



County of Los Angeles Health and Mental Health Services

SACHI A. HAMAI
Chief Executive Officer

DATE: Wednesday, June 3, 2020
TIME: 10:00 a.m.

**DUE TO CLOSURE OF ALL COUNTY BUILDINGS,
MEETING WILL BE HELD BY PHONE.
TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:
DIAL-IN NUMBER: 1 (323) 776-6996
CONFERENCE ID: 495545110#**

AGENDA

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Three (3) minutes are allowed for each item.

- I. Call to order
- II. **Information Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):
 - a. **DHS:** Approval of Agreement with Worker Education and Resource Center, Inc. For Health Care Workforce Development Program Training Services
 - b. **DPH:** Approval to Execute a Renewal Sole Source Contract with the City of Long Beach to Support Nurse Family Partnership Program Services (#5283)
 - c. **DPH:** Advance Notification of Intent to Negotiate a Sole Source Contract with The Regents of the University of California, Los Angeles School of Dentistry to Establish a Dental Public Health Residency Program (#5223)
- III. **Presentation Item(s):**
 - a. **DMH:** Approval to Enter into a New Sole Source Contract with Didi Hirsch Psychiatric Services for the Operation of the Suicide Prevention Center for Fiscal Years 2020-21, 2021-22, and 2022-23 (**Sole Source Notification presented on August 14, 2019**)

- b. **DMH:** Approval to Execute a Sole Source Contract with The Regents of University of California, on Behalf of its Davis Campus to Administer the Early Psychosis Learning Health Care Network for Fiscal Years 2020-21 through 2023-24 (**Sole Source Notification presented on November 13, 2019**)
- c. **DMH:** Approval to Execute a New Legal Entity Contract with Tri-City Mental Health Center for the Provision of Specialty Mental Health Services in Cities of Pomona, Claremont, and La Verne

- 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:

Board Meeting Date:

Sup. Dist. / SPA No.:

DEPARTMENT:

SUBJECT:

[Redacted subject area]

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

II. RECOMMENDED ACTIONS (summarized)

III. COST AND FUNDING SOURCES

Cost:

Funding:

IV. BACKGROUND (critical and/or insightful)

V. POTENTIAL ISSUE(S)

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

June 16, 2020

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

Dear Supervisors:

**APPROVAL OF AGREEMENT WITH
WORKER EDUCATION AND RESOURCE CENTER, INC.
FOR HEALTH CARE WORKFORCE DEVELOPMENT PROGRAM
TRAINING SERVICES
(ALL DISTRICTS)
(3 VOTES)**

SUBJECT

Request for approval of to execute a successor Agreement with the Worker Education and Resource Center, Inc. to provide training services for the Department of Health Services workforce, and delegation of authority to exercise options, and execute amendments to modify the scope of services, increase the County's maximum obligation by up to 10 percent, make other revisions, and effect termination of the Agreement if necessary.

IT IS RECOMMENDED THAT THE BOARD:

1. Delegate authority to the Director of Health Services (Director), or designee, to execute a successor Agreement with Worker Education and Resource Center, Inc. (WERC) for the provision of training services for the Department of Health Services (DHS) Health Care Workforce Development Program (HCWDP), for the initial term of July 1, 2020 through June 30, 2021 and up to four (4) one-year term extension options, with an annual County maximum obligation of \$863,000.
2. Delegate authority to the Director, or designee, to (a) extend the term of the Agreement for up to four (4) one-year periods until and through June 30, 2025; and (b) execute amendments to the Agreement to modify the scope of services,

adjust the County's maximum obligation under the Agreement as necessary, by no more than ten (10) percent for the entire term, including any exercised options; make other revisions to the Agreement, including adding, deleting and/or modifying non-substantive terms and conditions and those required by the Board or the Chief Executive Office, based on changes in the HCWCP, available funding, County needs or requirements, applicable law, technology or industry standards; and effect termination of the Agreement in accordance with its provisions, if such action is in the best interest of the County of Los Angeles (County), with all actions subject to prior review and approval by County Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Background

WERC was initially established as a 501 (c)(3) non-profit entity in 2002 by the SEIU Local 721, specifically to enable a labor and management partnership with DHS in order to implement customized training and education programs under the HCWDP and address critical labor shortages and upgrading worker skills to meet restructuring goals linked to California's Section 1115 Medicaid Waiver (1115 Waiver). The Board subsequently authorized expansion of DHS' contractual relationship with WERC to address new initiatives that affect our health care setting (e.g., implementation of the Affordable Care Act, and DHS' electronic health record system - the Online Real-time Centralized Health Information Database (ORCHID)). This partnership has been a pathway for DHS workforce and management to add to and strengthen skill sets necessary to adapt to emerging requirements and to enhance the DHS patient experience, all through staff development, continued education and training.

WERC has been an integral partner in DHS' ongoing efforts to continuously improve patient services through staff development and culture change initiatives. In the wake of the COVID-19 pandemic, WERC has pivoted to address urgent departmental needs, including engaging over 2,000 workforce members, who are teleworking for the first time, by developing digital resources to support learning opportunities on how to navigate the process of working from home. For this workforce development initiative, special emphasis has been placed on the role of managers and supervisors, who are navigating the challenges of leading a suddenly loaded remote workforce. WERC's other COVID-19-related projects include development and maintenance of an online forum which serves as a workforce resource for wellness and team resilience, strengthening a culture of transparency and safety for all, and effectively facilitating remote meetings. These projects were developed in direct response to workforce needs during this unprecedented time. As the pandemic evolves, DHS and WERC will continually assess, evaluate and

adjust our workforce development objectives, which are always driven by DHS' strategic goals and WERC's learner-centered methodologies.

In addition to these efforts, WERC continues to create and implement strategies and methodologies for innovative workforce development opportunities throughout the department. WERC has been particularly involved and effective in the Just Culture initiative, which has been identified as a top priority for the Labor-Management Transformation Council. The Just Culture initiative seeks to establish a work culture in which safety is an individual and organizational priority and where unintended outcomes are seen as opportunities for improvement. WERC is integral to the ongoing development of Just Culture trainings, tools and resources, which have been widely deployed throughout the department. WERC also continues to provide essential support for the Labor Management Committee (LMC) program, delivering learner-centered trainings and tools to over a dozen of committees throughout DHS that are part of the LMC program. These committees offer frontline staff and management opportunities to collaborate on project-based work arising out of an exploration of shared interests and provide the added benefit of developing leaders who are multifaceted and approach challenges with a collaborative mindset.

Recommendations

Approval of the first recommendation will allow the Director, or designee, to execute a successor Agreement, substantially similar to Exhibit I, with WERC to replace the current agreement that is scheduled to expire on June 30, 2020.

