



DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

LISA H. WONG, Psy.D.
Director

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

Rimmi Hundal, M.A.
Chief Deputy Director

May 06, 2025

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 AN AMENDMENT ON A SOLE SOURCE BASIS TO EXTEND THE EXISTING
CONTRACT WITH MAXIM HEALTHCARE SERVICES, INC.,
TO PROVIDE RESPITE CARE SERVICES
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval of an amendment on a sole source basis to the existing contract with Maxim Healthcare Services Inc., to extend the term for one fiscal year for the continued provision of respite care services.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and authorize the Director of Mental Health (Director), or designee, to prepare, sign and execute an amendment (Attachment I) on a sole source basis to the existing contract with Maxim Healthcare Services, Inc. (Maxim), to extend the term for one Fiscal Year (FY) from July 1, 2025, through June 30, 2026. The Total Contract Sum (TCS) for FY 2025-26 is \$600,000, funded by State Mental Health Services Act (MHSA) revenue.
2. Delegate authority to the Director, or designee, to prepare, sign, and execute future amendments to the contract described in Recommendation 1 to revise the language; revise and/or replace the fee schedule; add, delete, modify, or replace the Statement of Work; reflect federal, State, and County regulatory and/or policy changes; increase the TCS provided that: 1) the increase does not exceed 10 percent of the TCS approved by your Board in Recommendation 1; and 2) sufficient funds are available. These amendments will be subject to prior review and approval as to form by County Counsel, with written notice to the Board and the Chief Executive Officer (CEO).

3. Delegate authority to the Director, or designee, to terminate the contract described in Recommendation 1 in accordance with the contract's termination provisions, including Termination for Convenience. The Director, or designee, will notify your Board and CEO, in writing, of such termination action.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Board approval of Recommendation 1 will allow the Department of Mental Health (DMH) to amend the existing contract with Maxim for the provision of respite care services to families of children and youth (newborn to 15 years old) experiencing Serious Emotional Disturbances (SED).

Board approval of Recommendation 2 will enable DMH to execute future amendments, revise contract language; and revise the TCS not to exceed 10 percent in Recommendation 1, as necessary, without interruption to services.

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

Implementation of Strategic Plan Goals

The recommended actions support the County's Strategic Plan North Star 1, Make investments that transform lives, via Focus Area Goal A – Healthy Individuals and Families and; County's Strategic Plan North Star 2, Foster vibrant and resilient communities, via Focus Area Goal A – Public Health

FISCAL IMPACT/FINANCING

The FY 2025-26 funding for this contract is \$600,000, fully funded by State MHSA revenue and is included in DMH's FY 2025-26 recommended budget.

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

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Maxim currently provides essential respite care services to families of children and youth experiencing SED. Under the Behavioral Health Services Act (BHSA), effective July 1, 2026, DMH will no longer be permitted to use BHSA funds where the benefit is available to the family through their Managed Care Plan, including respite care services. In order to avoid a disruption in services during FY 2025-26, DMH will execute a sole source amendment to extend the contract for one fiscal year. Maxim has been effectively providing these services since 2020, and DMH has determined that it is in the best economic interest of the County to extend the existing contract for FY 2025-26 instead of releasing a solicitation for a service that will expire June 30, 2026.

The sole source amendment (Attachment I) has been reviewed and approved as to form by County Counsel.

In accordance with Board Policy No. 5.100 (Sole Source Contracts and Amendments), DMH is required to notify your Board at least six months prior to the expiration of an existing contract when there is no delegated authority to amend. On November 26, 2024, DMH notified your Board

The Honorable Board of Supervisors

5/6/2025

Page 3

(Attachment II) of its intent to execute an amendment with Maxim to extend the term and increase the TCS through June 30, 2026. DMH considers this request approved, as we did not hear otherwise.

The required Sole Source Checklist (Attachment III), as approved by CEO, is also attached.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Board approval of the recommended actions will allow DMH to continue providing uninterrupted and ongoing respite care services to caregivers of children/youth experiencing SED throughout Los Angeles County. Additionally, this action will assist DMH in its mission of enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Amy, B.D.", is written over the printed name of Lisa H. Wong.

LISA H. WONG, Psy.D.

