



Board of Supervisors Health and Mental Health Cluster Agenda Review Meeting

DATE: March 4, 2026

TIME: 11:45 a.m. – 1:30 p.m. **Please note: Late Start Time**

MEETING CHAIR: Jazmine Garcia-Delgadillo, 1ST Supervisorial District

CEO MEETING FACILITATOR: Kieu-Anh King

THIS MEETING IS HELD UNDER THE GUIDELINES OF BOARD POLICY 3.055

To participate in the meeting in-person, the meeting location is:

Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012
Room 140

To participate in the meeting virtually, please call teleconference number:

1 (323) 776-6996 and enter the following: 330 628 704# or click here on a smartphone:

[Tel:+13237766996,330628704#](tel:+13237766996,330628704#)

[Click here to join the meeting](#) on Microsoft Teams

For Spanish Interpretation, the Public should send emails within 48 hours in advance of the meeting to ClusterAccommodationRequest@bos.lacounty.gov

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.

11:30 AM: CS-1 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

(Subdivision d(1) of Government Code Section 54956.9)

E. Arciniega, a minor by and through her Guardian ad Litem, Joel Arciniega v. County of Los Angeles, et al.

Los Angeles Superior Court Case No.: 21STCV46931

Department of Health Services

- I. Call to order
- II. Board Motions
 - a. **SD3** - Reforming and Integrating Mental Healthcare within the County's Homeless Services System
 - b. **SD2** - Improving the Mental Health of Los Angeles County's Youth
- III. **Information Item (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):**
 - a. **DHS:** Delegate Authority to Execute Sole Source Amendments to Various Proposition A and one Non-Proposition A Agreement
- 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

IF YOU WOULD LIKE TO EMAIL A COMMENT ON AN ITEM ON THE HEALTH AND MENTAL HEALTH SERVICES CLUSTER AGENDA, PLEASE USE THE FOLLOWING EMAIL AND INCLUDE THE AGENDA NUMBER YOU ARE COMMENTING ON:

HEALTH_AND_MENTAL_HEALTH_SERVICES@CEO.LACOUNTY.GOV

MOTION BY SUPERVISOR LINDSEY P. HORVATH

March 17, 2026

Reforming and Integrating Mental Healthcare within the County’s Homeless Services System

As the crisis of homelessness has grown in Los Angeles County, so has the number of people living on our streets with mental illness. Per the 2025 Point in Time Homeless Count, there are 15,930 homeless individuals with serious mental illness, or 26% of the total population. 10,830 of those individuals are unsheltered. The corresponding field-based mental health response has not kept pace with the level of need. In many cases this is a result of limited funding, or restrictive funding that prescribes traditional, in-office treatment models. In other instances, this is due to the nation-wide behavioral health workforce shortage and the inability of local behavioral health services agencies to identify and hire staff who are trained and willing to work in the field. It is critical that these challenges do not prevent the progress that is vital for the health and safety of these individuals and our community. Solutions require new perspectives and creatively leveraging every available dollar to fund the field-based, specialized services that people need. It is a best practice to “meet people where they are,” and it is time that more desperately needed care be provided in the field, to engage with, intervene, and treat people where they are - at a scale reflective of the need and the suffering.

MOTION

MITCHELL	_____
HORVATH	_____
HAHN	_____
BARGER	_____
SOLIS	_____

The Board of Supervisors authorized the establishment of the Los Angeles County Homeless Services and Housing Department (HSH) on April 1, 2025, which launched on January 1, 2026, to create a coordinated, focused, regional response to effectively address the humanitarian crisis of homelessness. The critical state of homelessness in Los Angeles County demands a cohesive approach that is bold, innovative, integrated, and well-informed. New approaches to streamline processes, strengthen collaboration, and make programs more effective, efficient, and responsive need to be identified. It is equally important to recognize what is working and build on those interventions.

