



FESIA A. DAVENPORT
Chief Executive Officer

County of Los Angeles Health and Mental Health Services

DATE: Wednesday, March 23, 2022
TIME: 10:30 a.m.

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

TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:

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

CONFERENCE ID: 322130288#

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

AGENDA

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

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

NOTICE OF CLOSED SESSION

CS-1 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION at 10 A.M.

Government Code Section 54956.9(a)
Brenda Jimenez, et al. vs. County of Los Angeles, et al.
Los Angeles Superior Court Case No. 21STCV19160
Department of Health Services

- I. Call to order
- II. **Information Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):
 - a. **DHS:** Request Approval to Accept Compromise Offers of Settlement for Patients who Received Medical Care at either County Facilities and/or at Non-County Operated Facilities Under the Trauma Center Service Agreement

- b. DPH:** Authorization to Accept and Implement a Notice of Grant Award and Future Awards and/or Amendments from the Health Resources and Services Administration to Support Ryan White HIV Program Services (#6224)

III. Presentation Item(s):

- a. DHS/DMH/DPH:** FY 2022-2023 Departmental Budget Priorities

IV. Discussion Item(s):

- a. CEO:** Measure H After 5 Years

- V. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting

- VI. 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

- VII. Public Comment

- VIII. Adjournment

BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	3/23/2022		
BOARD MEETING DATE	4/5/2022		
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 (DHS)		
SUBJECT	REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT FOR PATIENT SEEN UNDER THE TRAUMA CENTER SERVICE AGREEMENT.		
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:		
DEADLINES/ TIME CONSTRAINTS	Not Applicable		
COST & FUNDING	Total cost:	Funding source:	
	\$0.00	Not Applicable	
	TERMS (if applicable): Not Applicable		
	Explanation: There is no net cost to the County		
PURPOSE OF REQUEST	<p>Requesting Board approval for the acceptance of a compromise offer of settlement for a patient account that is unable to be paid in full. The payment will replenish the Los Angeles County Trauma Funds.</p> <p>The Board is being asked to authorize the Director, or designee, to accept the attached compromise offer of settlement, pursuant to Section 1473 of the Health and Safety Code. This will expedite the County's recovery of revenue totaling \$4,000.00 for medical care provided at LAC+USC Medical Center.</p>		
BACKGROUND (include internal/external issues that may exist including any related motions)	The acceptance of the attached compromise settlement will help maximize net revenues and will help DHS meet its' budgeted revenue amounts.		
EQUITY INDEX OR LENS WAS UTILIZED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:		
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: DHS, Virginia Perez, Associate Hospital Administrator II, (626) 525-6077 virperez@dhs.lacounty.gov County Counsel, Kelly Hassel, Deputy County Counsel, (213) 974-1803 khassel@counsel.lacounty.gov		

April 5, 2022

DRAFT
DHS LETTERHEAD

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

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
FOR PATIENT SEEN UNDER THE
TRAUMA CENTER SERVICE AGREEMENT
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

To request Board approval for the Director of Health Services (DHS), or designee, to accept a compromise offer of settlement for patient who received medical care at either a County facility and/or at a non-County operated facility under the Trauma Center Service Agreement. The compromise offer of settlement referenced below is not within the Director's authority to accept.

IT IS RECOMMENDED THAT THE BOARD:

Authorize the Director of Health Services (Director), or designee, to accept the attached compromise offer of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual account:

Patient who received medical care at County facility:

- LAC+USC Medical Center – Account Number 101993777 in the amount of \$4,000.00.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patient who received medical care at County facility: The compromise offer of settlement for this patient account is recommended because the patient is unable to pay the full amount of charges and the compromise offer represents the maximum amount the Department of Health Services (DHS) was able to negotiate or was offered.

It is in the best interest of the County to approve the acceptance of the compromise offer, as it will enable the DHS to maximize net revenue on this account.

Implementation of Strategic Plan Goals

The recommended action will support Strategy III.3 "Pursue for Operational Effectiveness, Fiscal Responsibility, and Accountability" of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

This will expedite the County's recovery of revenue totaling to approximately \$4,000.00
There is no net cost to the County.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Chapter Section 2.76.046, the Director, or designee, has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director's, or designee's, authority requires Board approval.

On January 15, 2002, the Board adopted an ordinance granting the Director, or designee, authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

On November 1, 2005, the Board approved a revised ordinance granting the Director, or designee, authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by the Board on December 8, 2005.

The Honorable Board of Supervisors
April 5, 2022
Page 3

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts. All payments received for the trauma accounts (non-County facilities) will replenish the Los Angeles County Trauma Funds.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Christina R. Ghaly'.

Christina R. Ghaly, M.D.
Director

CRG:ANW:VP

Enclosures (1)

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 22-03-A

Amount of Aid	\$190,639.00	Account Number	101993777
Amount Paid	\$0.00	Name	Adult Female
Balance Due	\$190,639.00	Service Date	03/28/21 – 10/04/21
Compromise Amount Offered	\$4,000.00	Facility	LAC+USC Medical Center
Amount to be Written Off	\$186,639.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LAC+USC Medical Center at a total cost of \$190,639.00. The patient has a total of \$196,839.00 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$15,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$5,000.00	\$5,000.00	33.33%
Attorney Cost	\$1,200.00	\$1,200.00	8.00%
Other lien holders	\$0.00	\$0.00	0.00%
Los Angeles Department of Health Services (LAC+USC Medical Center)	\$190,639.00	\$4,000.00	26.67%
Net to Client (Heirs)	\$0.00	\$4,800.00	32.00%
Total	\$196,839.00	\$15,000.00	100.00%

**BOARD LETTER/MEMO
CLUSTER FACT SHEET**

DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	3/23/2022	
BOARD MEETING DATE	4/5/2022	
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 Public Health	
SUBJECT	AUTHORIZATION TO ACCEPT AND IMPLEMENT A NOTICE OF GRANT AWARD AND FUTURE AWARDS AND/OR AMENDMENTS FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION TO SUPPORT RYAN WHITE HIV PROGRAM SERVICES	
PROGRAM	Division of HIV and STD Programs	
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	
DEADLINES/ TIME CONSTRAINTS	Grant awards supports core HIV medical and ancillary services to eligible County residents living with HIV in Los Angeles County	
COST & FUNDING	Total cost: \$14,694,970	Funding source: Health Resources and Services Administration, RWP and MAI
	TERMS (if applicable): Grant term March 1, 2022 through February 28, 2023 and delegated authority to accept future funding terms	
	Explanation: HIV medical and ancillary services to eligible Los Angeles County residents living with HIV.	
PURPOSE OF REQUEST	<p>Authorization to accept and implement Grant Award Number 2H89HA00016-32-00 titled HIV Emergency Relief Project Grants, from the Health Resources and Services Administration (HRSA), to support the continued delivery of core medical and ancillary services for HIV affected communities in Los Angeles County, for the period of March 1, 2022 through February 28, 2023, that provides partial funding in the amount of \$14,694,970, consisting of \$13,501,988 in formula Ryan White Program (RWP) Part A funds and \$1,192,982 in Minority AIDS Initiative (MAI) funds.</p> <p>Funding will continue to support of various HIV care services including, but not limited to: ambulatory outpatient medical; medical care coordination; oral healthcare; transportation; nutrition support; benefit specialty; medical subspecialty; transitional case management jail; mental health, language; and legal services. The RWP is administered by HRSA, HIV/AIDS Bureau. The RWP is the largest federal program focused exclusively on HIV care and is for individuals living with HIV who have no health insurance (public or private), have insufficient health coverage, or lack financial resources to get the care they need for their HIV disease. As such, the RWP fills gaps in care services that are not covered by other funding sources.</p>	
BACKGROUND (include internal/external issues that may exist)	The RWP authorizes grants for the development, coordination, and operation of effective and cost-efficient services for persons living with HIV. Public Health receives both the RWP Part A and MAI award annually. Notification of the formula-based portion of the award, which is a combination of Part A and MAI, is generally received	

including any related motions)	on or before March 1 of each year. Notification of the competitive supplemental portion of the award follows within 60 days. Since April 1991, your Board has accepted more than \$819 million in RWP grant funds. In addition, your Board has taken a number of actions to expend grant funds, primarily through contracts with Los Angeles County medical and community-based providers.
EQUITY INDEX OR LENS WAS UTILIZED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: (2) Develop and implement strategies that identify, prioritize and effectively support the most disadvantaged geographies and populations.
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: 2. Alliance for Health Integration; services integrate services across health services and public health to assist client's access to care and address mental health
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Chief, Public Health, Administration: Joshua Bobrowsky (213) 288-7871 jbobrowsky@ph.lacounty.gov



DRAFT



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

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

MEGAN McCLAIRE, M.S.P.H.
Chief Deputy Director

313 North Figueroa Street, Room 806
Los Angeles, California 90012
TEL (213) 288-8117 • FAX (213) 975-1273

www.publichealth.lacounty.gov

BOARD OF SUPERVISORS

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

April 5, 2022

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:

**AUTHORIZATION TO ACCEPT AND IMPLEMENT A NOTICE OF GRANT
AWARD AND FUTURE AWARDS AND/OR AMENDMENTS FROM THE
HEALTH RESOURCES AND SERVICES ADMINISTRATION TO SUPPORT
RYAN WHITE HIV PROGRAM SERVICES
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

Provide authorization to accept and implement a notice of grant award and future awards and/or amendments from the Health Resources and Services Administration to support the continuation of Ryan White Program Part A and Minority AIDS Initiative funded services to HIV affected communities in Los Angeles County.

IT IS RECOMMENDED THAT THE BOARD:

1. Authorize and instruct the Director of the Department of Public Health (Public Health), or designee, to accept and implement grant award Number 2 H89HA00016-32-00, HIV Emergency Relief Project Grants (Exhibit I), issued on January 11, 2022, from the Health Resources and Services Administration (HRSA), Assistance Listing Number 93.914, to support the continued delivery of core medical and ancillary services for HIV affected communities in Los Angeles County, for the period of March 1, 2022 through February 28, 2023, that provides partial funding in the amount of \$14,694,970, consisting of \$13,501,988 in formula

Ryan White Program (RWP) Part A funds and \$1,192,982 in Minority AIDS Initiative (MAI) funds.

