



FESIA A. DAVENPORT
Chief Executive Officer

County of Los Angeles Health and Mental Health Services

DATE: Wednesday, December 8, 2021
TIME: 10:00 a.m.

THIS MEETING WILL CONTINUE TO BE CONDUCTED VIRTUALLY TO ENSURE THE SAFETY OF MEMBERS OF THE PUBLIC AND EMPLOYEES AS PERMITTED UNDER STATE LAW.

TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:

DIAL-IN NUMBER: 1 (323) 776-6996

CONFERENCE ID: 479494149#

[MS Teams link](#) (Ctrl+Click to Follow Link)

AGENDA

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Two (2) minutes are allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

- I. Call to order
- II. **Information Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):
 - a. **DHS:** Request 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
 - b. **DHS:** Approval of Expenditures for the Department of Health Services' Management Development Program
- III. **Presentation Item(s):**
 - a. **DHS:** Approval of Appropriation and Staffing Adjustments for the Department of Health Services' Registered Nurses' Critical Care Staffing Plan

- b. DMH:** Approval to Execute a Memorandum of Understanding with the California State University of Long Beach and Future No Cost Memoranda of Agreement and/or Memoranda of Understanding with Various Governmental Entities and Other Institutions for Collaboration on Mental Health Services

- IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
- V. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda
- VI. Public Comment
- VII. Adjournment

BOARD LETTER FACT SHEET

Agenda Review Date: December 8, 2021

Board Meeting Date: December 21, 2021

Sup. Dist. / SPA No.: All Districts

BOS Approval

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

SUBJECT: REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT FOR PATIENT SEEN UNDER THE TRAUMA CENTER SERVICE AGREEMENT.

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

Requesting Board approval for the acceptance of a compromise offer of settlement for a patient account that is unable to be paid in full. The payment 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 offer of settlement, pursuant to Section 1473 of the Health and Safety Code. This will expedite the County's recovery of revenue totaling \$91,129.50 for medical care provided at LAC+USC Medical Center.

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 settlement 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, Kelly Hassel, khassel@counsel.lacounty.gov

December 21, 2021

DRAFT
DHS Letterhead

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 OFFER OF SETTLEMENT
FOR PATIENT 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 a compromise offer of settlement for patient who received medical care at either County facility and/or at non-County operated facility under the Trauma Center Service Agreement. The compromise offer of settlement referenced below is 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 offer of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual account:

Patient who received medical care at County facility:

LAC+USC Medical Center – Account Number 101981776 in the amount of \$91,129.50.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patient who received medical care at County facility: The compromise offer of settlement for this patient account is recommended because the patient is unable to pay the full amount of charges and the compromise offer represents 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 this compromise, as it will enable the DHS to maximize net revenue on this account.

Implementation of Strategic Plan Goals

The recommended action 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 \$91,129.50
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
December 21, 2021
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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 (1)

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 21-13-A

Amount of Aid	\$182,259.00	Account Number	101981776
Amount Paid	\$0.00	Name	Adult Male
Balance Due	\$182,259.00	Service Date	03/06/2021
Compromise Amount Offered	\$91,129.50	Facility	LAC+USC Medical Center
Amount to be Written Off	\$91,129.50	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LAC+USC Medical Center at a cost of \$182,259.00. The account was referred to the County vendor whom was able to negotiate the payment of \$91,129.50 for this account.

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

BOARD LETTER FACT SHEET

Agenda Review Date: December 8, 2021

Board Meeting Date: December 21, 2021

Sup. Dist. / SPA No.: ALL

BOS Approval

DEPARTMENT: *Department of Health Services (DHS)*

SUBJECT: APPROVAL OF EXPENDITURES FOR THE DEPARTMENT OF HEALTH SERVICES' MANAGEMENT DEVELOPMENT PROGRAM

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

Approval of the recommendations will enable DHS to develop transformational leaders who balance getting results and valuing people to collectively impact and change organizational culture.

II. RECOMMENDED ACTIONS (summarized)

Authorize the Department of Health Services (DHS) to host and conduct the Department of Health Services (DHS) Management Development Program (MDP) during Fiscal Year (FY) 2021-22, and FY 2022-23, at an annual cost not to exceed \$100,000.

Delegate authority to the Director of Health Services (Director), or designee, to execute agreements with qualified entities for facility use and catering services to support DHS MDP events, at an annual cost not to exceed \$100,000, with all agreements subject to prior review and approval as to form by County Counsel.

Delegate authority to the Director, or designee, to execute all necessary documents, and amendments to agreements, to facilitate the management of the agreements, include but not limited to adjustments to the agreement terms and County's corresponding maximum obligation, in accord with the afore delegation of authority, clarification of terms and scope of work.

III. COST AND FUNDING SOURCES

Cost: \$100,000

Funding: Included in DHS FY 2021-22 Final Budget and will be requested in FY 2022-23 as continuing

IV. BACKGROUND (critical and/or insightful)

The DHS MDP is a leadership development program designed to help drive culture change at DHS, in support of DHS's mission and vision, including DHS's Strategic Goal to have a high performing workforce. The MDP's charge is to develop transformational leaders who balance getting results and valuing people to collectively impact and change organizational culture

V. POTENTIAL ISSUE(S)

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

DHS, Julio Alvarado, jalvarado@dhs.lacounty.gov, (213) 288-7819

County Counsel, Victoria Mansourian, vmansourian@counsel.lacounty.gov, (213) 974-6681

December 21, 2021

DRAFT
DHS Letterhead

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 EXPENDITURES FOR THE DEPARTMENT OF HEALTH
SERVICES' MANAGEMENT DEVELOPMENT PROGRAM
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to execute agreements and expend funds for facility use and catering services for the Department of Health Services' Management Development Program.

