



FESIA A. DAVENPORT
Chief Executive Officer

County of Los Angeles Health and Mental Health Services

DATE: Wednesday, June 1, 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.

10:00 A.M. NOTICE OF CLOSED SESSION

CS-1 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

Government Code Section 54956.9(a)

Maria Elvira Quintanilla Cebrenros v. County of Los Angeles, et al.

United States District Court Case No. 2:20-cv-09267

Department of Medical Examiner-Coroner

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

- b. DPH:** Approval to Execute a Contract with Children's Bureau of Southern California for Maternal, Infant and Early Childhood Home Visiting Program Services in Service Planning Area 1 (#06236)

III. Presentation Item(s):

- a. DMH:** Adopt The Department of Mental Health's Mental Health Services Act Annual Update for Fiscal Year 2022-23
 - b. DPH:** Approval to Execute a Master Agreement Work Order for the Provision of As-Needed Temporary Personnel Services to Support the African American Infant and Maternal Mortality Prevention Initiative for the Period of July 1, 2022 through June 30, 2023 (#06284)

IV. Discussion Item(s):

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

- a.** Discussion and consideration of necessary actions on issues related to the Harbor-UCLA Medical Center Replacement Program, and briefing by DPW, CEO and DHS, as needed, as requested at the Health and Mental Health Services Cluster meeting on May 18, 2022.

- VI. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda**

- VII. Public Comment**

- VIII. Adjournment**

BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	6/1/2022	
BOARD MEETING DATE	6/28/2022	
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 OFFERS OF SETTLEMENT FOR PATIENTS 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: \$0.00	Funding source: 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 compromise offers of settlement for patient accounts that are unable to be paid in full. The payments 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 offers of settlement, pursuant to Section 1473 of the Health and Safety Code. This will expedite the County's recovery of revenue totaling \$4,100.00 for medical care provided at Harbor UCLA MC and Olive View-UCLA MC.</p>	
BACKGROUND (include internal/external issues that may exist including any related motions)	The acceptance of the attached compromise settlements 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 28, 2022

DRAFT
DHS Letterhead

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

Dear Supervisors:

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

SUBJECT

To request Board of Supervisors', (Board), approval for the Director of Health Services (DHS), or designee, 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. The compromise offers of settlement referenced below are 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 offers of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual accounts:

Patients who received medical care at County facilities:

- Harbor-UCLA Medical Center – Account Number 101790086 in the amount of \$2,500.00.
- Olive View-UCLA Medical Center – Account Number 100560259 in the amount of \$1,600.00.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patients who received medical care at County facilities: The compromise offer of settlement for the patient accounts is recommended because the patients are unable to pay the full amount of charges and the compromise offers represent 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 these compromise offers, as it will enable the DHS to maximize net revenue on these accounts.

Implementation of Strategic Plan Goals

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

FISCAL IMPACT/FINANCING

This will expedite the County's recovery of revenue totaling to approximately \$4,100.00. There is no net cost to the County.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

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

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

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

The Honorable Board of Supervisors
June 28, 2022
Page 3

IMPACT ON CURRENT SERVICES (OR PROJECTS)

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

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:ANW:VP

Enclosures (2)

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 22-05-A

Amount of Aid	\$73,757.00	Account Number	101790086
Amount Paid	\$0.00	Name	Adult Male
Balance Due	\$73,757.00	Service Date	03/01/2020
Compromise Amount Offered	\$2,500.00	Facility	Harbor- UCLA Medical Center
Amount to be Written Off	\$71,257.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at Harbor -UCLA Medical Center at a total cost of \$73,757.00. The patient has a total of \$77,707.00 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$10,000.00. 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	\$3,300.00	\$3,300.00	33.00%
Attorney Cost	\$650.00	\$650.00	6.50%
Other lien holders	\$0.00	\$0.00	0.00%
Los Angeles Department of Health Services (Harbor- UCLA MC)	\$73,757.00	\$2,500.00	25.00%
Net to Client (Heirs)	\$0.00	\$3,550.00	35.50%
Total	\$77,707.00	\$10,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 22-05-B

Amount of Aid	\$24,465.00	Account Number	100560259
Amount Paid	0.00	Name	Adult Male
Balance Due	\$24,465.00	Service Date	07/14/18 – 01/29/20
Compromise Amount Offered	\$1,600.00	Facility	Olive View-UCLA Medical Center
Amount to be Written Off	\$22,865.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at Olive View-UCLA Medical Center at a total cost of \$24,465.00. The patient has a total of \$43,270.00 in medical bills and attorney fees.

