



FESIA A. DAVENPORT
Chief Executive Officer

County of Los Angeles Health and Mental Health Services

DATE: Wednesday, March 30, 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.

- I. Call to order
- II. **Discussion Item(s):**
 - a. **DHS:** Office of Diversion and Reentry (ODR) Briefing
- III. **Presentation Item(s):**
 - a. **DPW/DHS:** Olive View-UCLA Medical Center Fire Alarm and Nurse Call Systems Project –Approve Construction Change Orders
 - b. **CEO:** Fiscal Year 2022-23 Recommend Budget Recommendations

Health Services
Diversion and Re-Entry
Alliance for Health Integration
Public Health
Mental Health

Care First and Community Investment

- IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
- V. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda
- VI. Public Comment
- VII. Adjournment

BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	3/30/2022	
BOARD MEETING DATE	4/19/2022	
SUPERVISORIAL DISTRICT AFFECTED	<input type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input checked="" type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Health Services	
SUBJECT	Olive View-UCLA Medical Center Fire Alarm/Nurse Call Systems Project	
PROGRAM	N/A	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why: N/A	
DEADLINES/ TIME CONSTRAINTS	Construction is expected to be substantially completed in June 2023	
COST & FUNDING	Total cost: \$5,099,000	Funding source: The project budget of \$75,726,000 is funded with \$320,000 from Department of Health Services' operating budget (C.P. No. 87382), \$2,347,000 of prior year net County cost (C.P. No. 87394), and the remainder of \$73,059,000 will be financed with short-term borrowing through the Lease Revenue Notes Program (C.P. No. 89117).
	TERMS (if applicable): N/A	
	Explanation: Approval to execute two construction change orders for a not-to-exceed amount of \$5,099,000 will not result in a project budget increase.	
PURPOSE OF REQUEST	Authorize Public Works to negotiate and execute two construction change orders for a combined not-to-exceed amount of \$5,099,000 with The PENTA Building Group.	
BACKGROUND (include internal/external issues that may exist including any related motions)	On June 9, 2020, the Board authorized Public Works to deliver the project make-ready work estimated at approximately \$4,123,000 using a Job Order Contract. On June 22, 2021, the Board approved the revised total project budget of \$75,726,000 and authorized Public Works to execute a design-build contract for the design and construction of the project for a maximum contract sum not-to-exceed \$49,820,823, including a base contract sum of \$45,296,318 and a design completion allowance of \$4,524,505.	
EQUITY INDEX OR LENS WAS UTILIZED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: The project improves healthcare facilities which provide quality of services to all populations seeking care at the Olive View Medical Center.	
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: Priority No. 2: Health Integration/ Alliance for Health Integration, is supported by this project as it improves facilities that provide health and wellbeing of County residents.	
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Luis Ramirez, Project Management Division I, (626) 300-2300, cell (626) 614-6545, luramirez@pw.lacounty.gov .	



COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

MARK PESTRELLA, Director

900 SOUTH FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331
Telephone: (626) 458-5100
<http://dpw.lacounty.gov>

ADDRESS ALL CORRESPONDENCE TO:
P.O. BOX 1460
ALHAMBRA, CALIFORNIA 91802-1460

IN REPLY PLEASE
REFER TO FILE:

April 19, 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:

**CONSTRUCTION CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
OLIVE VIEW-UCLA MEDICAL CENTER
FIRE ALARM/NURSE CALL SYSTEMS REPLACEMENT PROJECT
APPROVE CONSTRUCTION CHANGE ORDERS
CAPITAL PROJECT NOS. 87382, 87394, AND 89117
(FISCAL YEAR 2021-2022)
(SUPERVISORIAL DISTRICT 3)
(4 VOTES)**

SUBJECT

Public Works is seeking Board approval to execute two construction change orders with The PENTA Building Group for the Olive View-UCLA Medical Center Fire Alarm/Nurse Call Systems Replacement Project.

IT IS RECOMMENDED THAT THE BOARD:

1. Find the previously approved Olive View-UCLA Medical Center Fire Alarm/Nurse Call Systems Replacement Project to be within the scope of the Board's previous finding of exemption under the California Environmental Quality Act, and that the work included in the proposed change orders are also exempt from the California Environmental Quality Act for the reasons stated in this Board letter and in the record of the project

2. Approve and authorize the Director of Public Works or his designee to negotiate and execute a change order with The PENTA Building Group for a not-to-exceed amount of \$4,499,000 to install 449 smoke dampers at critical care areas located within the phased construction areas.
3. Approve and authorize the Director of Public Works or his designee to negotiate and execute a change order with The PENTA Building Group for a not-to-exceed amount of \$600,000 to separate high voltage from low voltage cabling as required by the electrical building code.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended actions will find that they are within the scope of the previous exemption findings by the Board and that the work included in the proposed change orders is exempt from the California Environmental Quality Act (CEQA), and authorize the Director of Public Works or his designee to execute two change orders with The PENTA Building Group (PENTA) for a combined not-to-exceed amount of \$5,099,000 to install 449 smoke dampers at critical care areas and to separate the high and low voltage cabling for the Olive View-UCLA Medical Center (OV-UCLA MC) Fire Alarm/Nurse Call Systems Replacement Project.

Background

On March 6, 2018, the Board approved the OV-UCLA MC Fire Alarm/Nurse Call Systems Replacement Project (Fire Alarm/Nurse Call Replacement Project) and authorized the Director of Public Works to execute an agreement with c/a ARCHITECTS, Inc., to provide predesign and schematic design services for the project.