IT IS RECOMMENDED THAT THE BOARD:

1. Authorize the Department of Health Services (DHS) to host and conduct the DHS Management Development Program (MDP) during Fiscal Year (FY) 2021-22, and FY 2022-23, at an annual cost not to exceed \$100,000.
2. Delegate authority to the Director of Health Services (Director), or designee, to execute agreements with qualified entities for facility use and catering services to support DHS MDP events, at an annual cost not to exceed \$100,000, with all agreements subject to prior review and approval as to form by County Counsel.
3. Delegate authority to the Director, or designee, to execute all necessary documents, and amendments to agreements, to facilitate the management of the agreements, include but not limited to adjustments to the agreement terms and County's corresponding maximum obligation, in accord with the afore delegation of authority, clarification of terms and scope of work.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Background/Purpose

The DHS MDP is a leadership development program designed to help drive culture change at DHS, in support of DHS's mission and vision, including DHS's Strategic Goal to have a high performing workforce. The MDP's charge is to develop transformational leaders who balance getting results and valuing people to collectively impact and change organizational culture. This includes, but is not limited to: 1) Moving from a culture of compliance to one of commitment; 2) Moving from a strictly volume-based approach to one that is centered on creating value; 3) Creating high-performing teams that contribute to achieving healthcare excellence; and 4) Practicing Emotional Intelligence (EQ) in order to create an environment of psychological safety.

This program encourages managers to help unlock all of the human potential in our organization. DHS succeeds when our entire workforce brings all of their talent, passion, and insights to work every day, and contributes to determining, together, how we will achieve our vision. By practicing and modeling EQ and cultivating psychological safety, managers can help create a culture in which every workforce member is actively engaged in sharing ideas for improvement and innovation, collaborating with colleagues across disciplines, acting as drivers and agents of change to advance DHS's mission and vision.

The MDP's strategy is to not only create an optimum learning environment, but to help managers be able to sustainably practice the new mindsets, behaviors and skills they've learned on the job. With the aim of building a movement of positive change agents, MDP focuses on driving cultural transformation by helping good leaders become great leaders, and thereby collectively raising standards and expectations across our organization.

The DHS MDP has three main blended (both in-person and online) learning programs, which is strengthened by a learning reinforcement infrastructure (e-newsletter, SharePoint resource site, social network platforms, MDP Leadership Faculty, etc.) focused on the principles of learning retainment and transfer, practice for progress, continuous development, and community building and support. These programs are:

1. The ***TOP program (Transforming the Organization through People)*** is focused on creating foundations for transformational leadership for team effectiveness and success.
2. The ***LEAP program (Leadership Excellence & Advanced Practicum)*** is for more experienced managers learning 'quantum' leadership skills for organizational impact. These learned skills are to be applied across teams, departments and facilities, as well as during a 6-month practicum working on a DHS enterprise strategic initiative.

3. The **MDP Annual Alumni Reunion & Learning Symposiums** reinforces and advances the learnings from TOP and LEAP, as well as provides a platform for communities of practice to share best practices, ideas and offer support, as well as identify ways to collaborate across teams and facilities.

As managers learn to go beyond traditional managing and begin to engage their teams in new ways, they are better able to both sustainably achieve results, and to develop individuals and teams to higher levels of development, engagement, and performance.

Because of this important work, it is critical for the MDP to implement thoughtful and vital details that will create the most optimal learning environment for DHS managers and supervisors who are leading transformation across the organization.

Justification

Approval of the recommendations will allow DHS to use a portion of the program's budget to provide space and food at the in-person workshops. This investment is a key part of MDP's broader strategy to engage with and support DHS managers for the crucial work of bringing their teams to ever-higher levels of development and performance. With a readily available food source, the MDP can simultaneously address the following aims: 1) Create an environment in which **participants feel valued as whole people** in ways that authentically reflect the kind of culture for which they will be ambassadors; when managers feel valued, they will be best able to make their teams feel valued as well; 2) **Allow participants to focus on learning**, without having to expend time and energy figuring out how and where to find food, especially in locations where travel is required to find food; 3) Use this time for **spontaneous opportunities to build relationships- and community**, as participants not only learn but grow together, and develop networks that will help them sustain practice in support of culture change back on the job; 4) **Foster a culture of psychological safety** in which participants actively engage in order to talk about significant challenges, debrief what they have just learned, and understand ways they can create similar climates with their teams; and 5) **Leverage scarce time** by allowing participants to enjoy breaks with food while at the same time engaging with content (videos, articles, activities) that reinforce key learnings.

Providing food at workshops nests in a broader strategy of providing participants with an optimal learning experience and support including post-workshop learning reinforcement, on-the-job resources, community-strengthen infrastructure, and other touch points that will help us expand the impact of our efforts exponentially beyond the numbers of program participants to impact our entire organization.

Implementation of Strategic Plan Goals

The recommended actions support Strategy III.1, "Continually Pursue Development of Our Workforce;" and Strategy III.3, "Operational Effectiveness, Fiscal Responsibility, and Accountability;" of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total estimated maximum facility and catering services cost for the FY 2021-22 DHS MDP events and subsequent FY shall not exceed \$100,000 annually.

Funding is included in the DHS FY 2021-22 Final Budget and will be requested in FY 2022-23 as continuing appropriation, as needed. There is no Net County Cost impact.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Section 5.40.097 of the County Code permits departments to purchase food and beverages for official functions and meetings authorized by the department head up to \$500 per occasion with a maximum of \$5,000 per year. Any expenditure of more than \$500 per occurrence must be approved in advance by the Chairperson of the Board of Supervisors. Expenditures exceeding the \$5,000 annual limit must be approved in advance by the Board as an agenda item.

Authorized expenses include: (a) coffee, other liquid refreshments, and food items for departmental meetings; meetings with individual Board members and/or their representatives, and/or other County officials; and meetings of Board-appointed advisory commissions and committees; (b) refreshments or meals when meeting with County business clients, including individuals or organizations which directly or indirectly benefit the community and/or the main mission of the Department; and (c) other reasonable expenses including, but not limited, to refreshments or meals incurred by the Director, or designee, associated with County business, including special recognition, non-routine events, matters of protocol, staff training, and management strategy or planning sessions, and retreats conducted to improve the quality of service provided to the public.

However, pursuant to a January 7, 2020 Motion, the Board approved adoption of the Incidental Expense Board Policy (Policy), which states, in part, "It is the County's policy to allow departments to purchase meals, food, and non-alcoholic beverage items for County employees for meetings, conferences, and events (e.g., training) **deemed necessary by the Department Head to support their department's mission** (Incidental Expense Policy)." Per the policy, DHS is a Tier 3 department with an annual incidental expense limit of \$50,000 and a per-occurrence limit of \$10,000. In addition, department heads must ensure incidental expenses are reasonable and necessary, maintain appropriate stewardship of public funds, and deploy limited public resources in a prudent and cost-effective manner.