2. Delegate authority to the Director of Public Health, or designee, to accept future awards and/or amendments that are consistent with the grant requirements of HRSA Grant Award 2 H89HA00016-32-00, as referenced in Recommendation 1, that provide the balance of funding for the term ending February 28, 2023; extend the funding periods at amounts to be determined by HRSA; reflect revisions to the grant's terms and conditions to include but not limited to the rollover of unspent funds, or redirection of funds; and/or provide an increase or decrease in funding, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of Recommendation 1 will allow Public Health to accept grant award H89HA00016-32-00 from HRSA for the continued support of various HIV care services including, but not limited to: ambulatory outpatient medical; medical care coordination; oral healthcare; transportation; nutrition support; benefit specialty; medical subspecialty; transitional case management jail; mental health, language; and legal services. The RWP is administered by HRSA, HIV/AIDS Bureau. The RWP is the largest federal program focused exclusively on HIV care and is for individuals living with HIV who have no health insurance (public or private), have insufficient health coverage, or lack financial resources to get the care they need for their HIV disease. As such, the RWP fills gaps in care services that are not covered by other funding sources.

Approval of Recommendation 2 will allow Public Health to accept future awards and/or amendments from HRSA that are consistent with the requirements of the grant that extend the term at amounts determined by HRSA; reflect revisions to the terms and conditions of the award; rollover unspent funds and/or redirect funds; and/or provide an increase or decrease. This authority is being requested to enhance Public Health's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Implementation of Strategic Plan Goals

The recommended actions support Strategy I.2, Enhance Our Delivery of Comprehensive Interventions, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total funding accepted under this action is a partial award in the amount of \$14,694,970, consisting of \$13,501,988 in formula RWP Part A funds and \$1,192,982 in MAI funds, for the period effective March 1, 2022, through February 28, 2023. Public Health will receive the balance of funds through a separate notice of grant award from HRSA, to be accepted utilizing the delegated authority approved under this Board action.

Funding is included in Public Health's fiscal year (FY) 2021-2022 Final Adopted Budget and will be included in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The RWP authorizes grants for the development, coordination, and operation of effective and cost-efficient services for persons living with HIV. Public Health receives both the RWP Part A and MAI award annually. Notification of the formula-based portion of the award, which is a combination of Part A and MAI, is generally received on or before March 1 of each year. Notification of the competitive supplemental portion of the award follows within 60 days. Since April 1991, your Board has accepted more than \$819 million in RWP grant funds. In addition, your Board has taken a number of actions to expend grant funds, primarily through contracts with Los Angeles County medical and community-based providers.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow Public Health to continue to accept grant funds from HRSA to ensure the continued provision of core HIV medical and ancillary services to eligible Los Angeles County residents living with HIV.

Respectfully submitted,

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

BF:nb
BL#06224

Enclosure

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



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8900016
Federal Award Date: 01/11/2022

Recipient Information

1. **Recipient Name**
DEPT OF HEALTH SERVICES, COUNTY OF LOS ANGELES
600 S Commonwealth Ave
Los Angeles, CA 90005-4001
2. **Congressional District of Recipient**
34
3. **Payment System Identifier (ID)**
1956000927A1
4. **Employer Identification Number (EIN)**
956000927
5. **Data Universal Numbering System (DUNS)**
624882309
6. **Recipient's Unique Entity Identifier**
DN3NGS58SMT9
7. **Project Director or Principal Investigator**
Michael Green
Chief, Planning, Development and Research
mgreen@ph.lacounty.gov
(213)351-8002
8. **Authorized Official**
Pamela Ogata
HRSA Grants Manager
pogata@ph.lacounty.gov
(213)351-8056

Federal Agency Information

9. **Awarding Agency Contact Information**
India Smith
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
ISmith@hrsa.gov
(301) 443-2096
10. **Program Official Contact Information**
Babak Yaghmaei
HIV/AIDS Bureau (HAB)
byaghmaei@hrsa.gov
(301) 443-1917

Federal Award Information

11. **Award Number**
2 H89HA00016-32-00
12. **Unique Federal Award Identification Number (FAIN)**
H8900016
13. **Statutory Authority**
42 U.S.C. § 300ff-11-20; 300ff-121
14. **Federal Award Project Title**
HIV EMERGENCY RELIEF PROJECT GRANTS
15. **Assistance Listing Number**
93.914
16. **Assistance Listing Program Title**
HIV Emergency Relief Project Grants
17. **Award Action Type**
Competing Continuation
18. **Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2022 - End Date 02/28/2023	
20. Total Amount of Federal Funds Obligated by this Action	\$14,694,970.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$14,694,970.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$14,694,970.00
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$14,694,970.00

28. **Authorized Treatment of Program Income**
Addition
29. **Grants Management Officer – Signature**
Brad Barney on 01/11/2022

30. Remarks

This award includes the following sources of funding:
FY22 MAI - \$1,192,982.00
FY22 Formula - \$13,501,988.00
Total Funding - \$14,694,970



Notice of Award
Award Number: 2 H89HA00016-32-00
Federal Award Date: 01/11/2022

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation	33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)
--	---

YEAR	TOTAL COSTS
33	\$14,694,970.00
34	\$14,694,970.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)	
a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER BRH890016

36. OBJECT CLASS 41.15

37. BHCNIS#

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: <table style="width: 100%;"> <tr> <td style="width: 80%;">a. Authorized Financial Assistance This Period</td> <td style="width: 20%; text-align: right;">\$14,694,970.00</td> </tr> <tr> <td>b. Less Unobligated Balance from Prior Budget Periods</td> <td></td> </tr> <tr> <td> i. Additional Authority</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td> ii. Offset</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Unawarded Balance of Current Year's Funds</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>d. Less Cumulative Prior Award(s) This Budget Period</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td> <td style="text-align: right;">\$14,694,970.00</td> </tr> </table>	a. Authorized Financial Assistance This Period	\$14,694,970.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Award(s) This Budget Period	\$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$14,694,970.00	
a. Authorized Financial Assistance This Period	\$14,694,970.00														
b. Less Unobligated Balance from Prior Budget Periods															
i. Additional Authority	\$0.00														
ii. Offset	\$0.00														
c. Unawarded Balance of Current Year's Funds	\$0.00														
d. Less Cumulative Prior Award(s) This Budget Period	\$0.00														
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$14,694,970.00														

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS: a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
22 - 3771356	93.914	22H89HA00016	\$13,501,988.00	\$0.00	FRML	22H89HA00016
22 - 3771355	93.914	22H89HA00016	\$1,192,982.00	\$0.00	MAI	22H89HA00016

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. Recipients must submit an annual Non-Competing Continuation (NCC) progress report via the HRSA EHBs 90 days prior to the budget period end date. Submission and HRSA approval of this NCC progress report triggers the budget period renewal and release of subsequent year funds.
2. Due to the provision of partial funding, this award is being made without a complete list of itemized reporting requirements. Award recipients are reminded of the continuation of FY2021 specialized reporting requirements and provided reference to previous HRSA guidelines and instructions. Remaining FY2022 reporting requirements to include defined due dates will be contained on the final FY2022 NoA. Failure to comply with reporting requirements will result in deferral or additional restrictions for future funding decisions.
3. This award is subject to 45 CFR part 75--Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards.
4. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds. You may use your existing PMS username and password to check your organizations P account access. If you do not have access, fill out a New User Access Request form at: <https://pmsapp.psc.gov/pms/app/userrequest/request/newuser?>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.
5. Prior approval for rebudgeting is required when cumulative transfers among direct cost budget categories (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) for the current budget period exceed 25% of the total approved budget (which includes direct and indirect costs) for that budget period or \$250,000, whichever is less; or substantial changes are made to the approved work plan or project scope (e.g., changing the model of care, transferring substantive work from personnel to contractual); or the recipient wants to purchase a piece of equipment that exceeds \$5,000 and was not included in the approved project budget/application. Any of the aforementioned post-award changes in Part A and/or Minority AIDS Initiative (MAI) grant allocations must be submitted to the Project Officer via prior approval along with a letter of concurrence from the Planning Council Chair(s).
6. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the Federal Financial Report (FFR) SF-425 Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.

Program Specific Term(s)

1. RWHAP Part A recipients are required to use a minimum amount/percentage of this award to provide services to women, infants, children and youth (WICY) living with HIV/AIDS. The minimum set-aside amounts/percentages for each eligible metropolitan area/transitional grant area (EMA/TGA) must be determined separately for each priority population, and may not be less than the percentage of each population to the total number of persons estimated to be living with HIV/AIDS within the EMA/TGA.
Waiver: If the recipient can document that one or more WICY priority populations are receiving HIV-related services through the state Medicaid program under Title XIX of the Social Security Act, the Children's Health Program (CHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the recipient may request a waiver of the minimum WICY expenditure requirement from HRSA. Recipients requesting a waiver may utilize the WICY Expenditure Report to document that all priority populations are receiving HIV/AIDS health services through other funding sources
2. The recipient is required to notify the Project Officer, within 30 days, of any changes to Planning Council (PC) composition that impact legislative compliance with "reflectiveness", the mandated membership categories, and/or the composition requirement that 33% of the PC

membership should be comprised of persons receiving Part A HIV-related services who are non-conflicted and accurately reflect the demographics of the epidemic in the EMA/TGA.

You must notify your Project Officer to initiate a Request for Information via EHB to submit this requirement. The notification and letter must be accompanied by revised PC roster and reflectiveness tables or a narrative describing compliance with PC composition and Reflectiveness.

Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in the EMA/TGA as reported in the current fiscal year application.

3. Submit, every two (2) years, to the lead State agency for the Ryan White HIV/AIDS Part B program, audits consistent with 45 CFR 75 Subpart F, regarding funds expended in accordance with this title and include necessary patient level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.
4. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa/.
5. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at <http://www.access-board.gov>
6. Jurisdictions that 1) are legislatively mandated to establish planning councils or 2) have elected to establish a planning council, must adhere to the requirement that the chief elected official (CEO) retains sole responsibility for appointment and removal of planning council members, as recommended by Planning Council leadership.
7. In accordance with the RWHAP guidance on determining client eligibility and complying with the payor of last resort requirement, while minimizing administrative burden and enhancing continuity of care and treatment services (HRSA HAB PCN 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program), HRSA HAB expects all RWHAP recipients and subrecipients to establish, implement, and monitor policies and procedures to determine client eligibility based on each of the three factors outlined in PCN 21-02, including documentation requirements. See <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/pcn21-02-determining-eligibility-polr.pdf>
8. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
9. HRSA is operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2021 program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2022 appropriations. A revised NoA will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
10. All Ryan White HIV/AIDS Program Part A, B, C, and D recipients must adhere to the legislative requirement to establish a clinical quality management program. HRSA HIV/AIDS Bureau expectations for clinical quality management are outlined in Policy Clarification Notice 15-02 (<http://hab.hrsa.gov/manageyourgrant/clinicalqualitymanagementpcn.pdf>).
11. The Ryan White HIV/AIDS Program legislation specifies criteria for the expenditure of Part A funds as follows:

The recipient may not use more than ten percent (10%) of total grant funds for direct and indirect costs associated with administering the award (including Planning Council or planning body expenses), and in accordance with the legislative definition of administrative activities and the allocation of funds to subrecipients, will not exceed an aggregate amount of 10 percent of such funds for administrative purposes. See Policy 15-01 for additional information on the 10% administrative cap.