Approval of the second recommendation will allow the Director, or designee, to extend the term of the Agreement for up to four optional one-year periods, make necessary changes to the scope of services, adjust the maximum County obligation under the Agreement accordingly, by no more than 10 percent for the entire term of the Agreement, including extension options, make non-substantive or required revisions to the Agreement terms and conditions necessitated by various changes including available funding, and effect termination of the Agreement if such action is in the best interest of the County.

Implementation of Strategic Plan Goals

The recommended actions support Goal III, Realize Tomorrow's Government Today, Strategy 1 – Continually Pursue Development of Our Workforce and Strategy 3 - Pursue Operational Effectiveness, Fiscal Responsibility and Accountability of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

During FY 2020-21 the maximum obligation for the WERC Agreement is \$863,000.

Funding for the Agreement is included in the DHS Fiscal Year (FY) 20-21 Recommended Budget and will be included as a continuing appropriation in the future fiscal year(s), as needed.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The Board approved the original agreement with WERC on June 11, 2002 for provision of personnel to support the planning, design and implementation of the HCWDP education and training programs for DHS employees, to address mandates under the 1115 Waiver. WERC continues to support DHS's health care delivery transformation goals under The Public Hospital Redesign and Incentives Medi-Cal 2020 Waiver (PRIME 2020 Waiver), progressively designed to maximize and strengthen successful health care value efforts.

The Agreement may be terminated for convenience by the County upon 10 days' prior written notice.

County Counsel has approved Exhibit I as to form.

CONTRACTING PROCESS

WERC was specifically created as a non-profit collaboration between DHS and SEIU Local 721 for the provision of training services to County workforce members. Due to the unique relationship between the two organizations, it is not appropriate to solicit these services.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of this Agreement will ensure provision of on-going training services for DHS Labor Management leadership and frontline staff and optimize collaborative learning opportunities enterprise-wide.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

The Honorable Board of Supervisors
June 16, 2020
Page 5

CG:DN:es

Enclosure

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

BOARD LETTER FACT SHEET

Agenda Review Date:

Board Meeting Date:

Sup. Dist. / SPA No.:

DEPARTMENT:

SUBJECT:

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

II. RECOMMENDED ACTIONS (summarized)

III. COST AND FUNDING SOURCES

Cost:

Funding:

IV. BACKGROUND (critical and/or insightful)

V. POTENTIAL ISSUE(S)

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS



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

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

313 North Figueroa Street, Room 806
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BOARD OF SUPERVISORS

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
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Fourth District

Kathryn Barger
Fifth District

June 16, 2020

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

Dear Supervisors:

**APPROVAL TO EXECUTE A RENEWAL SOLE SOURCE CONTRACT WITH THE
CITY OF LONG BEACH TO SUPPORT
NURSE FAMILY PARTNERSHIP PROGRAM SERVICES
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

Request approval to execute a renewal sole source contract with the City of Long Beach to support Nurse Family Partnership program services and authority to execute future amendments and change notices, as appropriate, to reflect funding adjustments, and non-material and/or ministerial revisions; as well as authority to execute future amendments to extend or adjust the term through December 31, 2024.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and instruct the Director of the Department of Public Health (DPH), or designee, to execute a renewal sole source contract, substantially similar to Exhibit I, with the City of Long Beach (CLB), effective upon execution for the period of July 1, 2020 through June 30, 2022, for the continued support of Nurse Family Partnership (NFP) program services, at an annual amount of \$148,853 for a total maximum obligation of \$297,706; 100 percent offset by the California Department of Public Health (CDPH) California Home Visiting Program funds. The contract includes modifications to the standard County indemnification provision requiring

each party to indemnify the other from any claim, action or proceeding against the other, arising solely out of its own acts or omissions in the performance of this contract.

2. Delegate authority to the Director of DPH, or designee, to execute amendments to the contract that extend the term for up to two additional one-year periods through June 30, 2024, at amounts to be determined by the Director of DPH; allow a no-cost adjustment through December 31, 2024; allow the rollover of unspent contract funds; and/or provide an increase or decrease in funding up to 10 percent above or below each term's annual base maximum obligation, effective upon amendment execution, and make corresponding service adjustments, as necessary, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).
3. Delegate authority to the Director of DPH, or designee, to execute change notices to the contracts that authorize budget modifications, and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or corrections of errors in the contracts' terms and conditions.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

As part of DPH's Home Visitation Program (HVP), the NFP program utilizes specially-trained Public Health Nurses (PHNs) to provide home-based services to youth who are pregnant for the first time, living in poverty, and are at high risk for poor birth and social outcomes. The goals of the program include fostering healthier pregnancies, improving the health and development of children, and encouraging family self-sufficiency.

In 2000, CLB first partnered with DPH to provide NFP program services under the guidance of DPH Maternal, Child and Adolescent Health Division. At that time, CLB funded its own PHN, with DPH providing program oversight and support. CLB has its own Public Health Department with its own PHNs to provide these specialized services within its health jurisdiction. With CLB's subsequent loss of funding to support the program, on May 17, 2011, your Board approved DPH's execution of a sole source contract with CLB to fund one PHN to ensure the continued provision of services in Service Planning Area (SPA) 8. The current contract with CLB is set to expire on June 30, 2020.

Approval of Recommendation 1 will allow DPH to execute a renewal contract with CLB for the continued provision of NFP program services in SPA 8.

Under the recommended renewal contract, CLB will continue to provide evidence-based NFP services to Long Beach residents. This evidence-based program uses proven protocols and interventions to improve the life course of young families by reducing the use of welfare programs, preventing child abuse and neglect, addressing drug use by pregnant women, and improving the health and development of their first-born child.

Approval of Recommendation 2 will allow DPH to execute amendments to extend and/or adjust the term of the contract; rollover unspent funds; and/or increase or decrease funding up to 10 percent above or below the annual base maximum obligation, effective upon amendment execution, and make corresponding service adjustments, as necessary. This recommended action will enable DPH to amend the contract to adjust the term for a period of up to six months beyond the expiration date. Such amendments will only be executed if and when there is an unanticipated extension of the term of the applicable grant funding to allow additional time to complete services and utilize grant funding. This authority is being requested to enhance DPH's efforts to expeditiously maximize award revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Approval of Recommendation 3 will allow DPH to execute change notices to the contract that authorize modifications to or within budget categories within the budget, and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or corrections of errors in the contract's terms and conditions.

Implementation of Strategic Plan Goals

The recommended action support use Strategy I.1 – Increase our Focus on Prevention Initiative; and Objective I.1.6, Increase Home Visitation Capacity, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The annual cost for the recommended renewal contract with CLB is \$148,853 for a total maximum obligation of \$297,706 for the term of July 1, 2020 through June 30, 2022; 100 percent offset by funding from CDPH.

There is no net County cost associated with this action.

