



County of Los Angeles Health and Mental Health Services

FESIA A. DAVENPORT
Chief Executive Officer

DATE: Wednesday, May 11, 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.

1:00 P.M. NOTICE OF CLOSED SESSION

CS-1 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

Government Code Section 54956.9(a)
Randall Carrier, II, et al. v. County of Los Angeles, et al.
United States District Court Case No. 2:17-cv-07231 MRW
Department of Health Services
Sheriff's Department

- I. Call to order
- II. **Discussion Item(s):**
 - a. **DMH/DPH/DHS: CARE Court Briefing**
- III. **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. **DHS:** Authorize the Sole Source Acquisition of Radiology Equipment for LAC+USC Medical Center

IV. **Presentation Item(s):**

- a. **DPW/DHS:** Olive View-UCLA Medical Center Mammography Room Refurbishment Project –Approve Project and Related Appropriation Adjustment

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



Chief Executive Office

COUNTY OF LOS ANGELES

LEGISLATIVE AFFAIRS AND INTERGOVERNMENTAL RELATIONS

SB 1338 (UMBERG/EGGMAN): CARE COURT PROGRAM

- Samara Ashley, Assistant Chief Executive Officer
- Faith Conley, Legislative Representative
- Sarkis Semerdyan, Legislative Analyst

SB 1338 (UMBERG/EGGMAN): CARE COURT PROGRAM

- SB 1338, as amended on April 7, 2022, would enact the Community Assistance, Recovery, and Empowerment (CARE) Act. This measure would authorize specified people to petition a civil court to create a CARE plan and implement services by county behavioral health agencies, to provide behavioral health care, stabilization medication, and housing support to adults who are suffering from schizophrenia spectrum and psychotic disorders and who lack medical decision-making capacity.
- SB 1338 is scheduled to be heard in the Senate Appropriations Committee on May 16, 2022.
- SB 1338 must pass Senate Appropriations by May 20th and must pass the Senate Floor by May 27th in order to proceed to the Assembly.

POLITICAL LANDSCAPE

SB 1338 is supported by: Bay Area Council, Building Owners and Operators Association; California Hospital Association; Civic Center and Mid-Market Community Benefit Districts; Golden Gate Restaurant Association; and Hotel Council of San Francisco.

It is opposed by more than 50 organizations, including: American Civil Liberties Union, Corporation for Supportive Housing, Disability Rights Advocates, Housing California, Human Rights Watch, La Defensa, Mental Health First, Western Center on Law and Poverty, among others.

QUESTIONS?



Chief Executive Office
COUNTY OF LOS ANGELES

Legislative Affairs and Intergovernmental Relations

Room 723 Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

<https://ceo.lacounty.gov/legislative-affairs-and-intergovernmental-relations/>

▶▶ Community Assistance, Recovery and Empowerment (CARE) Court Program

Connie D. Draxler

Senior Deputy Director Re-Entry Initiatives



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

▶▶ Community Assistance, Recovery and Empowerment (CARE) Court Program

- New approach to provide support and accountability to individuals with untreated severe mental illnesses and to local governments with responsibility to provide Behavioral Health (BH) services.
- Focus on self determination and civil liberties with addition of Supporter role and legal counsel in CARE Court proceedings

▶▶ CARE Court Program

- **Respondent Criteria**

- ◀ 18 years or older
- ◀ Diagnosis of schizophrenia spectrum or other psychotic disorder
- ◀ Not clinically stabilized in ongoing treatment with county BH agency
- ◀ Lacks medical decision-making capacity
- ◀ County BH Agency may be responsible for providing CARE Court services to individuals who are enrolled in a Medi-cal Managed Care Plan or a Commercial plan

▶▶ CARE Court Program

- **Petition filed in**

- ◀ County respondent resides
- ◀ Where respondent is found
- ◀ Where respondent is facing criminal or civil proceedings

- **Who can petition?**

- ◀ Person 18 years or older with whom respondent resides.
- ◀ Spouse, parent, sibling or adult child of respondent
- ◀ Director of hospital where respondent is hospitalized
- ◀ Director of public or charitable organization, agency, home currently or previously providing BH services or in whose institution the respondent resides

- **Who can petition (cont.)?**

- ◀ Qualified BH professional who is or has been supervising or treating respondent for a mental illness'
- ◀ A first responder (peace officer, firefighter, paramedic, EMT, mobile crisis worker, homeless outreach worker)
- ◀ Public Guardian/Public Conservator
- ◀ Director of county BH agency
- ◀ Effective 7/1/23 – provides court a new option to refer Misdemeanor Incompetent to Stand Trial (MIST) to CARE Court (diversion, AOT, Conservatorship are 3 current options)

▶▶ CARE Court Program

- **Petition**

- ◀ Affirmation or affidavit by qualified health professional who has examined or attempted to examine respondent within 3 months of the petition; based on examination or review of record states respondent meets or is likely to meet diagnostic criteria
- ◀ Evidence of detention of intensive treatment under a 5250 (14 day involuntary hold) within 90 days of the petition