On June 9, 2020, the Board authorized Public Works to deliver the Fire Alarm/Nurse Call Replacement Project make-ready scope at approximately \$4,123,000 using a Board-approved Job Order Contract (JOC) and to execute an amendment to Agreement PW-15147 with c/a ARCHITECTS, Inc., in the amount of \$2,188,871 for a revised total not-to-exceed amount of \$2,616,280 to complete the Design-Build (D-B) scoping documents, construction documents for the make-ready work, and related professional services.

On June 8, 2021, the Board approved the total project budget of \$50,000,000 and directed Public Works to finalize the negotiations with the responsive and responsible highest ranked Best Value Proposer. On June 22, 2021, the Board subsequently approved the revised total project budget of \$75,726,000 and authorized Public Works to award and

execute a D-B contract for the design and construction of the Fire Alarm/Nurse Call Replacement Project for a maximum contract sum of \$49,820,823, including \$45,296,318 for the base contract sum and \$4,524,505 for the design completion allowance to PENTA.

Proposed Change Orders

Smoke Dampers Replacement: On June 9, 2020, the Board approved make-ready work to be delivered using a JOC which included the replacement of the existing smoke dampers throughout the hospital. There are approximately 588 smoke dampers located above the ceiling that need to be replaced to meet current code and be compatible with the technology of the new fire alarm system. The scope of work includes replacement of the existing smoke dampers and remodeling of the existing ductwork, electrical wiring, wall framing, and drywall for tie-in to the new fire alarm system. Replacement of the smoke dampers will require multiple systems shutdowns, as it will need to be carried out in phases to reduce disruption to the hospital's operations, and in coordination with the phased installation of the new fire alarm and nurse call systems by PENTA.

In order to reduce impacts to hospital operations by having separate systems shut-downs during installation of the fire alarm and nurse call systems and replacement of the smoke dampers, and to avoid potential delays to the Fire Alarm/Nurse Call Replacement Project as a result of multiple contractors carrying out overlapping work, Public Works recommends transferring the replacement of 449 smoke dampers located in patient care areas from the JOC scope of work to PENTA's D-B contract. The replacement of the remaining 139 smoke dampers in non-patient care areas, such as mechanical rooms, conference rooms, and staff offices, and will remain the JOC scope of work.

Separate Low and High Voltage Cabling: During the D-B construction, it was determined that low and high voltage cabling was combined in the electrical gutters feeding the existing fire alarm panels and does not meet current code. The proposed scope of work is to separate the low and high voltage cabling that feeds the 41 existing fire alarm panels throughout the building, by installing new conduits and cabling for each system from the fire alarm panel to the electrical room. This is a code requirement by the Department of Healthcare Access and Information for code compliance.

Approval of the proposed change orders will allow Public Works to complete the project by the substantial completion date of June 2023. There is sufficient funding in the Fire Alarm/Nurse Call Replacement Project's budget to cover the cost of the proposed change orders.

Green Building/Sustainable Design Program

The project will support the Board's Green Building/Sustainable Design Program by incorporating recyclable materials, features to optimize energy and water use, and maximizing the use of sustainable and local resources during construction.

Implementation of Strategic Plan Goals

These recommendations support the County Strategic Plan: Strategy II.2, Support the Wellness of Our Communities; Strategy III.3, Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability; and Objective III.3.2, Manage and Maximize County Assets, by replacing existing building support systems that have exceeded their useful lives and can no longer be supported or maintained. The new replacement systems will enhance operational efficiency and support the wellness of our communities through improved delivery of comprehensive and seamless healthcare services to the residents of the County seeking healthcare assistance.

FISCAL IMPACT/FINANCING

The total project budget for the Fire Alarm/Nurse Call Replacement Project remains at \$75,726,000, and includes plans and specifications, jurisdictional approvals, construction, design-completion and contract amendment allowances, consultant services, and County services.

The proposed change order to transfer the replacement of 449 smoke dampers from the JOC scope of work to PENTA's D-B contract is for a not-to-exceed amount of \$4,499,000, and the proposed change order to separate low and high voltage wiring is for a not-to-exceed amount of \$600,000. There is sufficient funding in the Board-approved budget to cover the cost of the proposed change orders with PENTA.

The project is funded with \$320,000 from Department of Health Services' (DHS) operating budget (C.P. No. 87382), \$2,347,000 of prior year net County cost (C.P. No. 87394), and the remainder of \$73,059,000 with short-term borrowing through the Lease Revenue Notes Program (C.P. No 89117). There is no net County cost impact associated with the recommended actions.

The short-term borrowing through the Lease Revenue Notes Program will eventually be refinanced through the issuance of long-term bonds. The annual repayment of the bond issued will be paid from DHS' operating budget.

Operating Budget Impact

Following completion of the project, DHS will request and fund annual ongoing maintenance costs with departmental resources in future budget phases. There is no net County cost impact associated with the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In accordance with Board Policy 5.270, Countywide Local and Targeted Worker Hiring, the project continues to require that at least 30 percent of the California construction labor hours be performed by qualified Local Residents and at least 10 percent be performed by Targeted Workers facing employment barriers. The project also includes a jobs coordinator who will facilitate implementation of the targeted hiring requirement of the policy.

Section 20137 of the Public Contract Code allows the Board, with a four-fifths vote, to authorize an individual change order to a construction contract that is 10 percent or less of the original contract amount without having to obtain bids for the work. The proposed change order to transfer the replacement of 449 smoke dampers from the JOC scope of work to PENTA's D-B contract is for a not-to-exceed amount of \$4,499,000, which is 9.9 percent of the original contract value, and the proposed change order to separate low and high voltage wiring is for not-to-exceed amount of \$600,000, which is 1.3 percent of the original contract value. Therefore, both change orders, hereunder, are within the statutory threshold.