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

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Since 2011, DPH has received funding from CDPH to support home visiting program services provided to at-risk communities in Los Angeles County.

Under the recommended renewal contract, CLB will continue to maintain sole responsibility for the hiring, daily supervision, and administrative oversight of its PHN. In the contract, program objectives are defined and DPH will be responsible for ensuring these objectives are met and CLB maintains fidelity to the NFP model.

As a public-sector government entity, CLB requires mutual indemnification. CEO Risk Management has reviewed and approved this change to the standard County provision.

As required by Board Policy 5.100, DPH notified your Board on December 18, 2019, of its intent to extend the term of the existing sole source contract with CLB for two years effective July 1, 2020 through June 30, 2022 with option to extend for an additional two one-year terms through June 30, 2024. Subsequently, DPH determined to return to your Board to request approval of a new sole source contract with CLB.

Exhibit I is the contract reviewed and approved by County Counsel. Attachment A is the Sole Source Checklist signed by the CEO.

CONTRACTING PROCESS

On May 17, 2011, your Board approved a sole source contract with CLB to support NFP program services effective July 1, 2011 through June 30, 2012, with provisions for four one-year automatic renewal periods through June 30, 2016.

On April 12, 2016, your Board approved a sole source contract amendment with CLB to extend the term for three additional 12-month periods to continue to support NFP program services effective July 1, 2016 through June 30, 2019 and delegated authority to DPH to extend the term through June 30, 2020.

Subsequently on May 16, 2019, DPH notified your Board that it was exercising delegated authority to extend the term of the sole source contract with CLB effective July 1, 2019 through June 30, 2020 for the continued provision of NFP program services.

IMPACT ON CURRENT SERVICES

Approval of the recommended actions will allow for the continued provision of NFP program services to improve outcomes for families residing in at-risk communities in Long Beach.

Respectfully submitted,

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

BF:jl
#05283

Enclosures (2)

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

SOLE SOURCE CHECKLIST

Department Name: Department of Public Health (DPH)

- New Sole Source Contract **CITY OF LONG BEACH**
- Sole Source Amendment to Existing Contract
- Date Existing Contract First Approved **5/17/2011**

Check (√)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS
	Identify applicable justification and provide documentation for each checked item.
x	➤ Only one bona fide source (monopoly) for the service exists; performance and prices 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>
x	➤ Compliance with applicable statutory and/or regulatory provisions. ➤ Compliance with State and/or federal programmatic requirements.
	➤ Services provided by other public or County-related entities.
	➤ Services are needed to address an emergent or related time-sensitive need.
	➤ The service provider(s) is required under the provisions of a grant or regulatory requirement.
	➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	➤ 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 with has no available option periods.
	➤ 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 options periods.
	➤ Maintenance and service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
	➤ It is more cost-effective to obtain services by exercising an option under an existing contract.
	➤ The Contractor was selected through a competitive solicitation process conducted by an outside entity (e.g., other municipalities, public agencies, State/federal governmental or non-profit organization)
	➤ It is in the best economic interest of the County (e.g., significant costs to replace an existing system or infrastructure, administrative cost 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.

Chief Executive Office

Date

BOARD LETTER FACT SHEET

DRAFT

Agenda Review Date: June 3, 2020
Board Meeting Date: June 16, 2020
Sup. Dist. / SPA No.: All

DEPARTMENT: *Mental Health*

SUBJECT: Approval to enter into a new sole source contract with Didi Hirsch Psychiatric Service for the operation of the Suicide Prevention Center for Fiscal Years 2020-21 through 2022-23

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

DMH will be able to offer the County an array of suicide prevention services so that individuals in emotional distress have access to 24/7 hotline services and crisis center, and receive follow-up care and referrals, particularly during high-risk periods.

II. RECOMMENDED ACTIONS (summarized)

Authorize the Director of DMH to execute a sole source contract with Didi Hirsch Psychiatric Service to deliver the Suicide Prevention Center (SPC) and provision of suicide prevention services effective July 1, 2020 through June 30, 2021, with two automatic renewals through Fiscal Year 2022-23; to execute future amendments to revise boilerplate Contract language, modify the SOW, revise the Total Contract Amount up to 10% delegated authority; and to terminate the Contract in accordance to the Contract's termination provisions including Termination for Convenience.

III. COST AND FUNDING SOURCES

Cost: \$5.7 Million
Funding: State MHSA

IV. BACKGROUND (critical and/or insightful)

According to the Centers for Disease Control's National Center for Health Statistic, in 2017, more than 47,000 suicides were recorded nationwide, an increase from the statistic reported by the CDC in 2014. To address this need and the ones created by COVID-19 throughout Los Angeles County, it is imperative that DMH fund Didi Hirsch's SPC. The SPC is a well-established, national model and an evidence-based practice that addresses unserved and underserved priority populations, including but not limited to LGBTQ-I, Veterans, American Indians, and Alaska Natives. The focus of Didi Hirsch's SPC is: 1) to deliver and/or provide referral and linkage for individuals that are experiencing a crisis and 2) to house and operate 24/7 suicide prevention hotline for the County. Due to COVID-19 public health related issues, DMH has further expanded SPC's role to receive calls from DMH's Helpline and other community partners to ensure individuals during this pandemic all have access to suicide prevention services.

V. POTENTIAL ISSUE(S)

N/A

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

DMH: Terri Boykins. TBoykins@dmh.lacounty.gov. (213) 738-2408
County Counsel: Vicki Kozikoujekian. vkozikoujekian@counsel.lacounty.gov. (213) 738-2881



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

June 16, 2020

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

Dear Supervisors:

**APPROVAL TO ENTER INTO A NEW SOLE SOURCE
CONTRACT WITH DIDI HIRSCH PSYCHIATRIC SERVICE
FOR THE OPERATION OF THE SUICIDE PREVENTION CENTER
FOR FISCAL YEARS 2020-21, 2021-22, AND 2022-23
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to enter into a new sole source contract with Didi Hirsch Psychiatric Service for the provision of suicide prevention services.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and authorize the Director of Mental Health (Director), or his designee, to prepare, sign, and execute a sole source contract, substantially similar to Attachment I, with Didi Hirsch Psychiatric Service (Didi Hirsch), for the operation of the Suicide Prevention Center and the provision of suicide prevention services. The term of this Contract is effective July 1, 2020 through June 30, 2021, with two automatic one-year extension periods. The Total Contract Amount (TCA) for Fiscal Year (FY) 2020-21 is \$5.7 million, fully funded by State Mental Health Services Act (MHSA) revenue.
2. Delegate authority to the Director, or his designee, to prepare, sign, and execute future amendments to the Sole Source Contract; to revise the boilerplate language; revise the annual TCA; add, delete, modify, or replace the Statement of Work; and/or reflect federal, State, and County regulatory and/or policy changes provided that: 1) the

County's total payment to Didi Hirsch will not exceed an increase of more than 10 percent of the TCA in Recommendation 1 for each fiscal year; 2) sufficient funds are available; and 3) the amendments are subject to the prior review and approval as to form by County Counsel, with written notification to your Board and Chief Executive Officer (CEO).