- **Due Process**

- ◀ Respondent has right to notice of hearing, copy of evaluation, to be represented by counsel, to have a supporter, be present in court, present evidence, call and cross examine witnesses and to appeal decisions

▶▶ CARE Court Program

- **Accountability**

- ◀ Respondent not participating in CARE plan proceedings or failing to comply with CARE plan, court can terminate the participation in CARE program
- ◀ Court may utilize existing legal authority (Welfare and Institutions Code 5200) to ensure respondent's safety
- ◀ Subsequent proceedings may use CARE proceedings as a factual presumption that no suitable community alternatives are available to treat the individual
- ◀ If court finds county is not complying with court orders = fine up to \$1000 per day
- ◀ County persistently noncompliant = court can appoint a receiver to secure court ordered care at county cost

▶▶ CARE Court Program

- **Trained Supporter**

- ◀ Provided by the California State Department of Aging
- ◀ State will provide training on supported decision making and use of Psychiatric Advance Directives (PAD)
- ◀ Supporter will offer respondent:
 - ways to maintain autonomy and decision making authority
 - strengthen capacity to prevent or remove need for more restrictive mechanisms such as conservatorship
 - assist in understanding, making and communicating decisions
- ◀ Respondent can choose a supporter who was not trained but that supporter serves without compensation

▶▶ CARE Court Program

- **Care Plan**

- ◀ Behavioral health treatment including medically necessary mental health or substance use disorder treatment for Medi-cal eligible participants
- ◀ May include medically necessary stabilization medications including antipsychotic medications. Medications may be provided as long-acting injections
- ◀ Court ordered medications **shall not** be forcibly administered
- ◀ Housing plan that describes the housing needs of the respondent and the housing resources that will be considered for an appropriate housing placement including interim or bridge housing, licensed adult and senior care settings and supportive housing
- ◀ The legislation does **not** allow the court to order housing or require the county to provide housing
- ◀ Individuals who are CARE program participants **shall** be prioritized for any appropriate bridge housing funded by BH Bridge Housing Program (subject to appropriation)

▶▶ CARE Court Program Concerns/Recommendations

- **Funding Concern**

- ◀ The legislation generally provides discretion to the civil courts by using the “may” language. Conversely, the county is not granted discretion but is mandated (by use of “shall” language) to do certain activities including but not limited to presence in court, evaluations, collaborative meetings, care/treatment plan development and compliance with court orders. These new mandates are not supported with any specific funding allocation.
- ◀ The legislation appears to require the county to provide services to clients who are not Mental Health Plan (MHP) clients, including clients with SMI who are served by commercial plans. While it appears there will be requirements for plans to reimburse DMH for these services, the legislation threatens efforts to address parity issues and requires DMH to take on additional clients that are not the responsibility of the MHP which will impact network capacity.

- **RECOMMENDATIONS**

- ◀ Provide an appropriation for these new mandates, particularly court related activities. Preferably, allow MHSA funds such as Innovations or surplus MHSA funds to be dedicated to CARE Court. In the alternative, State allocates an appropriation for these new mandates and activities.
- ◀ SMI clients served by managed care or commercial plans be required to participate in the CARE Court program, wherein each plan will be expected to provide services to its members in accordance with the laws as they are applied to the County MHP. The state can use this opportunity to enforce the parity issue.

▶▶ CARE Court Program Concerns/Recommendations

- **Housing Concerns**

- ◀ DMH is very disappointed that a key component of the state's initial framework (and publicized statements) requiring housing has been removed. The legislation now only requires an offering of housing options and specifically states the court cannot require the county to provide housing. CARE Court participants shall be prioritized for bridge housing (if an appropriation is made and county receives bridge housing funds) but participants do not have to accept the housing offered.

- **RECOMMENDATIONS**

- ◀ Guarantee (require) all resources to meet an individual's needs including their safety are provided to CARE Court participants. Housing (and housing security) for PEH or those at risk of becoming PEH must be dedicated up front or prohibit the court from requiring participation in CARE Court (both participant and county)

▶▶ CARE Court Program Concerns/Recommendations

- **Sanctions**

- ◀ The legislation does not define what may constitute non-compliance
- ◀ This punitive action takes away precious resources more appropriately used for client services

- **RECOMMENDATIONS**

- ◀ Define what constitutes non-compliance
- ◀ Remove all sanctions
- ◀ Provide a mechanism for county to respond to court concerns regarding implementation or service delivery (e.g. court hearing)

▶▶ CARE Court Program Concerns/Recommendations

- **Workforce**

- ◀ CARE Court will require services and staff for thousands of eligible participants. There is a current workforce staffing shortage. DMH and their contractors are having difficulty recruiting and hiring mental health staff willing to provide intensive field based services.
- ◀ The state recognizes this issue with several pending pieces of legislation that attempt to increase or incentivize public mental health workforce. While necessary and appropriate, it will take years to realize increases in available workforce.