The recipient shall not exceed the lesser of 5 percent of the total grant funds or \$3 million for the required clinical quality management (CQM) program.

The recipient must expend not less than 75% of total grant funds, exclusive of administration and CQM expenses, for core medical services, unless waived by the Secretary. Also see PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.
12. All Conditions, Program Terms, and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks.
13. Funds awarded for pharmaceuticals must only be spent to assist clients who have been determined not eligible for other pharmaceutical programs, especially the AIDS Drug Assistance Program and/or for drugs that are not on the State ADAP or Medicaid formulary.
14. These funds may not be used for the following: purchasing or construction of real property, international travel, payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under

any State compensation program, insurance policy, Federal or State health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services or the U.S. Department of Veterans Affairs; see HAB PCN 16-01 available online at <https://hab.hrsa.gov/sites/default/files/hab/Global/clarificationservicesveterans.pdf> for additional information regarding services provided to veterans).

15. RWHAP funds may not be used to make cash payments to intended clients of core medical or support services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and gift cards cannot be exchanged for cash or used for anything other than allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
16. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure compliance with programmatic requirements. See <http://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>.
17. In accordance with Policy Clarification Notice 16-02 grant funds may not be used for: 1) outreach programs which have HIV prevention education as their exclusive purpose. See <http://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>.
18. The recipient must maintain EMA/TGA political subdivision expenditures for HIV-related activities at a level which is not less than the level of expenditures for such activities during the one-year period preceding the fiscal year for which the applicant is applying to receive the grant (see Section 2605(a)(1)(B) of the PHS Act).
19. All providers of services available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.
20. Minority AIDS Initiative (MAI) funds available under Section 2693 of the Public Health Service Act are disbursed on a formula basis together with the RWHAP Part A formula grant funds as required by legislation. Funds must be used to improve HIV-related health outcomes to reduce existing racial and ethnic disparities. MAI funds must be tracked and reported separately.
21. RWHAP Part A recipients are required to meet specific legislative, programmatic, and grant regulations requirements regarding the monitoring of both their grant and their subrecipients as detailed in the National Monitoring Standards for RWHAP recipients. (<http://hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-recipient-resources>)
22. Ryan White HIV/AIDS Program (RWHAP) funds cannot pay for pre-exposure prophylaxis (PrEP) or non-occupational Post-Exposure Prophylaxis (nPEP) as the person using PrEP is not an individual living with HIV and the person using nPEP is not diagnosed with HIV prior to the exposure and therefore are not eligible for RWHAP funded medications or medical services. RWHAP Parts A and B recipients and subrecipients may provide some limited services under the EIS service category. (See the HIV/AIDS Bureau June 22, 2016 Program Letter available online at <http://hab.hrsa.gov/manageyourgrant/prepletter062216.pdf>.)
23. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of the RWHAP program. For additional information, see PCN #15-03 available online at http://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-03_program_income.pdf.
24. Per 45 CFR §75.351 - 353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.
25. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>.
26. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.
27. Ryan White HIV/AIDS Program funds cannot be used to provide cash payments such as stipends or honoraria. The recipient must substitute allowable direct costs per PCN 16-02 and PCN 15-01 available online at <https://hab.hrsa.gov/program-grants->

[management/policy-notices-and-program-letters](#) for [insert dollar amount] in stipend costs included in the budget.

28. Funds may not be used by recipients or subrecipients for the purchase of vehicles without written prior approval from the Division of Grants Management Operations (DGMO).
29. RWHAP Part A recipients are required to participate in the development of the Integrated HIV Prevention and Care Plan, Including the Statewide Coordinated Statement of Need (SCSN), 2022-2026 (see <https://careacttarget.org/library/integrated-hiv-prevention-and-care-plan-guidance-including-statewide-coordinated-statement>). The SCSN is a component of the Integrated HIV Prevention and Care Plan. Recipients are required to report progress on the implementation of Integrated HIV Prevention and Care Plans in the FY 2022 RWHAP Part A Annual Progress Report.

Standard Term(s)

1. Your organization must comply with all HRSA [Standard Terms](#) unless otherwise specified on your Notice of Award.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**

The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

The FFR will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR.

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

2. **Due Date: Within 90 Days of Budget End Date**

The recipient must submit the Ryan White HIV/AIDS Program Expenditure Report no later than 90 days after the budget period end date, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

3. **Due Date: 03/28/2022**

Submit the Ryan White Services Report (RSR) which consists of recipient, service provider, and patient level reports for the calendar year via the EHBs by 6:00 PM ET on the last Monday in March. See <http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html> for additional information.

4. **Due Date: 12/31/2022**

The recipient must submit an estimate of their FY 2022 Unobligated Balances (UOB) and an estimated carryover request no later than December 31, 2022, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

5. **Due Date: Within 90 Days of Budget End Date**

The recipient must submit a Final FY 2022 Part A Annual Progress Report no later than 90 days after the budget period end date, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Anait Arsenyan	Employee	aarsenyan@ph.lacounty.gov
Victor L Scott	Employee	vscott@ph.lacounty.gov
Pamela Ogata	Authorizing Official	pogata@ph.lacounty.gov
Mario J Perez	Authorizing Official	mjperez@ph.lacounty.gov
Michael Green	Business Official	mgreen@ph.lacounty.gov
Rosario M Vasquez	Employee	rmvasquez@ph.lacounty.gov
Michael Green	Program Director	mgreen@ph.lacounty.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).



Health Services
LOS ANGELES COUNTY



Department of Health Services

Recommended Budget
& Priorities
FY 2022-2023

Health and Mental Health Cluster
March 23, 2022

DHS BUDGET & PRIORITIES

- **Top Priorities for FY 2022-2023**
 - Enhance Clinical Services
 - Improve infrastructure, administrative, and support services
 - Continue to prep/implement CalAIM
 - Address staffing and budget needs in ODR, HFH, and CHS
- **Recommended Budget Items and Unmet Needs**
- **Preliminary Final Changes Budget Items***
 - Systemwide and facility specific requests approved by DHS leadership and pending submission to the CEO
 - Community Programs (H4H and ODR) and Correctional Health Services requests are being developed

* Preliminary Final Changes Budget Items, referring to Slide 10 of the presentation

DHS SYSTEMWIDE REQUESTS

Perioperative Services & Radiology Enhancement
Nursing Critical Care Staffing
Support for Primary Care Linkage and Language Access Service Call Centers
Chief Medical Information Officer
Clinical Pharmacist Support for Enterprise-Wide Financial Initiatives
Telephone Operations Unit Right Sizing
Scaling Management Development Program Efforts

DHS FACILITY SPECIFIC REQUESTS

DHS FACILITY	REQUEST
ACN-High Desert	Urgent Care Contract Staff Conversion
Harbor-UCLA	Rheumatology, Urology, Pediatric EM, Orthopedics, Cardiology Services
Harbor-UCLA	Administrative & Scheduling Support for Radiology
Harbor-UCLA	Psych ED and Consult/Liaison Service Staff
Harbor-UCLA	Primary Stroke Center
Harbor-UCLA	Information Desk Rightsizing
Harbor-UCLA	Vascular Surgery & Anesthesiology Residency Program
LAC+USC	MSAA Reverse Attrition
LAC+USC	Podiatry Expansion
LAC+USC	Nursing Education
LAC+USC	Emergency Medicine
Olive View-UCLA	Radiology/Interventional Radiology
Olive View-UCLA	Hospital Quality Services
RLANRC	Epilepsy Patient Care Navigator
RLANRC	Street Medicine & Mobile Medical Clinic Program
Harbor-UCLA	OBGYN Residency Complement
Olive View-UCLA	Maintenance Staff

PRIORITIES IN NURSING STAFFING

Nursing Staffing Plans	Timeline/Status
Critical Care Staffing	In the Status Quo Recommended Budget
Employee Health Services Staffing	Reclassification -CEO Class Review in Process
Inpatient Acuity, Scheduling, Time Phase 2 – Centralized Hospital-based Staffing Office	Spring 2022
Emergency Department Staffing	Spring 2022
Perioperative Services Staffing	Summer 2022
Inpatient Services Staffing	Summer 2022
Specialty Care Clinics Staffing	Fall 2022
System-wide Nurse Training & Education	Reclassification- Fall 2022
Nursing Management/Leadership Reorganization	Reclassification- Winter 2022

COMMUNITY PROGRAMS: H4H/ODR REQUESTS

Community Programs Contracts and Grants
Community Programs Contract Monitoring
Law Enforcement Assisted Diversion (LEAD)
Felony Incompetent to Stand Trial (FIST) Expansion
Youth Justice Reimagined/ YDD Expansion
Community Programs Administration Staffing

UNMET NEEDS FOR OFFICE OF DIVERSION & REENTRY

- **EXPAND SUPPORTIVE HOUSING (\$25M):** To reduce the population of people with mental health needs in the jail by 500 and safely serve them in the community
- **SB317 BEDS CURRENTLY FUNDED WITH ARP* (\$4.9M):** provide MIST* with housing and mental health support
- **REENTRY INTERIM HOUSING (\$2.9M):** Interim housing sites have on-site case managers to support clients in tandem with RICMS* CHWs* with primary health linkage, social services enrollment, employment support, family reunification and onsite group activities
- **SOBERING CENTER (\$1M):** ODR maintains a 50 bed Sobering Center in Downtown Los Angeles to reduce incarcerations, minimize hospitalizations and assist active, chronic and serial inebriates by providing a path to recovery in a safe and welcoming environment
- **CRISIS INTERVENTION TEAM (\$1.6M):** The CIT* program was initiated in 2016 as a collaborative effort between the Office of Diversion and Reentry & Los Angeles Sheriff's Department's Training Bureau and Psychological Services Bureau

CORRECTIONAL HEALTH SERVICES REQUESTS

Medication Assisted Treatment
North Mental Health Medication
Primary Care Model
Information Technology Staffing - Phase II