Director

LHW:RH:KN:SK:BJA:atm

Enclosures

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

CONTRACT NO. MH310001AMENDMENT NO. 9

THIS AMENDMENT is made and entered into this ____ day of _____, 2025, by and between the COUNTY OF LOS ANGELES (hereafter "County") and Maxim Healthcare Services, Inc. (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "Department of Mental Health Respite Care Services Contract," dated July 1, 2020, and further identified as County Contract No. MH310001, and any amendments thereto (hereafter collectively "Contract"); and

WHEREAS, on May 6, 2025, the County Board of Supervisors delegated authority to the Director of Mental Health, or designee, to execute amendments to the Contract that include authority to extend the term of the Contract, modify the Contract language, and make other designated changes; and

WHEREAS, said Contract provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties; and

WHEREAS, County and Contractor intend to amend the Contract to extend the term for one fiscal year beginning July 1, 2025 through June 30, 2026, and make other hereinafter designated changes; and

WHEREAS, Contractor warrants that it continues to possess the competence, expertise, and personnel necessary to provide services consistent with the requirements of the Contract, and consistent with the professional standard of care for these services.

NOW, THEREFORE, County and Contractor agree as follows:

1. This amendment is hereby incorporated into the original Contract, and all its terms and conditions, including capitalized terms defined therein, shall be given full force and effect as if fully set forth herein.
2. This amendment is effective July 1, 2025.
3. The term of the Contract is extended from July 1, 2025, and shall continue in full force through June 30, 2026. The Maximum Contract Amount shall not exceed \$600,000.
4. Exhibit Q - 9 (Contribution and Agent Declaration Form), will be added to the Contract, attached hereto and incorporated herein by reference.
5. Paragraph 8.59 (Campaign Contribution Prohibition Following Final Decision in Contract Proceeding) is added to the Contract as follows:

“8.59 Pursuant to [Government Code Section 84308](#), Contractor and its Subcontractors, are prohibited from making a contribution of more than \$250 to a County officer for twelve (12) months after the date of the final decision in the proceeding involving this Contract. Failure to comply with the provisions of [Government Code Section 84308](#) and of this paragraph, may be a material breach of this Contract as determined in the sole discretion of the County”.
6. Paragraph 10.0 (Survival) is added to the Contract as follows:

“10.0 In addition to any terms and conditions of this Contract that expressly survive expiration or termination of this Contract by their terms, the following provisions will survive the expiration or termination of this Contract for any reason:

Paragraph 1.0	Applicable Documents
Paragraph 2.0	Definitions
Paragraph 3.0	Work
Paragraph 7.6	Confidentiality
Paragraph 8.1	Amendments
Paragraph 8.2	Assignment and Delegation/Mergers or Acquisitions
Paragraph 8.6	Compliance with Applicable Law
Paragraph 8.19	Fair Labor Standards
Paragraph 8.20	Force Majeure
Paragraph 8.21	Governing Law, Jurisdiction, and Venue
Paragraph 8.23	Indemnification
Paragraph 8.24	General Provisions for all Insurance Coverage
Paragraph 8.25	Insurance Coverage
Paragraph 8.34	Notices
Paragraph 8.38	Record Retention and Inspection-Audit Settlement
Paragraph 8.42	Termination for Convenience
Paragraph 8.43	Termination for Default
Paragraph 8.48	Validity
Paragraph 8.49	Waiver
Paragraph 8.58	Prohibition from Participation in Future Solicitation(s)
Paragraph 8.59	Campaign Contribution Prohibition Following Final Decision in Contract Proceeding
Paragraph 9.2	Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Paragraph 10.0	Survival"

7. Except as provided in this amendment, all other terms and conditions of the Contract shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused the amendment to be subscribed by County's Director of Mental Health or designee, and Contractor has caused the amendment to be subscribed on its behalf by its duly authorized officer, on the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
 LISA H. WONG, Psy.D.
 Director
 County of Los Angeles
 Department of Mental Health

 Maxim Healthcare Services, Inc.

CONTRACTOR

By _____

Name Anthony Forno

Title Financial Operations Manager
 (AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
 OFFICE OF THE COUNTY COUNSEL

By: Rachel Kleinberg
 Senior Deputy County Counsel

CONTRIBUTION AND AGENT DECLARATION FORM

This form must be completed separately by all bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles ("County").

Pursuant to the Levine Act (Government Code section 84308), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits and other entitlements for use if the County Officer received more than \$250 in contributions in the past 12 months from the bidder, proposer or applicant, any paid agent of the bidder, proposer, or applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

State law requires you to disclose information about contributions made by you, your company, and lobbyists and agents paid to represent you. Failure to complete the form in its entirety may result in significant delays in the processing of your application and potential disqualification from the procurement or application process.