- **RECOMMENDATIONS:**

- ◀ Implement CARE Court over a period of years
- ◀ Orders to county BH agency to participate in evaluations, care planning development and service delivery should be based on ability to provide staff
- ◀ If sanctions are not removed then sanctions should not be imposed if county BH agency has workforce issues

▶▶ CARE Court Program Concerns/Recommendations

- **Public Guardian Concerns**

- ◀ The legislation allows the court to utilize Welfare and Institutions Code 5200 “to ensure the respondent’s safety” if the respondent is not participating or is failing to comply with CARE program. WIC 5200 allows the court to order an evaluation to determine if a person is a danger to self, danger to others or gravely disabled. This appears to provide a mechanism for an involuntary hold if the respondent is acutely ill and a danger to themselves or others and a mechanism for the court to order the Office of the Public Guardian to investigate for conservatorship proceedings
- ◀ The legislation further indicates that in subsequent proceedings, which are not clearly defined, that the court may presume failure in the CARE Court program means there are no suitable community alternatives to treat the individual. This appears to reduce or eliminate the Public Guardian’s discretion whether a conservatorship should be pursued and appears contrary to case law that considers other factors in determining suitable alternatives.

- **RECOMMENDATIONS:**

- ◀ The legislation should clearly state if the court can order PG to investigate for conservatorship
- ◀ The legislation should remove the presumption that failure means there are no suitable community alternatives
- ◀ Funding should be provided to Public Guardians





CARE Court and the Specialty SUD System

Gary Tsai, M.D.
Division Director
Substance Abuse Prevention and Control
Los Angeles County Department of Public Health



Key Considerations

- **In addition to the issues related to the lack of funding for MH or SUD services, lack of housing, and financial penalties that will only make it more difficult to provide services for CARE Court participants, some other considerations specific to DPH-SAPC services include:**
 - Prevalence of SUDs >> prevalence of psychosis
 - Unintended adverse consequences of involuntary SUD care are potentially much more significant with broad eligibility criteria that include individuals with SUD (e.g., inequities with respect to the application of court mandates and access to limited treatment capacity, patients' rights, creating more stigma related to sharing or seeking help for substance use due to concerns about being mandated into treatment, etc.).
 - Presence of medical decision-making capacity is clearer with respect to psychosis, but less clear for someone whose psychosis has cleared and who continues to use substances.
 - While extrinsic motivation associated with drug courts have evidence supporting their effectiveness, drug courts serve a narrow population and applying a broader framework to court-mandated SUD treatment outside of drug courts is an untested approach → For this reason, it is prudent to take a measured approach with the initial implementation of CARE Court with respect to individuals with SUD.

Expected Impact of CARE Court on the Specialty SUD System

- **Continuum of specialty SUD treatment services would remain unchanged (Recovery Services, outpatient, Opioid Treatment Program services, intensive outpatient, residential levels 3.1/3.3/3.5 with a likely increase in residential level 3.3 services for people with co-occurring MH and SUDs, inpatient withdrawal management, Recovery Bridge Housing).**
- **However, we anticipate various implications from CARE Court related to:**
 - Increased lengths of stay and need for SUD beds (residential, inpatient, Recovery Bridge Housing)
 - Increased needs for SUD workforce:
 - More licensed clinicians capable of caring for people with more serious psychiatric conditions.
 - More trainings for SUD counselors on caring for people with more serious psychiatric conditions.
 - Increased Medi-Cal expenses (e.g., treatment services, care coordination)
 - Increased non-Medi-Cal expenses (e.g., local [non-federal] match obligations, room and board, Recovery Bridge Housing, navigation services, logistical time spent waiting at courthouse, etc.).
 - Increased administrative staff at DPH-SAPC to manage CARE Court process (programmatic staff, data staff, clinical staff for trainings and increased authorizations, etc.).

Recommendations

- Overall, DPH-SAPC supports the CARE Court proposal and the eligibility criteria include both people with psychotic conditions and individuals with co-occurring SUD and psychosis.
 1. Specify that CARE Court **eligibility criteria** is only applicable when SUD is a non-primary co-occurring diagnosis and adding other language to safeguard against broadening this to primary SUD diagnoses.
 2. Clearly define **medical decision-making capacity** and limit the determination of medical decision-making capacity based on the presence of psychosis, as opposed to the presence of a substance use disorder even if psychosis is not present.
 3. Establish an **SUD workgroup** to allow for more time to thoughtfully shape the role of SUD participants in CARE Court.
 4. Recommend **expansion of DMC-ODS as a fully funded State benefit**.
 - Currently, DMC-ODS is considered optional and as a result, counties need to pay the local match for DMC-ODS services for newly eligible (post-ACA) clients, as opposed to it being a fully funded State benefit similar to the specialty mental health waiver where State General Fund is used to cover the local match for specialty mental health services for newly eligible clients.