ENVIRONMENTAL DOCUMENTATION

On March 6, 2018, the Board approved the project and found that the project was categorically exempt from CEQA under the following exemptions: Sections 15301 (a), (d), and (f), and 15302 (c) of the State CEQA Guidelines and Classes 1 (c), (d), and (i) and 2 (e) of the County's Environmental Document Reporting Procedures and Guidelines, Appendix G. The currently proposed actions are within the scope of the previously approved project. Notices of Exemption were filed with the Registrar Recorder/County Clerk on March 9, 2018, and on June 22, 2020.

Upon the Board's approval of the recommended actions, Public Works will file a Notice of Exemption with the Registrar-Recorder/County Clerk in accordance with Section 21152 (a) of the California Public Resources Code and will post the Notice to the County's website in accordance with Section 21092.2.

The Honorable Board of Supervisors
April 19, 2022
Page 6

CONTRACTING PROCESS

To date, Public Works has executed three change orders under delegated authority pursuant to Public Contract Code Sections 20142 and 20145, in the credit amount of \$5,678,241. Approval of the recommended construction change orders for a combined amount of \$5,099,000 will result in the \$5,678,241 credit being reduced to \$579,241.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will have no impact on current services at the campus. Patient care services on campus will remain fully operational during construction.

CONCLUSION

Please return one adopted copy of this Board letter to Public Works, Project Management Division I.

Respectfully submitted,

MARK PESTRELLA, PE
Director of Public Works

MP:LR:cg

c: Chief Executive Office (Capital Programs Division)
County Counsel
Executive Office
Department of Health Services (Capital Projects Division)

April 19, 2022

**CONSTRUCTION CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
OLIVE VIEW-UCLA MEDICAL CENTER
FIRE ALARM/NURSE CALL SYSTEMS PROJECT
APPROVE CONSTRUCTION CHANGE ORDERS
CAPITAL PROJECT NOS. 87382, 87394, AND 89117
(FISCAL YEAR 2021-2022)
(SUPERVISORIAL DISTRICT 3)
(4 VOTES)**

I. PROJECT SCHEDULE SUMMARY

Project Activity	Scheduled Completion Date
Feasibility Study	01/25/2017 *
Design Build Procurement	09/02/2021 *
Jurisdictional Approvals	01/10/2022 *
Construction Start	01/11/2022 *
Substantial Completion	06/30/2023
Final Acceptance	11/30/2023

*Actual completion date

II. PROJECT BUDGET SUMMARY

Project Budget Category	Board Approved Budget	Impact of This Action	Revised Budget
Design-Build Contract	\$45,296,318	(\$ 579,240)	\$44,717,078
Design-Build Contract Design Completion (Allowance)	\$ 4,524,505	(\$ 0)	\$ 4,524,505
Design-Build Change Order Contingency	\$ 3,678,996	\$ 4,144,810	\$ 7,823,806
Job Order Contract Construction	\$ 6,273,908	(\$3,150,720)	\$ 3,123,188
Job Order Contract Contingency	\$ 930,000	(\$ 347,870)	\$ 582,130
Other – Gordian Group	\$ 159,602	(\$ 66,980)	\$ 92,622
Hard Cost Subtotal	\$60,863,329	\$ 0	\$60,863,329
Plans and Specifications	\$ 3,092,550	\$ 0	\$ 3,092,550
Consultant Services	\$ 2,500,000	\$ 0	\$ 2,500,000
Miscellaneous Expenditures	\$ 92,061	\$ 0	\$ 92,061
Jurisdictional Review	\$ 1,100,000	\$ 0	\$ 1,100,000
County Services	\$ 8,078,060	\$ 0	\$ 8,078,060
Soft Cost Subtotal	\$14,862,671	\$ 0	\$14,862,671
TOTAL PROJECT COST	\$75,726,000	\$ 0	\$75,726,000

Changes From 2021-22 Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
HEALTH SERVICES					
2021-22 Final Adopted Budget	8,674,586,000	481,178,000	7,124,537,000	1,068,871,000	25,929.0
<i>New/Expanded Programs</i>					
1. Critical Care Staffing: Reflects an increase of 196.0 positions, offset by the deletion of 7.0 positions, to add nursing staff at critical care units at various department facilities to meet the State of California's regulatory requirements for hospitals that provide adult critical care services.	33,210,000	--	7,049,000	26,161,000	189.0
2. Perioperative Services: Reflects an increase of 35.0 positions at various department facilities to improve the surgical workflow and maximize capacity.	6,164,000	--	863,000	5,301,000	35.0
3. Contracting and Contract Monitoring Staff: Reflects an increase of 27.0 positions to address the increased contracting and contract monitoring workload due to the growth of Housing for Health programs.	4,645,000	--	--	4,645,000	27.0
4. Office of Diversion & Re-Entry: Reflects the reversal of one-time funding for various programs, as well as an increase of 17.0 positions to expand the Youth Diversion and Development, Felony Incompetent to Stand Trial, and harm reduction programs.	(19,144,000)	(19,144,000)	--	--	17.0
5. Street Medicine and Mobile Clinic Program: Reflects an increase of 41.0 positions, offset with the deletion of 41.0 positions, and other appropriation to establish four mobile clinics to provide medical care to people experiencing homelessness across the county.	3,927,000	--	3,291,000	636,000	--
<i>Other Changes</i>					
1. Employee Benefits: Primarily reflects Board-approved increases in health insurance subsidies.	43,495,000	--	--	43,495,000	--
2. LAC+USC Physician Services: Reflects the addition of 23.0 positions, fully offset with a reduction in contracted services, to provide physician services at LAC+USC Medical Center.	--	--	--	--	23.0
3. Contract Staff Conversion: Reflects an increase of 14.0 positions, offset with a decrease in contract costs, to reduce the dependency on contract staff in diagnostic imaging, anesthesiology, radiology, and other areas.	--	--	--	--	14.0
4. Other Clinical Position Changes: Reflects an increase of 17.0 positions, offset with the deletion of 8.0 positions, primarily to expand physician and radiology staffing in various areas.	2,584,000	(2,230,000)	652,000	4,162,000	9.0
5. Other Non-Clinical Position Changes: Reflects an increase of 27.0 positions to increase staffing in patient support, radiology, medical informatics, and other areas.	5,045,000	--	606,000	4,439,000	27.0