DMH is contracted by the State of California to manage and operate the County's Medi-Cal Specialty Mental Health Plan. This gives DMH the legal and financial responsibility to ensure the provision of specialty mental health care to Medi-Cal members with serious mental illness who reside in the County, both housed and unhoused. And it is the responsibility of the local Medi-Cal managed care plans to provide the mental health services for Medi-Cal members who have mild to moderate mental health issues, both housed and unhoused. For too long, however, behavioral health service delivery systems have not been well integrated with the local homeless service response system. This has resulted in far too many clients being served by the homeless services system without receiving the appropriate level of care from our behavioral health systems. But the homeless services system was not funded or resourced to provide robust behavioral health care and was instead kept reliant on County departments, the Medi-Cal managed care plans, and other systems of care to provide intensive services – services not always easily accessible by the homeless delivery system. With the advent of the new Department of Homeless Services and Housing, it is time for a paradigm shift.

DMH provides and contracts with agencies to provide Full-Service Partnership (FSP) services that are intended to deliver field-based mental health clinical services with a dedicated treatment team wherever the clients are located such as in tents, cars, makeshift shelters, Interim Housing (IH), and Permanent Supportive Housing (PSH) sites. However, the implementation of this “clinic without walls” programming has too often fallen short, with some FSP providers seemingly providing clients who are homeless with care better suited for clients in housing. The changing service delivery models mandated by the Behavioral Health Services Act present an opportunity for the County to strengthen its safety net with the development and implementation of field-based services designed to support people experiencing homelessness and delivered by clinicians and case managers dedicated and trained to provide these specialized services in the streets, or where homeless individuals are. Staff who work from home or office cannot deliver the care and services required by people who live on the streets and in shelters. The most pressing need is to strengthen the expertise of the FSP program, as over 50% of FSP enrollees are experiencing homelessness and in immediate need of effective interventions. Fostering the development of contracts with HSH to provide specialty mental health services, such as those delivered through the FSP program, will allow DMH to expand its network of providers and allow the County to take advantage of HSH’s ability to reach people experiencing homelessness.

DMH has evidenced a growing commitment to supporting people who are homeless with programs specific to the population. DMH has invested in and developed the incredibly impactful HOME program, built out their interim housing portfolio, created housing navigation teams, and funded the innovative and effective IHOP program. DMH

must collaborate with HSH to increase programmatic enrollment and maintain an adequate network of services to support its members while also looking for innovative opportunities to fulfill its members' service needs. DMH must also build on its existing referral pathways to strengthen and streamline access to services in ways that are thoughtfully designed to support the complex needs of people who are homeless and living with SMI – people whose mental health care is DMH's mandate.

Pieces of the safety net, including licensed treatment beds, will continue to be administered and managed by the County Health Departments. The Board should empower HSH, however, to provide guidance to health department-run programs providing specialized engagement, field-based clinical support, and solutions that will not only partner with, but go beyond what can be funded by the homeless service system budget alone. County departments should be held accountable for adapting homelessness programming to better align with HSH's program design and integrate with their homeless service response system. For HSH and the County to fulfill its mandate to "learn from past mistakes and build a system of care that is set up to succeed and better serve those in need...a transparent, efficient system overseen by one entity..." (*Implementing the Blue Ribbon Commission on Homelessness Report Recommendations No. 1 and No. 3*; April 1, 2025), decision making and funding currently administered across multiple departments – in programs not always intentionally designed to meet the needs specific to people who are homeless – must be thoughtfully, intentionally informed by, and aligned with - the countywide, coordinated homeless response being developed and to be led by HSH.

Mental Health services are a critical component to stabilizing and housing many individuals experiencing homelessness. DMH's continued, robust partnership and collaboration with HSH is central to the provision of this specialized care and addressing the homelessness crisis in Los Angeles County.

I, THEREFORE, MOVE that the Board of Supervisors direct the Director of the Department of Mental Health (DMH) in consultation with the Chief Executive Officer (CEO) and the Director of the Department of Homeless Services and Housing (HSH) to:

1. Identify and implement the appropriate DMH items to designate a team of staff assigned to collaborate with HSH to ensure that people with Severe Mental Illness (SMI) who are experiencing homelessness are assessed and provided all appropriate DMH administered and funded services for which they are eligible, and to support DMH's leadership in a whatever-it-takes approach to providing care designed to meet the behavioral health needs of people experiencing homelessness. The team will report to DMH's Deputy Director of Countywide Engagement Division, will have experience working with people experiencing homelessness and/or lived experience of homelessness, and will be responsible for the following:

- a) Working with HSH and homeless service provider agencies (including agencies that are contracted by DMH as well as agencies that are not contracted by DMH) to address and resolve problems with specific client cases, including barriers to DMH enrollment, accessing street-based care and care in interim and permanent housing, and accessing the appropriate level of care.