Recommendations (cont'd)

5. **Limit court orders to medically necessary Medi-Cal benefits.**

- If courts are allowed to mandate services that are not covered by Medi-Cal, this would essentially serve as unfunded mandated care from the perspective of counties.

6. **Fully fund CARE Court activities.**

7. Remove the proposed **financial penalties** for county behavioral health systems.

8. Ensure **accountability of the managed care plans and private plans** as well as county MH and SUD systems

- Given federal parity requirements, counties are not the only entity responsible for delivering behavioral health services and thus managed care plans and private health plans must also be partners in CARE Court.

Discussion / Q&A



“The opposite of addiction is not sobriety; the opposite of addiction is **connection.”**

- Johann Hari

BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	5/11/2022		
BOARD MEETING DATE	6/8/2022		
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th		
DEPARTMENT(S)	Department of Health Services (DHS)		
SUBJECT	REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT FOR PATIENT SEEN UNDER THE TRAUMA CENTER SERVICE AGREEMENT.		
PROGRAM	Health Services		
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why:		
DEADLINES/ TIME CONSTRAINTS	Not Applicable		
COST & FUNDING	Total cost:	Funding source:	
	\$0.00	Not Applicable	
	TERMS (if applicable): Not Applicable		
	Explanation: There is no net cost to the County		
PURPOSE OF REQUEST	<p>Requesting Board approval for the acceptance of a compromise offer of settlement for a patient account that is unable to be paid in full. The payment will replenish the Los Angeles County Trauma Funds.</p> <p>The Board is being asked to authorize the Director, or designee, to accept the attached compromise offer of settlement, pursuant to Section 1473 of the Health and Safety Code. This will expedite the County's recovery of revenue totaling \$7,795.62 for medical care provided at LAC+USC Medical Center.</p>		
BACKGROUND (include internal/external issues that may exist including any related motions)	The acceptance of the attached compromise settlement will help maximize net revenues and will help DHS meet its' budgeted revenue amounts.		
EQUITY INDEX OR LENS WAS UTILIZED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:		
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:		
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: DHS, Virginia Perez, Associate Hospital Administrator II, (626) 525-6077 virperez@dhs.lacounty.gov County Counsel, Kelly Hassel, Deputy County Counsel, (213) 974-1803 khassel@counsel.lacounty.gov		

June 08, 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 102016737 in the amount of \$7,795.62.

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 \$7,795.62, and there is no net cost to the County.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

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

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

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

The Honorable Board of Supervisors
June 08, 2022
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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 22-04-A

Amount of Aid	\$129,037.00	Account Number	102016737
Amount Paid	\$0.00	Name	Adult Male
Balance Due	\$129,037.00	Service Date	06/23/21
Compromise Amount Offered	\$7,795.62	Facility	LAC+USC Medical Center
Amount to be Written Off	\$121,241.38	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LAC+USC Medical Center at a total cost of \$129,037.00. The patient has a total of \$140,977.06 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$25,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$8,333.33	\$8,333.33	33.33%
Attorney Cost	\$831.31	\$831.31	3.33%
Other lien holders	\$2,775.42	\$166.53	0.67%
Los Angeles Department of Health Services (LAC+USC Medical Center)	\$129,037.00	\$7,795.62	31.18%
Net to Client (Heirs)	\$0.00	\$7,873.21	31.49%
Total	\$140,977.06	\$25,000.00	100.00%

BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	5/11/2022		
BOARD MEETING DATE	6/8/2022		
SUPERVISORIAL DISTRICT AFFECTED	<input type="checkbox"/> All <input checked="" type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th		
DEPARTMENT(S)	Health Services		
SUBJECT	Authorize the Sole Source Acquisition of Radiology Equipment for LAC+USC Medical Center		
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:		
DEADLINES/ TIME CONSTRAINTS	N/A		
COST & FUNDING	Total cost: \$964,000	Funding source: DHS Fiscal Year Final Budget	
	TERMS (if applicable): N/A		
	Explanation:		
PURPOSE OF REQUEST	Authorize the Director of ISD, as the County's Purchasing Agent, to proceed with the sole source acquisition of three D-EVO Suite II Radiographic X-Ray System from Fujifilm Healthcare Americas Corporation for DHS' LAC+USC MC.		
BACKGROUND (include internal/external issues that may exist including any related motions)	The Board of Supervisors instructed the Director on February 5, 2013, to report back within 30 days on DHS protocols for prioritizing medical equipment purchases, maintenance and replacement throughout all of its facilities. On March 5, 2013, the Director provided his report to the Board, which described the criteria used to determine the priority and timing for replacement of medical equipment at all DHS facilities. Beginning in FY 2013-14, the Department established a \$10 million ongoing revolving fund to purchase and install the radiology equipment and make the necessary room alterations required to accommodate such equipment throughout DHS. DHS subsequently convened a group of subject matter expert radiologists and supply chain staff to assess DHS patient care needs for the future and thoroughly review available imaging technology in an effort to standardize imaging care across DHS, which will also provide the opportunity for group purchasing discounts; and ensure consistent integration with ORCHID. The approval of the recommended action will allow LAC+USC MC to replace end-of-life x-ray equipment at the Emergency Room Radiology Department that supports LAC+USC MC Level I Trauma Center by providing diagnostic radiology imaging to diagnose and treat L.A. County patients who need emergent medical care. The three current General Radiology equipment are at end-of-life and are experiencing more frequent down times and contribute to delay in patient imaging and care. The proposed acquisition will improve wait times and patient care with less down-time and improved imaging technology.		