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

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Board approval of the first Recommendation will allow the Department of Mental Health (DMH) to execute a new sole source contract with Didi Hirsch for the Suicide Prevention Center (SPC) and the provision of suicide prevention services. The SPC will deliver crisis services, hotline services, support groups, community outreach, and best practices prevention training to support and inform local communities (i.e., teachers/administrators at schools, law enforcement agencies, hospital staff, places of worship, counseling centers, etc.).

Board approval of the second Recommendation will allow DMH the ability to amend the Contract in Recommendation 1 as necessary, to revise the TCA and ensure continuity of care and reflect program and/or policy changes.

Board approval of the third Recommendation will allow DMH to terminate the Contract in accordance with the Contract's 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 Goal 1, Make Investments that Transform Lives via Strategy I.1 – Increase Our Focus on Prevention Initiatives.

FISCAL IMPACT/FINANCING

The FY 2020-21 funding for this Contract is \$5.7 million, fully funded by State MHSA Prevention and Early Intervention (PEI) revenue and is included in DMH's FY 2020-21 Recommended Budget.

Funding for future fiscal years will be requested through DMH's annual budget process. There is no net County cost impact associated with the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

According to the Centers for Disease Control's (CDC's) National Center for Health Statistic, in 2017, more than 47,000 suicides were recorded nationwide. This was an increase from the statistic reported by the CDC in 2014. To address this need and the ones created by COVID-19 throughout Los Angeles County, it is imperative that DMH continue to fund suicide prevention services and Didi Hirsch's SPC, a well-established, national model and resource for suicide centers.

The focus of Didi Hirsch's SPC is: 1) to deliver and/or provide referral and linkage for individuals that are experiencing a crisis and 2) to house and operate a twenty-four hours a day, seven days a week (24/7) suicide prevention hotline for Los Angeles County. At the SPC, Didi Hirsch staff and volunteers who are trained in the latest suicide prevention evidenced-based practices focus on the nature and impact of trauma and promotion of recovery and healing. The Hotline will be staffed with English and Spanish speaking counselors 24/7. Didi Hirsch also has the capacity to provide services in any of the County's 13 threshold languages through direct staff and/or language translation services.

Upon receiving Board authority, DMH intends to fund the SPC with MHSA revenue. PEI requires services to address risk factors that lead to the development of mental illness, and/or to address early symptoms, should indicators of a mental illness arise. In accordance with best practices in the field of suicide prevention and the PEI regulation, Didi Hirsch SPC is a well-researched and cost-effective Evidence-Based Practice for populations across the lifespan and to address unserved and underserved priority populations, including, but not limited to, LGBTQ-I, Veterans, American Indians, and Alaska Natives. Due to COVID-19 public health related issues, DMH has expanded SPC's role to receive calls from DMH's Helpline and other community partners (i.e., UCLA) to ensure individuals in crisis have access to suicide prevention services.

As a requirement of Welfare and Institutions Code Section (WIC) § 5847, DMH has prepared and submitted a draft MHSA three-year program and expenditure plan which includes suicide prevention services as one of its on-going reportable programs.

The attached Sole Source Contract (Attachment I) has been approved as to form by County Counsel.

CONTRACTING PROCESS

On June 14, 2019, DMH released a Request for Information (RFI) No. #DMH061419B1, to all existing Legal Entity Contractors, on the MHSA Master Agreement List, who have current experience delivering PEI services to identify those with the capability of operating a Suicide Prevention Crisis Center and providing suicide prevention services in the

County. Didi Hirsch was the only agency that met all of the specific work requirements outlined in the RFI.

In accordance with Board Policy, No. 5.100 (Sole Source Contracts), DMH presented written advance notification (Attachment II) of its intent to enter in a sole source contract with Didi Hirsch at the August 14, 2019, Agenda Review. DMH submitted Attachment II to your Board on August 21, 2019. The required Sole Source Checklist (Attachment III), approved by the CEO, is also attached.

IMPACT ON CURRENT SERVICES OR PROJECTS

Board approval of the proposed actions will allow DMH to offer an array of suicide prevention services so that individuals in the County who are in emotional distress have access to 24/7 crisis center and hotline services, and receive follow-up care and referrals in a timely manner - particularly during high-risk periods.

Respectfully submitted,

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

JES:ES:SK:jh

Attachments (3)

c: Executive Officer, Board of Supervisors
Chief Executive Office
County Counsel
Chairperson, Mental Health Commission



DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

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

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

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

August 21, 2019

TO: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Kathryn Barger

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

**SUBJECT: NOTICE OF INTENT TO EXECUTE A SOLE SOURCE CONTRACT WITH
DIDI HIRSCH PSYCHIATRIC SERVICE TO EXPAND THE PROVISION
OF THE EXISTING SUICIDE PREVENTION SERVICES**

This is to inform your Board that, in accordance with Los Angeles County Board of Supervisors' (Board) Policy No. 5.100, the Department of Mental Health (DMH) is required to notify your Board of sole source contract extensions at least six months in advance of contract expiration. More specifically, DMH would like to begin negotiations with Didi Hirsch Psychiatric Services (Didi Hirsch), on a sole source basis, to expand the provision of existing suicide prevention services to include a Suicide Prevention Crisis Center. DMH intends to return to the Board after the six months notification period to award Didi Hirsch a new sole source contract.

DMH will be requesting that your Board approve a sole source services contract with Didi Hirsch for the Suicide Prevention Crisis Center which will include a hotline, walk-in crisis services, training of law enforcement and the community in the Applied Suicide Intervention Skills Training (ASIST) model, support groups, and community outreach for a term to be effective upon Board approval through June 30, 2022, with two one-year optional renewal periods. The estimated total contract amount for Fiscal Year (FY) 2019-20 is \$3.8 million, fully funded by State Mental Health Services Act (MHSA).

The focus of the Suicide Prevention Crisis Center is 1) to directly deliver and/or provide referral and linkage to walk-in services for individuals that are experiencing a crisis; and

2) to house and operate a twenty-four hours a day, seven days a week (24/7) suicide prevention hotline for Los Angeles County that also functions as California's backup line.

On December 1, 2009, your Board authorized DMH to amend its Legal Entity (LE) Agreement with Didi Hirsch on a sole source basis and add MHSA Prevention and Early Intervention (PEI) funds for the provision of the suicide prevention hotline and above listed programs.