The policy provides that a Department may submit a signed request with the Auditor-Controller to exceed the per occurrence limit. Should your Board approve the Department's request to exceed the annual \$50,000 limit, the Director, or designee, will make such a request to exceed the per occurrence limit in the event the corresponding cost for an event will exceed the per occurrence limit.

All agreements will be subject to prior review and approval as to form by County Counsel.

CONTRACTING PROCESS

Facility use and catering service vendors will be selected based on availability, costs and proximity to the MDP participants' work location. Certain vendors, such as The California Endowment (the Endowment), do not charge for conference space when an agency, such as DHS, conducts a conference geared to promoting fundamental improvements in health care. The Endowment's facility use and catering agreement requires the County to indemnify and hold harmless the Endowment for all claims, actions and liabilities arising out of, or resulting from, the County's use of the facility.

IMPACT ON CURRENT SERVICES /OR PROJECTS)

Approval of the recommendations will enable DHS to develop transformational leaders who balance getting results and valuing people to collectively impact and change organizational culture.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:jca

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Auditor-Controller

BOARD LETTER FACT SHEET

Agenda Review Date: December 8, 2021

Board Meeting Date: December 21, 2021

Sup. Dist. / SPA No.: All

BOS Approval

DEPARTMENT: *Department of Health Services (DHS)*

SUBJECT: Request approval to add positions to the DHS to implement a standardized Registered Nurse (RN) Critical Care Staffing Plan (CCSP) and nurse-to-patient ratio model to meet the State of California's regulatory requirements for hospitals that provide adult critical care services.

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

Approval of the proposed CCSP will improve and stabilize DHS' nurse staffing levels, ensure regulatory requirements are met, and appropriately adjust our nurse staffing levels to meet our current and future critical care needs for Los Angeles County residents.

II. RECOMMENDED ACTIONS (summarized)

1. Approve interim ordinance authority pursuant to Section 6.06.020 of the County Code, as shown on Attachment I. for the DHS to add one hundred ninety-six (196.0) positions to implement a system-wide standardized RN CCSP staffing model to meet California regulatory requirements, subject to allocation by the Chief Executive Office's (CEO), Classification and Compensation Division.

2. Approve the attached Fiscal Year (FY) 2021-22 appropriation adjustment to adjust Salaries and Employee Benefits appropriation by a net increase of \$11.355 million, recognize an increase of \$2.411 million in Medi-Cal Inpatient revenue, and reallocate \$8.944 million from DHS' Enterprise Fund-Committed for DHS to fund the projected staffing costs and operational changes necessary to implement the CCSP staffing model described in Recommendation 1.

III. COST AND FUNDING SOURCES

Cost: Estimated annual cost of \$34.065 million

Funding: \$7.231 million of additional revenue and \$26.834 million of DHS' existing resources

IV. BACKGROUND (critical and/or insightful)

The CCSP model supports the mandated California Department of Public Health (CDPH) Licensing and Certification, Title XXII (AB 394 nurse-to-patient ratio), and California Code of Regulations critical care RN staffing requirements including standard practice for DHS-wide hospitals with acute care intensive care units. DHS critical care inpatient units are located at LAC+USC Medical Center, Harbor-UCLA Medical Center, Olive View-UCLA Medical Center, and Rancho Los Amigos National Rehabilitation Center. These hospitals are mandated by AB 394 to staff by acuity and nurse-to-patient ratios. Additionally, CCSP will address the patient's severity of illness (acuity), labor issues, and new regulations that have impacted critical care nurse staffing, nurse turnover, and retention, and regulatory standards that have been implemented over the last several years.

V. POTENTIAL ISSUE(S)

N/A

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

DHS – Aries Limbaga, Interim DHS Chief Nursing Officer, Office of Nursing Affairs, alimbaga@dhs.lacounty.gov
County Counsel – Sharon Richman, Assistant County Counsel, sreichman@counsel.lacounty.gov and Natasha Mosley, Deputy County Counsel, nmosley@counsel.lacounty.gov

December 21, 2021

DRAFT

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

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 APPROPRIATION FY 2021-22 AND STAFFING
ADJUSTMENTS FOR THE DEPARTMENT OF HEALTH SERVICES'
REGISTERED NURSES' CRITICAL CARE STAFFING PLAN
(ALL SUPERVISORIAL DISTRICTS)
(4-VOTES)**

Christina R. Ghaly, M.D.
Director

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

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

Elizabeth M. Jacobi, J.D.
Administrative Deputy

SUBJECT

Request approval to add positions to the Department of Health Services to implement a standardized Registered Nurse Critical Care Staffing Plan and nurse-to-patient ratio model to meet the State of California's regulatory requirements for hospitals that provide adult critical care services.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve interim ordinance authority pursuant to Section 6.06.020 of the County Code, as shown on Attachment I. for the Department of Health Services (DHS) to add one hundred ninety-six (196.0) positions to implement a system-wide standardized Registered Nurse (RN) Critical Care Staffing Plan (CCSP) staffing model to meet California regulatory requirements, subject to allocation by the Chief Executive Office's (CEO), Classification and Compensation Division.
2. Approve the attached Fiscal Year (FY) 2021-22 appropriation adjustment to adjust Salaries and Employee Benefits appropriation by a net increase of \$11.355 million, recognize an increase of \$2.411 million in Medi-Cal Inpatient revenue, and reallocate \$8.944 million from DHS' Enterprise Fund-Committed for DHS to fund the projected staffing costs and operational changes necessary to implement the CCSP staffing model described in Recommendation 1.