EQUITY INDEX OR LENS WAS UTILIZED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: This project will support the County Guiding Equity Principle #2, “Develop and implement strategies that identify, prioritize, and effectively support the most disadvantaged geographies and populations,” by providing improved imaging and shorter wait times for imaging for LAC+USC MC Emergency Room patients, many of whom live in disadvantaged geographies and populations. .
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: Priority No. 2: Health Integration/Alliance for Health Integration, is supported by providing improved imaging and shorter wait times for imaging for LAC+USC MC Emergency Room patients,
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: DHS - Jason Ginsberg, Chief, Supply Chain Operations, (323) 914-7926 jginsberg@dhs.lacounty.gov DHS – Daniel Amaya, Medical Center Unit Administrator, damaya@dhs.lacounty.gov, (323) 409-4066 County Counsel, Kelly Hassel, khassel@counsel.lacounty.gov, (213) 974-1803

June 8, 2022

DRAFT
DHS Letterhead

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

Dear Supervisors:

**AUTHORIZE THE SOLE SOURCE ACQUISITION OF RADIOLOGY EQUIPMENT
FOR LAC+USC MEDICAL CENTER
(SUPERVISORIAL DISTRICT 1)
(3 VOTES)**

SUBJECT

Authorize the Director of the Internal Services Department, as the County Purchasing Agent to proceed with the sole source acquisition of radiology equipment from Fujifilm Healthcare Americas Corporation for LAC+USC Medical Center.

IT IS RECOMMENDED THAT THE BOARD:

Authorize the Internal Services Department (ISD), as the County's Purchasing Agent to proceed with the sole source acquisition of three D-EVO Suite II Radiographic X-Ray System from Fujifilm Healthcare Americas Corporation (Fujifilm), at LAC+USC Medical Center (LAC+USC MC), for the Department of Health Services (DHS), with a unit cost greater than \$250,000 for a total cost of approximately \$964,000.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended action will authorize ISD, as the County's Purchasing Agent to proceed with the sole source acquisition of three D-EVO Suite II Radiographic X-Ray System for LAC+USC MC with an estimated total cost of \$964,000. The proposed acquisition will allow LAC+USC MC to replace end-of-life x-ray equipment at the Emergency Room Radiology Department that supports the LAC+USC MC Level I Trauma Center by providing diagnostic radiology imaging to diagnose and treat L.A. County patients who need emergent medical care. The three current General Radiology equipment are at end-of-life and are experiencing more frequent down times and contribute to delays in patient imaging and care. The proposed acquisition will improve wait times and patient care with less down-time and improved imaging technology.

By way of background, the Board of Supervisors instructed the Director on February 5, 2013 to report back within 30 days on DHS protocols for prioritizing medical equipment purchases, maintenance and replacement throughout all of its facilities. On March 5, 2013, the Director provided the report to the Board, which described the criteria used to determine the priority and timing for replacement of medical equipment at all DHS facilities. Beginning in FY 2013-14, the Department established a \$10 million ongoing revolving fund to purchase and install the radiology equipment and make the necessary room alterations required to accommodate such equipment throughout DHS. DHS subsequently convened a group of subject matter expert radiologists and supply chain staff to assess DHS patient care needs for the future and thoroughly review available imaging technology in an effort to standardize imaging care across DHS, which will also provide the opportunity for group purchasing discounts; and ensure consistent integration with the Online Realtime Centralized Health Information Database system (ORCHID, formerly referred to as the Electronic Health Record Information System).

DHS is requesting that the D-EVO Suite II be acquired from a sole source vendor, Fujifilm, because the D-EVO Suite II is the standard for DHS. The Supply Chain Operations Value Analysis Radiology Committee went through a selection process in comparing different pieces of equipment/technology from multiple vendors (GE, Siemens, Toshiba and Phillips). The D-EVO Suite II Radiographic X-Ray System was the selected equipment for General Radiography based on a standardized evaluation process that considered: a) high image quality, b) radiation dose, and c) cost. The D-EVO Suite II with Digital Radiology Detector platform is the foundation of General Radiography Suite options providing high image quality images at very low dose through its Irradiated Side Sampling patented technology. This type of equipment has been deployed at various DHS facilities.