You must fully answer the applicable questions below. You ("Declarant"), or your company, if applicable, including all entities identified below (collectively, "Declarant Company") must also answer the questions below. The term "employee(s)" shall be defined as employees, officers, partners, owners, or directors of Declarant Company.

An affirmative response to any questions will not automatically cause the disqualification of your bid/proposal, or the denial of your application for a license, permit or other entitlement. However, failure to answer questions completely, in good faith, or providing materially false answers may subject a bidder/proposer to disqualification from the procurement.

This material is intended for use by bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles and does not constitute legal advice. If you have questions about the Levine Act and how it applies to you, you should call your lawyer or contact the Fair Political Practices Commission for further guidance.

HOA.104008393.4
Rev. [4/16/24]

CONTRIBUTION AND AGENT DECLARATION FORM

Complete each section below. State "none" if applicable.

A. COMPANY OR APPLICANT INFORMATION

1) Declarant Company or Applicant Name:

a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal: _____

b) If applicable, variations and acronyms of Declarant Company's name used within the past 12 months: _____

c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County Officer, regardless of whether you or Declarant Company have actually made a contribution:

[IF A COMPANY, ANSWER QUESTIONS 2 - 3]

2) Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed, or been controlled or directed by. "Controlled or directed" means shared ownership, 50% or greater ownership, or shared management and control between the entities.

a) Parent(s):

b) Subsidiaries:

c) Related Business Entities:

3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.

4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.

CONTRIBUTION AND AGENT DECLARATION FORM

- 5) Identify any individuals such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms who are or who will act on behalf of you or Declarant Company and who will receive compensation to communicate with a County Officer regarding the award or approval of **this** contract or project, license, permit, or other entitlement for use.

*(Do **not** list individuals and/or firms who, as part of their profession, either (1) submit to the County drawings or submissions of an architectural, engineering, or similar nature, **or** (2) provide purely technical data or analysis, **and** who will not have any other type of communication with a County agency, employee, or officer.)*

- 6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.

B. CONTRIBUTIONS

- 1) Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a County Officer in the past 12 months? If so, provide details of each occurrence, including the date.

Date (contribution solicited, or directed)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

- 2) Disclose all contributions made by you or any of the entities and individuals identified in Section A to a County officer in the past 12 months.

Date (contribution made)	Name (of the contributor)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

CONTRIBUTION AND AGENT DECLARATION FORM**C. DECLARATION**

By signing this Contribution and Agent Declaration form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the Contribution Declaration and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

There are _____ additional pages attached to this Contribution Declaration Form.

COMPANY BIDDERS OR APPLICANTS

I, _____ (Authorized Representative), on behalf of _____ (Declarant Company), at which I am employed as _____ (Title), attest that after having made or caused to be made a reasonably diligent investigation regarding the Declarant Company, the foregoing responses, and the explanation on the attached page(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject Declarant Company to consequences, including disqualification of its bid/proposal or delays in the processing of the requested contract, license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, you agree to inform the County of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County about this contract, license, permit, or other entitlement after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

Signature

2/19/25

Date

CONTRIBUTION AND AGENT DECLARATION FORM**INDIVIDUAL BIDDERS OR APPLICANTS**

I, _____, declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my bid/proposal or delays in the processing of the requested license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, I agree to inform the County of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County official (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me, that are made after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

Signature

Date



DEPARTMENT OF MENTAL HEALTH

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LISA H. WONG, Psy.D.
Director

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

Rimmi Hundal, M.A.
Chief Deputy Director

November 26, 2024

TO: Supervisor Lindsey P. Horvath, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Lisa H. Wong, Psy.D.
Director

A handwritten signature in brown ink, appearing to read "Amy, B.D.", is written over the printed name and title of the sender.

SUBJECT: **NOTICE OF INTENT TO EXTEND THE EXISTING CONTRACT WITH
MAXIM HEALTHCARE SERVICES, INC., ON A SOLE SOURCE BASIS
FOR THE CONTINUED PROVISION OF RESPITE CARE SERVICES**

In accordance with the Los Angeles County Board of Supervisors' (Board) Policy No. 5.100 (Sole Source Contracts and Amendments), the Department of Mental Health (DMH) intends to extend the existing contract with Maxim Healthcare Services, Inc., (Maxim) for the continued provision of respite care services.