UNMET NEEDS FOR CORRECTIONAL HEALTH SERVICES

- **CAPTIAL ASSETS (\$1M):** for capital asset purchasing to replace patient care equipment that is beyond repair
- **SERVICON (\$1.5M):** for housekeeping & floor care services in clinical treatment areas as agreed upon in an MOU between CHS and LA County Sheriff's Department
- **TELEHEALTH FOR MENTAL HEALTH SERVICES (\$2M):** will expand use of telehealth within the jail system to ensure timely & efficient care
- **LOAN REPAYMENT (\$5M):** will provide talented professionals with a loan repayment incentive to enhance the recruitment & retention of the professionals

FINAL CHANGES REQUEST

	REQUEST
DHS SYSTEMWIDE	ORCHID Expansion
DHS SYSTEMWIDE	Amendment to DHS Perioperative Services Enhancement
DHS SYSTEMWIDE	HR Recruitment and Examinations
DHS SYSTEMWIDE	HR Personnel Operations
ACN	Improvement Facilitators
ACN	Radiology Optimization - Phase I
ACN	Ophthalmology OR Expansion Proposal - Phase II
Harbor/Olive View	Chief Engagement and Equity Officer
LAC+USC	Ophthalmology Capacity Expansion
LAC+USC	MSAA Reverse Attrition
LAC+USC	Expansion of Primary Care Medical Homes
LAC+USC	OT Registry Conversion
Olive View-UCLA	Public Information Officer
Olive View-UCLA	GI services at High Desert MC & OVMC
Olive View-UCLA	Expansion of Primary Care Medical Homes
RLANRC	Infectious Disease Clinical Pharmacist



Health Services
LOS ANGELES COUNTY

Department of Mental Health

FY 2022-23 Recommended Budget Priorities

HMHS Cluster Meeting

March 23, 2022



Our mission is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and resources that promote not only independence and personal recovery, but also connectedness and community reintegration.

Presentation Overview

01 Ongoing DMH Priorities

02 FY 2022-23 Recommended Budget Request

- \$2.996 Billion Funding Sources
- Program Summary
- Changes from FY2021-22 Final Adopted

Ongoing DMH Priorities

1 Community Services

- Launch Hollywood 2.0
- Grow FSP Teams Countywide
- Open Peer Resource Centers

2 Crisis Programs

- Solicit/launch 988 Call Center
- Expand Crisis Response Capacity
 - PMRT, including Therapeutic Transport
 - Mobile Crisis Outreach Teams (MCOT)
 - Co-response (MTA partnership)
- Increase Acute/Subacute/Residential Bed Capacity
 - Concurrent Review Pilot/Contract (flow)
 - Master Contract Solicitation (inventory)
 - Open BHC and RCV Crisis Residential (inventory)

3 Reentry Initiatives

- Increase HOME and OPG staffing
- Align Resources for SB317, Care Court
- Establish on-site JJV ops 24/7/365

4 Administrative Infrastructure

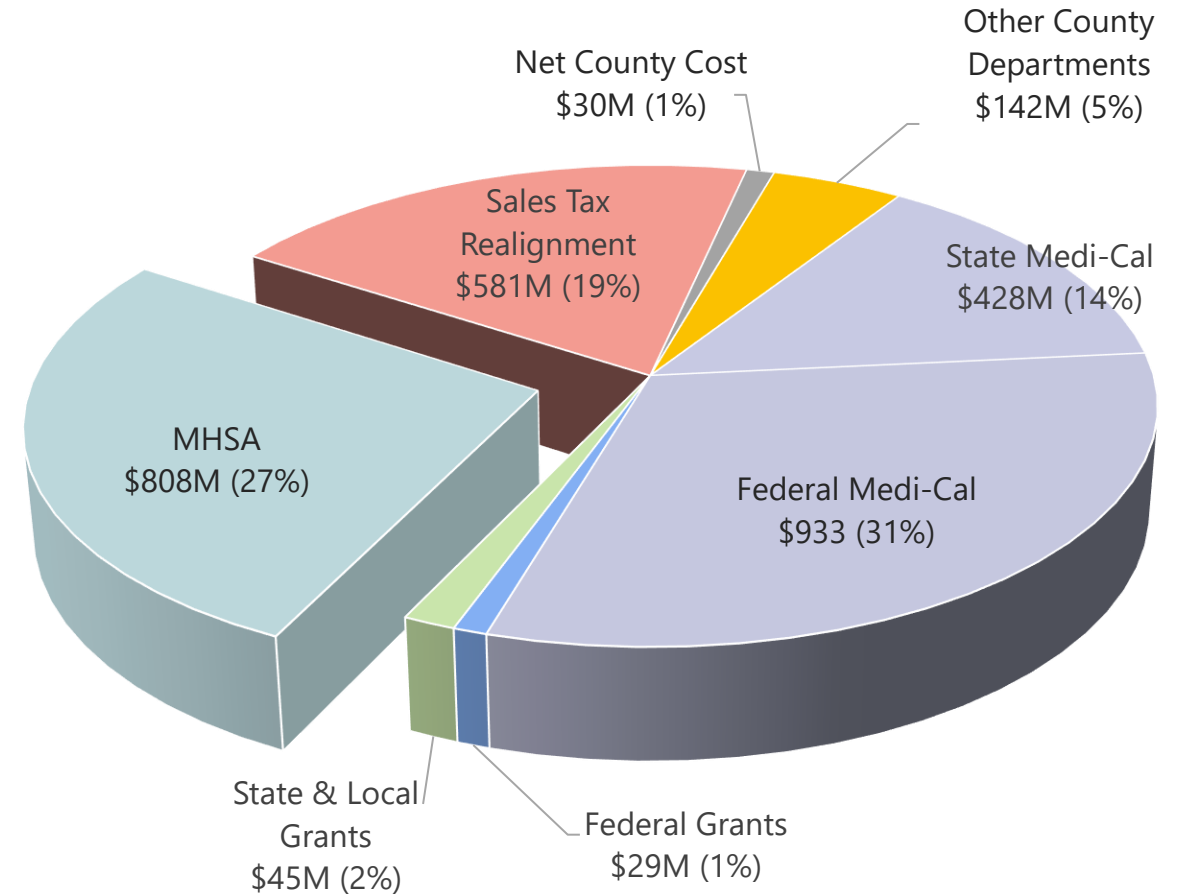
- Identify ongoing funding for Beds
 - IMD Exclusion Waiver/Repeal
 - Increase Realignment Allocation
 - Measure H/J, AB109 (subvention?)
- Other ongoing funding considerations
 - Probation Halls/Camps
 - Public Guardian
 - Subvention?
- Peer hiring/billing across programs (SB803)
- Proactive preparation for CalAIM
 - BHCIP projects (phases 3 to 6)
 - Mild to Moderate Services (LA Care)
 - DMH+SAPC = Behavioral Health Network
- Finalize Outside Agreements
 - DHS (hospitals and USC)
 - MTA (crisis response)
 - Cities (crisis response)
- EHR for the network (DO and LE)
- 21st Century DMH Help Line

FY 2022-23 Recommended Budget Request

\$2.996 Billion Funding Sources

Primary Funding Sources:

- **45% State and Federal Medi-Cal (\$1.3 Billion)**
Mandated mental health services for eligible clients who meet medical necessity criteria for Medi-Cal
- **27% MHSA (\$808 Million)**
Outreach, engagement, prevention, outpatient services, housing, capital, technology, workforce enrichment, and projects to mental health innovations
- **19% Sales Tax Realignment (\$581 Million)**
Treatment services in institutional settings, including Probation halls/camps, STRTPs and CTFs for youth and locked mental health treatment beds for adults



FY 2022-23 DMH Recommended Budget Request

Program Summary

(in millions)	Gross Appropriation	Intrafund Transfers	Revenue	Net County Cost	Budgeted Positions	Percent of Gross Appropriation	Percent of Total Positions
Outpatient Services	\$2,367	\$140	\$2,224	\$3	4,613.0	78.8%	71.8%
Treatment Beds	\$290	--	\$266	\$24	--	9.4%	--
Public Guardian	\$29	*	\$26	\$3	190.0	0.9%	3.0%
Administration	\$309	\$2	\$307	--	1,621.0	10.9%	25.2%
Total Program Cost	\$2,996	\$142	\$2,823	\$30	6,424.0		

*Public Guardian \$71,000 IFT

FY 2022-23 DMH Recommended Budget vs Current Fiscal Year

(in millions)	2022-23 Recommended Budget Request	2021-22 Final Adopted Budget	Variance	Percent Change
Gross Appropriation	\$2,996	\$3,034	-\$38	-1.3%
Revenue	\$2,824	\$2,836	-\$12	-0.4%
Intrafund Transfers	\$142	\$168	-\$26	-15.5%
Net County Cost	\$30	\$30	-	-
Positions	6,424.0	6,407.0	17.0	0.3%

FY2022-23 Recommended Budget Changes

A New/Expanded Program Changes

Program	Description	FTE	Cost
A. MHSA Funded Programs	Primarily includes, among other miscellaneous changes, <ul style="list-style-type: none">- \$1.8M for the SEED Foundation School to provide prevention services- \$2.0M and 20.0 positions for Therapeutic Transportation- \$0.5M and 4.0 positions for field-based services associated with HOME- \$1.0M to fund 3.0 clinical leadership positions (Senior Deputies)- -\$2.7M reduction in one-time funding to other County departments	27.0	\$3.1 million
B. Emotional Support Line	Permanent operation of a hotline that was implemented during COVID-19 to provide non-urgent emotional support	18.0	\$2.0 million
C. Intensive Care Services	Expand concurrent review work on inpatient admissions at various hospitals/facilities	8.0	\$1.2 million

FY2022-23 Recommended Budget Changes

B Other Program Changes

Program	Description	FTE	Cost
A. Fee for Service (FFS) Inpatient Hospital Bed Rates	Reflects a rate increase in the daily bed rate for FFS I standalone Inpatient Hospitals that service adolescents and adults	-	\$8.6 million
B. Reduction of IFT Funding from Other County Departments	Primarily reflects reduction of funding from DCFS for the Wraparound Case Rate and associated allocations provided to Legal Entity Providers	-	\$-27.0 million
C. Reduction of IFT Funding from Other County Departments for PY Shortfalls	Reflects reversal of the \$5.2M S&S placeholder reduction in FY 2021-22 to delete vacant budgeted positions due to funding shortfalls from Probation, DPSS and DCFS	(42.0)	-
D. Deletion of AB109 Funding	Deletion of one-time funding for the expansions of the Suicide Prevention Call Center and Psychiatric Mobile Response Teams, as well as the Family Assistance Program for burial expenses. DMH will request carryover funding	-	\$-35.0 million