Implementation of Strategic Plan Goals

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

FISCAL IMPACT/FINANCING

The total estimated cost of the equipment is approximately \$964,000. The estimated cost includes the three D-EVO Suite II, a one-year manufacturer's warranty, freight, and tax. Funding is included in the DHS Fiscal Year 2021-22 Final Budget. There is no impact to net County cost.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On October 16, 2001, the Board approved classification categories for fixed assets and new requirements for major fixed asset (now referred to as capital asset) acquisitions requiring County departments to obtain Board approval to finance or purchase equipment with a unit cost of \$250,000, or greater, prior to submitting their requisitions to ISD.

The department will seek Board approval as necessary to establish the capital project for the room alterations to accommodate the equipment in a separate Board Action.

CONTRACTING PROCESS

The acquisition of equipment falls under the statutory authority of the County Purchasing Agent and will be accomplished in accordance with the County's purchasing policies and procedures for sole source purchases.

IMPACT ON CURRENT SERVICES

Approval of the recommended action will allow LAC+USC to continue to provide quality diagnostic radiology imaging at the Emergency Room Radiology Department that supports the LAC+USC Level I Trauma Center.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:jc

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisor
Internal Services Department

BOARD LETTER/MEMO CLUSTER FACT SHEET

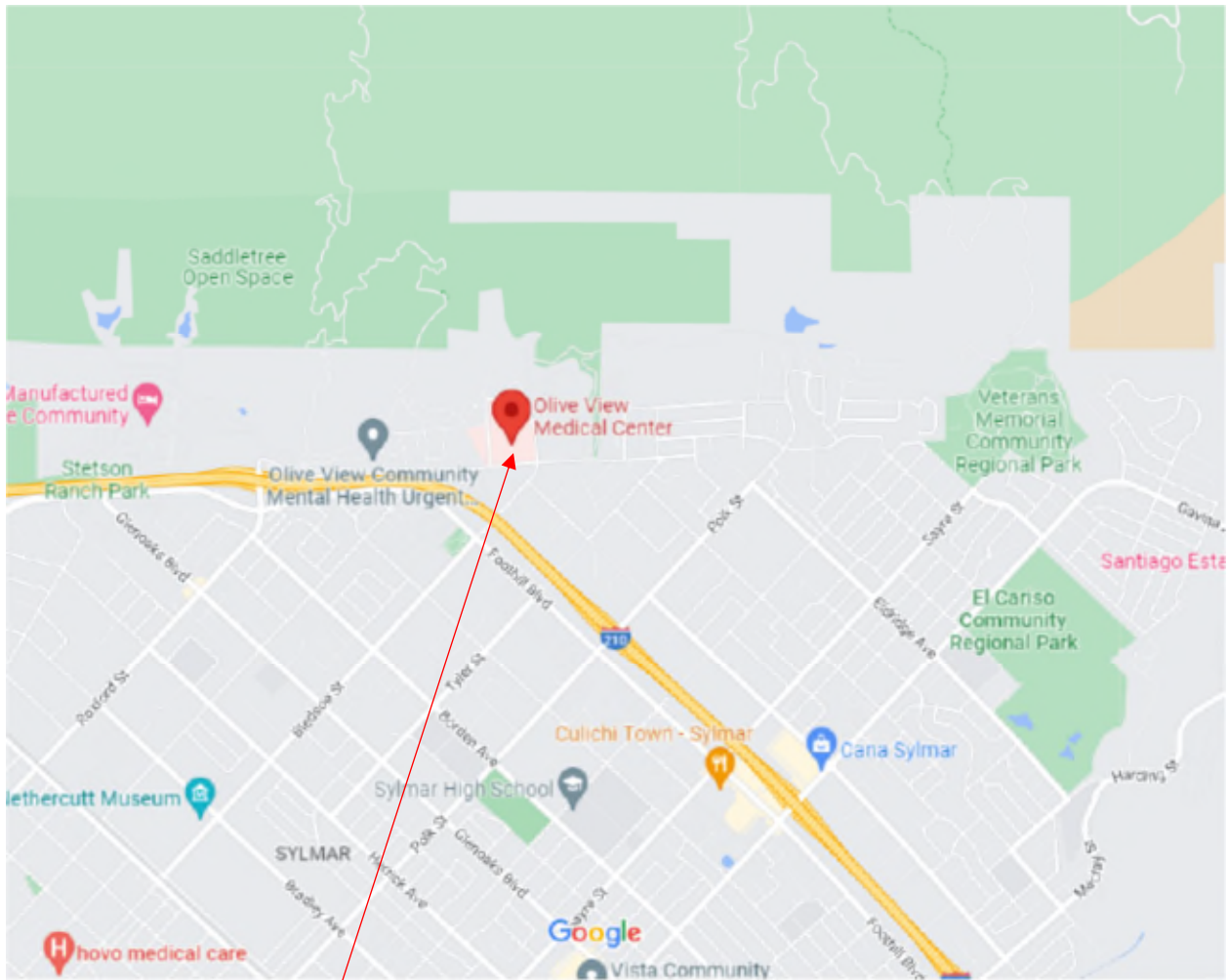
☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	5/11/2022	
BOARD MEETING DATE	6/8/2022	
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 Mammography Room Refurbishment 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 January 2023.	
COST & FUNDING	Total cost: \$775,000	Funding source: Department of Health Services' Various Refurbishment Project, Capital Project No. 86937, funded with the Department of Health Services' annual revolving fund for the Radiology Program.
	TERMS (if applicable): N/A	
	Explanation: N/A	
PURPOSE OF REQUEST	Establish and approve the Olive View-UCLA Medical Center Mammography Room Refurbishment Project; approve the project budget and related appropriation adjustment; and authorize Public Works to deliver the project using a Board-approved Job Order Contract.	
BACKGROUND (include internal/external issues that may exist including any related motions)	<p>As part of Department of Health Services Equipment Replacement Program, a \$10,000,000 annual revolving fund was established in April 2013 to procure new medical equipment based on an established criteria for prioritizing equipment replacement at the end of its lifespan.</p> <p>On April 20, 2021, the Board approved acquisition of the mammography equipment in the amount of \$428,477 for the Olive View-UCLA Medical Center Mammography Room Refurbishment Project. The proposed project consists of remodeling the existing stereotactic room to accommodate the new mammography equipment.</p>	
EQUITY INDEX OR LENS WAS UTILIZED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: Reduce racial disparities in life outcomes, as well as disparities in public investment to shape those outcomes.	
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 by Developing Prevention, Treatment, and Healing Services.	
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Vincent Yu, Assistant Deputy Director, (626) 300-2300, cell (626) 614-7217, vyu@pw.lacounty.gov .	