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
6. Workforce Management and Scheduling System: Reflects a scheduled cost increase related to the implementation of the new workforce management and scheduling system, which will interface with ORCHID, the department's electronic health records system, and facilitate the efficient allocation of personnel based on patient acuity.	11,311,000	--	--	11,311,000	--
7. Housing for Health: Reflects the expansion of benefits advocacy services, case management, care coordination, housing for homeless individuals living with HIV/AIDS, and intensive case management services, fully offset with IFT from the Department of Public Social Services and various revenues.	6,904,000	6,404,000	500,000	--	--
8. Capital Projects: Reflects a net decrease primarily due to the completion of several capital projects.	(45,250,000)	--	--	(45,250,000)	--
9. AB 109 Public Safety Realignment Revenue: Primarily reflects the deletion of one-time AB 109 funding for various programs, as well as an increase to fund employee benefits cost increases for program staff.	(22,420,000)	--	(22,420,000)	--	--
10. Deletion of One-Time Funding: Reflects the reversal of prior-year funding that was provided on a one-time basis for the Homeless Housing, Prevention, and Assistance program, Safe Landing project, Harriman Building equipment, and various other items.	(59,038,000)	(45,499,000)	(340,000)	(13,199,000)	--
11. Ministerial Changes: Primarily reflects increases in utilities costs, various services and supplies, and charges from other County departments, partially offset by decreases in risk management.	41,802,000	(9,235,000)	32,084,000	18,953,000	--
12. Carryover of Flexible Housing Spending Pool (FHSP) Backstop Program: Reflects the carryover of funding for the FHSP Backstop Program, which seeks to increase permanent supportive housing by providing financial guarantees to investors if housing units become vacant and are not immediately filled.	3,000,000	--	--	3,000,000	--
13. Los Angeles Network for Enhanced Services (LANES): Reflects additional funding to support the operation of LANES, a public-private organization with the goal of facilitating the electronic exchange of patient health information in the County of Los Angeles.	2,000,000	--	--	2,000,000	--
14. Revenue Changes and Operating Subsidies: Reflects revenue adjustments primarily for the Global Payment Program, Quality Improvement Program, and Enhanced Payment Program. Also includes appropriation and revenue adjustments for operating subsidies, an increase to DHS' contribution to the IHSS Health Benefit MOE, and a one-percent increase in NCC as required by AB 85.	173,932,000	--	264,472,000	(90,540,000)	--
Total Changes	192,167,000	(69,704,000)	286,757,000	(24,886,000)	341.0
2022-23 Recommended Budget	8,866,753,000	411,474,000	7,411,294,000	1,043,985,000	26,270.0

Changes From 2021-22 Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
DIVERSION AND RE-ENTRY					
2021-22 Final Adopted Budget	180,296,000	7,250,000	118,344,000	54,702,000	0.0
Other Changes					
1. Funding Adjustments: Reflects an adjustment to remove \$81.5 million in prior-year funding from several sources that was provided primarily on a one-time basis for various ODR programs. The funding sources are as follows: a) \$1.2 million in MHSA funds; b) \$52.0 million in SB 678 revenue; c) \$3.6 million in AB 109 revenue; and d) \$24.7 million primarily in one-time fund balance.	(81,522,000)	(1,250,000)	(55,570,000)	(24,702,000)	--
2. ODR Programs: Reflects an additional \$30 million in ongoing funding to support existing programs.	30,000,000	--	--	30,000,000	--
3. Reserve Account: Reflects a funding transfer from ODR's reserve account to support existing programs and operations.	31,103,000	--	--	31,103,000	--
Total Changes	(20,419,000)	(1,250,000)	(55,570,000)	36,401,000	0.0
2022-23 Recommended Budget	159,877,000	6,000,000	62,774,000	91,103,000	0.0

Changes from the 2021-22 Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
ALLIANCE FOR HEALTH INTEGRATION					
2021-22 Final Adopted Budget	2,211,000	2,211,000	--	--	7.0
<i>Other Changes</i>					
1. Staffing Adjustments: Reflects the reclassification of 1.0 Program Implementation Manager, Health position to 1.0 Communications Manager, approved by the Board on October 5, 2021.	17,000	17,000	--	--	--
2. Employee Benefits: Reflects Board-approved increases in health insurance subsidies.	107,000	107,000	--	--	--
Total Changes	124,000	124,000	--	--	--
2022-23 Recommended Budget	2,335,000	2,335,000	--	--	7.0