THANK YOU

March 23, 2022





Presentation Overview

- Review of Recommended Budget FY 22-23
- Organizational Priorities
- Critical Challenges

FY 2022-23

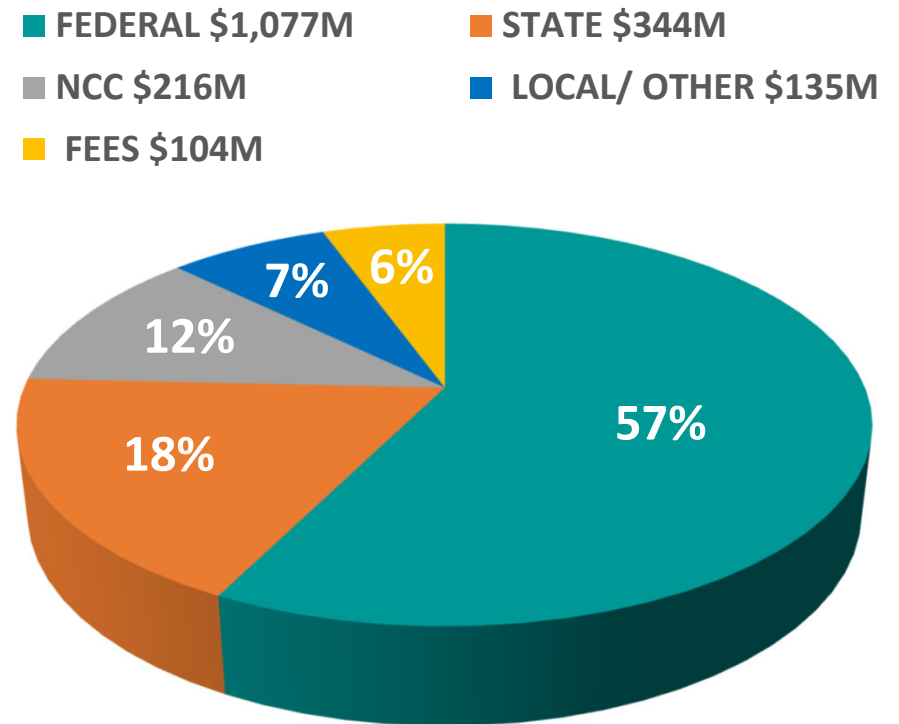
Recommended Budget & Funding Sources

\$1.875M Budget

- Net Increase of \$6.3M
- Reduction in NCC of \$1.2M

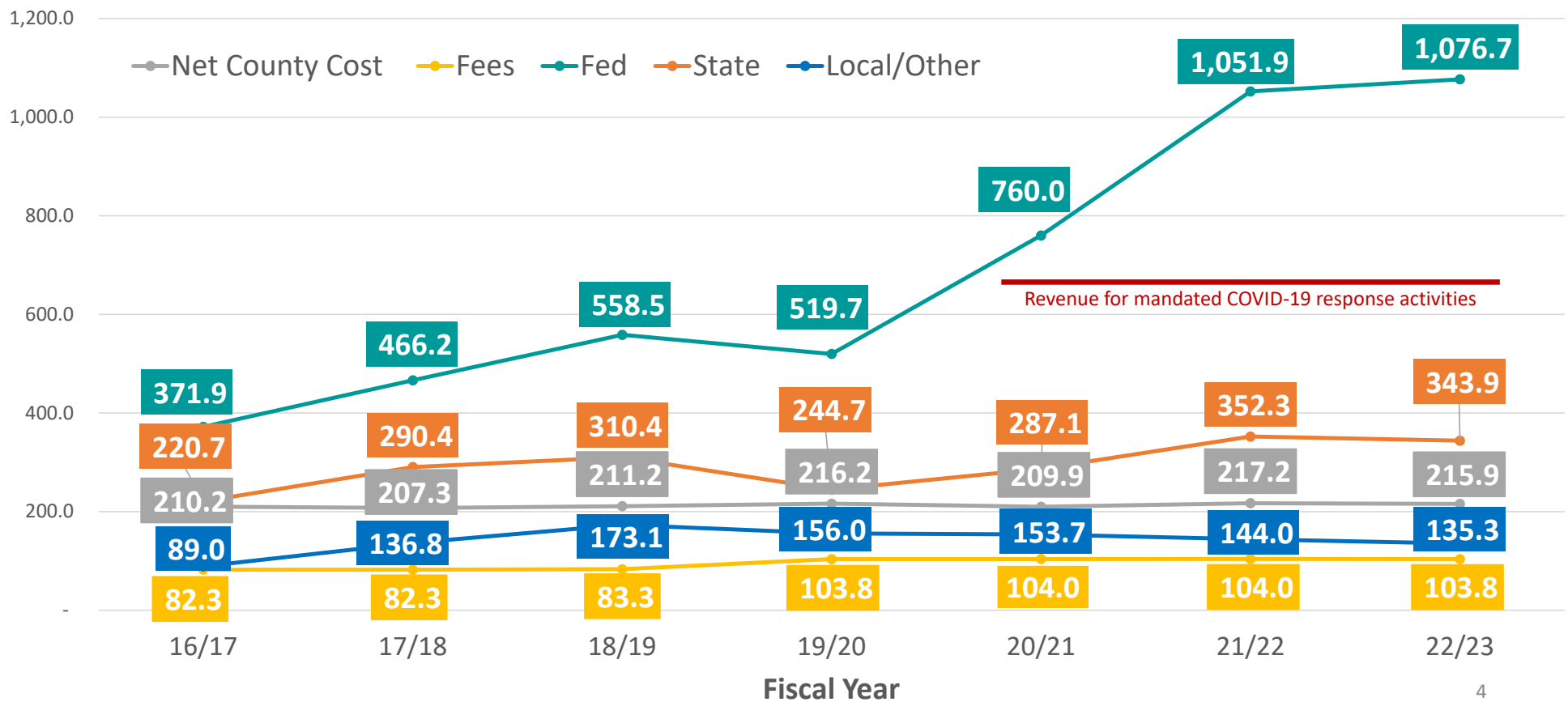
Budget Comprised of:

- 57% Federal Funds
- 18% State Funds
- 12% Net County Cost
- 7% Local Grants/
Other Revenue
- 6% Fees (EH/Vital Records)



DPH Funding Streams

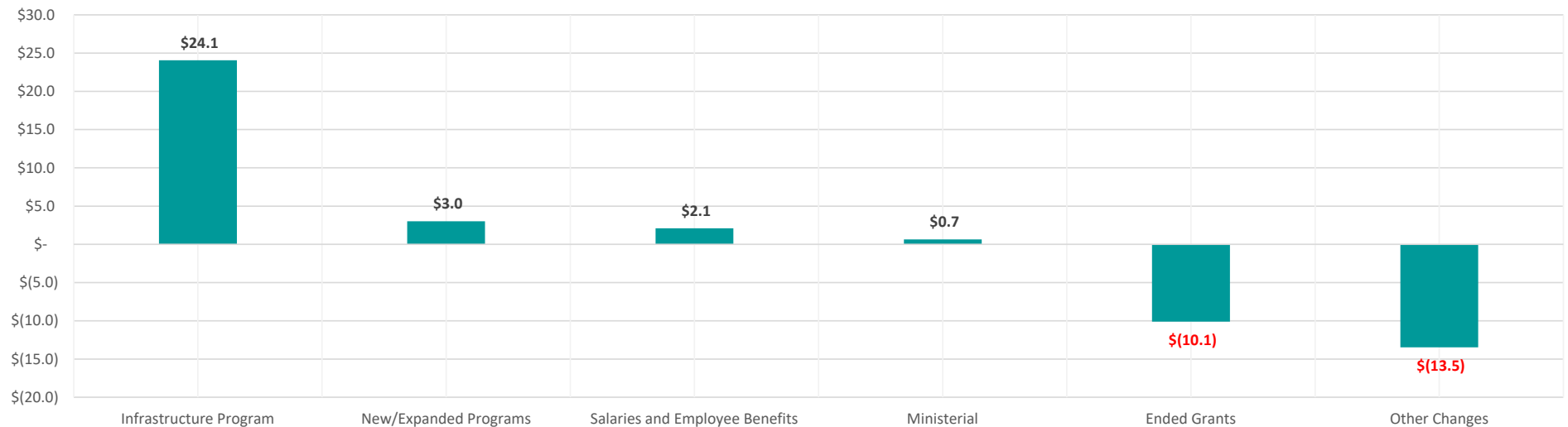
FY 2016-17 through FY 2022-23 (REC)



Recommended Budget (\$ in millions)

Fiscal Year	Gross Appropriation	IFT/ Revenue	NCC	# of Budgeted Positions
2021-22	\$ 1,869.3	\$1,652.2	\$217.1	5,280.0
2022-23	<u>\$1,875.6</u>	<u>\$1,659.7</u>	<u>\$215.9</u>	<u>5,415.0</u>
Change	\$6.3	\$7.5	(\$1.2)	135.0

Gross Appropriation \$6.3M Increase Breakdown
(in millions)





Emerging Organizational Priorities

- Implementing Alliance for Health Integration Action Plan with focus on homelessness, CARE First, and workforce development
- Reducing inequities in COVID-19, infant mortality, STIs, and exposures to environmental hazards
- Aligning prevention and treatment efforts (e.g., SUD, CHW, home visiting) to leverage potential CalAIM opportunities
- Addressing worker and community safety
- Improving the Public Health infrastructure to support emergency response and ongoing needs

Cost-Control and Revenue Generation

Cost Control Strategies

Operational
Efficiencies

Space/Lease
Reduction

Travel/Training
Review

Overtime & Comp
Time Review
(post-pandemic priority)

Revenue Generation Strategies

Billing for Clinical
Services

Maximizing
Revenue

Fees

Critical Funding Challenges for FY 2022-23

1. Grant Overhang—Inadequate Funding: **\$4.6 million**
2. Grant Unallowable Costs: **\$1.1 million**
3. Subvention Rate % Increase: **\$27.4 million**
4. Environmental Health Orphaned Programs: **\$1.25 million**
5. Share of Cost Increase for Targeted Low-Income Children's Program: **\$2.5 million**
6. Continuation of STD Contracts: **\$1.5 million**
7. Underfunded Programs (e.g., DV, OVP, OAECE): **\$5 million**
8. Ongoing COVID-19 Response: **\$165 million**



Thank you!

Questions?



