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**

<table>
<thead>
<tr>
<th>CLUSTER AGENDA REVIEW DATE</th>
<th>3/23/2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOARD MEETING DATE</td>
<td>4/5/2022</td>
</tr>
<tr>
<td>SUPERVISORIAL DISTRICT AFFECTED</td>
<td>All</td>
</tr>
<tr>
<td>DEPARTMENT(S)</td>
<td>Department of Health Services (DHS)</td>
</tr>
<tr>
<td>SUBJECT</td>
<td>REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT FOR PATIENT SEEN UNDER THE TRAUMA CENTER SERVICE AGREEMENT.</td>
</tr>
<tr>
<td>PROGRAM</td>
<td>Health Services</td>
</tr>
<tr>
<td>AUTHORIZES DELEGATED AUTHORITY TO DEPT</td>
<td>Yes</td>
</tr>
<tr>
<td>SOLE SOURCE CONTRACT</td>
<td>No</td>
</tr>
<tr>
<td>DEADLINES/ TIME CONSTRAINTS</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>COST &amp; FUNDING</td>
<td>Total cost: $0.00</td>
</tr>
<tr>
<td>TERMS (if applicable)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Explanation</td>
<td>There is no net cost to the County</td>
</tr>
<tr>
<td>PURPOSE OF REQUEST</td>
<td>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. 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.</td>
</tr>
<tr>
<td>BACKGROUND (include internal/external issues that may exist including any related motions)</td>
<td>The acceptance of the attached compromise settlement will help maximize net revenues and will help DHS meet its’ budgeted revenue amounts.</td>
</tr>
<tr>
<td>EQUITY INDEX OR LENS WAS UTILIZED</td>
<td>No</td>
</tr>
<tr>
<td>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</td>
<td>No</td>
</tr>
<tr>
<td>DEPARTMENTAL CONTACTS</td>
<td>Name, Title, Phone # &amp; Email: DHS, Virginia Perez, Associate Hospital Administrator II, (626) 525-6077 <a href="mailto:vircurez@dhs.lacounty.gov">vircurez@dhs.lacounty.gov</a> County Counsel, Kelly Hassel, Deputy County Counsel, (213) 974-1803 <a href="mailto:khassel@counsel.lacounty.gov">khassel@counsel.lacounty.gov</a></td>
</tr>
</tbody>
</table>
April 5, 2022

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.
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,

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

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

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:

<table>
<thead>
<tr>
<th>Disbursements</th>
<th>Total Claim</th>
<th>Proposed Settlement</th>
<th>Percent of Settlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attorney Fees</td>
<td>$5,000.00</td>
<td>$5,000.00</td>
<td>33.33%</td>
</tr>
<tr>
<td>Attorney Cost</td>
<td>$1,200.00</td>
<td>$1,200.00</td>
<td>8.00%</td>
</tr>
<tr>
<td>Other lien holders</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0.00%</td>
</tr>
<tr>
<td>Los Angeles Department of Health Services (LAC+USC Medical Center)</td>
<td>$190,639.00</td>
<td>$4,000.00</td>
<td>26.67%</td>
</tr>
<tr>
<td>Net to Client (Heirs)</td>
<td>$0.00</td>
<td>$4,800.00</td>
<td>32.00%</td>
</tr>
<tr>
<td>Total</td>
<td>$196,839.00</td>
<td>$15,000.00</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
## CLUSTER AGREEMENT

**DATE:** 3/23/2022

**MEETING DATE:** 4/5/2022

**DISTRICT AFFECTED:** All

**DEPARTMENT:** 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:** Yes

**SOLE SOURCE CONTRACT:** 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
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.

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.

### BACKGROUND
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.

<table>
<thead>
<tr>
<th>EQUITY INDEX OR LENS WAS UTILIZED</th>
<th>☑ Yes ☐ No</th>
</tr>
</thead>
</table>
If Yes, please explain how: (2) Develop and implement strategies that identify, prioritize and effectively support the most disadvantaged geographies and populations.

<table>
<thead>
<tr>
<th>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</th>
<th>☑ Yes ☐ No</th>
</tr>
</thead>
</table>
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

<table>
<thead>
<tr>
<th>DEPARTMENTAL CONTACTS</th>
<th>Name, Title, Phone # &amp; Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chief, Public Health, Administration: Joshua Bobrowsky (213) 288-7871 <a href="mailto:jbobrowsky@ph.lacounty.gov">jbobrowsky@ph.lacounty.gov</a></td>
</tr>
</tbody>
</table>
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
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)
   624883209

6. Recipient’s Unique Entity Identifier
   DN3NG5585MT9

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 Yaghmai
    HIV/AIDS Bureau (HAB)
    byaghamai@hrsa.gov
    (301) 443-1911