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

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$5,000.00	\$5,000.00	33.33%
Attorney Cost	\$0.00	\$0.00	0.00%
Other lien holders	\$13,805.00	\$902.84	6.02%
Los Angeles Department of Health Services (Olive View-UCLA MC)	\$24,465.00	\$1,600.00	10.67%
Net to Client (Heirs)	\$0.00	\$7,497.16	49.98%
Total	\$43,270.00	\$15,000.00	100.00%

BOARD LETTER/MEMO CLUSTER FACT SHEET

DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	6/1/2022	
BOARD MEETING DATE	6/14/2022	
SUPERVISORIAL DISTRICT AFFECTED	<input type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input checked="" type="checkbox"/> 5 th	
DEPARTMENT(S)	Public Health	
SUBJECT	Approval to execute a contract with Children's Bureau of Southern California for the provision of Maternal, Infant and Early Childhood Home Visiting program services in Services Planning Area 1 effective July 1, 2022, through June 30, 2024	
PROGRAM	Maternal, Child, and Adolescent Health	
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	Current Maternal, Infant and Early Childhood Home Visiting (MIECHV) services contract in Service Planning Area (SPA) 1 expires 6/30/22. New contract effective 7/1/22 is needed for continued provision of services.	
COST & FUNDING	Total cost: \$1,055,488	Funding source: Health Resources and Services Administration (HRSA) funding passed through California Department of Public Health (CDPH) Associate Listing Number # 93.870
	TERMS (if applicable): 7/1/22 through 6/30/24	
	Explanation: 7/1/22 – 6/30/23: \$526,851; 7/1/23 – 6/30/24: \$528,637	
PURPOSE OF REQUEST	Children's Bureau of Southern California (CBSC) was identified as a qualified vendor to provide MIECHV program services using the Healthy Families America (HFA) home visiting model in Los Angeles County SPA 1. A new contract effective 7/1/22 is needed for a seamless continuation of services.	
BACKGROUND (include internal/external issues that may exist including any related motions)	On 1/25/22, an IFB was released to solicit bids for one contract to implement MIECHV Program Services in Los Angeles County SPA 1. The SPA and home visiting model to be used for MIECHV Program Services were determined by CDPH based on requirements set forth by HRSA. As the administrator of the MIECHV funds, HRSA required that CDPH identify at-risk communities in need of home visitation services and selected evidence-based home visiting models to be used to provide services to the identified at-risk communities.	
EQUITY INDEX OR LENS WAS UTILIZED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: Home visiting services aim to improve long-term outcomes both intergenerationally and multi-generationally, and intervene early and emphasize long-term prevention.	

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: Board Priority #1, Child Protection. MIECHV services provide effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to pregnant women, their newborns, young children and families.
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Genaro Sandoval, Administration Director 213-639-6400, gsandoval@ph.lacounty.gov



DRAFT



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

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

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

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

www.publichealth.lacounty.gov

BOARD OF SUPERVISORS

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

June 14, 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:

**APPROVAL TO EXECUTE A CONTRACT WITH CHILDREN'S BUREAU OF
SOUTHERN CALIFORNIA FOR MATERNAL, INFANT AND EARLY CHILDHOOD
HOME VISITING PROGRAM SERVICES IN SERVICE PLANNING AREA 1
(FIFTH SUPERVISORIAL DISTRICT) (3 VOTES)**

SUBJECT

Request approval to execute a contract with Children's Bureau of Southern California to implement Maternal, Infant and Early Childhood Home Visiting program services in Los Angeles County Service Planning Area 1, for the term effective July 1, 2022, through June 30, 2024, and delegated authority to execute future contract amendments and change notices, as appropriate, to reflect funding adjustments, and non-material and/or ministerial revisions; suspend or terminate and/or accept a voluntary contract termination notice from the contractor; as well as authority to extend or adjust the term through December 31, 2027.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Authorize and instruct the Director of the Department of Public Health (Public Health), or designee, to execute a contract, substantially similar to Exhibit I, with