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

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www.dhs.lacounty.gov

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patients and our
communities by
providing extraordinary
care"*

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PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended actions will enable DHS to implement a system-wide standardized RN critical care staffing model to meet California regulatory requirements for acute care hospitals with adult critical care areas. The CCSP model will address acuity of patient, labor issues and new regulations that have impacted critical care nurse staffing, nurse turnover and retention, and regulatory standards that have been implemented over the last seven years since the original 2014 NSP was put into place DHS-wide. The CCSP model will also meet the staffing agreements in the 2018 Memorandum of Understanding (MOU) for RNs under Bargaining Units 311 and 312, and COVID-19 pandemic staffing needs. The full CCSP staffing model is comprised of internal repurposing of existing RN resources through reclassifications of 261 positions and the addition of 196.0 net new critical care RN positions. The above mentioned reclassifications will be submitted to the Board at a later time.

Background

DHS critical care inpatient units are located at LAC+USC Medical Center, Harbor-UCLA Medical Center, Olive View-UCLA Medical Center, and Rancho Los Amigos National Rehabilitation Center. These hospitals are mandated by AB 394 to staff by acuity and nurse-to-patient ratios.

In July 2014, the Office of Nursing Affairs (ONA), in collaboration with nurse leaders representing the hospitals, implemented the original DHS 2014 NSP model. Under this model, DHS achieved significant milestones that increased the Department's effectiveness in addressing the staffing needs of the DHS hospitals' inpatient units covered under AB 394's nurse-to-patient ratios including the adult critical care units. Since then, several fundamental changes have occurred with the RN staffing requirements. In addition, L.A. County residents' need for critical care services has increased.

Justification

The following key critical care staffing changes prompted this request for a revision of the original 2014 NSP staffing model:

1. RN Staffing Regulations/Patient Acuity - Acute care staffing requirements are mandated by the California Department of Public Health (CDPH) Licensing and Certification, Title XXII, California Code of Regulations, Division 5 – Section 70053.2 and Section 70217. The regulations require the use of an acuity (patient classification) tool and defined minimum staffing ratios. The patient acuity level defines the patient's severity of illness and the amount of nursing care hours per day needed by each patient. The ratios are listed in Title XXII and in the 2018 MOU for RNs under Bargaining Units 311 and 312. In addition, the current regulations have an "at all times" stipulation that requires the same level of staffing even when staff are on break or off the unit. They also require that the charge nurse be free from a patient care assignment.

In October 2019, SB 227 was signed into law amending California Health and Safety Code Sections 1279 and 1280.3, which require that patients must be staffed by acuity (unless their acuity falls below a certain ratio). This requirement is regulated by CDPH and health care facilities are inspected for compliance. Failure to meet this requirement can result in assessments of administrative penalties of \$25,000 for the first violation and up to \$125,000 for the third violation based on the magnitude of the violation (SB 227 [Chapter 843, Statutes 2019]).

2. Labor Laws Impacting Staffing - Labor practices are highly regulated in the State of California and labor laws impact the inpatient critical care nurse staffing because eligible staff can take job-protected leave under the Family and Medical Act (FMLA), California Family Rights Act (CFRA), and the Fair Employment and Housing Act (FEHA). In some circumstances, staff may take protected time off and use sick and vacation with little notice to the hospital. As a result, hospitals have to backfill nursing staff to ensure appropriate coverage. Notably, since the 2014 NSP was developed, the CFRA, which entitles employees to up to 12 workweeks of unpaid protected leave to care for themselves or family members with a serious health condition or to bond with a new child, has expanded the scope of the family and medical leave coverage. CFRA changes include, but are not limited to, expanding the definition of family members for whose care an employee may take CFRA leave, adding a qualifying exigency leave related to military service of certain family members of the employee, and allowing both parents to take 12 workweeks of "baby bonding" leave if they work for the same employer. These changes increase the number of qualifying leave requests and resulting employee absences that impact critical care nurse staffing.
3. DHS Core Critical Care Training Program (CCTP) - The 2014 NSP did not include provisions for critical care RN education. It is very difficult to maintain critical care staffing levels if the needed RNs are not available to enroll and successfully complete the DHS CCTP. In 2018, a 6-month CCTP was standardized across DHS and 116 RNs completed the program in 2020. In 2021, DHS' nursing leadership redesigned the CCTP and a new 4-month CCTP is projected to train up to 280 RNs in FY 2021-22 with the approval and implementation of this recommended 2021 CCSP model.
4. Staffing and Patient Outcomes - Numerous recent research studies have validated the impact of staffing on patient outcomes. The studies have shown that missed nursing care and nursing staff retention issues cause staffing shortages that directly affect patient outcomes. The data emphasize that, as nursing shortages occur resulting in an increase in nursing missed care, there is an increase in hospital acquired conditions (HAC). This data supported a review of adult critical care staffing in all DHS ICUs to ensure patient safety and to prevent increases in HAC.

Proposed Critical Care Staffing Plan (CCSP)

The proposed CCSP staffing model is based on mandated CDPH Licensing and Certification, Title XXII (AB 394 nurse-to-patient ratio), and the California Code of Regulations, and developed through an analysis of the current critical care staffing needs, including standard practice for DHS-wide acute care ICU units, and a cost analysis of overtime and registry. Additionally, the proposed CCSP staffing model will address acuity of patient, labor issues, and new regulations that impact critical care nurse staffing, nurse turnover, and retention.

The specific changes on the proposed CCSP staffing model include: 1) additional critical care RN II and RN III positions calculated based on a percentage allocation of RN-II (70%) and RN-III (30%) skill mix staffing model to obtain highly specialized, experienced, and trained RNs to provide highly complex nursing assessment and care for adult critically ill patients; and 2) additional supervisory nurses due to the increased number of RNs.

In addition to the studies that support the appropriate staffing to decrease HACs as noted above, there are numerous studies that demonstrate how nursing staff retention promotes a healthy work environment and improves patient and nurse outcomes. It is the goal for DHS facilities to decrease turnover, which will significantly reduce the overall costs of recruitment and training. During FY 2021-22, with appropriate critical care staffing and healthy work environments, DHS can become an employer of choice and reduce overall costs as well as improve patient care.

Implementation of Strategic Plan Goals

The recommended actions support the County's Strategic Plan Goal I.2, "Enhance Our Delivery of Comprehensive Interventions" and II.1 "Drive Economic and Workforce Development in the County" II.2 "Support the Wellness of Our Communities", and III.1 "Continually Pursue Development of Our Workforce." III.3 "Pursue Operation Effectiveness, Fiscal Responsibility, and Accountability."