Federal Award Information

11. Award Number
    2 H89HAD00016-32-00

12. Unique Federal Award Identification Number (FAIN)
    H89HAD00016

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
FY23 Formula - $12,501,988.00
Total Funding - $14,694,970
### 31. APPROVED BUDGET: (Excludes Direct Assistance)

- Grant Funds Only [X]
- Total project costs including grant funds and all other financial participation [ ]

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Salaries and Wages</td>
<td>$0.00</td>
</tr>
<tr>
<td>b. Fringe Benefits</td>
<td>$0.00</td>
</tr>
<tr>
<td>c. Total Personnel Costs</td>
<td>$0.00</td>
</tr>
<tr>
<td>d. Consultant Costs</td>
<td>$0.00</td>
</tr>
<tr>
<td>e. Equipment</td>
<td>$0.00</td>
</tr>
<tr>
<td>f. Supplies</td>
<td>$0.00</td>
</tr>
<tr>
<td>g. Travel</td>
<td>$0.00</td>
</tr>
<tr>
<td>h. Construction/Alteration and Renovation</td>
<td>$0.00</td>
</tr>
<tr>
<td>i. Other</td>
<td>$0.00</td>
</tr>
<tr>
<td>j. Consortium/Contractual Costs</td>
<td>$0.00</td>
</tr>
<tr>
<td>k. Trainee Related Expenses</td>
<td>$0.00</td>
</tr>
<tr>
<td>l. Trainee Stipends</td>
<td>$0.00</td>
</tr>
<tr>
<td>m. Trainee Tuition and Fees</td>
<td>$0.00</td>
</tr>
<tr>
<td>n. Trainee Travel</td>
<td>$0.00</td>
</tr>
<tr>
<td>o. TOTAL DIRECT COSTS:</td>
<td>$14,694,970.00</td>
</tr>
<tr>
<td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td>
<td>$0.00</td>
</tr>
<tr>
<td>q. TOTAL APPROVED BUDGET:</td>
<td>$14,694,970.00</td>
</tr>
<tr>
<td>i. Less Non-Federal Share</td>
<td>$0.00</td>
</tr>
<tr>
<td>ii. Federal Share</td>
<td>$14,694,970.00</td>
</tr>
</tbody>
</table>

### 32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

- Authorized Financial Assistance This Period: $14,694,970.00

### 33. RECOMMENDED FUTURE SUPPORT:

(Subject to the availability of funds and satisfactory progress of project)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>$14,694,970.00</td>
</tr>
<tr>
<td>34</td>
<td>$14,694,970.00</td>
</tr>
</tbody>
</table>

### 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

8H890016

### 36. OBJECT CLASS

41.15

### 37. HBCMIS#
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/WebEPSExternal/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/7. 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/opaf.

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 RWHPA 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 RWHPA 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-pofr.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.


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 co-branded 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.


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/prepllet062216.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).


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):

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anait Arsenyan</td>
<td>Employee</td>
<td><a href="mailto:aarsenyan@ph.laconounty.gov">aarsenyan@ph.laconounty.gov</a></td>
</tr>
<tr>
<td>Victor L Scott</td>
<td>Employee</td>
<td><a href="mailto:vscott@ph.laconounty.gov">vscott@ph.laconounty.gov</a></td>
</tr>
<tr>
<td>Pamela Ogata</td>
<td>Authorizing Official</td>
<td><a href="mailto:pogata@ph.laconounty.gov">pogata@ph.laconounty.gov</a></td>
</tr>
<tr>
<td>Mario J Perez</td>
<td>Authorizing Official</td>
<td><a href="mailto:mjperez@ph.laconounty.gov">mjperez@ph.laconounty.gov</a></td>
</tr>
<tr>
<td>Michael Green</td>
<td>Business Official</td>
<td><a href="mailto:mgreen@ph.laconounty.gov">mgreen@ph.laconounty.gov</a></td>
</tr>
<tr>
<td>Rosario M Vasquez</td>
<td>Employee</td>
<td><a href="mailto:rmvasquez@ph.laconounty.gov">rmvasquez@ph.laconounty.gov</a></td>
</tr>
<tr>
<td>Michael Green</td>
<td>Program Director</td>
<td><a href="mailto:mgreen@ph.laconounty.gov">mgreen@ph.laconounty.gov</a></td>
</tr>
</tbody>
</table>

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/).
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
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<thead>
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<th>DHS SYSTEMWIDE REQUESTS</th>
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<tr>
<td>Nursing Critical Care Staffing</td>
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<td>Support for Primary Care Linkage and Language Access Service Call Centers</td>
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<td>Chief Medical Information Officer</td>
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<td>Clinical Pharmacist Support for Enterprise-Wide Financial Initiatives</td>
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<td>Telephone Operations Unit Right Sizing</td>
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<td>Scaling Management Development Program Efforts</td>
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<td>DHS FACILITY</td>
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### Nursing Staffing Plans