- b) Performing case review meetings on a regular basis that include DMH clients and those who have been referred to DMH but are not yet receiving services. Case reviews will allow the DMH and HSH teams to identify challenges related to specific client cases, review options for addressing the client's needs, and resolve roadblocks.
 - c) Formulating and implementing process improvements for programmatic and systemic changes required to address the roadblocks identified in the case review meetings.
2. Establish a dotted line report from DMH's Deputy Director of Countywide Engagement Division to the Director of DMH. This Deputy Director will be responsible for facilitating and prioritizing the collaboration with HSH to identify and develop solutions to systemic barriers that impede access to services. This includes, but is not limited to the following cross-departmental actions:
- a) Working closely with people with lived experience of homelessness, community based homeless service providers, and local jurisdictions to develop effective solutions informed by the realities and barriers evidenced in program implementation.
 - b) Improve data sharing within DMH, with CEO and HSH, other county departments, managed care plans, stakeholders, and partners. Identify opportunities for State and Federal advocacy to improve data sharing practices.
 - c) Create a stronger planning relationship between DMH and HSH for the development of programming funded by DMH that supports the work to

address homelessness, including Prop 1, BHSA, BHBH, etc. Such integrated planning will equip the County to provide a more comprehensive and effective approach to homeless services, preventing duplication, creating more specialized interventions, and leveraging all resources.

- d) To the extent possible and as allowed under regulations, design and adapt DMH directly operated and contracted programs to better meet the needs of people who are homeless.
- e) Improve and expedite access to housing and behavioral health services for people experiencing homelessness, engaging and following up on the streets, in interim housing sites, and in locations that make it easier for the client to access care without requiring visits to brick and mortar sites.

I, FURTHER MOVE that the Board of Supervisors direct DMH to take the following actions:

1. Ensure that HSH has referral pathways to DMH funded, managed and administered housing intervention resources for individuals who DMH determines meet Specialty Mental Health and other eligibility criteria. Referrals can be made through existing or jointly developed referral processes such as Air Traffic Control at Emergency Centralized Response Center (ECRC), and DMH should seek to quickly assess referred clients not already enrolled in DMH services. DMH should explore pathways for access to DMH services including presumptive eligibility for individuals who self-identify or show indications of serious mental illness, or are referred by non-DMH licensed clinicians.

2. Continue to work collaboratively with HSH to identify care and treatment gaps for people experiencing homelessness with serious mental illness, whether the individual is already receiving services from DMH or not, and identify funding opportunities. Examples include working with HSH to maximize CalAIM Enhanced Care Management (ECM) and Community Supports funding for people experiencing homelessness to expand the County's ability to serve PEH.
3. Invite HSH to educate stakeholders, including the BHSA community planning process partners and the Behavioral Health Commission, on the goals around regional homeless alignment and the critical role of investments in behavioral health funding for people experiencing homelessness. HSH will also ensure that the regional Measure A goals and Standards of Care are shared with DMH's stakeholders and contractors, so that all parties can understand DMH's role in meeting these regional goals and so that DMH can incorporate these metrics into future DMH contracts.
4. Collaborate with HSH leadership to inform advocacy on Behavioral Health Services Act (BHSA), and other state or federal funding and policy to support people experiencing homelessness.
5. In partnership with HSH, engage the local Managed Care Plans (MCPs) to clearly outline responsibilities for people experiencing homelessness and the role DMH/HSH/the County and the managed care plans should/can play in facilitating connections for clients to appropriate service providers.
6. Continue to identify opportunities to better leverage funding internally, and in collaboration with HSH and other County departments. For instance, DMH to

provide more training for staff and contractors about how to code and bill appropriately to ensure that the County is drawing down the maximum amount of leveraged funding available. To the extent that this additional responsibility is beyond the required obligations of the DMH, DMH will work with CEO to request additional staff to do this work.