DMH will request that your Board approve an amendment to extend the term of the contract on a sole source basis for one fiscal year, effective July 1, 2025 through June 30, 2026. The Total Contract Sum for Fiscal Year (FY) 2025-26 is \$600,000, fully funded by State Mental Health Services Act revenue.

JUSTIFICATION

Given the changes at the State, effective July 1, 2026, respite care services will fall under managed care and will no longer be contracted out by DMH. In order to avoid a disruption in services during FY 2025-26, DMH will execute a sole source amendment to extend the contract for one fiscal year. Maxim has been effectively providing these services since 2020, and DMH has determined that it is in the best economic interest of the County to extend the existing contract for FY 2025-26 instead of releasing a solicitation for a service that will expire June 30, 2026.

Maxim currently provides respite care services and short-term relief to in-home caregivers, including parents, relatives, extended family members, and legal guardians of children/youth experiencing Serious Emotional Disturbance (SED). During FYs 2020-21 through 2023-24, Maxim served approximately 389 clients, averaging 97 clients annually. For FY 2024-25, they are projected to exceed that amount as they have served 92 clients to date. These services are provided in home and relieve families from the stress associated with providing constant care to a child/youth experiencing SED and increase the probability that these children/youth will maintain their current, least restrictive, placement with the provision of short-term care and supervision services during the temporary absence of a caregiver.

NOTIFICATION TIMELINE

Pursuant to Board Policy No. 5.100, DMH is required to notify the Board at least six months prior to the expiration of an existing contract to amend the contracts when departments do not have delegated authority to execute such amendment. If requested by a Board Office or the Chief Executive Office, DMH will place this item on the Health and Mental Health Services Cluster Agenda.

Unless otherwise instructed by your Board Office within four weeks of this notice, DMH will begin contract negotiations and after the six-month notification period, DMH will present to your Board a letter for approval to execute a sole source extension amendment, prior to the end of FY 2024-25.

If you have any questions, or require additional information, please contact me at LWong@dmh.lacounty.gov or (213) 947-6670, or your staff may contact Stella Krikorian, Division Manager, Contracts Development and Administration Division, at SKrikorian@dmh.lacounty.gov or (213) 943-9146.

LHW:RM:KN

SK:BA:atm

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

SOLE SOURCE CHECKLIST

Department Name: Mental Health

☐

New Sole Source Contract

☒

Sole Source Amendment to Existing Contract

Maxim Healthcare Services, Inc.

Date Existing Contract First Approved:

March 4, 2020

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS AND AMENDMENTS Identify applicable justification and provide documentation for each checked item.
<input type="checkbox"/>	➤ Only one bona fide source (monopoly) for the service exists; performance and price competition are not available. A monopoly is an <i>"Exclusive control of the supply of any service in a given market. If more than one source in a given market exists, a monopoly does not exist."</i>
<input type="checkbox"/>	➤ Compliance with applicable statutory and/or regulatory provisions.
<input type="checkbox"/>	➤ Compliance with State and/or federal programmatic requirements.
<input type="checkbox"/>	➤ Services provided by other public or County-related entities.
<input type="checkbox"/>	➤ Services are needed to address an emergent or related time-sensitive need.
<input type="checkbox"/>	➤ The service provider(s) is required under the provisions of a grant or regulatory requirement.
<input type="checkbox"/>	➤ Services are needed during the time period required to complete a solicitation for replacement services; provided services are needed for no more than 12 months from the expiration of an existing contract which has no available option periods.
<input type="checkbox"/>	➤ Maintenance and support services are needed for an existing solution/system during the time to complete a solicitation for a new replacement solution/system; provided the services are needed for no more than 24 months from the expiration of an existing maintenance and support contract which has no available option periods.
<input type="checkbox"/>	➤ Maintenance service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
<input type="checkbox"/>	➤ It is more cost-effective to obtain services by exercising an option under an existing contract.
<input checked="" type="checkbox"/>	➤ It is in the best economic interest of the County (e.g., significant costs and time to replace an existing system or infrastructure, administrative cost and time savings and excessive learning curve for a new service provider, etc.). In such cases, departments must demonstrate due diligence in qualifying the cost-savings or cost-avoidance associated with the best economic interest of the County.

Erika Bonilla
Chief Executive Office

2/19/25

Date