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<tr>
<th>Nursing Staffing Plans</th>
<th>Timeline/Status</th>
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<td>Critical Care Staffing</td>
<td>In the Status Quo Recommended Budget</td>
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<tr>
<td>Employee Health Services Staffing</td>
<td>Reclassification - CEO Class Review in Process</td>
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<td>Inpatient Acuity, Scheduling, Time Phase 2 – Centralized Hospital-based Staffing Office</td>
<td>Spring 2022</td>
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<tr>
<td>Emergency Department Staffing</td>
<td>Spring 2022</td>
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<td>Perioperative Services Staffing</td>
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<td>Inpatient Services Staffing</td>
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<td>Specialty Care Clinics Staffing</td>
<td>Fall 2022</td>
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<td>System-wide Nurse Training &amp; Education</td>
<td>Reclassification - Fall 2022</td>
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<tr>
<td>Nursing Management/Leadership Reorganization</td>
<td>Reclassification - Winter 2022</td>
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## COMMUNITY PROGRAMS: H4H/ODR REQUESTS

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

*Acronyms: Misdemeanor Incompetent to Stand Trial (MIST), Crisis Intervention Team (CIT), American Rescue Plan (ARP), Reentry Intensive Case Management Service (RICMS), Community Health Workers (CHWs)*
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<tr>
<th>Correlation Health Services Requests</th>
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<td>Medication Assisted Treatment</td>
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<td>North Mental Health Medication</td>
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<tr>
<td>Primary Care Model</td>
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<tr>
<td>Information Technology Staffing - Phase II</td>
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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

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<th>REQUEST</th>
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<tbody>
<tr>
<td>DHS SYSTEMWIDE</td>
<td>ORCHID Expansion</td>
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<td>DHS SYSTEMWIDE</td>
<td>Amendment to DHS Perioperative Services Enhancement</td>
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<td>HR Recruitment and Examinations</td>
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<td>HR Personnel Operations</td>
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<td>Improvement Facilitators</td>
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<td>Radiology Optimization - Phase I</td>
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<td>Ophthalmology OR Expansion Proposal - Phase II</td>
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<td>Ophthalmology Capacity Expansion</td>
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<td>MSAA Reverse Attrition</td>
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<td>Expansion of Primary Care Medical Homes</td>
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<td>OT Registry Conversion</td>
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<td>Public Information Officer</td>
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<td>GI services at High Desert MC &amp; OVMC</td>
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<tr>
<td>Olive View-UCLA</td>
<td>Expansion of Primary Care Medical Homes</td>
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<td>RLANRC</td>
<td>Infectious Disease Clinical Pharmacist</td>
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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
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

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

*Public Guardian $71,000 IFT
## FY 2022-23 DMH Recommended Budget vs Current Fiscal Year

<table>
<thead>
<tr>
<th>(in millions)</th>
<th>2022-23 Recommended Budget Request</th>
<th>2021-22 Final Adopted Budget</th>
<th>Variance</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Appropriation</td>
<td>$2,996</td>
<td>$3,034</td>
<td>-$38</td>
<td>-1.3%</td>
</tr>
<tr>
<td>Revenue</td>
<td>$2,824</td>
<td>$2,836</td>
<td>-$12</td>
<td>-0.4%</td>
</tr>
<tr>
<td>Intrafund Transfers</td>
<td>$142</td>
<td>$168</td>
<td>-$26</td>
<td>-15.5%</td>
</tr>
<tr>
<td>Net County Cost</td>
<td>$30</td>
<td>$30</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Positions</td>
<td>6,424.0</td>
<td>6,407.0</td>
<td>17.0</td>
<td>0.3%</td>
</tr>
</tbody>
</table>
## FY2022-23 Recommended Budget Changes

### A New/Expanded Program Changes

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>FTE</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. MHSA Funded Programs</strong></td>
<td>Primarily includes, among other miscellaneous changes,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- $1.8M for the SEED Foundation School to provide prevention services</td>
<td>27.0</td>
<td>$3.1 million</td>
</tr>
<tr>
<td></td>
<td>- $2.0M and 20.0 positions for Therapeutic Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- $0.5M and 4.0 positions for field-based services associated with HOME</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- $1.0M to fund 3.0 clinical leadership positions (Senior Deputies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- -$2.7M reduction in one-time funding to other County departments</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B. Emotional Support Line</strong></td>
<td>Permanent operation of a hotline that was implemented during COVID-19 to provide non-urgent emotional support</td>
<td>18.0</td>
<td>$2.0 million</td>
</tr>
<tr>
<td><strong>C. Intensive Care Services</strong></td>
<td>Expand concurrent review work on inpatient admissions at various hospitals/facilities</td>
<td>8.0</td>
<td>$1.2 million</td>
</tr>
</tbody>
</table>
## FY2022-23 Recommended Budget Changes