On March 5, 2018, DMH notified your Board of the ongoing sole source agreement with Didi Hirsch to provide suicide prevention program services for FYs 2017-18 and 2018-19 under its previously approved delegated authority granted through the June 13, 2017, Board letter.

On November 28, 2018, DMH notified your Board of the sole source contract extension with Didi Hirsch to continue funding suicide prevention services through FY 2019-20 and DMH's intention to complete a solicitation and award a new contract for the suicide prevention services.

On June 14, 2019, DMH released a Request for Information (RFI) to survey LE providers who have current experience delivering PEI services and to identify agencies who have the interest and more importantly, the capability to deliver and run a Suicide Prevention Crisis Center in the County. Didi Hirsch was the only agency that met all of the specific work requirements outlined in the RFI. Since Didi Hirsch was the only agency capable of delivering these services at this time, DMH decided it would be in the County's best interest to negotiate a sole source contract with Didi Hirsch.

JUSTIFICATION

For 75 years, Didi Hirsch has transformed lives by providing quality mental health, substance use, and suicide prevention services in communities where stigma or poverty limits access. Didi Hirsch was the first organization in the nation to have a Suicide Prevention Center, which started in 1958. They were also the first in the nation to provide a 24/7 suicide prevention crisis hotline that utilizes trained community volunteers to provide services. The hotline is accredited by the American Association of Suicidology and CONTACT USA, it functions as California's emergency backup line, and is one of the member lines of the National Suicide Prevention Lifeline. Their longstanding role as the State and local hotline operator and broad recognition by the community as the leading crisis line operator makes them uniquely situated to provide the requested services.

Didi Hirsch Suicide Prevention Hotline is staffed with English and Spanish speaking counselors 24/7. The provider also has the capacity to provide services in any of the County's thirteen threshold languages through direct staff and/or language translation

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Page 3

services. In calendar year 2018, through this hotline as well as Disaster Distress Helpline and the Suicide Prevention Chat Line, staff responded to an estimated 120,000 calls, chats, and texts from emotionally distressed individuals countywide.

At the Crisis Center, Didi Hirsch staff and volunteers are trained in the latest suicide prevention evidence-based practices focused on the nature and impact of trauma and the promotion of recovery and healing. Staff and volunteers are equipped to ensure immediate linkage to walk-in services for individuals who are experiencing a mental health crisis and require face-to-face care. In addition, Didi Hirsch staff and volunteers provide best practices prevention training to support and inform the local communities (i.e. teachers and administrators at schools, law enforcement agencies, hospital staff, counseling centers, places of worship, etc.) in identifying at risk individuals and utilizing appropriate interventions.

This longstanding breadth and depth of experience and expertise further supports the basis for pursuing a sole source contract with Didi Hirsch.

NOTIFICATION TIMELINE

This memo was presented at Agenda Review on Wednesday, August 14, 2019.

Unless otherwise instructed by your Board, DMH will continue to fund, under its existing LE Contract, Didi Hirsch's current suicide prevention program until such time that a new contract, which includes expanded services, has been approved by your Board.

If you have any questions or concerns, please contact me at (213) 738-4601, or your staff may contact Stella Krikorian, Division Manager, Contracts Development and Administration Division, at (213) 738-4023.

JES:ES:SK:jh

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel
Gregory Polk
Edgar Soto
Stella Krikorian

SOLE SOURCE CHECKLIST

Department Name: Mental Health

Contractor Name: Didi Hirsch Psychiatric Service

New Sole Source Contract

Sole Source Amendment to Existing Contract

Date Existing Contract First Approved: _____

Check (^s)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS Identify applicable justification and provide documentation for each checked item.
	➤ 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>
	➤ Compliance with applicable statutory and/or regulatory provisions.
	➤ Compliance with State and/or federal programmatic requirements.
	➤ Services provided by other public or County-related entities.
	➤ Services are needed to address an emergent or related time-sensitive need.
	➤ The service provider(s) is required under the provisions of a grant or regulatory requirement.
	➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	➤ 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.
	➤ 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.
	➤ Maintenance service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
	➤ It is more cost-effective to obtain services by exercising an option under an existing contract.
	➤ The contractor was selected through a competitive solicitation process conducted by an outside entity (e.g. other municipalities, public agencies, State/federal government or non-profit organizations).
	➤ It is in the best economic interest of the County (e.g., significant costs to replace an existing system or infrastructure, administrative cost 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.

Chief Executive Office

Date

BOARD LETTER FACT SHEET

DRAFT

Agenda Review Date: June 3, 2020
Board Meeting Date: June 16, 2020
Sup. Dist. / SPA No.: All

DEPARTMENT: *Mental Health*

SUBJECT: Request approval to enter into a new sole source with the Regents of University of California, on behalf of its Davis Campus to administer the Early Psychosis Learning Healthcare Network for Fiscal Years 2020-21 through 2023-24

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

Early Psychosis Learning Healthcare Network will enhance the County's Early Psychosis service planning and improve standards of care by identifying the most effective treatment approaches to decrease the duration of untreated psychosis in youth ages 12-25 years old and optimize early detection of psychosis.

II. RECOMMENDED ACTIONS (summarized)

Authorize the Director of DMH to execute a Sole Source Contract with Regents of University of California, on behalf of its Davis Campus to deliver Early Psychosis (EP) Learning Healthcare Network (LHCN) effective July 1, 2020 through June 30, 2021, with three automatic renewals through Fiscal Year 2023-24; to execute future amendments to revise boilerplate Contract language, modify the SOW, revise Total Contract Amount up to 10% delegated authority; and to terminate the Contract in accordance to the Contract's termination provisions including Termination for Convenience.

III. COST AND FUNDING SOURCES

Cost: \$2,828,303
Funding: State MHSA

IV. BACKGROUND (critical and/or insightful)

UC Davis is developing the EP LHCN for 5 counties: Los Angeles, Orange, San Diego, Solano and Napa to support ongoing learning and EP program development across the State. UC Davis is also creating a software app to bring individual consumer-reported data on treatment progress in real-time to EP clinicians. The data from all 5 counties will be collected and processed so that County staff will be able to view program-wide consumer data in real-time and compare it to Statewide benchmarks. UC Davis will assess program and cost effectiveness of EP programs across the five counties and share the lessons and challenges about what specific types of EP treatment work best for youth. The implementation of EP LHCN will benefit the County by providing benchmarks from statewide data which DMH can use to compare program outcomes. In turn, DMH will be able to tailor its PIER EP program in hopes of improving the quality of care provided to youth and reducing overall cost of services.