Children's Bureau of Southern California (CBSC), selected under a competitive solicitation process, to implement Maternal, Infant and Early Childhood Home Visiting (MIECHV) program services in Los Angeles County (LAC) Service Planning Area (SPA) 1, effective July 1, 2022, through June 30, 2024, at a total maximum obligation of \$1,055,488 (\$526,851 for the period of July 1, 2022, through June 30, 2023, and \$528,637 for the period of July 1, 2023, through June 30, 2024); 100 percent offset by Health Resources and Services Administration (HRSA) funding passed through the California Department of Public Health (CDPH), Assistance Listing Number 93.870.

2. Delegate authority to the Director of Public Health, or designee, to execute amendments to the contract that extend the term for three additional one-year periods through June 30, 2027, at amounts to be determined by the Director of Public Health; allow a no-cost adjustment to the term through December 31, 2027; allow the rollover of unspent contract funds; provide an increase or decrease in funding up to 25 percent above or below each term's annual base maximum obligation, effective upon amendment execution, or at the beginning of the applicable contract term; and/or make corresponding service adjustments as necessary, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office.
3. Delegate authority to the Director of Public Health, or designee, to execute change notices to the contract that authorize modifications to, or within, budget categories, and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or make changes to the contract's terms and conditions.
4. Delegate authority to the Director of Public Health, or designee, to immediately suspend the contract upon issuing a written notice to the contractor if the contractor fails to fully comply with program requirements; to terminate the contract for convenience by providing a 30-calendar day advance written notice to the contractor; and to accept a voluntary contract termination notice from the contractor.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Home visiting programs play a crucial role to build quality, comprehensive, statewide early childhood systems for pregnant women, parents, caregivers, and children to improve health and development outcomes.

The goals of the MIECHV Program are to: 1) improve the coordination of perinatal and early childhood in-home supportive services for at-risk communities; and 2) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. At-risk communities are defined as those with a high concentration of risk factors for premature birth; low birth weight; infant mortality; poor maternal, newborn, and

child health; poverty; crime; domestic violence; high rates of high school dropouts; substance abuse; unemployment; and child maltreatment.

Public Health receives HRSA funding passed through CDPH for MIECHV. As the administrator of the MIECHV funds, HRSA required that CDPH identify at-risk communities in need of home visitation services and selected evidence-based home visiting models to be used to provide service to the identified at-risk communities. CDPH identified SPA 1 and the home visiting model based on requirements set forth by HRSA.

CBSC is the current contractor providing MIECHV program services in LAC SPA 1. The contract will sunset on June 30, 2022.

Approval of Recommendation 1 will allow Public Health to execute a contract with CBSC to implement a MIECHV Program in LAC SPA 1, with fidelity to the Healthy Families America evidence-based home visiting model, to provide effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to pregnant women, their newborns, young children, and families.

Approval of Recommendation 2 will allow Public Health to execute amendments to the contract to extend and/or adjust the term of the contract; rollover unspent funds; increase or decrease funding up to 25 percent above or below the annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable contract term; and/or make corresponding service adjustments, as necessary. This recommended action will enable Public Health to amend the contract to adjust the term for a period of up to six months beyond the expiration date. Such amendments will only be executed if and when there is an unanticipated extension of the term of the applicable grant funding to allow additional time to complete services and utilize grant funding. This authority is being requested to enhance Public Health's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Approval of Recommendation 2 will also enable Public Health to amend the contract to allow for the provision of additional units of funded services that are above the service level identified in the current contract and/or the inclusion of unreimbursed eligible costs, based on the availability of grant funds and grant funder approval. While the County is under no obligation to pay a contractor beyond what is identified in the original executed contract, the County may determine that the contractor has provided evidence of eligible costs for qualifying contracted services and that it is in the County's best interest to increase the maximum contract obligation as a result of receipt of additional grant funds or a determination that funds should be reallocated. This recommendation has no impact on net County cost.