7. Provide additional training to all DMH directly operated and contracted staff on how to creatively and effectively engage and work with people experiencing homelessness– with a particular focus on how to enroll and bill for clients.
8. Ensure that DMH public facing staff from all programs have the training, resources, and connections to service area navigation teams necessary to effectively refer to the full continuum of DMH and HSH services.
9. Explore with HSH and homeless service providers how to train staff and integrate Multidisciplinary Teams to better connect unhoused individuals living on the street to mental health services, whether provided by DMH, a managed care plan, or HSH.
10. In consultation with County Counsel revise protocols to streamline the sharing of client information within the cross departmental care teams. Increase training for DMH staff, contracted providers, and stakeholders on HIPAA regulations.
11. Clearly define the role of Full Service Partnership (FSP), including the Homeless Services and Supports Program (HSSP) in the continuum of behavioral health care being provided to people experiencing homelessness and build out a robust system to monitor and ensure that FSP and HSSP providers are in compliance with contract requirements that provide effective, appropriate, field-based delivery

of the network of FSP and HSSP services, resources, and interventions. DMH will conduct site visits, file reviews, and ongoing performance management to monitor compliance and provide technical assistance to FSP providers.

12. Provide direct support and consultation to HSH to become an FSP provider.

13. Explore opportunities for Field Medicine Providers to become FSP providers.

14. As funding allows, continue to expand the Interim Housing Outreach Program (IHOP) across the County and continue to monitor this program to ensure that clients are receiving optimal care and services. Through this program, DMH is better positioned to assess and serve individuals who require access to DMH funded services and housing interventions but are not yet a part of the DMH system of care.

15. Continue to analyze and improve contracting processes and compliance policies and meet with providers to provide guidance, technical assistance, incentives and consequences to improve service delivery.

16. Direct all DMH executive staff to participate in a ride along with the HOME teams or other field-based teams providing support for people experiencing homelessness at least once.

17. Provide all necessary data on referrals, services, and outcomes that are necessary for the ongoing Measure A progress monitoring to HSH.

I, FURTHER MOVE that the Board of Supervisors direct DMH in collaboration with the director of HSH to report to the board in 90 days and bi-annually thereafter, on the status of implementing the directives listed above.

#

LPH:ap/aa

March 17, 2026

MOTION BY SUPERVISOR HOLLY J. MITCHELL

Improving the Mental Health of Los Angeles County’s Youth

American youth are experiencing a growing mental health crisis. According to the National Center for Health Statistics, suicide rates among individuals ages 10 to 24 increased nearly 60% between 2007 and 2017.¹ The Centers for Disease Control and Prevention report that from 2009 to 2019, more students experienced persistent feelings of sadness or hopelessness,² regardless of race or ethnicity. More than one in three students – and nearly half of all female students – reported persistent feelings of sadness and hopelessness in 2019. The crisis is particularly acute for LGBTQ+ youth. According to The Trevor Project's 2024 National Survey, 39% of LGBTQ+ youth seriously considered suicide in the past year, and 50% of LGBTQ+ youth in California reported being unable to access the mental health care they needed.³

In October 2021, three children’s health organizations declared a National State of Emergency in Children’s Mental Health.⁴ In December 2021, the United States Surgeon General issued a national advisory on the youth mental health crisis.⁵ A 2021 Kaiser Family Foundation survey found that approximately 56% of young adults ages 18 to 24

¹ <https://www.cdc.gov/nchs/products/databriefs/db471.htm>

² <https://www.cdc.gov/mmwr/volumes/73/su/su7304a9.htm#:~:text=Overall%2C%2039.7%25%20of%20students%20experienced,grade%2C%20and%20race%20and%20ethnicity.>

³ <https://med.stanford.edu/content/dam/sm/psychiatry/documents/initiatives/allcove/allcove---A-bold-new-strategy-for-youth-mental-health.pdf>

⁴ https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/?srsltid=AfmBOoqjLmnFn8YF1t42m5aX7rNokDwO8q1ZN2_y6hyH5_LOIU3GTkvt

⁵ <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

-MORE-

MOTION

MITCHELL _____

HORVATH _____

HAHN _____

BARGER _____

SOLIS _____

reported symptoms of anxiety and depressive disorders. In Los Angeles County (County), suicide is the third-leading cause of death for youth, despite it being a preventable and significant public health concern.⁶

Fifty percent (50%) of mental disorders emerge by the age of 14, and seventy-five percent (75%) emerge by the age of 24. Most are not treated in the first years after onset, leading to significant personal, social, and economic consequences as well as suicide. Research consistently shows that early intervention works and that timely support can significantly improve long-term outcomes, even for serious mental illness.