V. POTENTIAL ISSUE(S)

N/A

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

DMH: Debbie Innes Gomberg. DIgomberg@dmh.lacounty.gov. (213) 738-2756
County Counsel: Vicki Kozikoujekian. vkozikoujekian@counsel.lacounty.gov. (213) 738-2881



DEPARTMENT OF MENTAL HEALTH
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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

June 16, 2020

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

Dear Supervisors:

**APPROVAL TO EXECUTE A SOLE SOURCE CONTRACT WITH
THE REGENTS OF UNIVERSITY OF CALIFORNIA,
ON BEHALF OF ITS DAVIS CAMPUS
TO ADMINISTER THE EARLY PSYCHOSIS LEARNING HEALTH CARE NETWORK
FOR FISCAL YEARS 2020-21 THROUGH 2023-24
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to execute a sole source contract with the Regents of University of California, on behalf of its Davis Campus to deliver the Early Psychosis Learning Health Care Network.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and authorize the Director of Mental Health (Director), or his designee, to execute a sole source contract, substantially similar to Attachment I with the Regents of University of California, on behalf of its Davis Campus (UC Davis), to deliver the Early Psychosis (EP) Learning Health Care Network (LHCN). This Contract will be effective upon Board approval for a term of four fiscal years beginning July 01, 2020 through June 30, 2024. The Total Contract Amount (TCA) for the project is \$2,828,303, fully funded by State Mental Health Services Act (MHSA) revenue.

2. Delegate authority to the Director, or his designee, to prepare, sign, and execute future amendments to the Sole Source Contract in Recommendation 1 to revise the boilerplate language; revise the annual TCA; add, delete, modify, or replace the Statement of Work; and/or, reflect federal, State, and County regulatory and/or policy changes provided that: 1) the County's total payment to the Contractor will not exceed an increase of more than ten percent of the TCA; 2) sufficient funds are available; and 3) the amendments are subject to the prior review and approval as to form by County Counsel, with written notification to your Board and the Chief Executive Officer (CEO).
3. Delegate authority to the Director, or his designee, to terminate the Sole Source Contract described in Recommendation 1 in accordance with the Contract's termination provisions, including Termination for Convenience. The Director, or his designee, will notify your Board and CEO, in writing, of such termination.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the first Recommendation will authorize the Department of Mental Health (DMH) to execute a sole source contract with UC Davis to perform the overall administrative oversight, project management, and evaluation of the EP LHCN.

Approval of the second Recommendation will enhance DMH's ability to expeditiously amend the Contract without interruption to services.

Approval of the third Recommendation will allow DMH to terminate the Contract in accordance with the Contract's termination provision, including termination for convenience, in a timely manner, as necessary.

Early Psychosis (EP) Learning Health Care Network:

DMH is seeking approval to execute a sole source contract to oversee Los Angeles County's portion of the EP LHCN, a Statewide collaborative with the participation of four other counties (Orange, San Diego, Solano, and Napa). UC Davis will oversee the development of the infrastructure for a sustainable statewide LHCN for EP programs.

The LHCN will build a coalition for the five counties that offer EP services to share the lessons and challenges about what specific types of treatment work best for consumers and their families by using shared qualitative and quantitative methods. Specifically, the EP LHCN will use a software application to bring individual consumer-reported data on

treatment progress in real-time to EP clinicians. Program managers and DMH administrative staff will also view program-wide consumer data in real-time and compare it to Statewide benchmarks, which will be based on data from all five counties using the network. In addition to the data collection, UC Davis will oversee the evaluation of the overall impact of the LHCN on DMH's implementation of the Portland Identification and Early Referral (PIER) EP practice and its effect on consumer and program outcomes.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

The recommended actions support the County's Strategic Plan Goal III, Realize Tomorrow's Government Today via Strategy III.2 – Embrace Digital Government for the Benefit of Our Internal Customers and Communities and additionally, Strategy III.2.3 – Prioritize and Implement Technology Initiatives That Enhance Service Delivery and Increase Efficiency.

FISCAL IMPACT/FINANCING

The FY 2020-21 funding for this Contract is \$1,569,944; fully funded by State MHSA revenue and is included in DMH's FY 2019-20 Final Adopted Budget.

The TCA for the four fiscal years is \$2,828,303. Funding for future fiscal years will be requested through DMH's annual budget request process.

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

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The Prevention and Early Intervention (PEI) component of the MHSA, coupled with legislative focus on EP (Assembly Bill 1315, Senate Bill 1004) has led to an expansion of specialized EP programs across California. While there is evidence that these EP programs are effective, it is not clear which components of the EP services models are key to improving outcomes and overall program effectiveness. The impact of these EP programs on the individuals and communities within the five counties served remain largely unknown.

On September 3, 2019, your Board approved amending four existing Legal Entity Contracts to add funding for the PIER EP Program. The ultimate goal of the PIER EP Program is to reduce the incidence of first-episode psychosis in youth ages 12-25 years old with clinical high risk of psychosis and reduce potential long-term disability in this

population. That said, DMH's PIER EP program will provide the LHCN with data to evaluate outcomes, utilization, and cost rate.

UC Davis is developing the EP LHCN for the five counties (Los Angeles, Orange, San Diego, Solano and Napa) to support ongoing learning and EP program development across the State, and also demonstrate the utility of the network via a collaborative statewide evaluation. UC Davis is creating a software application (app) to bring individual consumer-reported data on treatment progress in real-time to EP clinicians. The data from all five counties will be collected and processed so that program managers and administrative staff will be able to view program-wide consumer data in real-time and compare it to Statewide benchmarks.

UC Davis will assess program and cost effectiveness of EP programs across the five counties and share the lessons and challenges about what specific types of EP treatment work best for consumers and families. The implementation of the UC Davis EP LHCN will benefit the County by providing benchmarks from statewide data which DMH can use to compare program outcomes. In turn, DMH will be able to tailor its PIER EP program in hopes of improving the quality of care provided to consumers and reducing overall cost of services.

UC Davis' longstanding breadth and depth of experience and expertise in EP only further supports why they should be leading this statewide initiative. In fact, UC Davis' efforts to establish a statewide LHCN is the only one of its kind in California. No other county, university, or organization is currently bringing together EP programs in California to compare county-level data using a mobile web-based platform and to collaborate on best practices.

As a requirement of Welfare and Institutions Code Section (WIC) § 5847, DMH has prepared and submitted a draft MHSa three-year program and expenditure plan which includes the EP LHCN as one of its on-going reportable programs.

In accordance with Board Policy, No. 5.100 (Sole Source Contracts), DMH presented written advance notification (Attachment II) of its intent to enter in a sole source contract with UC Davis at the November 13, 2019 Agenda Review. DMH submitted Attachment II to your Board on November 21, 2019. The required Sole Source Checklist (Attachment III), approved by the CEO, is also attached.

The Contract (Attachment I) has been approved as to form by County Counsel.

IMPACT ON CURRENT SERVICES

The recommended actions will allow DMH to be a part of EP LHCN and to utilize an app that will ultimately enhance County's EP service planning and improve standards of care by identifying the most effective engagement and treatment approaches in order to decrease the duration of untreated psychosis and optimize early detection of psychosis.