FISCAL IMPACT/FINANCING

The proposed CCSP and nurse-to-patient ratio model will result in an estimated cost of \$34.065 million in annual cost of the program funded by \$7.231 million of additional revenue and \$26.834 million of DHS' existing resources. The model is expected to be fully implemented in FY 2021-22, with a full annualization of costs and revenue recognized in FY 2022-23.

The approval of the attached appropriation adjustment will adjust the Salaries and Employee Benefits appropriation by a net increase of \$11.355 million, recognize an increase of \$2.411 million in Medi-Cal Inpatient revenue, and reallocate \$8.944 million from DHS' Enterprise Fund-Committed for DHS, to fund the projected staffing costs and operational changes necessary to implement the proposed CCSP staffing model in FY 2021-22. DHS will annualize

and provide funding in future budget phases, as needed, to fund the remaining full staffing plan. There is no impact to net County cost.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

As noted above, there are multiple requirements for acute care nurse staffing. Approval of the requested actions will support DHS' maintenance of appropriate levels of RN staffing at our critical care hospital facilities consistent with regulatory requirements.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the proposed CCSP staffing model and corresponding appropriations will improve and stabilize DHS' nurse staffing levels, ensure regulatory requirements are met, and appropriately adjust our nurse staffing levels to meet our current and future critical care needs for Los Angeles County residents.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:av

Enclosures

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

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
REQUEST FOR INTERIM ORDINANCE AUTHORITY
PROVISIONAL ALLOCATIONS TO DEPARTMENT
FISCAL YEAR 2021-22**

DHS SUMMARY - CRITICAL CARE STAFFING PLAN

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
5134	A	REGISTERED NURSE II	78.0	78.0
5135	A	REGISTERED NURSE III	100.0	100.0
5338	A	SUPERVISING STAFF NURSE I	18.0	18.0
Total			196.0	196.0

LAC+USC MEDICAL CENTER

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
5134	A	REGISTERED NURSE II	20.0	20.0
5135	A	REGISTERED NURSE III	48.0	48.0
5338	A	SUPERVISING STAFF NURSE I	8.0	8.0
Total			76.0	76.0

HARBOR-UCLA MEDICAL CENTER

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
5134	A	REGISTERED NURSE II	29.0	29.0
5135	A	REGISTERED NURSE III	38.0	38.0
5338	A	SUPERVISING STAFF NURSE I	8.0	8.0
Total			75.0	75.0

OLIVE VIEW-UCLA MEDICAL CENTER

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
5134	A	REGISTERED NURSE II	19.0	19.0
5135	A	REGISTERED NURSE III	7.0	7.0
5338	A	SUPERVISING STAFF NURSE I	2.0	2.0
Total			28.0	28.0

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
5134	A	REGISTERED NURSE II	10.0	10.0
5135	A	REGISTERED NURSE III	7.0	7.0
Total			17.0	17.0

November 30, 2021

COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT

DEPARTMENT OF HEALTH SERVICES

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 HER RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFORE

FY 2021-22
4 - VOTES

SOURCES	USES
BA DETAIL - SEE ATTACHMENT PAGES 1 - 2	BA DETAIL - SEE ATTACHMENT PAGES 1 - 2

SOURCES TOTAL \$ 20,299,000

USES TOTAL \$ 20,299,000

JUSTIFICATION

The request for Appropriation Adjustment is necessary to add positions to the Department of Health Services (DHS) to revise the system wide 2014 DHS Nurse Staffing Plan (NSP) to implement a standardized Registered Nurse (RN) Critical Care Staffing Plan (CCSP) and nurse-to-patient ratio model to meet the State of California’s regulatory requirements for DHS hospitals with adult critical care services.

Jean Lo

Digitally signed by Jean Lo
Date: 2021.11.24 14:05:46
-08'00'

AUTHORIZED SIGNATURE JEAN LO, CONTROLLER'S DIVISION, DHS

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

REFERRED TO THE CHIEF EXECUTIVE OFFICER FOR---	<input type="checkbox"/> ACTION	<input type="checkbox"/> APPROVED AS REQUESTED
	<input type="checkbox"/> RECOMMENDATION	<input type="checkbox"/> APPROVED AS REVISED
AUDITOR-CONTROLLER	BY _____	CHIEF EXECUTIVE OFFICER
B.A. NO. _____	DATE _____	BY _____
		DATE _____

COUNTY OF LOS ANGELES
REQUEST FOR APPROPRIATION ADJUSTMENT

FY 2021-22 4 - VOTES			
SOURCES		USES	
LAC+USC MEDICAL CENTER ENTERPRISE FUND		LAC+USC MEDICAL CENTER ENTERPRISE FUND	
MN4-HG-92-9433-60010		MN4-HG-1000-60010	
MEDI-CAL		SALARIES & EMPLOYEE BENEFITS	
INCREASE REVENUE	926,000	INCREASE APPROPRIATION	4,305,000
LAC+USC MEDICAL CENTER ENTERPRISE FUND			
MN4-HG-96-9911-60010			
OPERATING TRANSFERS IN			
INCREASE REVENUE	3,379,000		
HARBOR CARE SOUTH ENTERPRISE FUND		HARBOR CARE SOUTH ENTERPRISE FUND	
MN1-HH-92-9433-60020		MN1-HH-1000-60020	
MEDI-CAL		SALARIES & EMPLOYEE BENEFITS	
INCREASE REVENUE	894,000	INCREASE APPROPRIATION	4,485,000
HARBOR CARE SOUTH ENTERPRISE FUND			
MN1-HH-96-9911-60020			
OPERATING TRANSFERS IN			
INCREASE REVENUE	3,591,000		
RANCHO LOS AMIGOS NATIONAL REHAB. CENTER ENTERPRISE FUND		RANCHO LOS AMIGOS NATIONAL REHAB. CENTER ENTERPRISE FUND	
MN7-HR-92-9433-60040		MN7-HR-1000-60040	
MEDI-CAL		SALARIES & EMPLOYEE BENEFITS	
INCREASE REVENUE	202,000	INCREASE APPROPRIATION	955,000
RANCHO LOS AMIGOS NATIONAL REHAB. CENTER ENTERPRISE FUND			
MN7-HR-96-9911-60040			
OPERATING TRANSFERS IN			
INCREASE REVENUE	753,000		
OLIVE VIEW-UCLA MEDICAL CENTER ENTERPRISE FUND		OLIVE VIEW-UCLA MEDICAL CENTER ENTERPRISE FUND	
MN3-HO-92-9433-60050		MN3-HO-1000-60050	
MEDI-CAL		SALARIES & EMPLOYEE BENEFITS	
INCREASE REVENUE	389,000	INCREASE APPROPRIATION	1,610,000
OLIVE VIEW-UCLA MEDICAL CENTER ENTERPRISE FUND			
MN3-HO-96-9911-60050			
OPERATING TRANSFERS IN			
INCREASE REVENUE	1,221,000		