**Olive View-UCLA Medical Center
Mammography Room Refurbishment Project**



Project Location:

14445 Olive View Drive, Sylmar, CA 91342



COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

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

MARK PESTRELLA, Director

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

June 8, 2022

IN REPLY PLEASE
REFER TO FILE: PMI-3

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
MAMMOGRAPHY ROOM REFURBISHMENT PROJECT
ESTABLISH AND APPROVE PROJECT
APPROVE APPROPRIATION ADJUSTMENT
AUTHORIZE USE OF JOB ORDER CONTRACT
CAPITAL PROJECT NO. 87813
(FISCAL YEAR 2021-22)
(SUPERVISORIAL DISTRICT 3)
(3 VOTES)**

SUBJECT

Public Works is seeking Board approval to establish and approve the Olive View-UCLA Medical Center Mammography Room Refurbishment Project; approval of the project budget and related appropriation adjustment; and authority to deliver the project using a Board-approved Job Order Contract.

IT IS RECOMMENDED THAT THE BOARD:

1. Find that the proposed Olive View-UCLA Medical Center Mammography Room Refurbishment Project is exempt from the California Environmental Quality Act for the reasons stated in the Board letter and in the record of the project.
2. Establish and approve the Olive View-UCLA Medical Center Mammography Room Refurbishment Project, Capital Project No. 87813, with a project budget of \$775,000.

3. Authorize the Director of Public Works or his designee to use a Board-approved Job Order Contract to deliver the proposed Olive View-UCLA Medical Center Mammography Room Refurbishment Project.
4. Approve the Fiscal Year 2021-22 appropriation adjustment to reallocate \$343,000 from the Department of Health Services Various Refurbishment Project, Capital Project No. 86937, to fund the estimated Fiscal Year 2021-22 expenditure for the proposed Olive View-UCLA Medical Center Mammography Room Refurbishment Project, Capital Project No. 87813.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended actions will find the proposed Olive View-UCLA Medical Center (OV-UCLA MC) Mammography Room Refurbishment Project is exempt from the California Environmental Quality Act (CEQA); approve the project, project budget, and related appropriation adjustment; and authorize Public Works to deliver the project using a Board-approved Job Order Contract (JOC).

Background

As part of Department of Health Services (DHS) equipment replacement program, a \$10,000,000 annual revolving fund was established in April 2013 to procure new medical equipment based on an established criteria for prioritizing replacement.

On April 20, 2021, the Board approved acquisition of the mammography equipment in the amount of \$428,477 for the OV-UCLA MC. The equipment was procured by DHS through a Purchase Order with Internal Services Department and will be installed by the vendor once the proposed refurbishment project is completed. The existing mammography equipment has reached the end of its lifespan. The new equipment can be utilized for all diagnostic and screening mammography studies and can accommodate the upright stereotactic core biopsy attachment for the mammography unit.

The proposed project consists of remodeling the existing approximately 220-square-foot stereotactic room to accommodate the new mammography equipment. The room refurbishment will include a new technician control area and code compliance signage for the existing patient toilet room. The scope will also include remodeling of the space to

comply with Americans with Disabilities Act and the California Department of Health Care Access and Information (HCAI) requirements.