Respectfully submitted,

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

JES:ES:SK:jh

Attachments

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel
Chairperson, Mental Health Commission



DEPARTMENT OF MENTAL HEALTH
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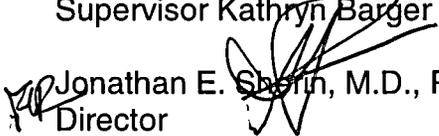
JONATHAN E. SHERIN, M.D., Ph.D.
Director

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

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

November 21, 2019

TO: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Kathryn Barger

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

**SUBJECT: NOTICE OF INTENT TO EXECUTE A SOLE SOURCE CONTRACT
WITH THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ON
BEHALF OF ITS DAVIS CAMPUS FOR THE EARLY PSYCHOSIS
LEARNING HEALTH CARE NETWORK**

This is to notify your Board that, in accordance with Board Policy No. 5.100, the County of Los Angeles (County) Department of Mental Health (DMH) intends to enter into a sole source contract with The Regents of the University of California, on behalf of its Davis Campus (UC Davis), on a sole source basis, to evaluate the Portland Identification and Early Referral (PIER) Early Psychosis (EP) service model, to develop the infrastructure for a sustainable EP Learning Health Care Network (LHCN), a Statewide collaborative with multiple California counties, and to customize a software application (app) for the collection of EP data.

DMH will be requesting that your Board approve a sole source contract with UC Davis for a term to be effective upon Board approval through June 30, 2024. The estimated total contract amount for this contract is \$2.83 million, and is fully funded by the State Mental Health Services Act (MHSA).

JUSTIFICATION

The Prevention and Early Intervention (PEI) component of the MHSA, coupled with legislative focus on EP (Assembly Bill 1315, Senate Bill 1004) has led to an expansion of specialized EP programs across California. While there is evidence that these EP

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programs are effective, it is not clear which components of the EP services models are key to improving outcomes and overall program effectiveness. The impact of these EP programs on the individuals and communities within the five counties served remain largely unknown.

On September 3, 2019, your Board approved amending four existing Legal Entity Contracts to add funding for the PIER EP Program. The PIER EP Program's goal is to ultimately reduce the incidence of first-episode psychosis in children (as young as 12 years old) with clinical high risk of psychosis and reduce potential long-term disability in this population. That said, DMH's PIER EP program will provide the LHCN with data to evaluate outcomes, utilization, and cost rate.

UC Davis is developing the EP LHCN for the five counties (Los Angeles, Orange, San Diego, Solano, and Napa) to support ongoing learning and development across the state, and to also demonstrate the utility of the network via a collaborative statewide evaluation. UC Davis is creating an app to bring consumer-reported data on treatment progress in real-time to EP clinicians. The data from all five counties will be collected and processed so that program managers and administrative staff will be able to view program-wide consumer data in real-time and compare it to Statewide benchmarks. UC Davis will assess effectiveness and cost effectiveness of EP programs across the five counties and share the lessons and challenges about what specific types of EP treatment works best for consumers and families. Through UC Davis' implementation of the EP LHCN, DMH will be able to tailor the PIER EP program with the aim to improve the quality of care and reduce overall cost.

UC Davis has been the site of several peer-reviewed studies on EP. Grant-funded by the Robert Wood Johnson Foundation, UC Davis was one of four sites that participated in the original Early Detection and Intervention for the Prevention of Psychosis (EDIPP) study, testing the effectiveness of the PIER approach for treating EP across the United States. The EP LHCN's Principle Investigator, Tara Niendam, Ph.D., has co-authored several publications on EP, examining the causes and effects of EP in youth as well as the delivery of EP services, including a study where she surveyed EP programs throughout California. Because of her expertise, Dr. Niendam has been invited to participate in several state and national discussions on EP services.

UC Davis' efforts to establish a statewide learning network is the only one of its kind in California. No other county, university, or organization is currently bringing together EP programs in California to compare county-level data using a mobile web-based platform. No other organization has made an effort to bring California EP program staff, management, and stakeholders together in order to collaborate on best practices.

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November 21, 2019
Page 3

Subsequently, their longstanding breadth and depth of experience and expertise in EP further supports the basis for pursuing a sole source contract with UC Davis.

NOTIFICATION TIMELINE

This memo was presented at Agenda Review on Wednesday, November 13, 2019.

Unless otherwise instructed by your Board within four weeks, DMH will proceed with negotiating a sole source contract with UC Davis. DMH will work with both County Counsel and the Chief Executive Office.

If you have any questions or concerns, please contact me at (213) 738-4601, or your staff may contact Stella Krikorian, Division Manager, Contracts Development and Administration Division, at (213) 738-4023.

JES:ES:SK:jh

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel
Gregory Polk
Edgar Soto
Stella Krikorian
Roberta Lynn Robnett

SOLE SOURCE CHECKLIST

Department Name: Mental Health

Contractor Name: The Regents of University of California, on behalf of its Davis Campus

New Sole Source Contract

Sole Source Amendment to Existing Contract

Date Existing Contract First Approved: n/a

Check (^s)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS Identify applicable justification and provide documentation for each checked item.
X	<ul style="list-style-type: none"> ➤ 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>
	<ul style="list-style-type: none"> ➤ Compliance with applicable statutory and/or regulatory provisions.
	<ul style="list-style-type: none"> ➤ Compliance with State and/or federal programmatic requirements.
X	<ul style="list-style-type: none"> ➤ Services provided by other public or County-related entities.
	<ul style="list-style-type: none"> ➤ Services are needed to address an emergent or related time-sensitive need.
	<ul style="list-style-type: none"> ➤ The service provider(s) is required under the provisions of a grant or regulatory requirement.
	<ul style="list-style-type: none"> ➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	<ul style="list-style-type: none"> ➤ 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.
	<ul style="list-style-type: none"> ➤ 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.
	<ul style="list-style-type: none"> ➤ Maintenance service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
	<ul style="list-style-type: none"> ➤ It is more cost-effective to obtain services by exercising an option under an existing contract.
	<ul style="list-style-type: none"> ➤ The contractor was selected through a competitive solicitation process conducted by an outside entity (e.g. other municipalities, public agencies, State/federal government or non-profit organizations).
	<ul style="list-style-type: none"> ➤ It is in the best economic interest of the County (e.g., significant costs to replace an existing system or infrastructure, administrative cost 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.

Chief Executive Office

Date

BOARD LETTER FACT SHEET

DRAFT

Agenda Review Date: 06/03/20

Board Meeting Date: 06/16/20

Sup. Dist. / SPA No.: 1, 5 / 3

DEPARTMENT: Mental Health

SUBJECT: Execute a new Legal Entity Contract with Tri-City Mental Health Center for the provision of mental health services in Cities of Pomona, Claremont, and LaVerne, for five fiscal years.