Various models exist to intervene earlier and support better outcomes for youth. allcove is a stand-out model inspired by successful international models in Australia, Canada, and Ireland. allcove creates stand-alone “one-stop-shop” mental health centers for youth ages 12 to 25 to access support for mild to moderate mental health needs, physical health, substance use, peer support, education and employment, and family support. Each allcove center provides a culturally safe environment shaped by youth advisory groups and community partners ensuring that services are designed to be accessible, particularly for underserved populations. The goal of allcove is to provide stigma-free, integrated care that normalizes mental health. Clinical rooms are called “chat rooms” and service providers rotate through the spaces to maintain anonymity. Non-traditional seating, including nooks and couches in the “cove,” offers young people a safe space that is not associated with school.

Across the state, allcove centers currently operate in Palo Alto, Redondo Beach (Beach cities), San Mateo, Sacramento, and South Orange County, with additional sites under consideration in San Gabriel and Santa Monica. allcove Beach cities is one of 11 locations funded by the California Behavioral Health Services Oversight and Accountability Commission (BHSOAC) and the California Department of Health Care Services. Since opening in November 2022, it has served more than 16,000 young people, and 26% of visits were from youth residing in the 4th District. At the same time, the Department of Mental Health (DMH) funds 18 Transition Aged Youth (TAY) Drop-In- Centers, seven of which are concentrated in the Westside and San Fernando Valley,

⁶ <https://laist.com/news/health/suicide-prevention-summit-la-county>

⁷ even though data from the Probation Oversight Commission shows that youth from South Los Angeles and Southeast Los Angeles account for 40% of all detained youth in the County.⁸ Taken together, this disparity highlights the need for a more equitable, needs-based allocation of youth behavioral health resources.

Building on this geographic context, more than 1,900 youth have enrolled in services, including health care services, family support, and criminal justice diversion. More than 170 youth who were at risk of suicide or violence completed safety plans. Over 100 youth received education and employment services designed to keep students in school, reduce chronic absenteeism, and provide job, career, or college readiness. This integrated care model centers youth-driven programming, a safe and inviting space, and a “no- wrong-door” approach.

The Behavioral Health Services Act (BHSA) expands and increases the types of services and support available to children, youth, and young adults through the prioritization of early intervention strategies. Statewide, the BHSA includes \$562 million in early intervention funding, of which \$287 million must be used for children. This represents \$36.44 million more in funds for children and youth than previously provided by the Mental Health Services Act. allcove centers align with BHSA goals by providing free or low-cost early intervention services that destigmatize behavioral health and offer support before a crisis becomes more serious. allcove is working with BHSOAC to pursue ongoing state funding to scale and sustain these centers. Given the demonstrated demand and the alignment with state priorities, County support is both timely and strategic.

DMH has taken a varied approach to supporting youth mental health across the County, however, the root causes driving youth disconnection include poverty, fractured social connections, unresolved trauma, and child welfare system involvement. To address these systemic challenges, a needs-based framework accounting for existing behavioral health resources, poverty concentration, justice involvement, and youth population density, should guide future investments to reach communities with the greatest need.

⁷ <https://dmh.lacounty.gov/our-services/transition-age-youth/>

⁸ <https://file.lacounty.gov/SDSInter/bos/supdocs/POC24-0033.pdf>

Future youth investment must align with these indicators, and with the County's own stated commitments.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Direct the Director of the Department of Mental Health (DMH) to sustain existing allcove centers in Los Angeles County by allocating \$1.5 million annually for three years to ensure continuity of services for youth.
2. Direct the Director of DMH, in collaboration with the Chief Executive Office's Anti-Racism, Diversity, and Inclusion Initiative, to report back to the Board in writing within 60 days with options to financially support additional allcove or allcove-like centers throughout the County, using a needs-based assessment framework. This report back shall include a proposed implementation timeline and identification of qualifying funding sources.

