

**Ensuring the Safe Opening of Mental Health Rehabilitation Center Beds at the MLK Medical Campus' Behavioral Health Center**

On October 31, 2017, the Los Angeles County (County) Board of Supervisors (Board) approved a motion directing the Chief Executive Officer, the Directors of the Departments of Health Services, Mental Health (DMH), and Public Health, in consultation with the Director of the Department of Public Works, to complete a report on how to phase in various components of the proposed restorative care villages on County health care campuses, which included building facilities for 48 Mental Health Rehabilitation Center (MHRC) services beds. An MHRC is a 24-hour program which provides intensive support and rehabilitative services to assist adults with mental disorders who would otherwise have been placed in a State hospital or another mental health facility to develop skills to become more independent and higher-functioning. The 48 MHRC services beds are partially funded by a grant from the California Health Facilities Financing Authority, which will expire on April 1, 2025. The completed report identified the locations for the various proposed restorative care village facilities and the phasing-in of the proposed projects.

On September 3, 2019, the Board approved the contract to renovate the former King-Drew Hospital into the Behavioral Health Center (BHC) as part of the restorative care village project for the Martin Luther King, Jr. (MLK) Medical Campus. All 48 MHRC beds (32 beds for justice-involved population and 16 for general population) will be

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MOTION

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housed at the BHC. DMH has completed a competitive solicitation process for three contracted providers to operate the MHRC's at BHC. The award of these contracts and the advent of the associated services will contribute to the full continuum of care at the BHC. The MHRC's will provide a secure environment for vulnerable individuals with serious mental illnesses who require a high level of care.

These 48 beds will facilitate step-down care within the MLK BHC campus. With two dedicated facilities for our justice-involved population, DMH is emphasizing its commitment to the Care First/Jails Last restorative justice efforts. The third facility will contribute to serving our homeless and community clients that are referred through other BHC levels of care, as well as other County and hospital referrals.

On October 25, 2023, DMH released a Request for Proposal (No. DMH102523B1) on the County Solicitations website for MHRC services at the BHC on the MLK Medical Campus for two populations (general and justice-involved) to all interested and qualified entities. On November 14, 2023, DMH held a mandatory bidders' conference giving the interested parties the opportunity to ask questions regarding the solicitation prior to submission. By December 11, 2023, the due date of the bid submission, DMH received six proposals for three possible contracts. After completing the evaluation process, DMH selected these three entities to award a contract: Life Generations Healthcare, LLC, for the general population, and NewGen Health and Behavioral Health Management Systems for the justice-involved population.

These beds will address a critical need in the County's continuum of care and will allow DMH to facilitate placements of conserved individuals from acute psychiatric hospitals, State hospitals, and jails, as well as individuals served by the Office of Diversion and Reentry. It is critical that the County show the community that its Care First/Jails Last restorative justice efforts are successful. This is especially true at the BHC, which will support an unprecedented number of high-need residents under one roof.

**I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:**

1. Authorize the Director of the Department of Mental Health (DMH), or her designee, to negotiate, sign and execute Legal Entity (LE) contracts for the provision of Mental Health Rehabilitation Center (MHRC) services at the Behavioral Health Center (BHC) at the Martin Luther King, Jr. (MLK) Medical