Approval of Recommendation 3 will allow Public Health to execute change notices to the contract that authorize modifications to, or within, budget categories, and corresponding

service adjustments, as necessary; changes to hours of operation and/or service locations; and/or make changes to the contract's terms and conditions.

Approval of Recommendation 4 will allow Public Health to immediately suspend the contract if the contractor fails to fully comply with program requirements, to terminate the contract for convenience by providing a 30-calendar day advance written termination notice to the contractor, and to accept a voluntarily request to terminate their contract.

Implementation of Strategic Plan Goals

The recommended actions support Strategy I.1, Increase Our Focus on Prevention Initiatives; Objective I.1.6, Increase Home Visitation Capacity, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total County maximum obligation for this contract is \$1,055,488, for the term of July 1, 2022, through June 30, 2024; fully offset by HRSA funding passed through CDPH, Assistance Listing Number 93.870.

There is no net County cost associated with this action.

Funding is included in Public Health's Adopted Budget for fiscal year (FY) 2022-23 and will be included in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

As required under Board Policy 5.120, your Board was notified on April 5, 2022, of Public Health's request to increase or decrease funding up to 25 percent above or below the annual base maximum obligation. Increased delegated authority would allow Public Health to maximize grant revenue and utilize the full amount of the award received from CDPH for this contract, consistent with Board Policy 4.070 – full Utilization of Grants Funds and make necessary adjustments in the event there are unforeseen changes to the CDPH award amount.

Exhibit I is the contract template reviewed and approved by County Counsel. Attachment A is the contracting opportunity announcement on the County of Los Angeles website. Attachment B is the Community Business Enterprise (CBE) Information for the recommended contractor.

CONTRACTING PROCESS

On January 25, 2022, Public Health released Invitation for Bids (IFB#2022-002) to solicit bids from qualified organizations to implement a MIECHV Program in LAC SPA 1. The contracting opportunity announcement was posted on the County of Los Angeles website

(Attachment A) and also sent by electronic mail to 12 agencies listed in Public Health's internal list of vendors for MIECHV program services.

Public Health received one timely bid by the submission deadline. The bid was reviewed by a committee that consisted of representatives within Public Health and evaluated in accordance with the Evaluation Methodology for Proposals – Policy 5.054 approved by the Los Angeles County Board of Supervisors on March 31, 2009, and the IFB solicitation process. CBSC's bid was deemed a responsive bidder.

On April 21, 2022, notification of the IFB results was sent to the selected Bidder.

Community Business Enterprise Program information as reported by the recommended Bidder is identified in Attachment B. The Bidder was selected without regard to gender, race, creed, color, or national origin for award of a contract.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow Public Health to continue to provide crucial MIECHV program services to children and families in at-risk communities in LAC SPA 1.

Respectfully submitted,

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

BF:gs
#06236

Enclosures

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



CONTRACTING OPPORTUNITY *

BID NUMBER: 2022-002

BID TITLE: Invitation for Bids for Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Services (Service Planning Area 1)

RELEASE/OPEN DATE: January 25, 2022

CLOSING/DUE DATE: February 22, 2022

*Visit websites indicated below for additional information and updates.

The County of Los Angeles (County) Department of Public Health is pleased to announce the release of an Invitation for Bids (IFB) to seek a qualified organization to **implement MIECHV Program Services in Los Angeles County (LAC) Service Planning Area (SPA) 1.**

Minimum Mandatory Requirements

Interested vendors must meet the following Minimum Mandatory Qualifications to apply:

1. **Active Accreditation:** Bidder must be actively accredited by the Healthy Families America National Office. Bidder must include a copy of their certificate of accreditation;
2. **Location:** Bidder must have a business office located in SPA 1 in order to provide the required services, and to provide clients accessibility to the business office. The office must have a telephone in the company's name where Bidder conducts business. The office must be functional and accessible to Public Health and MIECHV clients from Monday to Friday, except federal and county holidays, during appropriate hours of operation (ideally 8:00 a.m. to 5:00 p.m.) to meet the needs of the clients to be served;
3. **Experience:** Bidder must have a minimum of one (1) years' experience, within the last three (3) years, providing case management services to at-risk multiparity women with children less than three (3) months of age, focused on preventing child abuse and improving maternal and child health conditions, such as maternal mental health, birth outcomes, child injury, and parenting skills; and
4. **Unresolved Disallowed Costs:** If Bidder's compliance with a County contract has been reviewed by the Department of the Auditor-Controller (Auditor-Controller) within the last 10 years, Bidder must not have unresolved questioned costs identified by the Auditor-Controller in an amount over \$100,000 that are confirmed to be disallowed costs by the contracting County department and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of good faith negotiations to resolve the disallowed costs, in the opinion of the County.

Please click the Public Health link below to review Section 1.4, Bidder's Minimum Mandatory Requirements, for additional information.

Next Steps for Interested Vendors

- ✓ Register at <http://camisvr.co.la.ca.us/webven>
- ✓ Review contracting opportunity solicitation document for additional information, requirements, submission information, and updates at:
 - <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>
 - <http://publichealth.lacounty.gov/cg/index.htm>

COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

TITLE		REFERENCE			
1 FIRM/ORGANIZATION INFORMATION		The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.			
Total Number of Employees in California:		403			
Total Number of Employees (including owners):		N/A			
Race/Ethnic Composition of Firm. Enter the make-up of Owners/Partners/Associate Partners into the following categories:					
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Percentage of how ownership of the firm is distributed		
	Male	Female	Male		Female
Black/African American	N/A	N/A	N/A	%	N/A %
Hispanic/Latino	N/A	N/A	N/A	%	N/A %
Asian or Pacific Islander	N/A	N/A	N/A	%	N/A %
American Indian	N/A	N/A	N/A	%	N/A %
Filipino	N/A	N/A	N/A	%	N/A %
White	N/A	N/A	N/A	%	N/A %

TITLE		REFERENCE				
2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE		If your firm is currently certified as a minority, women, disadvantaged, disabled veteran or lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprise by a public agency, complete the following.				
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ	
N/A						

BOARD LETTER/MEMO CLUSTER FACT SHEET

DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	6/1/2022	
BOARD MEETING DATE	6/28/2022	
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)	Mental Health	
SUBJECT	Adopt the Department of Mental Health's Mental Health Services Act Annual Update for Fiscal Year (FY) 2022-23	
PROGRAM	MHSA	
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	
DEADLINES/ TIME CONSTRAINTS	June 28, 2022	
COST & FUNDING	Total cost: None	Funding source: N/A
	TERMS (if applicable): N/A	
	Explanation:	
PURPOSE OF REQUEST	The purpose is to adopt The MHSA Annual Update for FY 2022-23 which builds upon the DMH approved MHSA Three-Year Program and Expenditure Plan for each MHSA component. The Update contains a summary of DMH's MHSA programs for FY 2021-22 and it describes the ongoing Community Planning Process (CPP) and progress towards continued implementation of existing programs and/or program expansions and proposed new programs to be incorporated into the Three-Year Program and Expenditure Plan for FYs 2021-22 through 2023-24.	
BACKGROUND (include internal/external issues that may exist including any related motions)	Each counties mental health program is required to prepare a MHSA Three-Year Program and Expenditure Plan and Annual Updates. The MHSA Three-Year Program and Expenditure Plan and Annual Updates (Update) are required to be circulated for public review and comment and that a public hearing be conducted at the close of the comment period. On March 4, 2022, DMH posted the Update on its website for 30 days for public comment. DMH, upon stakeholder request, allowed for an extended public comment period through 45 days. The LA County Mental Health Commission also convened a Public Hearing on April 28, 2022, where DMH presented the Update and addressed public questions. The LA County Mental Health Commission voted to approve the Update for FY 2021-22 at its meeting on May 4, 2022.	
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: Darlesh Horn, Program Manager III, (213) 943-8475, dkhorn@dmh.lacounty.gov Patty Choi, Deputy County Counsel, (213) 947-6596, Pchoi@counsel.lacounty.gov	



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

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

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

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

Lisa H. Wong, Psy.D.
Senior Deputy Director

June 28, 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:

**ADOPT THE DEPARTMENT OF MENTAL HEALTH'S
MENTAL HEALTH SERVICES ACT ANNUAL UPDATE
FOR FISCAL YEAR 2022-23
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request adoption of the Department of Mental Health's Mental Health Services Act Annual Update for Fiscal Year 2022-23.