COUNTY OF LOS ANGELES
REQUEST FOR APPROPRIATION ADJUSTMENT

FY 2021-22
4 - VOTES

SOURCES

USES

DHS ENTERPRISE FUND
MN2-3078
COMMITTED FOR DHS

DECREASE OBLIGATED FUND BALANCE

8,944,000

DHS ENTERPRISE FUND
MN2-HS-6100-60070
OTHER FINANCING USES

INCREASE APPROPRIATION

8,944,000

SOURCES TOTAL

\$ 20,299,000

USES TOTAL

\$ 20,299,000

BOARD LETTER FACT SHEET

Agenda Review Date: December 8, 2021

Board Meeting Date: December 21, 2021

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

DRAFT

BOS Approval

DEPARTMENT: **Mental Health**

SUBJECT: Approval to execute a memorandum of understanding (MOU) with the California State University of Long Beach and approval to execute future no-cost MOUs and/or Memoranda of Agreements (MOA) with various entities for collaboration on mental health services.

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

Board approval of the recommended actions will streamline processes and ensure more expedient execution of these agreements that support the provision of mental health services for the constituents of Los Angeles County.

II. RECOMMENDED ACTIONS (summarized)

Approve and authorize DMH's Director to execute a MOU with the California State University of Long Beach for the referral of specialty mental health services. Delegate authority to DMH's Director to execute future no cost MOUs, MOAs, and data use agreements with various entities for collaboration on mental health services; execute amendments to reflect necessary no-cost modifications and/or terminate the Agreement in accordance with the termination provisions.

III. COST AND FUNDING SOURCES

Cost: No fiscal impact for any of the recommended actions.

Funding: N/A

IV. BACKGROUND (critical and/or insightful)

The CSULB Counseling and Psychological Services is not designed to serve students who require ongoing specialty mental health services and the MOU between DMH and CSULB will facilitate the referral of those students to receive mental health services at either the DMH clinic or other appropriate DMH providers.

V. POTENTIAL ISSUE(S)

N/A

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

DMH CSULB MOU: Scott Hanada, MH Program Manager III, SHanada@dmh.lacounty.gov, (562) 256 7717
DMH MHMAAs: Kimberly Nall, Dept'l Finance Manager III, KNall@dmh.lacounty.gov, (213) 947-6347
County Counsel: Emily Issa, Elssa@counsel.lacounty.gov, (213) 974-1827



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

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

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

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

Lisa H. Wong, Psy.D.
Senior Deputy Director

December 21, 2021

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

Dear Supervisors:

**APPROVAL TO EXECUTE A MEMORANDUM OF UNDERSTANDING WITH THE
CALIFORNIA STATE UNIVERSITY OF LONG BEACH AND FUTURE NO-COST
MEMORANDA OF AGREEMENT AND/OR MEMORANDA OF UNDERSTANDING
WITH VARIOUS GOVERNMENTAL ENTITIES AND OTHER INSTITUTIONS FOR
COLLABORATION ON MENTAL HEALTH SERVICES
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to execute a memorandum of understanding with the California State University of Long Beach and approval to execute future memoranda of agreement and/or memoranda of understanding with various entities for collaboration on mental health services.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and authorize the Director of Mental Health (Director), or designee, to execute a memorandum of understanding (MOU), substantially similar to the attached, with the California State University of Long Beach (CSULB) for the referral of specialty mental health services. The MOU will be effective upon Board of Supervisors' (Board) approval and will be in effect through December 31, 2024. There is no cost associated with this action.

2. Delegate authority to the Director, or designee, to execute future no cost MOUs, memoranda of agreement (MOAs), (collectively, Agreements) with governmental and public entities, including but not limited to cities, counties, State entities, federal entities, school districts, other educational institutions, and non-governmental entities that allow for collaboration on specialty mental health services. These Agreements will be effective upon execution through December 31, 2024 and may include revisions to the County's standard provisions for indemnification, subject to review and approval by Chief Executive Office (CEO) Risk Management (as needed) and County Counsel. The Department of Mental Health (DMH) will provide your Board and the CEO two-weeks advance written notice prior to executing any agreements under this delegation.
3. Delegate authority to the Director, or designee, to execute future no cost data use agreements with non-governmental, governmental, and public entities that allow for collaboration on mental health services, including but not limited to data sharing. These data use agreements will be effective upon execution through June 30, 2026 and may include revisions to the County's standard provisions for indemnification, and will be subject to review and approval by CEO Risk Management (as needed) and County Counsel. DMH will provide your Board and the CEO a quarterly report listing of the executed Agreements, including information on the project and term.
4. Delegate authority to the Director, or designee, to execute no-cost amendments to the Agreements in Recommendations 1, 2, and 3 through June 30, 2024, or for other necessary modifications, subject to review and approval by County Counsel and a written notice to your Board and the CEO two weeks prior to executing such amendments.
5. Delegate authority to the Director, or designee, to terminate any of the Agreements described in Recommendations 1, 2, and 3 in accordance with the Termination provisions. The Director, or designee, will notify the Board and CEO, in writing, of such termination action.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Government Code Section 31000 authorizes your Board to enter into service contracts with entities that possess the competence, expertise, and personnel necessary to provide specific services in consideration of payments. Unlike service contracts, these Agreements are used to partner and collaborate with other entities on a variety of mental health projects and services. These projects and services vary in scope and require collaboration with specific entities to further DMH's mission to optimize the hope, wellbeing, and life trajectory of Los Angeles County's most vulnerable through access to care and resources that promote not only independence and personal recovery but also connectedness and community reintegration.