- Campus with Life Generations Healthcare, LLC, NewGen Health, and Behavioral Health Management Systems. The term of these LE contracts will be for three fiscal years with two one-year optional extensions. The estimated total annual cost for these LE contracts shall not exceed \$6.5M per contract and will be fully funded by Medi-Cal and State Realignment revenues.
2. Delegate authority to the Director of DMH, or her designee, to prepare, sign and execute future amendments to the contracts in Recommendation 1 to: (a) add, delete, modify or replace the Service Exhibits and/or Statements of Work; (b) reflect Federal, State, and County regulatory and/or policy changes; (c) revise the annual Maximum Contract Allowances (MCAs), provided that the increase will not exceed 25 percent of the applicable MCA and sufficient funds are available; (d) terminate the contract in accordance with the contract termination provisions, including Termination for Convenience or Termination for any repeated performance or quality of care issues; and (e) increase monitoring or require corrective action plans as appropriate. The Director or designee shall obtain prior review and approval as to form by County Counsel, and provide written notice to the Board and Chief Executive Officer, as to any such amendments to the contracts.
  3. Delegate authority to the Director of DMH, or her designee, to make non-material modifications to the LE Contract in the above directive through administrative amendments or change notices for the following and other similar reasons, as appropriate: change the LE Contractor's business name and/or headquarters address; change, revise, add, or delete the LE Contractor's provider site address(es), site number(s), and/or site name(s); make technical corrections; revise County and Contractor Administration Exhibits; and/or shift funds between currently contracted funded programs, so long as such shift(s) will not cause an increase in the MCA.
  4. Exempt the DMH LE Contract from the six-month advance notification requirement under Board Policy No. 5.100 when DMH does not have delegated authority to extend the term of the Contract.
  5. Direct the Director of DMH to take the following steps to ensure quality of care:

- a. For all admitted clients, track and issue quarterly aggregate reports, by contractor, on contractor performance metrics, including, but not limited to: i) client diagnosis, including any special behavior issues affecting the client's placement; ii) client demographics, including race, ethnicity, age and language preference, if known; iii) whether the client has a co-occurring substance use disorder; iv) where the client was admitted from; v) the contractors' usage of seclusion or chemical/physical restraints, including, for each contractor, the specific data that is required by California Health & Safety Code Section 1180; vi) length of stay (average, short and longest stays); vii) Number (or percentage) of clients who were ready for discharge but remained, including a notation of discharge barriers and the number (or percentage) of clients who were successfully stepped down to lower levels of care; viii) the number of clients on conservatorship status; ix) the number of adverse client incidents (see Section (g) below for definition) and corrective action taken; x) the number of client grievances and subject matter; xi) the instances where clients require non-routine medical care, including treatment for pressure ulcers or medication errors, urgent care or emergency care; xii) in preparation for clients needing emergency care, how contractor and DMH are coordinating with expected receiving hospitals for both psychiatric and non-psychiatric emergencies both before and after opening of the beds; xiii) and compliance with staff to patient staffing levels, including staff turnover rates.
- b. Ensure the minimal use of seclusion and physical/chemical restraints by requiring contractors to comply with applicable federal, State and local laws, rules and regulations and monitoring contractors' compliance with those practices. DMH shall encourage contractors to meet best community standards;
- c. To the maximum extent possible, ensure the contractors' emergency and disaster plans align and are coordinated with those of other MLK Medical Campus providers, especially other providers inside the BHC;

- d. Randomly, but no less than once a month, conduct unannounced site visits (as well as the weekly Health Access and Integration field liaison site visits), to ensure the services are meeting the standards of the Board of Supervisors' Care First/Jails Last restorative justice goals and directives of this motion;
- e. Every six months, perform an audit by an appropriately licensed clinician on each contractor to ensure adherence to the contract components and include findings in the quarterly report. Also, conduct written audits and utilization reviews by an independent contractor or appropriately licensed clinical department staff of case files to ensure accuracy of data reports, appropriate staffing levels and training completion requirements are being met and to understand reasons for delays in transfers to lower levels of care, especially for clients who have been placed in these beds for more than 6 months;
- f. Prior to Contract commencement, require contractors to submit i) detailed staff to patient/client ratios; ii) specific protocols for preventing/addressing common adverse patient/client incidents iii) a plan for rapid response to deteriorating client conditions; iv) staff training requirements and training schedule; and
- g. Immediately report to the Board of Supervisors in writing any significant adverse patient/client incidents, including, but not limited to, i) suicide or suicide attempts; ii) absence without leave; iii) death or serious injury of clients; iv) significant criminal behavior; v) significant medication errors; vi) discovery of untreated but preventable serious medical conditions, such as pressure ulcers; and/or vii) any other incident which may result in significant harm to the clients or staff. Both DMH and contractors shall report these incidents immediately as required by contract, with all efforts made to ensure reporting within 72 hours of occurrence.

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