IT IS RECOMMENDED THAT THE BOARD:

Adopt the Department of Mental Health's (DMH) Mental Health Services Act (MHSA) Annual Update for Fiscal Year (FY) 2022-23 as attached. The MHSA Annual Update has been certified by the Director of Mental Health (Director), or designee, and the Auditor-Controller (A-C) to meet specified MHSA requirements in accordance with Welfare and Institutions Code (WIC) Section 5847.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

The MHSA Annual Update for FY 2022-23 builds upon the DMH-approved MHSA Three-Year Program and Expenditure Plan for each MHSA component. It contains a summary of MHSA programs for FY 2021-22, including clients served by MHSA programs, and Service Area and program outcomes. Additionally, the Annual Update describes DMH's ongoing Community Program Planning (CPP) and progress towards continued implementation of

existing programs and/or program expansions and proposed new programs to be incorporated into the Three-Year Program and Expenditure Plan for FYs 2021-22 through 2023-24. Board adoption of the MHSA Annual Update is required by law and necessary for DMH to submit the Annual Update for FY 2022-23 to the Mental Health Services Oversight and Accountability Commission (Commission). Additionally, WIC Section 5848 requires the following: 1) the MHSA Three-Year Program and Expenditure Plan and the Annual Updates be certified by the Director, or designee, and the A-C attesting that the County has complied with all fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the MHSA requirements; 2) a draft MHSA Three-Year Program and Expenditure Plan and Annual Updates be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans; and 3) the Los Angeles County Mental Health (LACMH) Commission conducts a Public Hearing on the draft MHSA Three-Year Program and Expenditure Plan and the Annual Updates at the close of the 30-day comment period.

In accordance with these requirements, DMH, on March 4, 2022, posted the MHSA Annual Update on its website for 30 days for public comment. DMH, upon stakeholder request, allowed for an extended public comment period through 45 days. The LACMH Commission also convened a Public Hearing on April 28, 2022, where DMH presented the Annual Update and addressed public questions. The LACMH Commission voted to approve the MHSA Annual Update for FY 2022-23 at its meeting on May 4, 2022.

Implementation of Strategic Plan Goals

The recommended action is consistent with the County Strategic Plan Goal III (Realize Tomorrow's Government Today), via Strategy III.4 (Engage and Share Information with Our Customers, Communities and Partners), and County Strategic Plan Goal I (Make Investments that Transform Lives), via Strategy I.2 (Enhance our Delivery of Comprehensive Interventions).

FISCAL IMPACT/FINANCING

There is no fiscal impact associated with the adoption of the MHSA Annual Update. DMH utilizes the budget process to appropriate the MHSA funds for use during the respective fiscal year.

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

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Assembly Bill (AB) 1467, chaptered into law on June 27, 2012, implemented changes to the MHSA law. More specifically, AB 1467 amended WIC and requires that each county mental health program prepare a MHSA Three-Year Program and Expenditure Plan and Annual

Updates, which were to be adopted by the County Board of Supervisors and submitted to the Commission. AB 1467 also amended WIC requiring that the MHSA Three-Year Program and Expenditure Plan and Annual Updates be certified by the Director and the A-C. This requirement includes the Director's certification as to the requisite stakeholder participation and compliance with MHSA non-supplantation provisions. Additionally, the statute was amended to require that the MHSA Three-Year Program and Expenditure Plan and Annual Updates be circulated for public review and comment and that a public hearing be conducted at the close of the comment period.

The Commission provided direction to all California counties to complete MHSA Annual Updates through a memo dated April 24, 2015, and distributed the MHSA Fiscal Accountability Certification Form to be completed by the Director and A-C.

The public hearing notice requirements referenced in WIC Section 5848 (a) and (b), have been satisfied and are recorded in the MHSA Annual Update for FY 2022-23. Additionally, DMH has complied with the certification requirements referenced in WIC Section 5847(b)(8) and (9). Compliance has been recorded in the MHSA Annual Update for FY 2022-23 via a signed MHSA Fiscal Accountability Certification Form.