Board approval of Recommendation 1 will enable DMH to execute a MOU with CSULB, at no-cost, for the referral of Mental Health services.

Board approval of Recommendation 2 will enable DMH to execute future no-cost Agreements with governmental, non-governmental, and public entities.

Board approval of Recommendation 3 will enable DMH to execute future data use no-cost Agreements with governmental, non-governmental, and public entities.

Board approval of Recommendation 4 will enable DMH to execute amendments to these Agreements to reflect other no-cost modifications in a timely manner.

Board approval of Recommendation 5 will enable DMH to terminate the Agreements in accordance with the termination provisions, in a timely manner, as necessary.

Approval of the recommended actions will streamline processes and ensure more expedient execution of these Agreements that support DMH's mission.

Implementation of Strategic Plan Goals

The recommended actions support the County's Strategic Plan Goal I via Strategy I.2, Enhance Our Delivery of Comprehensive Interventions, and Strategic Plan Goal II via Strategy II.2, Support the Wellness of Our Communities.

FISCAL IMPACT/FINANCING

There is no fiscal impact for the other recommended actions and there is no net County cost impact associated with any of the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

CSULB Counseling and Psychological Services (CAPS) helps CSULB students meet the personal challenges associated with identifying and accomplishing academic, career, and life goals. Services include short-term counseling for individuals, group counseling, career development counseling, referral services, psychoeducational workshops, and crisis intervention. However, CAPS is not designed to serve the students who require ongoing specialty mental health treatment services. The MOU between DMH and CSULB will facilitate the referral of those students to receive mental health services at either the DMH Long Beach Asian Pacific Islander Family Mental Health Center or other appropriate DMH providers.

DMH will work with County Counsel to determine the appropriateness of entering into future Agreements to establish working relationships and/or partnerships with external entities to collaborate on specific mental health services. As such, certain Agreements

may include provisions for mutual indemnification, and DMH will work with CEO Risk Management, as needed, to determine any associated risks in light of the need for the services and the resulting benefit to the mental health community.

DMH will return to your Board to request approval of any Agreement with external entities that County Counsel determines do not fall within the delegated authority described in the scope of the above recommendations and require Board approval.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will support DMH's efforts to expedite the execution of MOUs, MOAs, and/or data use agreements that support the provision of mental health services for Los Angeles County.

Respectfully submitted,

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

JES:GCP:SK
RLR:YY:atm

Attachment

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



MEMORANDUM OF UNDERSTANDING

BETWEEN

**THE LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH**

AND

CALIFORNIA STATE UNIVERSITY LONG BEACH

FOR

THE REFERRAL OF MENTAL HEALTH SERVICES

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MOU EXHIBITS:

EXHIBIT A: Referral Form

DRAFT

MEMORANDUM OF UNDERSTANDING BETWEEN THE LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH AND CALIFORNIA STATE UNIVERSITY LONG BEACH FOR THE REFERRAL OF MENTAL HEALTH SERVICES

1.0 PURPOSE OF MOU

This Memorandum of Understanding (MOU) between the Los Angeles County Department of Mental Health (LACDMH) and California State University Long Beach (CSULB) for the referral of mental health services by LACDMH to uninsured or Medi-Cal students of CSULB. CSULB and LACDMH are referred to individually as a “Party,” and collectively as “Parties.”

This MOU sets forth the terms and conditions between LACDMH and CSULB and the roles and responsibilities of the Parties for the referral of mental health services.

CSULB shall provide LACDMH with space on its campus with sufficient privacy to allow LACDMH to interview referred students and provide further mental health information and resources.

2.0 BACKGROUND

2.1 **The Los Angeles County Department of Mental Health, Long Beach Asian Pacific Islander Family Mental Health Center (LBAPI FMHC)** is a directly-operated outpatient mental health clinic specialized in serving the Asian Pacific Islander population in Los Angeles County (LAC). LBAPI FMHC provides a full range of outpatient treatment services to promote mental health well-being and recovery for adults, children, and adolescents, including individual and group psychotherapy, medication support, targeted case management, Full Service Partnership, CalWORKs, and Prevention and Early Intervention Services.

2.2 **California State University Long Beach, Counseling and Psychological Services (CAPS)** helps CSULB students meet the personal challenges associated with identifying and accomplishing academic, career, and life goals. Services include short-term counseling for individuals, group counseling, career development counseling, referral services, psychoeducational workshops, and crisis intervention. However, CAPS is not designed to serve the students who require ongoing mental health treatment services, and this MOU would facilitate the referral of those students to receive mental health services at either LBAPI FMHC or other appropriate DMH providers.

3.0 DEFINITION OF TERMS

3.1 The headings contained herein are for convenience and reference only and are not intended to define the scope of any provision thereof. The following words as used herein shall be construed to have the following meaning, unless otherwise apparent from the context in which they are used:

3.1.1 Directly Operated (DO): an outpatient mental health clinic directly operated by DMH.

3.1.2 Department of Mental Health (DMH): the Los Angeles County Department of Mental Health.

3.1.3 FERPA: The Family Educational Rights and Privacy Act. Federal law that protects the privacy of student education records.

3.1.4 HIPAA: Health Insurance Portability and Accountability Act of 1996.

3.1.5 Memorandum of Understanding (MOU): This agreement executed and approved by and between LACDMH and CSULB, setting forth the terms and conditions and roles and responsibilities of the Parties.

4.0 TERM OF MOU

4.1 The term of this MOU is effective upon execution through December 31, 2024.

5.0 TERMINATION OF MOU

5.1 Either Party may terminate this MOU by giving the other Party 30 days' advance written notice of termination.

6.0 AMENDMENTS

6.1 This MOU may be amended by mutual written agreement signed by an authorized representative from each Party.

7.0. ROLES AND RESPONSIBILITIES

7.1 LACDMH is responsible for assigning one qualified LACDMH employee, either a clinician or a case manager, to receive student referrals from CSULB CAPS and provide information about DMH services to uninsured and Medi-Cal CSULB students at the "Counseling & Psychological Services" Suite 226, located within Brotman Hall on the CSULB campus.