#

BOARD LETTER/MEMO CLUSTER FACT SHEET

Board Letter

Board Memo

Other

CLUSTER AGENDA REVIEW DATE	3/4/2026	
BOARD MEETING DATE	3/17/2026	
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Department of Health Services	
SUBJECT	Request for approval of delegated authority to extend expiring Proposition A agreements for Security, Housekeeping, and Landscape Maintenance Services to provide sufficient time for completion of corresponding competitive solicitations, and one non-Prop A agreement for Concession Cafeteria Services to provide sufficient time for the transfer of administration.	
PROGRAM	Health Services	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If Yes, please explain why:	
SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – Not Applicable If unsure whether a matter is subject to the Levine Act, email your packet to EOLevineAct@bos.lacounty.gov to avoid delays in scheduling your Board Letter.	
DEADLINES/ TIME CONSTRAINTS	Contracts are expiring on 3/31/2026	
COST & FUNDING	Total cost: \$35.180 million	Funding source: FY 2025-26 Final Budget and FY 2026-27 Recommended Budget
	TERMS (if applicable): N/A	
	Explanation:	
PURPOSE OF REQUEST	Extensions to these existing Agreements are needed to maintain services critical for the operation of DHS and DPH facilities. The recommended extension periods, including optional extension periods, should provide sufficient time to complete the current solicitations, including protests, and to obtain Board approval of successor agreements for replacement services.	
BACKGROUND (include internal/external issues that may exist including any related motions)	It has been determined that the provision of services by the Contractors under the Agreements identified on Attachment A are subject to the Prop A guidelines, which include the Living Wage Program under LA County Code Chapter 2.201. Although not subject to the Prop A guidelines, the provision of services by the Contractor under the no-cost Concession Cafeteria Services Agreement is subject to the Living Wage Program. The Contractors under the Agreements referenced herein are in compliance with the Living Wage Program requirements. The Prop A contracts for Security and Housekeeping Services include language requiring 100% employer-paid healthcare premiums for contractors' employees who work 30 hours or more per week at the minimum actuarial value of an Affordable Care Act individual Gold Plan coverage, as well as all other Board required provisions. All amendments to the Agreements shall be subject to County Counsel review and approval prior to execution.	

EQUITY INDEX OR LENS WAS UTILIZED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: Align policies, processes, practices to effectively address equity challenges throughout the County's workforce (personnel, contractors and vendors)
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Julio Alvarado, DHS Director of CAM, (213) 288-7819, jalvarado@dhs.lacounty.gov Sara Zimble, Senior Deputy County Counsel, (213) 787-2435, szimble@counsel.lacounty.gov

March 17, 2026

DRAFT

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

Dear Supervisors:

**DELEGATED AUTHORITY TO EXECUTE SOLE SOURCE AMENDMENTS TO
VARIOUS PROPOSITION A AND ONE NON-PROPOSITION A AGREEMENT
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request for approval of delegated authority to the Director of the Department of Health Services (DHS), or designee, to extend expiring Proposition A (Prop A) agreements for Security, Housekeeping, and Landscape Maintenance Services to provide sufficient time for completion of corresponding competitive solicitations, and extend one expiring non-Prop A agreement for Concession Cafeteria Services to provide sufficient time for the transfer of administration from DHS to another County of Los Angeles (LA County) department and for the Board of Supervisors (Board) to approve successor agreements.

IT IS RECOMMENDED THAT THE BOARD:

1. Make a finding pursuant to Los Angeles County Code Section 2.121.420 that Services under the Prop A Agreements for Security, Housekeeping, and Landscape Maintenance Services listed on Attachment A (Prop A Agreements) continue to be performed more economically by independent contractors.
2. Delegate authority to the Director of DHS (Director), or designee, to execute sole source amendments to the expiring Prop A Agreements listed on Attachment A to: (a) extend the term of each Agreement in any increments for up to a period of three (3) months, with up to six (6) one-month extension options; (b) update the scope of services to the Security Services Agreement to add the option for DHS facilities to request armed guards along with corresponding rates; and (c) to increase LA County's maximum obligation, if any, accordingly, with all amendments subject to prior review and approval as to form by County Counsel.
3. Delegate authority to the Director, or designee, to amend the Prop A Agreements listed on Attachment A to increase the service rates and maximum LA County

obligation payable under the Agreements, as applicable, to: (a) align with increase(s) in the Living Wage Ordinance (LWO) rate per direction from the Chief Executive Office (CEO); and (b) in consultation with the CEO and County Counsel, comply with any current or future regulatory or legislative requirements and Board directives, with all amendments subject to prior review and approval as to form by County Counsel.