March 9, 2022



Measure H After Five Years

HMHS Cluster Meeting
Cheri Todoroff, Executive Director
LA County Homeless Initiative and Affordable Housing

TABLE OF CONTENTS



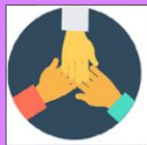
HOMELESS INITIATIVE and MEASURE H



HI STRATEGIES & IMPACT



CHALLENGES



THE WAY FORWARD

HOMELESS INITIATIVE and MEASURE H



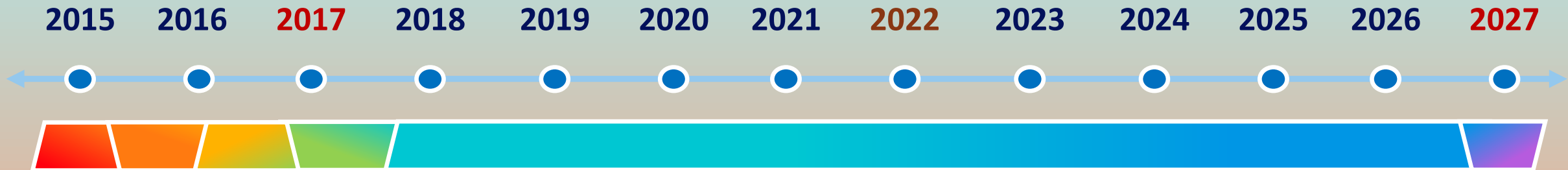
LOS ANGELES COUNTY HOMELESS INITIATIVE



The **Homeless Initiative** oversees Los Angeles County's ongoing effort – unprecedented in scale – to expand and enhance services for people at risk of or experiencing homelessness, primarily financed through **Measure H**. It directs **strategies** and allocates **funding** to scale up:

- **Homeless Prevention** for people at risk of eviction or exiting foster care, hospitals, jails, other institutions
- **Outreach** to connect people in encampments and vehicles to housing and supportive services
- **Interim Housing** such as shelters, recuperative care facilities, and sober living facilities
- **Permanent Housing** with subsidized rent and, if necessary, supportive services for those with acute needs
- **Supportive Services** such as health and mental health care, substance use disorder treatment, criminal record clearing, benefits enrollment, job training and employment, and other services to help people achieve stability and self-sufficiency

TIMELINE



**2015
AUG**

Homeless Initiative
created by
Board of
Supervisors

**2016
FEB**

Board
approves
Homeless
Initiative
Strategies
+ \$100M

**2016
DEC**

Board
declares
**State of
Emergency**,
places
Measure H
on ballot

**2017
MAR**

Measure H
passes
with 69% of
votes,
generating
\$355M
annually for
10 years

**2017
JUL**

Measure H
revenue
triggers
expansion
of homeless
services
system

**2027
SEP**

Measure H
expires
unless
voters
approve
extension



69.34%

Voter Approval

¼ CENT

Sales Tax

10 Years

2017 - 2027

\$355M

Annual Revenue

MEASURE H

Measure H is the first revenue stream dedicated to preventing and addressing homelessness across Los Angeles County.

The Homeless Initiative allocates funds to County departments/agencies, cities, service providers to implement its strategies.

Distribution is either countywide or by Service Planning Area (SPAs), based on the size of their homeless population.



HI STRATEGIES AND IMPACT





Initial Strategy Development Process

The Board of Supervisors launched the Homeless Initiative on August 17, 2015, to develop a comprehensive set of recommended strategies to reduce homelessness.

- An inclusive, collaborative planning process
- 25 County departments, 30 cities, and over 100 community organizations
- 18 policy summits
- 500-person community meeting
- Written comments from over 200 organizations and individuals



OVERVIEW OF CURRENT STRATEGIES

In 2016 – pre-Measure H – the Board approved 47 strategies and \$99.7M to implement them.

This later expanded to the current **51 strategies**, with the below **strategies funded through Measure H**.

A. PREVENT HOMELESSNESS

- Homeless prevention for families and individuals

B. SUBSIDIZE HOUSING

- Rapid rehousing
- Subsidized housing to disabled homeless individuals pursuing SSI
- Landlord incentives for federal housing subsidies
- Family reunification housing subsidies
- Interim/bridge housing for those exiting institutions

C. INCREASE INCOME

- Increase employment for homeless adults
- Countywide SSI/SSDI, and veterans benefits advocacy.

D. CASE MANAGEMENT AND SERVICES:

- Jail in-reach
- Criminal Record Clearing Project
- Permanent supportive housing services and subsidies

E. CREATE A COORDINATED SYSTEM:

- Countywide outreach system
- Coordinated Entry System
- Emergency shelter system
- Services for transition age youth

F. AFFORDABLE HOUSING FOR THE HOMELESS:

HOMELESS INITIATIVE IMPACT DASHBOARD

July 2017 – December 2021
(FIRST 4 YEARS + 1 QTR OF MEASURE H)



78,101
People placed in
permanent housing



104,681
People placed in
interim housing



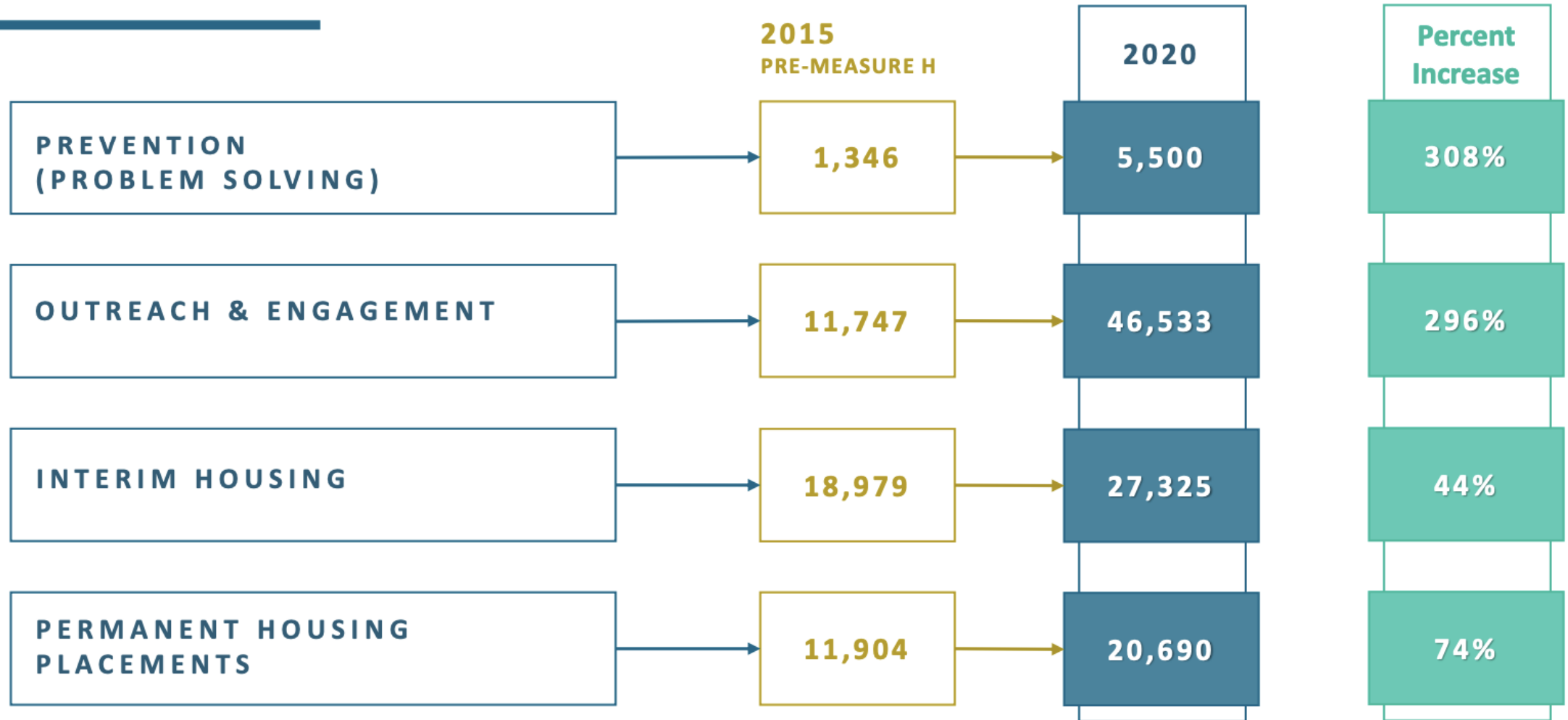
20,067
People prevented from
becoming homeless



34,738
People increased income
from employment/benefits

Measure H completely or partially funded: **41%** of permanent housing placements (**31,898 people**)
54% of interim housing placements (**56,453 people**)

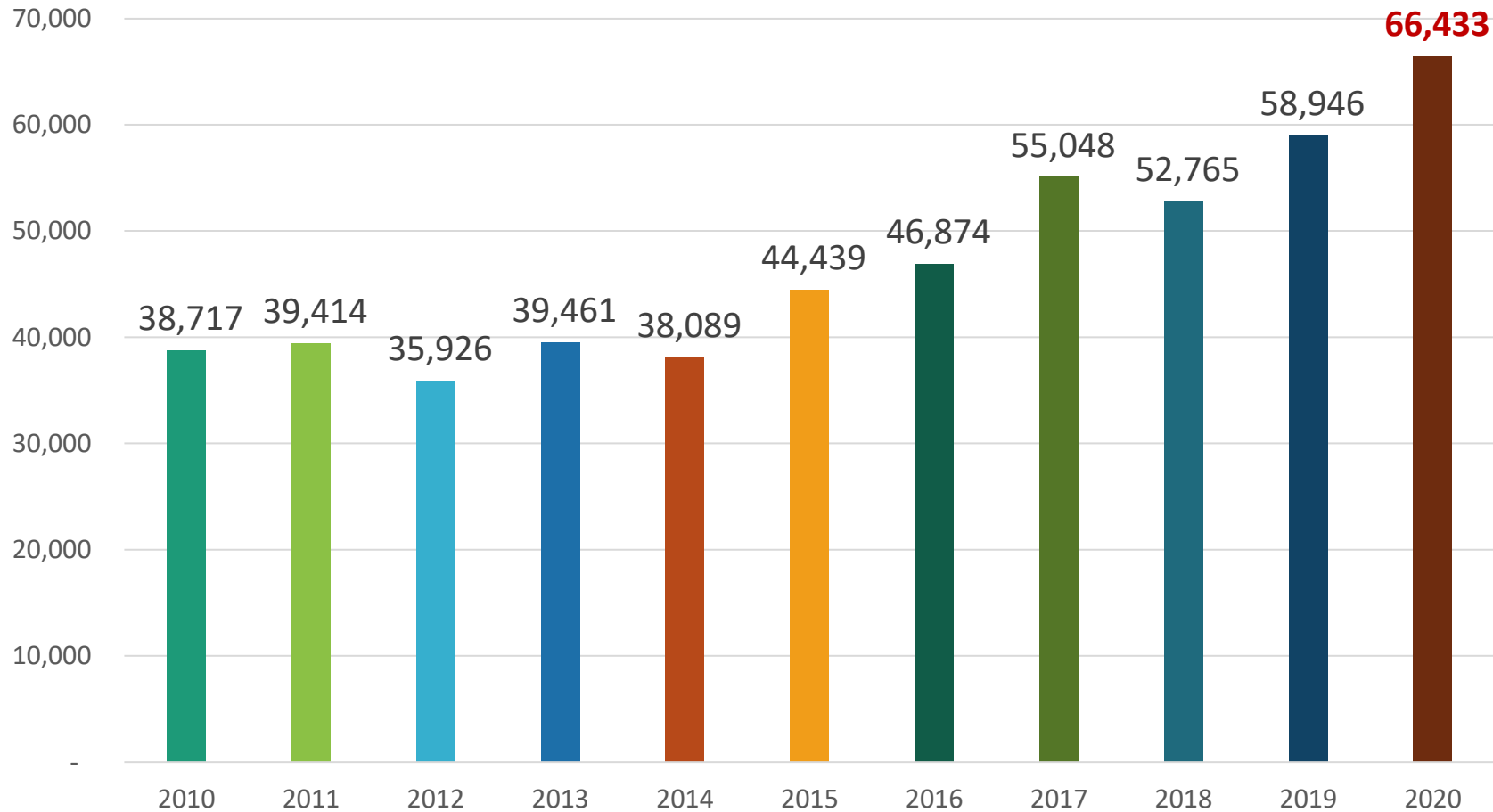
LA County's investment in Measure H has created a robust and effective homeless rehousing system.