LACDMH employee is responsible for the following

7.1.1 Meeting with students referred by a CSULB case manager on campus at the space provided by CSULB and/or by telephone or virtually;

7.1.2 Providing the referred student with information about LACDMH services and other community resources as needed by the student.

- The LACDMH representative shall not provide any mental health counseling to the students, only information about DMH services;
- 7.1.3 Maintaining all records of interviews with CSULB students, referrals, and Community Outreach Services (COS) documentation. The records shall be maintained in accordance with federal, State, and local laws pertaining to confidentiality and privacy;
 - 7.1.4 Obtaining a signed authorization for release of information from each participating CSULB student prior to any discussion or exchange of information with any CSULB employee regarding such student. If a student does not wish for their information to be shared with CSULB employees, that student may still receive services from LACDMH and their information will not be shared without their authorization;
 - 7.1.5 Communicating to the appropriate Counseling and Psychological Services administrator or other supervisory staff regarding any concerns about students or suggestions to problem solve and streamline this referral program.

7.2 CSULB is responsible for providing the following to LACDMH:

- 7.2.1 At no cost to LACDMH, CSULB will provide a private office workspace located within the "Counseling and Psychological Services" (CAPS) suite 226, located within Brotman Hall on CSULB's campus, for the LACDMH representative to meet with students to discuss their mental health needs and provide referrals. The office space will be for one half day per week that the LACDMH representative will be on campus;
- 7.2.2 Written authorization from participating students to share relevant PHI with LACDMH upon initiation of CAPS services;
- 7.2.3 Completed referral form(s) (Exhibit A), which will be securely e-mailed to LACDMH for each of the referred students, at which point, LACDMH will reach out to the student to schedule an outreach appointment.

7.3 Both Parties are responsible for the following:

- 7.3.1 Reviewing the following procedures regarding the referral program:
 - 7.3.1.1 CAPS case manager (CM) meets with the student/potential LACDMH client.
 - 7.3.1.2 CM verifies whether the student either has Medi-Cal or is uninsured, and that they are presenting with mental health concerns, symptoms, or conditions that cause

significant distress or impairment in their social, occupational, or school functioning.

- 7.3.1.3 CM reviews LACDMH program and services with student and together, they determine if a referral is necessary.
- 7.3.1.4 The student completes the CAPS Release of Information through the Electronic Medical Record system (EMR).
- 7.3.1.5 CM will complete LACDMH referral form with the permission and assistance of the student.
- 7.3.1.6 CM provides referral form to LACDMH staff through encrypted email.
- 7.3.1.7 Any further communication between the two offices will be based on the student's written authorization for the release of any information, which will only be exchanged via encrypted email.
- 7.3.2 Schedule and attend meetings (as needed) in order to discuss improvements to this referral program; and
- 7.3.3 CSULB and LACDMH agree to work together to develop a tracking log system for referrals. The tracking log will reflect data in the aggregate, including the number of referrals received from CSULB and the student's response to LACDMH's referral (i.e. percentage of students that followed up on the referral, received services, etc.). No individualized student information will be included in the log.

8.0 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) AND FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA):

- 8.1 The Parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations. LACDMH understands and agrees that, as a provider of medical treatment services, it constitutes a "covered entity" under HIPAA and, as such, has obligations with respect to the confidentiality, privacy, and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of its staff and the establishment of proper procedures for the release of such information, including the use of appropriate consents and authorizations specified under HIPAA.
- 8.2 The Parties acknowledge their separate and independent obligations with respect to HIPAA and FERPA and that such obligations relate to transactions and code sets, privacy, security and disclosure of student records. The Parties understand and agree that each of them are separately and independently responsible to comply with FERPA and HIPAA, to the

extent applicable, and that neither has undertaken any responsibility to comply with FERPA and HIPAA, on behalf of the other.

- 8.3 The Parties understand and agree that each is independently responsible for FERPA and/or HIPAA compliance and agree to take all necessary and reasonable actions to comply with their requirements, and to the extent applicable, as related to transactions and code sets, privacy, security and disclosure of student records.

9. INDEMNIFICATION:

9.1 General Indemnity:

Each of the Parties to this MOU is a public entity. CSULB shall indemnify, defend and hold harmless the County, its Special Districts, elected and appointed officers, employees, agents and volunteers (County Indemnitees) from and against any and all liability, including but not limited to demands, claims, actions, fees, costs and expenses (including attorney and expert witness fees), arising from and/or relating to this MOU, except for such loss or damage arising from the sole negligence or willful misconduct of the County indemnitees.

10. INSURANCE

- 10.1 During the term of this MOU, each Party shall provide and maintain at its own expense, insurance coverage sufficient for liabilities that may arise from or relate to this MOU.

11. NOTICES/CORRESPONDENCE:

All notices or correspondence related to this MOU shall be in writing and shall be hand delivered with signed receipt or mailed by first-class registered or certified mail, postage prepaid, or via electronic mail addressed to the Parties as identified below

The Los Angeles County Department of Mental Health Long Beach Asian Pacific Islander Family Mental Health Center

4510 E. Pacific Coast Highway, #600
Long Beach, CA 90804
(562) 346-1100

Derek Hsieh, LCSW, Ph.D.
Mental Health Clinical Program Head
Office: (562) 346-1128
E-mail: DHsieh@dmh.lacounty.gov

LACDMH Contracts

510 S. Vermont Ave, 20th Floor
Los Angeles, CA 90020
Office: (213) 738-4685

California State University Long Beach

1250 Bellflower Blvd., BH-226
Long Beach, CA 90840-0111
Bongjoo J. Hwang, PhD.
Director, Counseling and Psychological Services
Office: (310) 972-6500
E-mail: BongJoo.Hwang@csulb.edu

CSULB Contracts Department

Malia Freund
1250 Bellflower Blvd., BH 346
Long Beach, CA 90840
Email: FM-ContractServices@csulb.edu

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Memorandum of Understanding to be subscribed by the DMH Director or designee, and California State University Long Beach President or his/her designee has caused this Memorandum of Understanding to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

Department of Mental Health

California State University Long Beach

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

Malia Freund
Asst VP, Financial Management,

Dated: _____

Dated: _____

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL