require further review under California Environmental Quality Act. The previously adopted Mitigation Monitoring and Reporting Program, Findings of Fact, and Statement of Overriding Consideration will continue to apply.

The location of the previously certified EIR and other materials constituting the record of proceedings upon which the Board of Supervisors' decision is based in this matter is the Los Angeles County Department of Public Works, Project Management Division I, 900 South Fremont Avenue, 5th Floor, Alhambra, California 91803, and can be viewed in person or online at: <ftp://dpwftp.co.la.ca.us/pub/pmd/LACUSCEIRandAddendum>.

Upon the Board's approval of the recommended actions, Public Works will file a Notice of Determination with the Register Recorder/County Clerk in accordance with Section 21152 of the California Public Resources Code.

CONTRACTING PROCESS

Public Works utilized a Board-approved on-call architect/engineer to prepare the design documents for the LAC+USC Medical Center Courtyard Refurbishment and Elevator Addition project. Public Works intends to use a Board-approved JOC for make-ready work.

Advertising for construction bids will be in accordance with the enclosed County standard Instruction Sheet for Publishing Legal Advertisements (Enclosure C).

The contract opportunity will be listed on the County's "Doing Business with Us" and "Do Business with Public Works" websites. Public Works will also inform the local small business enterprises about this business opportunity for those certified by the County of Los Angeles Department of Consumer and Business Affairs.

Participation by Community Business Enterprises (CBE) in the project is encouraged through Public Works' CBE Outreach Program and by monitoring the good faith efforts of bidders to utilized CBE.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Public Works will work with DHS to minimize construction impacts and disruptions at the facilities. All adjacent campus facilities are anticipated to remain operational during construction.

The Honorable Board of Supervisors
October 27, 2020
Page 7

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

Enclosure

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

ENCLOSURE A

October 27, 2020

**CONSTRUCTION CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
LAC+USC MEDICAL CENTER
COURTYARD REFURBISHMENT AND ELEVATOR ADDITION PROJECT
ESTABLISH AND APPROVE CAPITAL PROJECT
APPROVE PROJECT BUDGET
APPROVE APPROPRIATION ADJUSTMENT
AUTHORIZE USE OF JOB ORDER CONTRACTS
ADOPT, ADVERTISE, AND AWARD
CAPITAL PROJECT NO. 87492
(SUPERVISORIAL DISTRICT 1)
FISCAL YEAR 2020-21
(4 VOTES)**

I. PROJECT SCHEDULE SUMMARY

Project Activity	Scheduled Completion Date
Environmental Documentation	12/19/17*
Project Design Documents	04/15/20
Adopt Plans and Specifications	10/27/20
Construction Start	02/01/21
Substantial Completion	11/15/21
Final Acceptance	02/01/22

II. PROJECT BUDGET SUMMARY

Project Activity	Revised Budget
Hard Costs	
Construction (Low Bid)	\$ 1,465,000
Contingency	\$ 220,000
JOC Make-Ready	\$ 50,000
Construction Subtotal	\$ 1,735,000
Civic Art	\$ 18,850
Hard Costs Subtotal	\$ 1,753,850
Soft Costs	
Plans and Specification	\$ 150,000
Consultant Services	\$ 165,000
Miscellaneous Expenditure	\$ 11,000
Jurisdictional Review, Plan Check and Permit	\$ 25,000
County Services	\$ 395,150
Soft Costs Subtotal	\$ 746,150
TOTAL	\$ 2,500,000

PINK

BA FORM 03/13

BOARD OF
SUPERVISORS
OFFICIAL COPY

COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT

DEPARTMENT OF HEALTH SERVICES

DEPT'S.
NO. 110

September 29, 2020

AUDITOR-CONTROLLER:

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. PLEASE CONFIRM THE ACCOUNTING ENTRIES AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFOR

FY 2020-21

4 - VOTES

SOURCES

BA Detail - See Attachment Page 1.

USES

BA Detail - See Attachment Page 1.

SOURCES TOTAL: \$ 3,459,000

USES TOTAL: \$ 3,459,000

JUSTIFICATION

This budget adjustment of \$1,153,000 is necessary to fund Capital Project No. 87492, LAC+USC MC Courtyard Refurbishment and Elevator Addition Project from DHS Enterprise Fund-Committed for DHS for anticipated expenditures in FY 2020-21.


AUTHORIZED SIGNATURE Mela Guerrero, Controller, DHS

BOARD OF SUPERVISOR'S APPROVAL (AS REQUESTED/REVISED)

REFERRED TO THE CHIEF
EXECUTIVE OFFICER FOR ---

☐ ACTION


☒ RECOMMENDATION

AUDITOR-CONTROLLER

B.A. NO.

038

BY

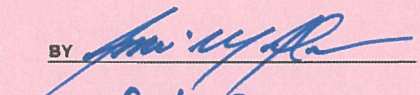

Sept. 3 20 20

☒ APPROVED AS REQUESTED

☐ APPROVED AS REVISED

CHIEF EXECUTIVE OFFICER

BY


Sept. 8 20 20

DEPARTMENT OF HEALTH SERVICES
REQUEST FOR APPROPRIATION ADJUSTMENT
CAPITAL PROJECTS
FISCAL YEAR 2020-21

4 VOTES

SOURCES:

DHS Enterprise Fund	
MN2-3078	
Committed for DHS	1,153,000
Decrease Obligated Fund Balance	

LAC+USC Medical Center Enterprise Fund	
MN4-HG-96-9911-60010	
Operating Transfers In	1,153,000
Increase Revenue	

Total Enterprise Fund	<u>\$ 2,306,000</u>
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Ent Sub - LAC+USC Medical Center	
A01-AC-6100-21200-21224	
Other Financing Uses	1,153,000
Decrease Appropriation	

Total General Fund	<u>\$ 1,153,000</u>
--------------------	---------------------

Total	<u>\$ 3,459,000</u>
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USES:

DHS Enterprise Fund	
MN2-HS-6100-60070	
Other Financing Uses	1,153,000
Increase Appropriation	

LAC+USC Medical Center Enterprise Fund	
MN4-HG-96-9912-60010	
Operating Subsidy - General Fund	1,153,000
Decrease Revenue	


Total Enterprise Fund	<u>\$ 2,306,000</u>
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LAC+USC Medical Center Capital Improvements	
LAC+USC MC Courtyard Refurbishment and Elevator Addition	
A01-CP-6014-64010-87492	
Capital Assets - Buildings & Improvements	1,153,000
Increase Appropriation	

Total General Fund	<u>\$ 1,153,000</u>
--------------------	---------------------

Total	<u>\$ 3,459,000</u>
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Noted & Approved:


 Mela Guerrero, Controller
 Department of Health Services

BA# 638

 9/3/20

**CONSTRUCTION CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
LAC+USC MEDICAL CENTER
COURTYARD REFURBISHMENT AND ELEVATOR ADDITION PROJECT
ESTABLISH AND APPROVE CAPITAL PROJECT
APPROVE PROJECT BUDGET
APPROVE APPROPRIATION ADJUSTMENT
AUTHORIZE USE OF JOB ORDER CONTRACTS
ADOPT, ADVERTISE, AND AWARD
CAPITAL PROJECT NO. 87492
(SUPERVISORIAL DISTRICT 1)
(4 VOTES)**

PUBLISHING LEGAL ADVERTISEMENTS: In accordance with the State of California Public Contract Code Section 20125, you may publish once a week for two weeks in a weekly newspaper or ten times in a daily newspaper. Forward three reprints of this advertisement to Business Relations and Contracts Division, Public Works, 900 South Fremont Avenue, 8th Floor, Alhambra, CA 91803-1331.

OFFICIAL NOTICE
INVITING BIDS

Notice is hereby given that the Director of Public Works will receive sealed bids for materials, labor, and equipment required to complete construction for the following project:

<u>SD</u>	<u>SPECS</u>	<u>PROJECT</u>	<u>DATE OF BID OPENING</u>
1	7573	LAC+USC Medical Center Courtyard Refurbishment and Elevator Addition Project	December 8, 2020

Copies of the project manual and drawings for the project may be downloaded for free from the Public Works website <http://dpw.lacounty.gov/go/constructioncontracts>. For bid information, please call Ms. Marika Medrano of Business Relations and Contracts Division at (626) 458-5114. Each bid shall be submitted electronically through Bid Express. Bids will be publicly opened, examined, and declared by Public Works at 10:30 a.m. on this date using Microsoft Teams Live Meeting platform.

ENCLOSURE C

October 27, 2020

Page 2

Bids must conform to the drawings and project manual and all bidding requirements. This project requires the prime contractor to possess a valid California General contractor's license and all licenses needed to complete the work (this may be possessed by a subcontractor to the general) at the time of bid submittal. The contractor should verify to his/her satisfaction that he/she holds the correct license for the project. The contractor and all of its subcontractors of any tier shall be required to pay prevailing wages to all workers employed in the execution of the work of improvement in accordance with the Labor Code Section 1770 et seq. Copies of prevailing rate of per diem wages are on file at the Public Works' Business Relations and Contracts Division, which shall be made available to any interested party upon request.

PRE-BID CONFERENCE

Public Works, Project Management Division I, will hold a mandatory pre-bid conference/site visit on Monday, November 16, 2020, at 10:00 a.m., at the LAC+USC Medical Center Courtyard Refurbishment and Elevator Addition Project job site, 1200 North State Street, Los Angeles, CA 90033, to provide information on the project, bidding process, and answer any questions that the potential bidders may have.

For further directions, please contact Ms. Medrano with Public Works, Business Relations and Contracts Division, at (626) 458-5114 or mmedrano@pw.lacounty.gov.

OTHER INSTRUCTIONS

The County supports and encourages equal opportunity contracting. The contractor shall make good faith efforts, as defined in Section 2000 of the Public Contract Code, to contract with Community Business Enterprises.

The Board of Supervisors reserves the right to reject any or all bids or to waive technical or inconsequential errors and discrepancies in bids submitted in the public's interest.

Americans with Disabilities Act (ADA) Information



Individuals requiring reasonable accessibility accommodations may request written materials in alternate formats, physical accessibility accommodations, sign language interpreters or other reasonable accommodations by contacting our departmental Americans with Disabilities Act Coordinator at (626) 458-4081, from 7:30 a.m. to 5 p.m., Monday through Thursday (excluding holidays). Persons who are deaf or hard of hearing may make contact by first dialing the California Relay Service at 7-1-1. Requests should be made at least one week in advance to ensure availability. When making a reasonable accommodation request, please reference PJ-2.

Información sobre la Ley de Estadounidenses con Discapacidades (ADA)



Individuos que requieran acomodamiento razonable pueden solicitar materiales escritos en formatos alternativos, acomodamiento físico, intérpretes en lenguaje de señas Americano u otros acomodamientos razonables comunicándose con nuestro Coordinador Departamental de la Ley de Estadounidenses con Discapacidades al (626) 458-4081, de 7:30 a.m. a 5 p.m., lunes a jueves (excluyendo días festivos). Personas con problemas auditivos pueden comunicarse primer marcando al Servicio de Difusión de California al 7-1-1. Solicitudes pueden hacerse por lo menos una semana antes para asegurar disponibilidad. Cuando se haga una petición razonable para acomodo, por favor mencione PJ-2.

By order of the Board of Supervisors of the County of Los Angeles, State of California,
dated October 27, 2020.

Specs. 7034

CELIA ZAVALA, EXECUTIVE OFFICER
OF THE BOARD OF SUPERVISORS OF
THE COUNTY OF LOS ANGELES

BOARD LETTER FACT SHEET

DRAFT

Agenda Review Date:

Board Meeting Date:

Sup. Dist. / SPA No.:

DEPARTMENT:

SUBJECT:

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

II. RECOMMENDED ACTIONS (summarized)

III. COST AND FUNDING SOURCES

Cost:

Funding:

IV. BACKGROUND (critical and/or insightful)

V. POTENTIAL ISSUE(S)

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS



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

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

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



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

DRAFT

October 20, 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 OF MASTER AGREEMENTS FOR
AS-NEEDED SUBSTANCE USE PREVENTION SERVICES
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to execute 53 Master Agreements with qualified vendors to provide as-needed substance use prevention services effective upon date of execution through June 30, 2025 and authority to execute additional Master Agreements, Master Agreement Work Orders, and/or amendments to Master Agreements and Master Agreement Work Orders for additional services, funding adjustments, and/or agreement revisions; as well as authority to execute future amendments that allow for changes to the terms and conditions to support program needs and extend or adjust the term through June 30, 2030 or longer to complete specific prevention services projects.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and instruct the Director of the Department of Public Health (DPH), or designee, to execute Master Agreements, substantially similar to Exhibit I, with the 53 qualified vendors listed in Attachment A, for the provision of as-needed substance use prevention services, effective upon execution through June 30,

2025 with an option to extend the term for five additional one-year periods through June 30, 2030 exercised through written notification from the Director of DPH, or designee, to the Contractor prior to the end of the Master Agreement term.

2. Delegate authority to the Director of DPH, or designee, to execute additional Master Agreements during the ensuing period with additional qualified vendors that submit a Statement of Qualifications (SOQ) which meets all the requirements as outlined in the Request for Statement of Qualifications (RFSQ) for As-Needed Substance Use Prevention Services released on November 19, 2019, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).
3. Delegate authority to the Director of DPH, or designee, to execute amendments to the Master Agreements that: a) extend the term if a Master Agreement Work Order (MAWO) executed prior to the expiration of the Master Agreement has an expiration date later than the Master Agreement expiration date and/or b) add new service categories or additional service categories as a result of contractor submitting an abbreviated SOQ that meets the requirements outlined in the RFSQ, subject to review and approval by County Counsel, and notification to your Board and the CEO.
4. Delegate authority to the Director of DPH, or designee, to execute competitively solicited MAWOs for services performed under the Master Agreements subject to the following criteria: a) if a Work Order Solicitation (WOS) results in a MAWO that is \$399,999 or less annually, upon County Counsel review and approval, DPH will notify your Board of the MAWO; and b) if a WOS results in a MAWO that is \$400,000 to \$699,999 annually, upon County Counsel review and approval, DPH will provide two (2) weeks' advance written notice to your Board and, unless otherwise instructed, will execute the MAWO. DPH will return to your Board for approval of any MAWO that is \$700,000 or more annually.
5. Delegate authority to the Director of DPH, or designee, to execute amendments to MAWOs that extend the term for up to two (2) additional original terms at similar funding amounts; adjust the term of the MAWO at no cost; allow the rollover of unspent MAWO funds; provide an internal reallocation of funds between budgets; make changes to the statement of work/scope of work; and/or provide an increase or decrease in funding amount up to 10 percent above or below each term's annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable period; make corresponding service adjustments, as necessary, and amend the terms and conditions to conform to changes in federal, State, and/or County laws, regulations, policies and program needs, as necessary, subject to review and approval by County Counsel and notification to your Board and CEO.
6. Delegate authority to the Director of DPH, or designee, to execute Change Notices to MAWOs that authorize modifications to or within budget categories

within each budget, and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or changes to the MAWO's terms and conditions.

7. Delegate authority to the Director of DPH, or designee, to execute change notices to the Master Agreements to incorporate Provider Network Bulletins issued to capture updates to federal, State, and local regulations and program need, subject to review and approval by County Counsel.
8. Delegate authority to the Director of DPH, or her designee, to immediately suspend any MAWO upon issuing a written notice to Master Agreement contractors who fail to fully comply with program requirements; and terminate MAWO(s) for convenience by providing thirty (30) calendar days' advance written notice to Master Agreement contractors, subject to review and approval by County Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

DPH Substance Abuse Prevention and Control (SAPC) has the primary responsibility of administering the County's continuum of Substance Use Prevention, treatment, and recovery programs in order to reduce the impact of substance use and addiction on individuals, families, and communities. DPH must also meet County, State, and federal regulations through the promotion, development, and maintenance of a comprehensive network of programs that respond to public policy and regulatory requirements.

Substance misuse and abuse impact communities, not solely the people consuming alcohol and/or drugs (AOD). The goal of prevention services is to decrease availability and accessibility of AOD in communities and impact the social norms and community conditions that facilitate use, through education, alternative activities, community coalitions, and community-based environmental prevention services.

Approval of Recommendation 1 will allow DPH to execute Master Agreements with qualified vendors that met the minimum mandatory qualifications of the RFSQ, including three years' experience within the last seven years providing substance use prevention services in one or more of the following seven categories: 1) Individual Education and Skills Development; 2) Community Health Promotion; 3) Provider Education; 4) Coalition and Network Development; 5) Organizational Practices and Community Norms; 6) Policy Advocacy for Environmental Change; and 7) Risk Reduction Initiatives. These Master Agreements will enable DPH to have a pool of pre-qualified vendors to provide a variety of as-needed substance use prevention services.

Approval of Recommendation 2 will allow DPH to execute additional Master Agreements during the ensuing period with additional qualified vendors that submit a SOQ which meets all the requirements as outlined in the RFSQ for As-Needed Substance Use Prevention Services released on November 19, 2019

Approval of Recommendation 3 will allow DPH to execute amendments to the Master Agreements that: a) extend the term if a MAWO executed prior to the expiration of the Master Agreement has an expiration date later than the Master Agreement expiration date; b) add additional or new service categories as a result of contractor submitting an abbreviated SOQ that meets the requirements as outlined in the RFSQ.

Approval of Recommendation 4 will allow DPH to execute competitively solicit MAWOs for services performed under the Master Agreements subject to the following criteria: a) if a WOS results in a MAWO that is \$399,999 or less annually, upon County Counsel review and approval, DPH will notify your Board of the MAWO; and b) if a WOS results in a MAWO that is \$400,000 to \$699,999 annually, upon County Counsel review and approval, DPH will provide two (2) weeks advance written notice to your Board and unless otherwise instructed, will execute the MAWO. DPH will return to your Board for approval if any MAWO that is \$700,000 or more annually.

Approval of Recommendation 5 will allow DPH to execute amendments to MAWOs that extend the term for up to two (2) additional original term lengths at similar funding amounts; adjust the term of the MAWO at no cost for up to six (6) months beyond the expiration date; allow the rollover of unspent MAWO funds; provide internal reallocation of funds between budgets; make changes to the statement of work/scope of work; and/or provide an increase or decrease in funding amount to 10 percent above or below each period's annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable contract period; make corresponding service adjustments, as necessary. As DPH needs to meet County, State, and federal regulations for prevention programs, it identifies the need to make necessary program adjustments, which may include changes to the statement of work/scope of work; and amend the terms and conditions to conform to changes in federal, State, and/or County laws, regulations, policies and program needs, as necessary. 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 County's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.0770: Full Utilization of Grant funds.

Approval of Recommendations 6 and 7 will allow DPH to execute change notices to MAWOs that: a) authorize modifications to or within budget categories within each budget, and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or change to the MAWO's term and conditions; b) allow for the issuance of bulletins to incorporate efficient and timely management of the County's Prevention Network; and/or c) allow for changes necessary, to conform to changes in federal, State, and/or County laws, regulations, policies and program needs.

Approval of Recommendation 8 will allow DPH to immediately suspend any MAWO upon issuing a written notice to Master Agreement contractors who fail to fully comply with program requirements; and terminate MAWO(s) for convenience by providing thirty (30) calendar days' advance written notice to Master Agreement contractors, subject to review and approval by County Counsel.

IMPLEMENTATION OF STRATEGIC GOALS

The recommended actions support Strategy I.2, Enhance Our Delivery of Comprehensive Interventions, of the County's Strategic Plan by expanding the number and types of service providers.

FISCAL IMPACT/FINANCING

Utilizing the Master Agreements, DPH will be able to release WOSs to the pool of qualified vendors to provide substance use prevention services on an as-needed basis. Funding, as well as the funding source, for each MAWO will vary depending upon the services to be provided, the term of the MAWO, and the availability of funding.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Currently, DPH contracts with various agencies to provide an array of substance use prevention services. The current contracts are scheduled to end on June 30, 2021.

DPH will be responsible for the administration of the Master Agreements, which will provide a pool of pre-qualified vendors that have demonstrated relevant experience and capacity to provide one or more of the seven substance use prevention services categories. The recommended Master Agreements include all the current Board-mandated provisions and each of the vendors has agreed to all the terms therein. Approval of the Master Agreement does not guarantee a contractor any minimum amount of business. The County only incurs an obligation as individual MAWOs are issued.

As needed, DPH will issue a WOS to all qualified vendors with a Master Agreement for the required substance use prevention services. Each WOS shall include a Work Plan describing in detail the particular project and work required for the performance thereof, guidance on WOS responsive pricing, submission requirements, and selection criteria. DPH will administer and monitor the MAWOs resulting from each WOS.

Exhibit I has been reviewed and approved by County Counsel. Attachment A is the list of recommended contractors. Attachment B is the contracting opportunity announcement posted on the County website. Attachment C is the Community Business Enterprise Information Summary for the recommended vendors.

CONTRACTING PROCESS

On November 19, 2019, DPH released a RFSQ for as-needed substance use prevention services for the following categories: 1) Individual Education and Skills

Development; 2) Community Health Promotion; 3) Provider Education; 4) Coalition and Network Development; 5) Organizational Practices and Community Norms; 6) Policy Advocacy for Environmental Change; and 7) Risk Reduction Initiatives with an initial deadline of January 21, 2020 to submit a SOQ. Under the RFSQ, vendors are allowed to submit a SOQ after the initial deadline and those SOQs received after the initial deadline shall be considered for review at the convenience of the County.

The contracting opportunity announcement was posted on the County of Los Angeles Online website, on DPH's Contracts and Grants website (Attachment B), and an announcement was sent by electronic mail to notify 160 agencies affiliated with DPH and DPH vendors currently providing substance use prevention services. In an effort to reach a wider pool of vendors, DPH posted the solicitation announcement on social media sites such as Facebook, Instagram and Twitter. DPH also developed the one-page contracting opportunity announcement flyer for the RFSQ providing an overview of as-needed services, including identifying required minimum vendor qualifications, and improving information on next steps to assist interested vendors in responding to the contracting opportunity announcement.

By January 21, 2020, the initial SOQ submission deadline, 53 vendors submitted SOQs in response to the RFSQ. As per the RFSQ, DPH conducted a review of all 53 SOQs. 53 vendors were determined to be qualified in one (1) or more categories. Standard assessments were conducted by subject matter experts of the vendor's financial statements. Of the 53 qualified vendors, nine may be required to provide a performance security prior to the award of a work order, pursuant to RFSQ subsection 3.1.2, Vendor's Qualifications. DPH is recommending that your Board approve execution of the recommended 53 Master Agreements.

In accordance with the solicitation process, the RFSQ will remain open throughout the duration of the Master Agreement term, allowing new SOQs to be submitted. Additionally, qualified vendors will be offered a Master Agreement if it serves the best interest of the County.

Community Based Enterprise Program information as reported by the recommended vendors is identified in Attachment C. The vendors were selected without regards to gender, race, creed, color, or national origin for award of a Master Agreement.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Establishment of Master Agreements with pre-qualified vendors to provide as-needed substance use prevention services will simplify the solicitation and contracting process for DPH that requires these services. Approval of the recommendations will enable DPH to expand the substance use prevention service network based on County needs and provide timely services without interruption throughout Los Angeles County.

The Honorable Board of Supervisors
October 20, 2020
Page 7

Respectfully submitted,

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director, Department of Public Health

BF:jt
BL#05117

Enclosures

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

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
List of Qualified Vendors Recommended for As-Needed Substance Use Prevention Services Master Agreements

	Vendors Name	SERVICE CATEGORIES						
		1. Individual Education and Skills Development	2. Community Health Promotion	3. Provider Education	4. Coalition and Network Development	5. Organizational Practices and Community Norms	6. Policy Advocacy for Environ- mental Change	7. Risk Reduction Initiatives
1	1736 Family Crisis Center	X	X	X				X
2	Alcohol Justice				X		X	
3	Alcoholism Center for Women, Inc.	X						
4	Asian American Drug Abuse Program, Inc.	X	X	X	X	X	X	X
5	Avalon-Carver Community Center	X	X		X	X		X
6	Behavioral Health Services, Inc.	X	X	X	X	X	X	X
7	Bienestar Human Services, Inc.	X	X					X
8	Boys & Girls Club of West San Gabriel Valley	X	X					
9	California Hispanic Commission on Alcohol & Drug Abuse, Inc.	X	X	X	X	X	X	X
10	Cambodian Association of America	X	X		X		X	
11	Centinela Youth Services, Inc.			X				X
12	Change Lanes Youth Support Services	X	X		X			X
13	Child & Family Center	X	X	X				
14	Children's Hospital Los Angeles	X	X	X	X	X	X	X
15	City of Pasadena Public Health Department	X	X		X	X	X	X
16	Clare I Matrix			X				
17	Clinica Msr. Oscar A. Romero	X	X	X				X
18	Community Coalition for Substance Abuse Prevention and Treatment	X	X		X	X	X	
19	Compator, Inc.	X	X					
20	Day One, Inc.	X	X	X	X	X	X	X
21	Didi Hirsch Psychiatric Service dba Mental Health Services	X		X				X
22	East Los Angeles Women's Center	X	X					
23	El Proyecto del Barrio, Inc.	X						
24	Emotional Health Association dba SHARE! the Self-Help and Recovery Exchange	X	X	X				X
25	HealthRight 360	X	X	X	X		X	
26	Helpline Youth Counseling, Inc.	X	X		X		X	X
27	Homeless Health Care Los Angeles	X	X	X	X	X	X	X
28	Institute for Public Strategies	X	X	X	X	X	X	X
29	Jewish Family Service of Los Angeles	X						
30	Korean American Family Services, Inc.		X					

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
List of Qualified Vendors Recommended for As-Needed Substance Use Prevention Services Master Agreements

	Vendors Name	SERVICE CATEGORIES						
		1. Individual Education and Skills Development	2. Community Health Promotion	3. Provider Education	4. Coalition and Network Development	5. Organizational Practices and Community Norms	6. Policy Advocacy for Environ- mental Change	7. Risk Reduction Initiatives
31	Koreatown Youth and Community Center, Inc.	X	X	X	X	X	X	X
32	LAUSD Student Health Services Support Fund, Inc.	X						
33	Los Angeles County Office of Education (LACOE)	X	X	X	X	X	X	X
34	National Asian Pacific American Families Against Substance Abuse	X	X	X	X	X	X	
35	National Council on Alcoholism and Drug Dependence of East San Gabriel & Pomona Valleys, Inc.	X	X	X	X	X	X	X
36	National Council on Alcoholism and Drug Dependence of the San Fernando Valley	X	X	X	X	X		
37	Pacific Clinics	X	X	X	X	X	X	X
38	Parents Anonymous®, Inc.	X	X	X	X	X	X	
39	People Coordinated Services of Southern California, Inc.	X	X	X	X		X	X
40	Phoenix Houses of Los Angeles, Inc.	X	X	X	X	X	X	X
41	Pueblo Y Salud, Inc.	X	X	X	X	X	X	
42	San Fernando Valley Partnership, Inc.	X		X	X	X	X	
43	Shields for Families	X						
44	Social Model Recovery Systems, Inc.	X	X	X	X	X	X	X
45	South Central Prevention Coalition	X	X	X	X	X	X	X
46	Special Service for Groups, Inc.	X	X					
47	Spiritt Family Services	X	X		X		X	
48	St. John's Well Child & Family Center	X						X
49	Tarzana Treatment Centers, Inc.	X	X	X	X	X	X	X
50	The Wall - Las Memorias		X	X	X	X	X	X
51	Venice Family Clinic	X						X
52	Via Care Community Health Corporation, Inc.	X						
53	Watts Healthcare Corporation	X	X		X	X		X
Total Per Category		48	39	30	32	25	28	29



CONTRACTING OPPORTUNITY *

BID NUMBER: 2019-010

RELEASE/OPEN DATE: November 19, 2019

**BID TITLE: Request for Statement of Qualifications for
As-Needed Substance Use Prevention Services**

CLOSING/DUE DATE: January 21, 2020

*Visit websites indicated below for additional information and updates.

The County of Los Angeles (County) Department of Public Health is pleased to announce the release of a Request for Statement of Qualifications (RFSQ) to secure a pool of qualified vendors to enter into Master Agreements with the County to provide **As-Needed Substance Use Prevention Services**.

Vendors are encouraged to apply for one or more of the following service categories:

- ❖ Category 1 - Individual Education and Skills Development
- ❖ Category 2 - Community Health Promotion
- ❖ Category 3 - Provider Education
- ❖ Category 4 - Coalition and Network Development
- ❖ Category 5 - Organizational Practices and Community Norms
- ❖ Category 6 - Policy Advocacy for Environmental Change
- ❖ Category 7 - Risk Reduction Initiatives

Minimum Mandatory Qualifications

Interested vendors must meet the following Minimum Mandatory Qualifications to apply:

1. Must have three (3) years of experience within the last seven (7) years providing substance use prevention services in **each** category for which they are attempting to qualify;
2. Must have three (3) years of experience within the last seven (7) years implementing behavioral health-related prevention services;
3. Must be a tax-exempt, registered non-profit organization qualified under Internal Revenue Service's Code (IRS) – Section 501(c)(3);
4. Must have an operational business office located in Los Angeles County; and
5. Must not be a County Contractor with unresolved disallowed costs (County will verify that Vendor does not have unresolved disallowed costs).

Please click the Public Health link below to review Section 1.4, Vendor's Minimum Mandatory Qualifications.

Next Steps for Interested Vendors

- ✓ Register at <http://camisvr.co.la.ca.us/webven>
- ✓ Review contracting opportunity solicitation document for additional information, requirements, submission information, and updates at:
 - <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>
 - <http://publichealth.lacounty.gov/cg/index.htm>

COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION SUMMARY

FIRM / ORGANIZATION INFORMATION	1736 Family Crisis Center	Alcohol Justice	Alcoholism Center for Women, Inc.	Asian American Drug Abuse Program, Inc.	Avalon-Carver Community Center	Behavioral Health Services	Bienestar Human Services, Inc.	Boys And Girls Club of West San Gabriel Valley	California Hispanic Commission on Alcohol & Drug Abuse, Inc.	Cambodian Association of America	Centinela Youth Services, Inc.	Change Lanes Youth Support Services	Child & Family Center	Children's Hospital Los Angeles	City of Pasadena	Clare I Matrix	Clinica Msr. Oscar A. Romero	Community Coalition for Substance Abuse Prevention and Treatment	Compator, Inc.	Day One	Didi Hirsch Mental Health Services
Total Number of Employees in Firm	180	75	25	124	22	407	45	81	80	46	27	3	151	6032	119	208	160	46	Not provided	21	547
Business Structure	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Corporation	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-profit	Non-Profit	Non-Profit	Non-profit	Public Entity	Corporation	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit
Owners/Partner/Associate Partners																					
Black/African American		1		4.5							6	1				3					
Hispanic/Latin American		4					9		3		2						11				
Asian or Pacific Islander				6.5							1					1					
American Indian		1																			
Filipino				1																	
White		4									1					2					1
Unspecified																					
Total	0	10	0	12	0	0	9	0	3	0	10	1	0	0	0	6	11	0	0	0	1
Female (should be included in counts above and also reported here separately).	0	3	0	4	0	0	4	0	3	0	4	1	0	0	0	1	3	0	0	0	1
Managers																					
Black/African American	5		2	1	5	10					1	1	3	31	5	5		5		6	10
Hispanic/Latin American	11			1	1	23	7	2	6		2		10	91	11	1	7	4			3
Asian or Pacific Islander	1			3				2		6			3	106	1	1					14
American Indian			1			1			1				1	1							
Filipino				4																	
White	8	1	2		1	17		2	1	2	1			247	3	4	1			1	80
Unspecified													17								
Total	25	1	5	9	7	51	7	6	8	8	4	1	34	476	20	11	8	9	0	7	107
Female (should be included in counts above and also reported here separately).	20	0	5	4	3	29	3	5	5	3	4	1	30	344	13	8	4	4		6	96
Staff																					
Black/African American	25		12	21	6	92		3		4		2	3	322	22	94	3	20			59
Hispanic/Latin American	80	60	6	34	7	165	46	61	59	3		1	72	2,194	39	45	121	15		13	202
Asian or Pacific Islander	7			43	1	35		5	4	31			13	1487	16	16	8			1	35
American Indian						3							2	8		1					1
Filipino				2														1			
White	26		2	3		61		3	1				34	1545	16	2	9	1			112
Unspecified		4																			
Total	138	64	20	103	14	356	46	72	64	38	0	3	124	5556	93	158	141	37	0	14	409
Female (should be included in counts above and also reported here separately).	125	46	19	68	5	230	21	54	47	32	0	2	109	4602	62	44	116	15	0	9	343
Percentage of Ownership in Firm																					
Black/African American				38%								100%									
Hispanic/Latin American							93%										100%				
Asian or Pacific Islander				55%			4%														
American Indian																					
Filipino				8%																	
White																					
Unspecified																					
Total	0%	0%	0%	101%	0%	0%	97%	0%	0%	0%	0%	100%	0%	0%	0%	0%	100%	0%	0%	0%	0%
Female (should be included in counts above and also reported here separately).	0%	0%	0%	34%	0%	0%	45%	0%	0%	0%	0%	100%	0%	0%	0%	0%	27%	0%	0%	0%	0%
Current Certification as Minority, Women, Disadvantaged, and Disabled Veteran Business Enterprise																					
Minority																			100%		
Women																			100%		
Disadvantaged																			100%		
Disabled Veteran																					
Other																					
County Certification																					
Local Small Business Enterprise																					
Social Enterprise																					
Disabled Veteran Business Enterprise																					
Other Certifying Agency																					

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

COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION SUMMARY

FIRM / ORGANIZATION INFORMATION	East Los Angeles Women's Center	El Proyecto del Barrio, inc.	Emotional Health Association SHARE!	HealthRight 360	Helpline Youth Counseling, inc.	Homeless Health Care Los Angeles	Institute for Public Strategies (IPS)	Jewish Family Service of Los Angeles	Korean American Family Services, Inc.	Koreatown Youth and Community Center, Inc.	LAUSD Student Health Services Support Fund, Inc.	Los Angeles County Office of Education (LACOE)	NAPAFASA	National Council on Alcoholism and Drug Dependence of East San Gabriel & Pomona Valleys, Inc.	National Council on Alcoholism and Drug Dependence of the San Fernando Valley	Pacific Clinics	Parents Anonymous, inc.	People Coordinated Services of Southern California, Inc.	Phoenix Houses of Los Angeles, Inc.	Pueblo Y Salud, Inc.	San Fernando Valley Partnership, Inc.
Total Number of Employees in Firm	52	445	34	1068	111	108	32	265	42	145	17	1422	3	42	28	1153	8	26	92	16	9
Business Structure	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Public Entity	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit
Owners/Partner/Associate Partners																					
Black/African American										1											
Hispanic/Latin American										1									2		
Asian or Pacific Islander										14			1								
American Indian																					
Filipino																					
White										1									12		
Unspecified																					
Total	0	0	0	0	0	0	0	0	0	17	0	0	1	0	0	0	0	0	14	0	0
Female (should be included in counts above and also reported here separately).	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	4	0	0
Managers																					
Black/African American			5	40	1	3		2		1	1	89				21		4	3		
Hispanic/Latin American	9	19	1	41	15	10	5	9	9	2	4	219		3	2	89	2	2	9	4	
Asian or Pacific Islander		1	1	35	1	2		2		14	4	134				37		1			
American Indian				1								6									
Filipino					1	2					3	49									
White	1	2	2	70	2	9	9	35		2		100		3	2	52	1		7	1	
Unspecified																					
Total	10	22	9	187	20	26	14	48	9	19	12	597	0	6	4	199	3	7	19	5	0
Female (should be included in counts above and also reported here separately).	10	14	7	143	14	17	10	42	9	10	9	362	0	4	4	153	3	0	11	3	0
Staff																					
Black/African American		4	6	249	7	21	3	20			1	205		6		83		17	16	10	
Hispanic/Latin American	42	346	7	312	69	42	6	55		55	1	305		22	13	550	4	6	27		8
Asian or Pacific Islander		16	2	137	3	7	2	11	32	49	1	51	2	1	1	122	1	1	1		1
American Indian			1	5								12									
Filipino					1	5				3		41	2	1							
White		57	11		9	33	7	125		4	1	175		6	8	172			15	1	
Unspecified				368																	
Total	42	423	27	1071	89	108	18	211	32	111	4	789	4	36	22	927	5	24	59	11	9
Female (should be included in counts above and also reported here separately).	41	346	18	771	70	69	14	169	27	80	4	512	2	25	16	730	4	8	28	0	4
Percentage of Ownership in Firm																					
Black/African American										6%											
Hispanic/Latin American										6%									14%		
Asian or Pacific Islander										82%											
American Indian																					
Filipino																					
White										6%									85%		
Unspecified																					
Total	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	99%	0%	0%
Female (should be included in counts above and also reported here separately).	0%	0%	0%	0%	0%	0%	0%	0%	0%	35%	0%	0%	0%	0%	0%	0%	0%	0%	28%	0%	0%
Current Certification as Minority, Women, Disadvantaged, and Disabled Veteran Business Enterprise																					
Minority																					
Women																					
Disadvantaged																					
Disabled Veteran																					
Other																					
County Certification																					
Local Small Business Enterprise																					
Social Enterprise																					
Disabled Veteran Business Enterprise																					
Other Certifying Agency																					

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

COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION SUMMARY

FIRM / ORGANIZATION INFORMATION	Shields for Families	Social Model Recovery Systems	South Central Prevention Coalition	Special Services for Groups, Inc.	Spiritt Family Services	St. John's Well Child & Family Center	Tarzana Treatment Centers, Inc.	The Wall Las Memorias	Venice Family Clinic	Via Care Community Health Center	Watts Healthcare Corporation
Total Number of Employees in Firm	360	232	5	1036	143	657	921	29	337	125	341
Business Structure	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit
Owners/Partner/Associate Partners											
Black/African American											
Hispanic/Latin American							1	1			
Asian or Pacific Islander											
American Indian											
Filipino											
White							9				
Unspecified											
Total	0	0	0	0	0	0	10	1	0		
Female (should be included in counts above and also reported here separately).	0	0	0	0	0	0	3	0			
Managers											
Black/African American	15	7	2	32	1		9		1	2	28
Hispanic/Latin American	2	11		34	18		33	4	7	7	10
Asian or Pacific Islander		1		41	1	3	6		8		4
American Indian		1		1		1					
Filipino	1	1									1
White	10	12		29		3	43	1	23	1	2
Unspecified											
Total	28	33	2	137	20	7	91	5	39	10	45
Female (should be included in counts above and also reported here separately).	19	18	2	98	19	3	56	1	30	8	29
Staff											
Black/African American	156	46	3	235	1	97	118		24	2	118
Hispanic/Latin American	139	97		327	108	383	365	20	220	105	147
Asian or Pacific Islander	4	11		193	8	92	64	1	15	4	17
American Indian	2	1		1			2				1
Filipino							3				2
White	31	45		101		78	267	1	39	1	11
Unspecified											
Total	332	200	3	857	117	650	819	22	298	112	296
Female (should be included in counts above and also reported here separately).	275	136	3	395	95	423	562	6	237	88	232
Percentage of Ownership in Firm											
Black/African American											
Hispanic/Latin American							9%	100%			
Asian or Pacific Islander							9%				
American Indian											
Filipino											
White							82%				
Unspecified											
Total	0%	0%	0%	0%	0%	0%	100%	100%	0%	0%	0%
Female (should be included in counts above and also reported here separately).	0%	0%	0%	0%	0%	0%	27%	0%	0%	0%	0%
Current Certification as Minority, Women, Disadvantaged, and Disabled Veteran Business Enterprise											
Minority											
Women											
Disadvantaged											
Disabled Veteran											
Other											
County Certification											
Local Small Business Enterprise											
Social Enterprise											
Disabled Veteran Business Enterprise											
Other Certifying Agency											

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

BOARD LETTER FACT SHEET

Agenda Review Date:

Board Meeting Date:

Sup. Dist. / SPA No.:

DRAFT

DEPARTMENT:

SUBJECT:

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

II. RECOMMENDED ACTIONS (summarized)

III. COST AND FUNDING SOURCES

Cost:

Funding:

IV. BACKGROUND (critical and/or insightful)

V. POTENTIAL ISSUE(S)

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS



DRAFT



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

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

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

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www.publichealth.lacounty.gov

BOARD OF SUPERVISORS

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

October 20, 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 FOUR CONTRACTS FOR THE PEDESTRIAN PLANS
PROJECT
(SUPERVISORIAL DISTRICTS 1 AND 2) (3 VOTES)**

SUBJECT

Request approval to execute four new contracts to support the Department of Public Health's Division of Chronic Disease and Injury Prevention of Pedestrian Plans Project effective upon date of execution through May 31, 2023 and authority to execute future amendments and change notices, as appropriate, to reflect funding adjustments and/or contract revisions, as well as authority to execute future amendments that extend or adjust the term through November 30, 2024.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Authorize and instruct the Director of the Department of Public Health (Public Health), or designee, to execute a contract, substantially similar to Exhibit I, with Alta Planning + Design, selected under a competitive solicitation process for planning services for the Pedestrian Plans Project (Plans Project), effective upon date of execution through May 31, 2023, at a total County maximum obligation of \$365,000; 100 percent offset by the State of California Department of Transportation (Caltrans) Active Transportation Program (ATP) funding.

2. Authorize and instruct the Director of Public Health, or designee, to execute three contracts, substantially similar to Exhibit II, with Public Matters, LLC, Community Partners (Walk Los Angeles), and Los Angeles Neighborhood Initiative, selected under a competitive solicitation process for outreach services for the Plans Project, effective upon date of execution through May 31, 2023, at a total County maximum obligation of \$75,000 for each contract as detailed in Attachment A, 100 percent offset by Caltrans ATP funding.
3. Delegate authority to the Director of Public Health, or designee, to execute future amendments to the contracts that: a) extend the term for one additional one-year period through May 31, 2024, at amounts to be determined by the Director of Public Health, b) allow a no-cost adjustment to the term through November 30, 2024; c) allow the rollover of unspent contract funds; and/or d) provide an increase or decrease in funding up to 10 percent above or below each term's annual base maximum obligation, and make corresponding service adjustments, as necessary, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office.
4. Delegate authority to the Director of Public Health, or designee, to execute change notices to the contracts that permit revisions to or within phases within each action plan, 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.
5. Delegate authority to the Director of Public Health, or designee, to immediately suspend any contract upon issuing a written notice to contractors that fail to fully comply with program requirements; and to terminate contracts for convenience by providing a 30-calendar day advance written notice to contractors.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Caltrans ATP funding supports the Pedestrian Plans for Disadvantaged Communities in Unincorporated Los Angeles County project. The project aims to increase active transportation, providing many societal benefits which include increasing physical activity; reducing chronic disease; improving mental health, social cohesion, and overall wellness; reducing fuel consumption, air pollution, and congestion; and attaining positive economic benefits via increased pedestrian activity.

Current funding from Caltrans ATP will support a community-driven and culturally competent approach to pedestrian planning and program development in the following four unincorporated communities: East Los Angeles, East Ráncho Dominguez, Florence-Firestone, and Willowbrook/West Ráncho Dominguez-Victoria. Public Health conducted a Request for Proposals solicitation process to identify one planning services agency and

four outreach services agencies to work in each of the four identified communities for the Plans Project.

Approval of Recommendation 1 will allow Public Health to execute a contract with Alta Planning+ Design to conduct Planning Services for the Plans Project in the identified unincorporated communities. Alta Planning+Design will work in partnership with Public Health and the outreach services agencies and will implement a structured planning process engaging community residents convened by the outreach services agencies.

Recommendation 2 will allow Public Health to execute contracts with the three agencies to provide outreach services in the unincorporated communities of East Los Angeles, Florence-Firestone, and Willowbrook/West Ráncho Dominguez-Victoria. These agencies will lead culturally relevant outreach efforts to engage and convene community stakeholders in the planning process, gathering community input for the development of a plan, help in promoting walking, and encouraging greater civic engagement in one or more of the four unincorporated communities. These agencies will work with Public Health and the planning services agency to engage existing community groups, organize community events, conduct pedestrian and bicycle counts, and promote community efforts to expand or increase pedestrian-focused programs.

Public Health did not receive proposals for the community of East Ráncho Dominguez. Public Health is currently exploring other contracting options to provide outreach to this community.

Approval of Recommendation 3 will allow Public Health to execute amendments to extend and/or adjust the term of the contracts as allowed by the grant; rollover unspent funds; and/or increase or decrease in funding up to 10 percent above or below each term's annual base maximum obligation, and make corresponding service adjustments, as necessary. This recommended action will enable Public Health 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 Public Health's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant funds.

Approval of Recommendation 4 will allow Public Health to execute change notices to the contracts that permit revisions to or within phases within each action plan, 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.

Recommendation 5 will allow Public Health to immediately suspend contracts with contractors that fail to perform and/or fully comply with program requirements, and to terminate contracts for convenience by providing a 30-calendar day advance written notice to contractors.

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 recommended four contracts is \$590,000, for the period effective upon date of contract execution through May 31, 2023; 100 percent offset by funding from the State of California, acting by and through Caltrans for ATP.

There is no net County cost associated with this action.

Funding for these contracts is included in Public Health's Final Adopted Budget for fiscal year (FY) 2020-21 and will be included in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In 2014, Public Health received Caltrans ATP funding to develop a framework that addresses pedestrian policies, programs, and procedures for all unincorporated communities, and includes Community Pedestrian Plans that propose safety improvement specific to four unincorporated communities of highest need which include: Lake Los Angeles, Walnut Park, Westmont/West Athens, and West Whittier-Los Nietos.

Subsequently on May 28, 2019, Public Health and the Department of Regional Planning requested that your Board adopt "Step by Step Los Angeles County: Pedestrian Plans for Unincorporated Communities" and amend the Los Angeles County General Plan to include the adopted Community Pedestrian Plan into the General Plan's Mobility Element. The Community Pedestrian Plan proposed policies and programs to improve pedestrian safety for all unincorporated areas of Los Angeles County and provides specific recommended projects for the four identified communities.

On May 16, 2018, Caltrans released Cycle 4 Call-for-Projects under the ATP which authorizes ATP grants to jurisdictions, health departments, school districts, transit agencies, and Metropolitan Planning Organizations for the development and implementation of active transportation plans, programs, and infrastructure projects to decrease injuries to people walking and bicycling, encourage greater rates of walking and bicycling in California, and decrease other health impacts that result from people driving.

On July 31, 2018, Public Health submitted an application in response to Caltrans' ATP Cycle 4 Call-for-Projects. Subsequently, Caltrans awarded Public Health \$1,550,000 to support the Plans Project and on June 8, 2020, Public Health notified your Board that it

was exercising delegated authority to accept the funding under Program Supplemental No. U09 to the Administering Agency-State Master Agreement or State Funded Projects No. 00307S from Caltrans for a 36-month term effective upon the execution of new service provider contracts. This Board letter is requesting approval to execute four new service provider contracts.

Upon completion of the Plans Project, Public Health will return to your Board to request adoption of “Step by Step Los Angeles County: Pedestrian Plans for Unincorporated Communities” and amend the Los Angeles County General Plan to include the adopted Pedestrian Plan into the General Plan’s Mobility Element.

Exhibits I and II are the contract templates reviewed and approved by County Counsel. Attachment A is a list of the recommended contracts by category and unincorporated community. Attachment B is the contracting opportunity announcement on the County of Los Angeles website. Attachment C is the Community Business Enterprise (CBE) Information Summary for the recommended contractors.

CONTRACTING PROCESS

On January 6, 2020, Public Health released Request for Proposals (RFP) Number 2019-012 to solicit proposals from qualified organizations to implement the Plans Project in four unincorporated communities (East Los Angeles, East Ráncho Dominguez, Florence-Firestone, and Willowbrook/West Ráncho Dominguez-Victoria) in Los Angeles County.

The RFP solicited proposals in the following two categories: Category A: Planning Services and Category B: Outreach Services.

Interested agencies were allowed to submit proposals under any of the two categories and any of the four unincorporated communities.

The contracting opportunity announcement was posted on the County of Los Angeles Online website (Attachment B) and on Public Health’s Contracts and Grants website. Additionally, a contracting opportunity flyer for this RFP was also sent by electronic mail to Public Health’s internal list.

Public Health received 11 proposals by the submission deadline, six for Category A: Planning Services and five for Category B: Outreach Services. The 11 proposals were reviewed by a committee that consisted of representatives from various programs within Public Health and external subject matter experts. 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.

As a result of the evaluation process, Public Health is recommending to award contracts to one agency for Category A: Planning Services, and to three agencies for Category B: Outreach Services.

On September 29, 2020, notifications of the RFP results were sent to proposers. A debriefing was offered to the non-selected agencies. Subsequently, XX agencies requested and received a debriefing. XX (X) of the XX 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. A request for a County Independent Review was not received by the due date. Therefore, Public Health is recommending that the Board approve the recommended four contracts. Public Health has obtained a Letter of Intent from each of the recommended Proposers.

CBE Program information as reported by the recommended Proposers is identified in Attachment C. The 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 result in the development of the Plans Project in the unincorporated communities to improve the connectivity within the community's pedestrian network, reduce the high number of pedestrian related collisions, and increase rates of walking by identifying and addressing significant barriers.

Respectfully submitted,

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

BF:dm
#05220

Enclosures (5)

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

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
DIVISION OF CHRONIC DISEASE AND INJURY PREVENTION**

**AGENCIES RECOMMENDED FOR PEDESTRIAN PLANS PROJECT CONTRACT AWARD
Effective upon date of execution through May 31, 2023**

AGENCY		CATEGORY A: PLANNING	CATEGORY B: OUTREACH	UNINCORPORATED COMMUNITY TO IMPLEMENT PEDESTRIAN PLANS PROJECT	RECOMMEND FUNDING AMOUNT
1	Alta Planning + Design	X			\$365,000
2	Public Matters, LLC		X	East Los Angeles	\$75,000
3	Community Partners (Walk Los Angeles)		X	Willowbrook/West Ráncho Dominguez-Victoria	\$75,000
4	Los Angeles Neighborhood Initiative		X	Florence-Firestone	\$75,000
TOTAL RECOMMENDED PER CATEGORY		1	3		\$590,000



CONTRACTING OPPORTUNITY *

BID NUMBER: 2019-012
 BID TITLE: Request for Proposals for the
 Pedestrian Plans Project

RELEASE/OPEN DATE: January 6, 2020
 CLOSING/DUE DATE: February 12, 2020

*Visit websites indicated below for additional information and updates.

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 vendors for the Pedestrian Plans Project to promote walking, physical activity and overall wellness in the following four unincorporated communities: East Los Angeles, East Rancho Dominguez, Florence-Firestone, and Willowbrook/West Rancho Dominguez-Victoria.

Proposals are being solicited for the following service categories:

- ❖ Category A: Planning
- ❖ Category B: Outreach

Minimum Mandatory Requirements

Interested vendors that meet the Minimum Mandatory Requirements for the service category(ies) are invited to respond to this RFP by submitting a proposal by the closing/due date. Please click the Public Health link below to review the Minimum Mandatory Requirements identified in Section 3.0, of the RFP.

Please note that vendors may elect to submit a proposal for one or both of the categories. A separate complete proposal must be submitted for each category.

Next Steps for Interested Vendors

- ✓ Register at <http://camisvr.co.la.ca.us/webven>
- ✓ Review this contracting opportunity solicitation document for additional information, requirements, submission information, and updates at:
 - <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>
 - <http://publichealth.lacounty.gov/cg/index.htm>

PEDESTRIAN PLANS PROJECT

Attachment C

COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION SUMMARY

FIRM / ORGANIZATION INFORMATION	Alta Planning+Design	Public Matters, LLC	Community Partners (LA Walks)	Los Angeles Neighborhood Initiative
Total Number of Employees in Firm	214	3	808	0
Business Structure	Corporation	Partnership	Non-Profit	Franchise
Owners/Partner/Associate				
Black/African American	0	0	0	0
Hispanic/Latin American	0	0	0	0
Asian or Pacific Islander	0	0	0	0
American Indian	0	0	0	0
Filipino	0	0	0	0
White	12	1	0	0
Unspecified	0	0	0	0
Total	12	1	0	0
Female (should be included in counts above and also reported here separately).	3	0	0	0
Managers				
Black/African American	1	0	23	0
Hispanic/Latin American	2	0	38	0
Asian or Pacific Islander	2	0	23	0
American Indian	0	0	3	0
Filipino	0	0	0	0
White	38	0	89	2
Unspecified	0	0	0	0
Total	43	0	176	2
Female (should be included in counts above and also reported here separately).	18	0	109	2
Staff				
Black/African American	2	0	85	0
Hispanic/Latin American	18	0	231	3
Asian or Pacific Islander	0	1	60	0
American Indian	0	0	47	1
Filipino	0	0	0	0
White	133	1	209	0
Unspecified	0	0	0	0
Total	153	2	632	4
Female (should be included in counts above and also reported here separately).	91	2	408	2
Percentage of Ownership				
Black/African American	0.00%	0.00%	0.00%	0.00%
Hispanic/Latin American	0.00%	0.00%	0.00%	0.00%
Asian or Pacific Islander	0.00%	0.00%	0.00%	0.00%
American Indian	0.00%	0.00%	0.00%	0.00%
Filipino	0.00%	0.00%	0.00%	0.00%
White	92.00%	100.00%	0.00%	0.00%
Unspecified	0.00%	0.00%	0.00%	0.00%
Total	92.00%	100.00%	0.00%	0.00%
Female (should be included in counts above and also reported here separately).	23.00%	0.00%	0.00%	0.00%
Current Certification as Minority, Women, Disadvantaged, and Disabled Veteran Business Enterprise				
Minority				
Women				
Disadvantaged				
Disabled Veteran				
Other				
County Certification				
Local Small Business				
Social Enterprise				
Disabled Veteran Business				
Other Certifying Agency				

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