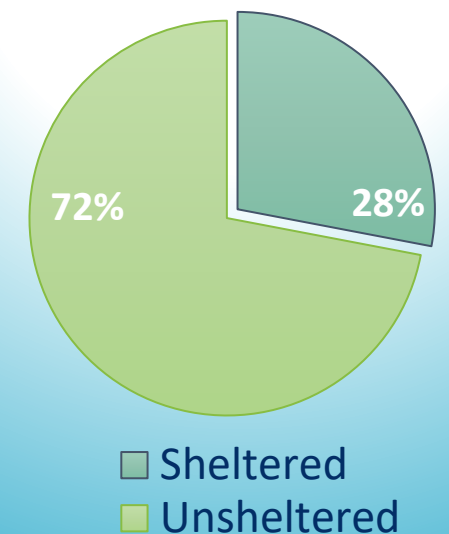
CHALLENGES



GREATER LOS ANGELES HOMELESS COUNT



Despite growing investments and significantly increased housing placements, the homeless census continues to increase in Los Angeles County.



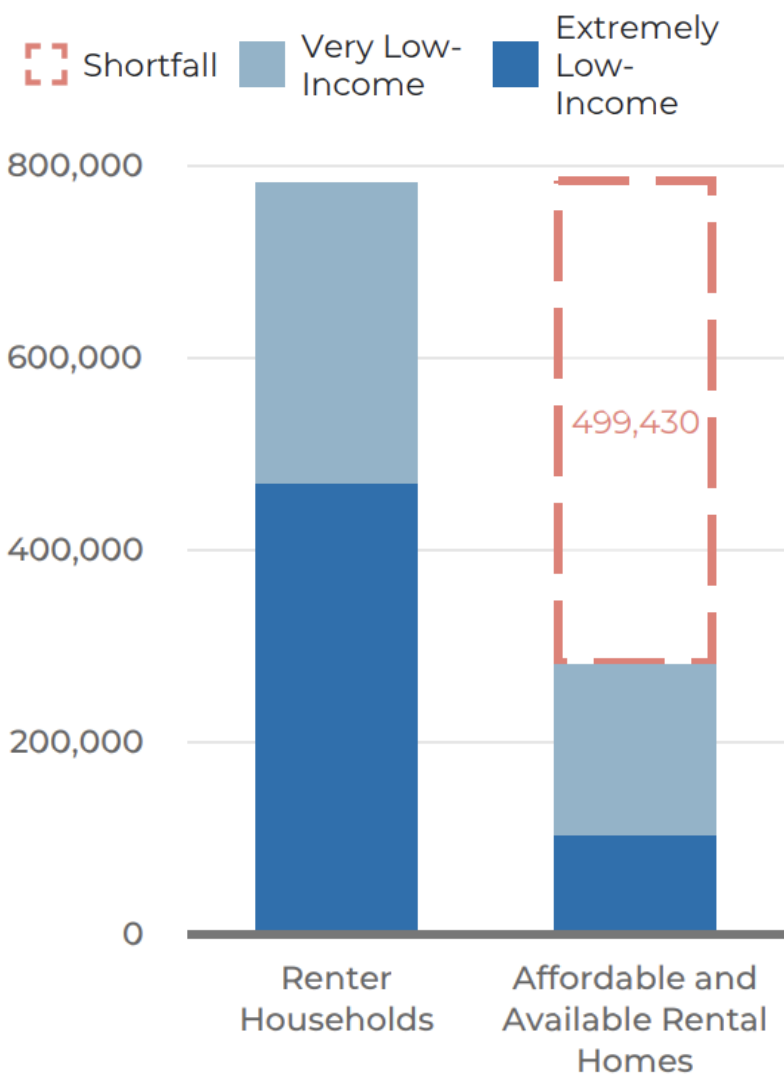
PERSISTENTLY UNDERSERVED

- Most newly homeless people are assisted effectively, but some fall into persistent homelessness, struggling to have their needs met.
- **Persistently underserved homeless** individuals are those who received homeless services for 6 or more months in the previous 12 months.
- The number of persistently underserved homeless people **more than doubled** between 2017 and 2019, going from 16,000 to **35,500**.
- **It is this growth in the number of persistently underserved homeless people that drives the increase in the Homeless Count.**
- The challenges this group faces are exacerbated by lack of affordable housing and a gap between availability of interim housing and that of permanent housing. In addition, our homeless services system needs to be scaffolded by fully engaged mainstream social services systems, so that it can adequately serve the most vulnerable PEH.



AFFORDABLE HOMES SHORTFALL

499,430 low-income renter households in Los Angeles County do not have access to an affordable home.



LOS ANGELES COUNTY 2021 Affordable Housing Needs Report

WHO CAN AFFORD TO RENT

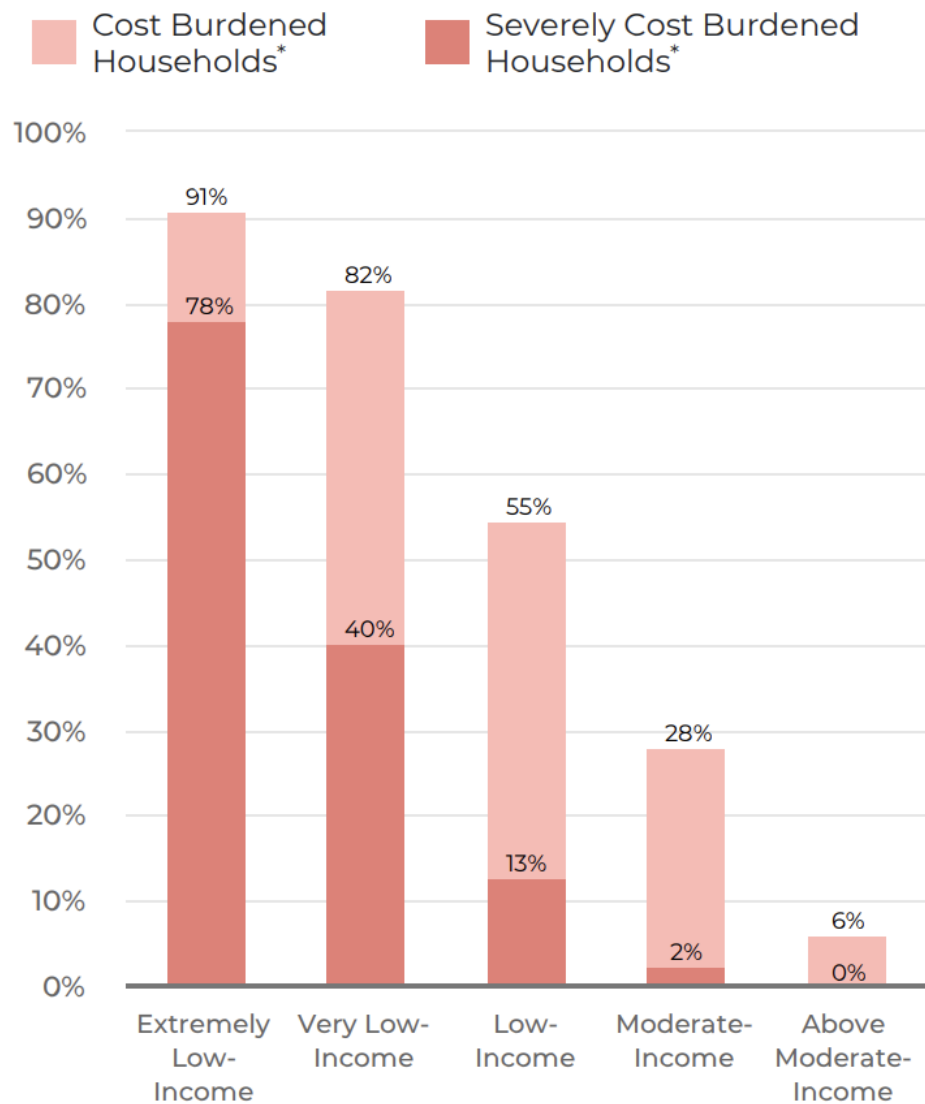
Average Asking Rent **\$1,988 /Month**

Income Needed to Afford Average Asking Rent **\$6,627 /Month**

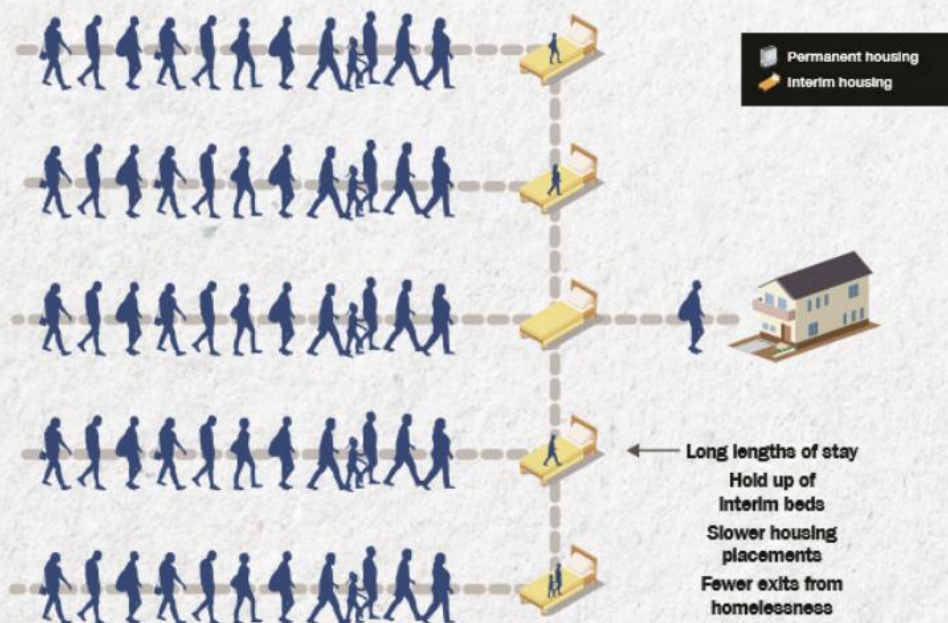
Renters need to earn **2.5 times** minimum wage to afford the average asking rent in Los Angeles County.