Changes From 2021-22 Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
PUBLIC HEALTH					
2021-22 Final Adopted Budget	1,869,380,000	87,776,000	1,564,445,000	217,159,000	5,280.0
New/Expanded Programs					
1. Infrastructure and Other Key Positions: Reflects the addition of 116.0 positions to support the Department's workforce in meeting current operational needs that have emerged due to the COVID-19 pandemic and in preparation for future public health crises, as well as additional positions for health equity, health facilities inspection and emergency preparedness. This adjustment is fully offset with Center for Disease Control and State Health Facilities Inspection funding, as well as a realignment of existing resources.	22,609,000	--	22,609,000	--	116.0
2. Substance Abuse Prevention and Control (SAPC): Reflects the net addition of 4.0 positions, fully offset with revenue to meet operational needs in the areas of ADA compliance, contracting, and substance use disorders for justice-involved individuals.	585,000	--	585,000	--	4.0
Other Changes					
1. Grant Funding: Reflects the sunseting of expired grants that supported programs in healthcare connection for mothers, children, and adolescents; substance abuse; facility infrastructure; and COVID-19 public health crisis response.	(10,385,000)	--	(10,385,000)	--	--
2. One-Time Funds: Reflects an adjustment to remove prior-year funding that was provided on a one-time basis for programs in nurse family partnerships; clean air vehicles; and violence prevention.	(1,937,000)	--	(1,089,000)	(848,000)	--
3. Retiree Health: Reflects a projected increase in retiree health insurance premiums, as well as a scheduled increase in the department's proportional share of the cost to prefund the County's retiree healthcare benefits.	1,274,000	--	687,000	587,000	--
4. Unavoidable Costs: Reflects changes in workers' compensation and long-term disability costs due to anticipated benefit increases and medical cost trends.	1,000	--	1,000	--	--
5. Ministerial Changes: Reflects the addition of 1.0 position to support domestic violence contracting fully offset by revenue. Also reflects various ministerial changes resulting in a decrease of \$1.7M in net County cost primarily from projected revenue adjustments for special funds and grant; reversal of one-time carryover funds and one-time tobacco settlement funding; and realignment of various appropriations and revenues based on operational needs.	(13,190,000)	(3,710,000)	(7,750,000)	(1,730,000)	1.0
Total Changes	(1,043,000)	(3,710,000)	4,658,000	(1,991,000)	121.0
2022-23 Recommended Budget	1,868,337,000	84,066,000	1,569,103,000	215,168,000	5,401.0

Changes From 2021-22 Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
MENTAL HEALTH					
2021-22 Final Adopted Budget	3,034,272,000	168,270,000	2,835,808,000	30,194,000	6,407.0
New/Expanded Programs					
1. MHSA – Previously Approved: Reflects changes in MHSA funding in accordance with Board-approved plans, including a) \$1.7 million for SEED Foundation school operating costs; b) \$2.1 million and 20.0 positions for implementation and expansion of therapeutic transportation services; and c) \$0.5 million and 4.0 positions for implementation and enhancement of Homeless Outreach and Mobile Engagement (HOME) team services.	4,257,000	--	4,257,000	--	24.0
2. Inpatient Beds Cost Increases: Reflects \$8.6 million for an increase in costs for Medi-Cal fee-for-services and managed care-reimbursed psychiatric beds provided by community hospitals.	8,581,000	--	8,581,000	--	--
3. Intensive Care Coordination: Reflects \$1.2 million and 8.0 positions for treatment authorization, care coordination, and service navigation among providers of the most intensive mental health services.	1,163,000	--	1,163,000	--	8.0
Other Changes					
1. Employee Benefits: Primarily reflects Board-approved increases in health insurance subsidies.	1,473,000	39,000	3,807,000	(2,373,000)	--
2. Retirement: Reflects a decrease primarily due to adjustments for position changes as well as prior-year investment gains and losses in Los Angeles County Employees Retirement Association's investment portfolio.	(619,000)	--	--	(619,000)	--
3. Retiree Health Insurance: Reflects a projected increase in retiree health insurance premiums, as well as a scheduled increase in the Department's proportional share of costs to prefund the County's retiree healthcare benefits.	4,977,000	--	--	4,977,000	--
4. Unavoidable Costs: Reflects changes in workers' compensation and long-term disability costs due to anticipated benefit increases and medical cost trends. Also reflects a projected change in unemployment insurance costs based on historical experience.	262,000	--	--	262,000	--
5. AB 109 Public Safety Realignment Revenue: Reflects an adjustment to remove prior-year AB 109 funding that was provided on a one-time basis.	(35,020,000)	--	(35,020,000)	--	--

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
6. Position Adjustments: Reflects adjustments to improve the Department's operational effectiveness and support, including: a) \$0.2 million and 1.0 position to manage clinics, facilities, and associated lease or building requirements as a result of generally expanded services over recent years; b) \$1.0 million and 3.0 positions to enhance the organization and management of the Department's clinical operations; and c) \$0.3 million and a net reduction of 1.0 position to more accurately align classifications with assigned duties and ensure position details reflect DMH operations.	1,526,000	--	1,526,000	--	3.0
7. Deletion of One-Time Funding: Reflects an adjustment to remove prior-year funding that was provided on a one-time basis for MHSA services provided in partnership with other County departments, including: a) a reduction of \$1.3 million in temporary funds for home visiting and nurse partnerships with the Department of Public Health; b) a reduction of \$1.3 million in one-time funds for youth diversion and development programs with the Office of Diversion & Re-Entry; and c) a reduction of \$0.1 million in time-limited funds for 211 information line coordination of anti-hate initiative referrals with the Department of Workforce Development, Aging, and Community Services.	(2,691,000)	--	(2,691,000)	--	--
8. Operating Costs: Reflects miscellaneous changes involving other departments, and adjustments to various revenues and expenditures to more closely reflect anticipated funding levels.	(24,024,000)	(26,117,000)	4,340,000	(2,247,000)	--
Total Changes	(40,115,000)	(26,078,000)	(14,037,000)	--	35.0
2022-23 Recommended Budget	2,994,157,000	142,192,000	2,821,771,000	30,194,000	6,442.0

Changes From 2021-22 Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
CARE FIRST AND COMMUNITY INVESTMENT					
2021-22 Final Adopted Budget	100,000,000	--	--	100,000,000	3.0
<i>New/Expanded Programs</i>					
1. Care First And Community Investment (CFCI): Reflects the set aside of \$100.0 million of ongoing funding to the CFCI 'To Be Allocated' budget unit to reflect Year 2 of CFCI funding to support programs that include direct community investments and alternatives to incarceration as approved by the Board of Supervisors.	100,000,000	-	--	100,000,000	--
Total Changes	100,000,000	--	--	100,000,000	--
2022-23 Recommended Budget	200,000,000	--	--	200,000,000	3.0

OFFICE OF DIVERSION AND REENTRY

HMHS Cluster
March 30, 2022

ODR History + Goals

The Office of Diversion and Reentry was created in September 2015 by the Board of Supervisors.

Develop and implement county-wide criminal justice diversion for persons with mental health and/or substance use disorders, who were at risk of or experiencing homelessness, and to provide reentry support services to vulnerable justice involved populations.

The goals of ODR include reducing the number of people incarcerated in Los Angeles County jails with mental health and/or substance use disorders who are at risk of homelessness, reducing recidivism, and improving the health outcomes of justice involved populations who have the most serious underlying health needs.

Racial Equity

- Homelessness, justice system contact, and incarceration issues disproportionately affect communities of color in Los Angeles. ODR's work has the potential to be instrumental in promoting racial and health equity.
- ODR elevates the importance of racial equity and collaboration with impacted individuals and communities in an effort to reduce the jail population through diversion and reentry supports.
- In one study with UCLA, ODR analyzed race-ethnicity and arrest charge data from the Los Angeles (LA) County jail mental health population to examine disparities by race and ethnicity. The study concluded that the issues of racial disproportionality were even more severe with respect to the population of people with serious mental illnesses in the jails. Therefore, resources should be invested in prioritizing jail diversion of black individuals with mental illness and addressing the incarceration of persons with mental disorders charged with misdemeanors.

ODR's Clinical Programming Categories

Jail Based Diversion –

Dr. Kristen Ochoa

- ODR Housing
- MIST
- FIST
- DSH Diversion
- Maternal Health

Community Based Diversion/Harm Reduction –

Shoshanna Scholar

- Law Enforcement Assisted Diversion
- Overdose Education Naloxone Distribution



Health Services
LOS ANGELES COUNTY

OFFICE OF DIVERSION
AND REENTRY



ODR Housing

- Began August 2016
- Permanent supportive housing, intensive case management, formal probation

Persons currently active: 2,112
Persons in permanent supportive housing: 941

Total
Released:
3,723



MIST-CBR & Diversion

- Began October 2015
- Misdemeanor Incompetent to Stand Trial Community-Based Restoration

Persons being restored in community on active court order: 156

Total
Released:
2,138



FIST-CBR & Off-Ramp

- Began July 2018
- Felony Incompetent to Stand Trial Community-Based Restoration
- Off-Ramp, competency findings & services under PC 1370 (a)(1)(g)

Persons being restored in community on active court order: 497
Persons found competent while in jail, avoiding State Hospital: 404

Total
Released:
983



Maternal Health

- Began March 2018
- Diversion of pregnant women from custody

Persons currently active: 115

Total
Released:
208



DSH Diversion

- Began March 2019
- Specialized use of PC 1001.36

Total people diverted: 362

Total
Released:
362

Grand Total
Released from Jail
into Community
Services:
7,414

February, 2022

Jail Based/Clinical Diversion

ODR housing
(including Maternal
Health and LEAD)

2,200

Permanent Supportive
Housing

903

- Enriched Residential
Care: 233
- Standard PSH: 670

Interim Housing

1,297

Misdemeanor
Incompetent to
Stand Trial
(considered psych
recoup interim
housing beds)

242

Felony Incompetent
to Stand Trial

515

Department of State
Hospitals diversion –

240

Post-plea

ODR Housing-formal probation

~50%

Pre-plea

ODR Housing-PC 1001.36

FIST

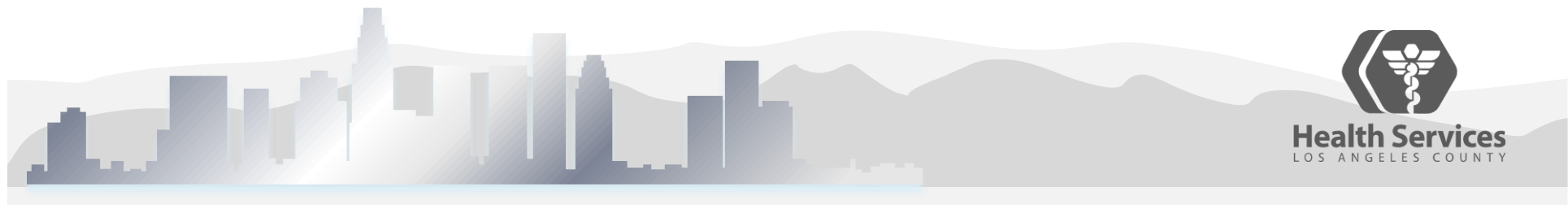
MIST

DSH Diversion

~50%

Breakdown of felony cases by serious/violent versus non-serious/non-violent

Felony Violent	53.3%
Felony Non-Violent	31.0%
Misdemeanor	12.3%
Other	0.5%



Health Services
LOS ANGELES COUNTY

Pretrial Reform Data Collection



Failures to Appear (FTA) in Court – ODR programs

	FTA	Total number of releases	FTA Rate (%)
Overall Pretrial Sample	128,752	297,622	43%

ODR Program	FTA	Total ODR clients	FTA Rate (%)
DSH Diversion	35	132	26%
FIST CBR	10	351	3%
MIST	27	727	4%
Maternal Health	4	27	14%
ODR Housing	19	210	9%

Pretrial Reform Data Collection



Rearrest during Pre-adjudication Period – ODR programs

	Total number of releases	Rearrests	Rearrest rate (%)	Rearrests for new offenses	Rearrest rate for new offenses (%)
Overall Pretrial Sample	315,189	152,844	48%	105,424	33%

ODR Program	Total ODR clients	Rearrests	Rearrest rate (%)	Rearrests for new offenses	Rearrest rate for new offenses (%)
DSH Diversion	132	17	13%	3	2%
FIST CBR	351	70	20%	58	17%
MIST	727	184	25%	148	20%
Maternal Health	27	12	44%	6	22%
ODR Housing	210	47	22%	34	16%



SARAH B. HUNTER, ADAM SCHERLING

Los Angeles County Office of Diversion and Reentry's Supportive Housing Program

A Study of Participants' Housing
Stability and New Felony Convictions

KEY FINDINGS

- From April 2016 through April 2019, 311 participants were enrolled.
- The majority were male and African American.
- Seventy-eight percent of the population suffered from at least one mental health disorder and nearly 40 percent had both a mental health and substance use disorder.
- Individuals without a behavioral health diagnosis (less than 3 percent) qualified because of a serious physical health issue or pregnancy.
- Housing stability rates were calculated for two groups: people who had received housing for at least six months or for at least 12 months. The six-month housing stability rate was 91 percent; the 12-month housing stability rate was 74 percent.
- Of a total of 96 individuals, 13 had been convicted of a new felony during the 12 months after being housed, for a 14-percent qualifying return rate. Three other individuals had pending felony charges.

91%

had stable housing
after 6 months

74%

had stable housing
after 12 months

86%

had no new felony
convictions after
12 months

Preliminary Data from UCLA for CalAIM Preparation

(962 ODR clients studied who were in housing)

Table 2. Medical Health Utilization Rate (per 100,000 clients) in pre and post 12 Months of Enrollment

<i>Variable</i>	<i>In pre 12 months</i>	<i>In post 12 months</i>
Number of hospitalizations (per 100,000 clients)	156,128	63,454
Number of ED visits (per 100,000 clients)	313,092	116,896
Number of primary care visits (per 100,000 clients)	92,200	199,249
Number of specialty visits (per 100,000 clients)	59,888	92,490

Table 3. Mental Health Utilization Rate (per 100,000 clients) in pre and post 12 Months of Enrollment

<i>Variable</i>	<i>In pre 12 months</i>	<i>In post 12 months</i>
Number of hospitalizations (per 100,000 clients)	71,587	20,775
Number of ED visits (per 100,000 clients)	56,546	17,271

ODR's Road Map for persons with serious clinical needs:

SEPTEMBER 9, 2019 PROGRESS REPORT ON SCALING UP DIVERSION AND REENTRY EFFORTS FOR PEOPLE WITH SERIOUS CLINICAL NEEDS (ITEM #17 FROM THE AUGUST 14, 2018 BOARD MEETING)

Table 1: Projected community capacity need by level of care based upon jail demand, divertability, and length of stay among specialty mental health and medically fragile population in the LA County jail

Community LOC	Correctional LOC	Number in Custody Now ¹	Estimated Proportion Needing LOC (%) ²	Estimated Number in Custody Needing LOC ³	Potential % Divertible ⁴	Projected Number of Persons in Custody Needing Community Services (on any given day) ⁵	ALOS Jail (days) ⁶	Jail Bed turnover (times per year) ⁷	Projected Number of Persons from Custody Needing Community Services (per year) ⁸	ALOS Community (days) ⁹	Community Bed turnover (times per year) ¹⁰	Projected Community Bed Capacity Need by LOC ¹¹		
												Year 1	Year 2	Year 3
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Acute Inpatient	FIP + HOH	46 (FIP) 1298 (HOH)	100% (FIP) 17% (HOH)	267	56%	150	115	3.17	476	40	9.13	52	52	52
Subacute Inpatient	HOH + MOH	1298 (HOH) 2794 (MOH)	83% (HOH) 20% (MOH)	1636	56%	916	177	2.06	1887	274	1.33	1418	1418	1418
Specialty Interim Housing	MOH	2794	80%	2235	56%	1252	177	2.06	2579	365	1	2579 ¹²	2579	2579
Skilled Nursing Facility (SNF)	CTC	150	100%	150	50%	75	177	2.06	155	274	1.33	117	117	117
Medical Recuperative Care	MOSH	400	100%	400	5% ¹³	20	177	2.06	41	274	1.33	31	31	31
Permanent Supportive Housing (PSH)	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	1000 ¹⁴	2684 ¹⁵	3947 ¹⁶
Total Capacity Needed												5197	6881	8144
Total New Capacity Needed (with current supply subtracted)												3197	4881	6144

ODR's Road Map for persons with serious clinical needs:

SEPTEMBER 9, 2019 PROGRESS REPORT ON SCALING UP DIVERSION AND REENTRY EFFORTS FOR PEOPLE WITH SERIOUS CLINICAL NEEDS (ITEM #17 FROM THE AUGUST 14, 2018 BOARD MEETING)

	Projected Community Bed Capacity Need by LOC ¹¹		
	Year 1	Year 2	Year 3
Total Capacity Needed	5197	6881	8144
Total New Capacity Needed (with current supply subtracted)	3197	4881	6144

Population in LA County Jails with Serious Mental Health Needs

- Prior to COVID-19 Pandemic Response:

Overall: $5,500/17,000 = \text{approx. } 30\%$

- Currently:

Overall: $5,651/13,335 = \underline{42\%}$

- Women with serious mental health needs:

$889/1,327 = \underline{67\%}$

- Despite significant decreases in the overall jail population, the size of the population of incarcerated people with serious mental health needs increased

Differential Incarceration by Race-Ethnicity and Mental Health Service Status in the Los Angeles County Jail System

Oona Appel, Psy.D., Dustin Stephens, M.D., Ph.D., Sonya M. Shadravan, M.D., Justin Key, M.D., Kristen Ochoa, M.D., M.P.H.

Objective: This study analyzed race-ethnicity and arrest charge data from the Los Angeles (LA) County jail mental health (JMH) population to examine disparities by race and ethnicity.

Methods: Data from the LA County Sheriff's Department for all persons in the JMH population on February 14, 2019 (N=5,134), and for the overall LA County jail population (N=16,975) were compared with chi-square tests ($p \leq 0.05$ for binary measures and Bonferroni correction for multiple comparisons).

Results: The JMH sample had a significantly larger proportion of black (41% versus 30%) and white (19% versus 15%)

persons and a smaller proportion of Hispanic persons (35% versus 52%), compared with the overall jail population ($p < 0.001$). A significantly smaller proportion of the JMH sample was charged with a felony (80% versus 91%, $p < 0.001$).

Conclusions: Resources should be invested in prioritizing jail diversion of black individuals with mental illness and addressing the incarceration of persons with mental disorders charged with misdemeanors.

Psychiatric Services in Advance (doi: 10.1176/appi.ps.201900429)

Psychiatric Services 2020 Aug 1;71(8):843-846



ODR Housing

2,200 beds

- The Office of Diversion and Reentry (ODR) Housing program is a permanent supportive housing program to serve individuals who are homeless, have a serious mental health disorder, and are incarcerated in the Los Angeles County Jail.
- The program is offered to pretrial defendants, who have alleged criminal felony cases, through a partnership with the Superior Court. The ODR pretrial program attempts to resolve alleged criminal felony cases early and divert defendants into ODR Housing with a grant of probation.
- The intervention consists of three components:
 - pre-release jail in-reach services
 - enhanced treatment efforts (additional clinical assessments and immediate initiation of medications, as indicated),
 - and immediate interim housing upon release from jail in anticipation of permanent supportive housing.
- Clients in the ODR Housing program are assigned an Intensive Case Management Services provider, who works with the client as they transition from custody to community. These providers serve as the core point of contact for the client's medical, mental health, and other supportive services.

MIST CBR

242 beds

- The Misdemeanor Incompetent to Stand Trial-Community Based Restoration (MIST-CBR) program diverts individuals facing misdemeanor charges who are found incompetent to stand trial into community based settings to be restored to competency.
- Beginning on January 1, 2022, this population can no longer receive competency restoration services in a jail setting (SB317)
- The community-based settings are tailored to meet the needs and clinical acuity of the clients; placement ranges from acute inpatient to open residential settings.
- Funding Streams (Fiscal Year 2021-2022)
 - 2.602m Ongoing Funds
 - AB 109 (Ongoing)– 2.602m
 - 5.462m One-Time Funds
 - Net County Cost (One Time) – 0.185m
 - Reserve (One Time) – 5.277m
 - 8.064m Total

A blue graphic consisting of a horizontal bar at the top and a larger rectangle below it. The larger rectangle has a speech bubble tail pointing downwards and to the right. The text "FIST CBR" is centered in the upper part of the rectangle, and "515 beds" is centered in the lower part.

FIST CBR

515 beds

- The Felony Incompetent to Stand Trial-Community Based Restoration (FIST-CBR) program diverts individuals facing felony charges who are found incompetent to stand trial into community based settings to be restored to competency. The community-based settings are tailored to meet the needs and clinical acuity of the clients; placement ranges from acute inpatient to open residential settings.
- The Off-Ramp is a program that utilizes PC 1370 (a)(1)(G), which allows those on the wait list who have become competent to be adjudicated and diverted to housing and care in the community.
- FIST-CBR and The Off-Ramp are a collaboration with the Department of State Hospitals to reduce the wait list and wait time of those waiting in jail for State Hospital placement.
- Funding Streams (Fiscal Year 2021-2022)
 - 42.602M in grant funding from Dept. of State Hospitals.
 - Current grant period from 7/1/2018- 10/31/2022.
 - Total grant amount of \$110,941,497

Dept. of State Hospitals Diversion

240 beds

- AB 1810 and SB 215 amended Penal Code Sections 1001.35-1001.36 (“Mental Health Diversion”) to create a pathway for courts to authorize pre-trial diversion.
- DSH Diversion is funded by the Department of State Hospitals (DSH) to support the diversion of clients with serious mental illnesses who have the potential to be deemed incompetent to stand trial on felony charges.
- ODR provides supportive housing, intensive case management, and clinical services to participants. In some cases, where ordered, the Probation Department provides pre-trial supervision.
- Funding Streams (Fiscal Year 2021-2022)
 - 14.546M in grant funding from Dept. of State Hospitals.
 - Current grant period from 3/1/2019- 10/31/2022
 - Total grant amount of \$31,544,100