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

A new contract with Tri-City Mental Health Center allows for the continuation of mental health services to residents of the Tri-City area without interruption.

II. RECOMMENDED ACTIONS (summarized)

Authorize the Director of the Department of Mental Health to enter into a new Legal Entity Contract with Tri-City Mental Health Center (Tri-City MHC) to provide mental health services; execute future amendments to the Contract to revise the boilerplate language; revise and/or replace the Exhibit A (Financial Provisions); add and/or reflect federal, State, and County regulatory and/or policy changes; terminate the Contract in accordance with the Contract termination provisions.

III. COST AND FUNDING SOURCES

Cost: Estimated annual amount for FY 2020-21 is \$15, 821,910

Funding: FFP and EPSDT funds received from the State

IV. BACKGROUND (critical and/or insightful)

In 1960, Tri-City MHC was established through a Joint Powers Agreement to deliver mental health services to residents of Pomona, Claremont and La Verne. As such, Tri-City MHC is the Mental Health Authority for these cities; however, the Department of Mental Health (DMH) is the Local Mental Health Plan for the provision of Medi-Cal Specialty Mental Health Services to the residents of Los Angeles. Therefore, Tri-City MHC must contract with DMH in order to receive payment for the mental health services provided to its residents. Tri-City MHC will incur costs of services rendered, claim to the FFP program, and will fund local match for Medi-Cal services using the Sales Tax Realignment revenue and MHSA Revenue received directly from the State. As such, DMH will reimburse Tri-City MHC with funds received from the State on their behalf for approved claims.

V. POTENTIAL ISSUE(S)

The existing Legal Entity Contract with Tri-City MHC will expire June 30, 2020. A new contract is necessary to provide continuous, uninterrupted mental health services to Medi-Cal beneficiaries who are residents of the Tri-City area.

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

Terri Boykins, Deputy Director, TBoykins@dmh.lacounty.gov, (213) 738-2408
Vicki Kozikoujekian, County Counsel, VKozikoujekian@counsel.lacounty.gov, (213) 972-5717



DEPARTMENT OF MENTAL HEALTH
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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

June 16, 2020

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

Dear Supervisors:

**APPROVAL TO EXECUTE A NEW LEGAL ENTITY CONTRACT WITH TRI-CITY
MENTAL HEALTH CENTER FOR THE PROVISION OF SPECIALTY MENTAL
HEALTH SERVICES IN CITIES OF POMONA, CLAREMONT, AND LA VERNE
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to execute a new Legal Entity Contract with Tri-City Mental Health Center for the provision of specialty mental health services in Cities of Pomona, Claremont, and La Verne as the current contract will expire June 30, 2020.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Authorize the Director of the Department of Mental Health (Director), or his designee, to enter into a new Legal Entity Contract (Contract) substantially similar to Attachment I, with Tri-City Mental Health Center (Tri-City MHC) to provide specialty mental health services to the residents of Pomona, Claremont, and La Verne. The Contract will be effective July 1, 2020 through June 30, 2021, with four automatic one-year extension periods. The Department of Mental Health (DMH) will reimburse Tri-City for eligible Short-Doyle Medi-Cal (SD/MC) services provided using Federal Financial Participation (FFP), and 2011 Realignment/Behavioral Health Early Periodic Screening, Diagnosis, and Treatment (EPSDT) funds received from the State on behalf of Tri-City.
2. Delegate authority to the Director, or his designee, to prepare and execute future amendments to the Contract to revise the boilerplate language; revise and/or replace

Exhibit A (Financial Provisions); add and/or reflect federal, State, and County regulatory and/or policy changes provided that amendments are subject to the prior review and approval as to form by County Counsel, with written notice to your Board and Chief Executive Officer (CEO).

3. Delegate authority to the Director, or his designee, to terminate the Contract in accordance with the Contract termination provisions, including Termination for Convenience. The Director, or his designee, will provide written notification to your Board and CEO of such termination action.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Board approval of the first Recommendation will enable DMH to contract with Tri-City MHC to provide outpatient specialty mental health services for all Medi-Cal eligible adults and children residing in the Los Angeles County cities of Pomona, Claremont, and La Verne.

Board approval of the second Recommendation will allow DMH to amend the Contract to revise the boilerplate and financial provisions, and incorporate federal, State and County regulatory and/or policy changes as necessary.

Board approval of the third Recommendation will enable DMH to terminate the Contract in accordance with the Contract's termination provisions, including Termination for Convenience, in a timely manner, as necessary.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

These recommendations support the County's Strategic Plan Goal I, Make Investments That Transform Lives via Strategy 1.2 Enhance Our Delivery of Comprehensive Interventions; Strategic Plan Goal III, Realize Tomorrow's Government Today via Strategy III.3 Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability.

FISCAL IMPACT/FINANCING

For the term of the Contract, the County shall reimburse Tri-City for eligible SD/MC services provided, contingent upon receipt of FFP and EPSDT funds received from the State for those services. The estimated annual amount per FY is \$15,821,910.

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

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In 1960, Tri-City MHC was established through a Joint Powers Agreement to deliver mental health services to residents of Pomona, Claremont and La Verne. As such, Tri-City MHC is the Mental Health Authority for these cities; however, the Department of Mental Health (DMH) is the Local Mental Health Plan for the provision of Medi-Cal Specialty Mental Health Services to the residents of Los Angeles County. Therefore, Tri-City MHC must contract with DMH in order to receive payment for the specialty mental health services provided to its residents. Tri-City MHC will incur the costs of the services rendered, claim to the FFP, and will fund local match for Medi-Cal specialty mental health services using the Sales Tax Realignment revenue and MHSA Revenue received directly from the State. As such, DMH will reimburse Tri-City MHC with funds received from the State on their behalf for approved Medi-Cal specialty mental health claims.

The existing Legal Entity Contract with Tri-City MHC will expire June 30, 2020. A new contract is necessary to provide continuous, uninterrupted specialty mental health services to Medi-Cal beneficiaries who are residents of the Tri-City area. The new Contract with Tri-City MHC will be effective July 1, 2020 thru June 30, 2021 with four automatic one-year renewals.

Attachment I has been approved as to form by County Counsel.

As mandated by your Board, the performance of all contractors is evaluated by DMH on an annual basis to ensure the contractors' compliance with all contract terms and conditions and performance standards.

IMPACT ON CURRENT SERVICES OR PROJECTS

A new contract with Tri-City MHC allows for the continuation of mental health services to residents of the Tri-City area without interruption.

Respectfully submitted,

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

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The Honorable Board of Supervisors
June 16, 2020
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Attachments (1)

- c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel
Chairperson, Mental Health Commission

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