4. Reaffirm prior delegations of authority to the Director, or designee, to amend the Prop A Agreements listed on Attachment A, to: (a) add, delete, and/or modify certain terms and conditions as required by law, LA County policy, the Board, or CEO; (b) modify the Agreements, including terms and conditions and scope of services, to implement improvements and address changes in service needs and adjust the maximum LA County obligation, if any by up to 15% percent accordingly; and (c) incorporate and/or revise non-substantive and administrative terms and conditions, with all amendments subject to prior review and approval as to form by County Counsel.
5. Delegate authority to the Director, or designee, to execute a sole source amendment to the expiring non-Prop A Concession Cafeteria Services Agreement No. 705998, to extend the term for a period of one (1) year, with the option to further extend the term in any increments for up to one (1) additional year, subject to prior review and approval as to form by County Counsel.
6. Delegate authority to the Director, or designee, to terminate the agreements referred to in Recommendations 2 and 5, in accordance with the applicable termination provisions, including for the convenience of LA County and contractor's default, with advance written notification of such to the Board and CEO.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTIONS

Background

The Agreements discussed in this letter were originally awarded through separate competitive solicitation processes with terms slated to expire during the locally declared emergency regarding COVID-19. For purposes of employee safety and the need to pivot resources to secure contracts for critically needed health care staffing and patient and public health care services, development of solicitations for the subject services were postponed until after the Board lifted the proclamation of the COVID-19 emergency and it was deemed safe to physically visit LA County healthcare facilities and re-engage in developing contract solicitations. With approval from the Board, the Agreements for Security, Housekeeping and Concession Cafeteria Services were extended through March 31, 2026, and for Landscape Services through June 30, 2026.

Justification

Extensions to these existing Agreements are needed to maintain services critical for the operation of DHS, Department of Public Health (DPH), Department of Medical Examiner (DME), and Homeless Services and Housing (HSH). The recommended extension periods, including optional extension periods, should provide sufficient time to complete the current solicitations, including protests, and to obtain Board approval of successor agreements for replacement services.

As recently reported to the Board, the competitive solicitations for Housekeeping and Security Services are currently nearing completion. Proposals were evaluated and negotiations with the top-ranked proposers are complete. Negotiations were protracted, primarily due to the need to carefully analyze the proposed services, pricing, and exceptions taken by the proposers to LA County's standard terms and conditions, as well as the overall ability of the parties to meet and reach agreement on the proposed service methodologies and implementation/transition plans. Further, as DHS Contracts and Grants Division (C&G) staff assist DHS and LA County Sheriff's Department (LASD) to update the longstanding Memorandum of Understanding for security services, preparations must be made for the DHS facilities to obtain armed guard services in the timeliest and least disruptive manner possible.

DHS is currently in the protest phase of the Housekeeping and Security Services solicitation processes. The length of extensions will depend on the duration and the outcome of these protests.

Also, as referenced in our report as a precautionary measure, DHS is recommending that the Board delegate authority to the Director, or designee, to extend the Landscape Services Agreements in the event DHS experiences any inevitable delays in completing this competitive solicitation process, including possible protests.

In addition, DHS is recommending extending the no-cost Concession Cafeteria Services Agreement that services the LA County building located at 313 North Figueroa Street, Los Angeles, CA 90012. DHS is moving out of the building in phases and believes it would be in LA County's best interest for the next primary tenant to have the opportunity to administer a competitive procurement.

Recommendations

Approval of the first recommendation is necessary to comply with LA County Code Section 2.121.420, which requires that contracting under Prop A be cost-effective. It has been determined that the Agreements for Security, Housekeeping, and Landscape Maintenance Services continue to be cost-effective.

Approval of the second recommendation will allow the Director, or designee, to execute sole source amendments to the Agreements to: (a) extend the term of each for three (3)

months, with the option to extend for up to an additional six (6) months; (b) obtain armed guard services as LASD implements its transition plan to curtail security duties at our facilities; and (c) increase LA County's maximum obligation to each Agreement, if any, accordingly.