### Other Program Changes

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>FTE</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Fee for Service (FFS) Inpatient Hospital Bed Rates</strong></td>
<td>Reflects a rate increase in the daily bed rate for FFS I standalone Inpatient Hospitals that service adolescents and adults</td>
<td>-</td>
<td>$8.6 million</td>
</tr>
<tr>
<td><strong>B. Reduction of IFT Funding from Other County Departments</strong></td>
<td>Primarily reflects reduction of funding from DCFS for the <em>Wraparound Case Rate and associated allocations</em> provided to Legal Entity Providers</td>
<td>-</td>
<td>-$27.0 million</td>
</tr>
<tr>
<td><strong>C. Reduction of IFT Funding from Other County Departments for PY Shortfalls</strong></td>
<td>Reflects reversal of the $5.2M S&amp;S placeholder reduction in FY 2021-22 to delete vacant budgeted positions due to funding shortfalls from Probation, DPSS and DCFS</td>
<td>(42.0)</td>
<td>-</td>
</tr>
<tr>
<td><strong>D. Deletion of AB109 Funding</strong></td>
<td>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</td>
<td>-</td>
<td>-$35.0 million</td>
</tr>
</tbody>
</table>
THANK YOU
Department of Public Health

FY 2022-23

Recommended Budget Review

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)

Revenue for mandated COVID-19 response activities

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Net County Cost</th>
<th>Fees</th>
<th>Fed</th>
<th>State</th>
<th>Local/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/17</td>
<td>371.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17/18</td>
<td>220.7</td>
<td>210.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18/19</td>
<td>210.2</td>
<td></td>
<td>136.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19/20</td>
<td>210.2</td>
<td></td>
<td></td>
<td>156.0</td>
<td></td>
</tr>
<tr>
<td>20/21</td>
<td>210.2</td>
<td></td>
<td></td>
<td>156.0</td>
<td></td>
</tr>
<tr>
<td>21/22</td>
<td>210.2</td>
<td></td>
<td></td>
<td>156.0</td>
<td></td>
</tr>
<tr>
<td>22/23</td>
<td>210.2</td>
<td></td>
<td></td>
<td>156.0</td>
<td></td>
</tr>
</tbody>
</table>
## Recommended Budget ($ in millions)

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

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

- Infrastructure Program: $24.1
- New/Expanded Programs: $3.0
- Salaries and Employee Benefits: $2.1
- Ministerial: $0.7
- Ended Grants: ($10.1)
- Other Changes: ($13.5)
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?
Measure H After Five Years

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

March 9, 2022
HOMELESS INITIATIVE and MEASURE H

HI STRATEGIES & IMPACT

CHALLENGES

THE WAY FORWARD
HOMELESS INITIATIVE and MEASURE H
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
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.

- **Prevention (Problem Solving)**: From 1,346 in 2015 to 5,500 in 2020, an increase of 308%.
- **Outreach & Engagement**: From 11,747 in 2015 to 46,533 in 2020, an increase of 296%.
- **Interim Housing**: From 18,979 in 2015 to 27,325 in 2020, an increase of 44%.
- **Permanent Housing Placements**: From 11,904 in 2015 to 20,690 in 2020, an increase of 74%.
CHALLENGES
Despite growing investments and significantly increased housing placements, the homeless census continues to increase in Los Angeles County.
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.

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.

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.
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
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.
### OLD FRAMEWORK VS. NEW FRAMEWORK

<table>
<thead>
<tr>
<th>Old Framework</th>
<th>New Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 categories intended to activate a regional plan</td>
<td>5 linked categories reflecting the regional rehousing system plan</td>
</tr>
<tr>
<td>51 strategies - a mix of homeless system infrastructure, mainstream system programs, and supporting activities</td>
<td>Strategy sets for each system partner: Homeless System, Mainstream System, Cities</td>
</tr>
<tr>
<td>Insufficient clarity on the role of mainstream systems and opportunities for cities to accelerate impact in their jurisdictions</td>
<td>14 strategies to sustain the homeless rehousing system</td>
</tr>
<tr>
<td></td>
<td>13 strategies to activate mainstream systems and fully utilize their programing to prevent and address homelessness</td>
</tr>
<tr>
<td></td>
<td>6 strategies to support shared investment in housing and regional coordination and accelerate impact in local jurisdictions with housing</td>
</tr>
<tr>
<td></td>
<td>Strategic effort to advance racial equity</td>
</tr>
</tbody>
</table>
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