The design has been completed using a Board-approved, on-call consultant, and the plans have been reviewed and approved by HCAI. Approval of the recommended actions will authorize Public Works to deliver the project using a Board-approved JOC. Upon the Board's approval, construction is anticipated to take eight months to complete.

Green Building/Sustainable Design Program

The project will support the Board's policy for 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.1, Drive Economic and Workforce Development in the County; Strategy II.2, Support the Wellness of our Communities; and Strategy III.3, Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability, and Objective III.3.2, Manage and Maximize County Assets. The new mammography unit will 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 is \$775,000, including construction, change order contingency, plans and specifications, permit fees, consultant services, inspection services, and County services. Of this amount, DHS has already paid \$51,000 for preliminary design services through their operating budget. The project schedule and budget summary are included in Enclosure A.

Board approval of the Fiscal Year 2021-22 appropriation adjustment, (Enclosure B), will reallocate \$343,000 from DHS' Various Refurbishment Project, Capital Project No. 86937, where the DHS annual revolving fund for the Radiology Program is budgeted to fund the projected Fiscal Year 2021-22 expenditures of the OV-UCLA MC Mammography Room Refurbishment Project, Capital Project No. 87813. DHS will provide funding in

future budget phases, as needed, to fully fund the remaining project budget.

Operating Budget Impact

Following completion of the proposed 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, for projects with a total budget of \$500,000 to \$2,500,000, the proposed project will include a best effort hiring goal of at least 30 percent of California construction labor hours to be performed by qualified Local Residents and will not include the "Targeted Worker" component.

ENVIRONMENTAL DOCUMENTATION

The proposed project is categorically exempt from CEQA. The project includes remodeling an interior portion of the existing Mammography Unit to accommodate new medical equipment and addition of a new technician control area, as well as remodeling the space to comply with the Americans with Disabilities Act and HCAI requirements. The project is within certain classes of projects that have been determined not to have a significant effect on the environment in that it meets criteria set forth in Sections 15301 (a), (d), and (f); 15302 (c); and 15303 (d) of the State CEQA Guidelines and Classes 1 (c), (d), and (i); 2 (a) and (e); and 3 (d) of the County's Environmental Document Reporting Procedures and Guidelines, Appendix G. The project provides for repair and upgrade of an existing facility with no expansion of use, replacement of existing features with the same purpose, and capacity and installation of new equipment. In addition, the project will comply with all applicable regulations, it is not in a sensitive environment, and there are no cumulative impacts, unusual circumstances, damage to scenic highways, listing on hazardous waste site lists compiled pursuant to Government Code Section 65962.5, or indications that it may cause a substantial adverse change in the significance of a historic resource that would make the exemption inapplicable.

Upon the Board's approval of the project, Public Works will file a Notice of Exemption with the Registrar-Recorder/County Clerk in accordance with Section 21152 of the Public Resources Code and will post the notice to its website in accordance with Section 21092.

CONTRACTING PROCESS

Public Works utilized a Board-approved, on-call consultant to complete the design for the project, and construction will be carried out using a Board-approved JOC.

The project scope includes substantial remodeling and alteration work, and Public Works has made the determination that the use of a JOC is the most appropriate contracting method to deliver the project.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The hospital will remain fully operational during construction. Public Works will work with DHS to minimize construction impacts and disruptions at the facilities.

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

Enclosure

c: Department of Arts and Culture
Auditor-Controller
Chief Executive Office (Capital Programs Division)
County Counsel
Executive Office
Department of Health Services (Capital Programs Division)

June 8, 2022

**CONSTRUCTION CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
OLIVE VIEW-UCLA MEDICAL CENTER
MAMMOGRAPHY ROOM REFURBISHMENT PROJECT
ESTABLISH AND APPROVE PROJECT
APPROVE APPROPRIATION ADJUSTMENT
AUTHORIZE USE OF JOB ORDER CONTRACT
CAPITAL PROJECT NO. 87813
(FISCAL YEAR 2021-22)
(SUPERVISORIAL DISTRICT 3)
(3 VOTES)**

I. PROJECT SCHEDULE SUMMARY

Project Activity	Scheduled Completion Date
Construction Documents	08/24/2021 *
Jurisdictional Agency Approval	10/12/2021 *
Construction Award	05/05/2022
Substantial Completion	01/06/2023
Project Acceptance	04/06/2023

*Actual Completion Date

II. PROJECT BUDGET SUMMARY

Project Activity	Proposed Project Budget
Construction - JOC	\$196,000
Plans and Specifications	\$ 70,000
Consultant Services	\$100,000
Miscellaneous Expenditures	\$ 6,000
Jurisdictional Review/Plan Check/Permits	\$ 6,000
County Services	\$394,000
TOTAL PROJECT COST	\$775,000