Approval of the third, fourth and sixth recommendations will allow the Director, or designee, to administer the agreements in the most effective manner to meet critical time-sensitive environmental cleaning and safety standards at the DHS and partnering County departments' facilities.

Approval of the fifth recommendation allows the Director, or designee, to take the necessary actions to terminate Services under the Agreements in accordance with each Agreement's applicable termination provisions, including for the convenience of the LA County, in a timely manner, as necessary.

Implementation of Strategic Plan Goals

The recommended actions support "North Star 1.A Health Individuals and Families" and "North Star 3.E Data-Driven Decision Making" of LA County's Strategic Plan.

FISCAL IMPACT/FINANCING

LA County's maximum obligation is \$35.180 million, of which DHS is \$34.261 million, DPH is \$0.418 million, DME is \$0.476 million, and HSH is \$0.025 million for the initial extension periods of several services. These include Housekeeping and Security from April 1, 2026 to June 30, 2026, and Landscaping from July 1, 2026 to September 30, 2026. Details of the extension and maximum obligation for each Agreement are identified in Attachment A.

Funding is included in the respective Departments' Fiscal Year (FY) 2025-26 Final Budget and FY 2026-27 Recommended Budget, pending Board approval on April 14, 2026. Continued funding will be requested in future fiscal years as needed. There is no net County cost impact associated with the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

It has been determined that the provision of services by the Contractors under the Agreements identified on Attachment A are subject to the Prop A guidelines, which include the Living Wage Program under LA County Code Chapter 2.201. Although not subject to the Prop A guidelines, the provision of services by the Contractor under the no-cost Concession Cafeteria Services Agreement is subject to the Living Wage Program. The Contractors under the Agreements referenced herein are in compliance with the Living Wage Program requirements.

The Prop A contracts for Security and Housekeeping Services include language requiring 100% employer-paid healthcare premiums for contractors' employees who work 30 hours or more per week at the minimum actuarial value of an Affordable Care Act individual Gold Plan coverage, as well as all other Board required provisions.

All amendments to the Agreements shall be subject to County Counsel review and approval prior to execution.

CONTRACTING PROCESS

All Agreements were competitively solicited. Also, on January 20, 2026, DHS notified the Board of its intent to enter into negotiations for the extension of the subject agreements. The Sole Source Checklist for these Agreements is attached as Attachment B.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow for the continued and uninterrupted provision of services at LA County facilities.

Christina R. Ghaly, M.D.
Director

CRG:db

Enclosure

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

Summary Totals

#	Service	Agreement No.	Contractor's Name	Extension Period	Estimated Cost
1	Concession Cafeteria Services	H-705998	LunchStop, Inc.	4/1/26 - 3/31/28	\$ -
2	Housekeeping Services	77529	Servicon Systems, Inc.	4/1/26 - 06/30/26	\$ 1,689,939
3	Housekeeping Services	77917	Servicon Systems, Inc.	4/1/26 - 06/30/26	\$ 8,752,707
4	Housekeeping Services	77855	Sodexo America, LLC	4/1/26 - 06/30/26	\$ 7,749,559
5	Landscape Maintenance Services	78551	Parkwood Landscape Maintenance	7/1/26 - 09/30/26	\$ 123,511
6	Landscape Maintenance Services	78552	Parkwood Landscape Maintenance	7/1/26 - 09/30/26	\$ 165,440
7	Landscape Maintenance Services	78553	Parkwood Landscape Maintenance	7/1/26 - 09/30/26	\$ 86,651
8	Landscape Maintenance Services	78554	Stay Green, Inc.	7/1/26 - 09/30/26	\$ 112,260
9	Landscape Maintenance Services	78555	Stay Green, Inc.	7/1/26 - 09/30/26	\$ 78,294
10	Landscape Maintenance Services	78556	Parkwood Landscape Maintenance	7/1/26 - 09/30/26	\$ 17,592
11	Landscape Maintenance Services	78811	Stay Green, Inc.	7/1/26 - 09/30/26	\$ 51,593
12	Security Services	78926	Allied Universal Security Services	4/1/26 - 6/30/26	\$ 10,875,934
13	Security Services	78925	Securitas Security Services, USA	4/1/26 - 6/30/26	\$ 5,477,146
TOTAL - CHECK					\$ 35,180,627