COST BURDENED RENTER HOUSEHOLDS

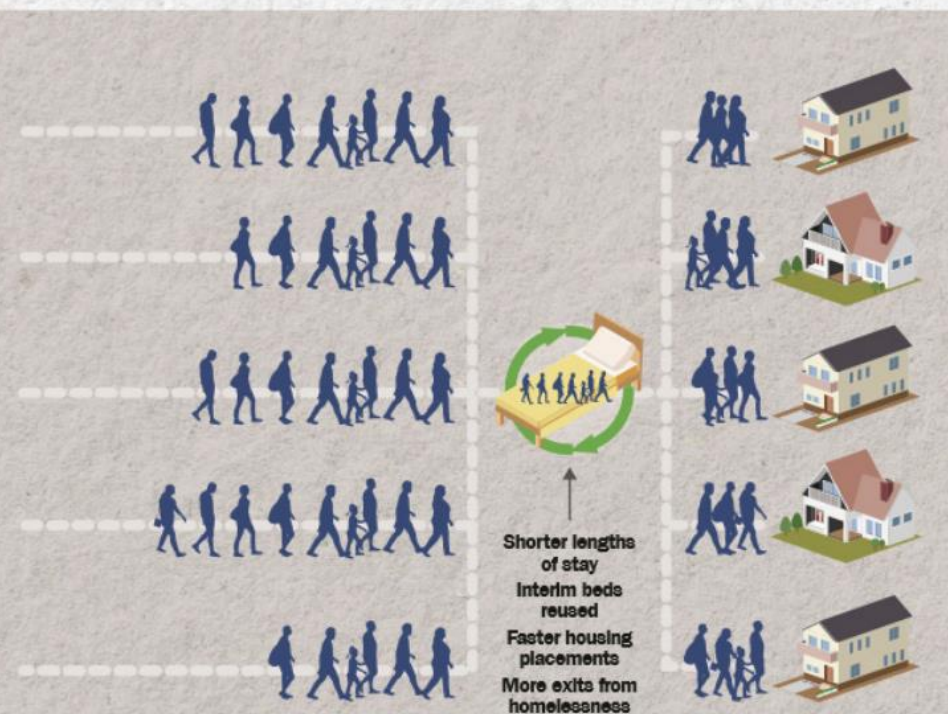
78% of ELI households in Los Angeles County are paying more than half of their income on housing costs compared to just 2% of moderate-income households.



Unbalanced



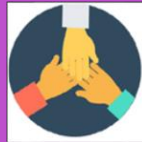
Balanced



THE EXIT GAP

- Our homeless services system has an **exit gap** – a gap between the number of people who need permanent housing and those who receive it.
- The supply of interim housing rose 57% over the last three years to 25,000 beds. But we need more exits to permanent housing.
- A **balanced system** would have:
 - **5 housing exits for every 1 shelter bed.**
- Los Angeles now has **only 1 exit for every 1 shelter bed.**

THE WAY FORWARD

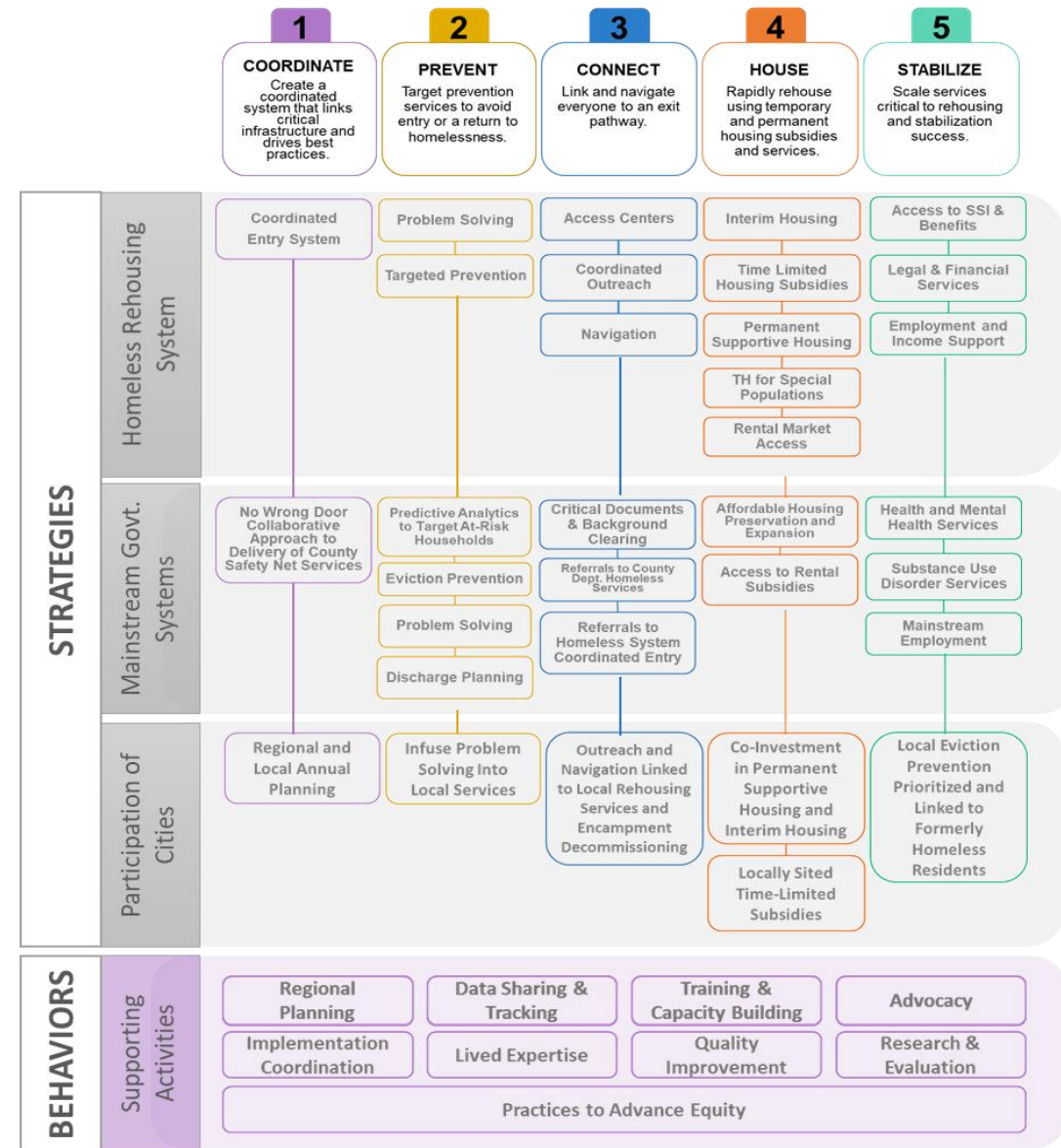


HOMELESS INITIATIVE STRATEGY REASSESSMENT

Strategy Reassessment Recommendations

- Enable the homeless re-housing system to effectively use its resources to serve the persistently underserved.
- Fully leverage mainstream systems to utilize safety net programs to prevent homelessness before people need the homeless re-housing system or quickly re-house them.
- Co-invest with cities to increase the supply of housing to close the exit gap.
- Strategic effort to advance racial equity.

Proposed Update to Strategies



OLD FRAMEWORK **VS. NEW FRAMEWORK**

- 6 categories intended to activate a regional plan
- 51 strategies - a mix of homeless system infrastructure, mainstream system programs, and supporting activities
- Insufficient clarity on the role of mainstream systems and opportunities for cities to accelerate impact in their jurisdictions

- 5 linked categories reflecting the regional rehousing system plan
- Strategy sets for each system partner: Homeless System, Mainstream System, Cities
 - 14 strategies to sustain the homeless rehousing system
 - 13 strategies to activate mainstream systems and fully utilize their programming to prevent and address homelessness
 - 6 strategies to support shared investment in housing and regional coordination and accelerate impact in local jurisdictions with housing
 - Strategic effort to advance racial equity

NEXT STEPS

With Board direction -

- **Rehousing system**
 - In the next budget cycle, allocate funding to clarified set of strategies to support system partners in meeting the needs of persistently underserved PEH.
- **Mainstream systems**
 - County departments are directed to prioritize the identified activities to scale their impact in preventing and addressing homelessness.
 - HI leads a process to identify how best to ensure the identified activities permeate all of our mainstream systems.
 - HI and Departments agree on accountability mechanisms, with HI empowered to implement.
- **Cities**
 - HI to lead a process with cities and Councils of Governments to fully flesh out implementation of co-investment strategies and funding mechanisms

Beyond the Strategies

Systemic Change

- Address the drivers of homelessness – criminal justice system, child welfare system, education system, healthcare system, racial injustice, etc.
- Fully implement racial equity plan within the homeless services system and beyond.

Resources and Advocacy

- Advocate at the state and federal level for increased resources – at least \$500M/yr (ongoing) in additional funding (above and beyond) Measure H.
- Reauthorize Measure H to maintain a critical, flexible local funding source.
- Increase availability of affordable housing and rental subsidies



THANK
YOU