Additionally, with this update, there are many service expansions underway in Los Angeles County, some of which depend almost exclusively on funding from MHSA, including:

- Continuing Innovation 2 programming which was originally implemented in June 2020. Innovation 2 will be continued using Prevention and Early Intervention funding to ensure Community Health Workers (Community Ambassadors) will continue to provide services throughout the County. Community Ambassadors build the capacity of communities to identify and support community members at risk of trauma or who are experiencing trauma, while building shared community values, leadership development and community member empowerment;
- Implementation of Hollywood 2.0, a new comprehensive approach to serve individuals in the Hollywood area that are suffering with Serious and Persistent Mental Illness, including those experiencing homelessness, with or without a substance use disorder. The key program components include Full Service Partnership, Homeless Outreach and Mobile Engagement (HOME) Teams, Team Based Intensive Outpatient Services, Peer Resource Centers/Clubhouses, Alternative Crisis Response Services, and various housing options, including: Interim, Permanent Supportive, Congregate and Enriched Residential Care Program (Board and care);
- Planning for implementation of future capital improvements using the Capital Facilities component funds to increase and improve existing capital facilities infrastructure to accommodate the needs of current and expanded MHSA programs. Improvements will address the current and anticipated needs of both public mental health service facilities and administrative space as space utilization at all facilities is currently at

maximum capacity. To the extent possible, DMH will continue to modernize and develop welcoming facilities that will move its mental health system toward the goals of wellness, recovery, and resiliency; and will also help to expand the opportunities for accessible community-based services for clients and their families, promoting the reduction in disparities in underserved groups; and

- Continued expansion of opportunities for capacity building and increased partnerships with grass-roots organizations to serve at-risk communities, including ethnic and other vulnerable communities that are unserved or underserved.

IMPACT ON CURRENT SERVICES

Board adoption of the MHSA Annual Update for FY 2022-23 will ensure compliance with the MHSA, as amended by AB 1467, and allow for uninterrupted access to vital mental health services.

Respectfully submitted,

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

JES:GCP:DKH:SK
RLR:ZW:atm

Attachment

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

BOARD LETTER/MEMO CLUSTER FACT SHEET

DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	6/1/2022	
BOARD MEETING DATE	6/14/2022	
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)	Public Health	
SUBJECT	Approval to execute a Master Agreement Work Order (MAWO) for the provision of as-needed temporary personnel services to support the African American Infant and Maternal Mortality (AAIMM) Prevention Initiative for the period of July 1, 2022 through June 30, 2023	
PROGRAM	Maternal, Child, and Adolescent Health Division	
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	Current temporary personnel services MAWO to support the AAIMM Initiative expires on 6/30/22. New MAWO effective 7/01/22 is needed for continued provision of services.	
COST & FUNDING	Total cost: \$902,842	Funding source: California Department of Public Health Perinatal Health Initiative, California Home Visiting Program State General Fund innovative home visiting project, Pritzker Children's Initiative Community Innovation Grant, Care First Community Investment (CFCI)
	TERMS (if applicable): 7/1/22 – 6/30/23	
	Explanation:	
PURPOSE OF REQUEST	MAWO will provide up to nine temporary personnel to provide assistance with the continued provision and expansion of AAIMM Initiative efforts to reduce disparities in infant mortality and birth outcomes in Los Angeles County.	
BACKGROUND (include internal/external issues that may exist including any related motions)	The Temporary Personnel Services, Work Order Solicitation was released 3/24/22 to solicit bids for one MAWO to continue to support AAIMM Initiative activities in Los Angeles County to reduce disparities in infant mortality and birth outcomes through the expansion and implementation of the AAIMM Initiative and its sub-programs, including the AAIMM Doula Program.	
EQUITY INDEX OR LENS WAS UTILIZED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: AAIMM Initiative services aim to reduce racial disparities in life outcomes, implement strategies that identify, prioritize and effectively support the most disadvantage populations, and intervene early and emphasize long-term prevention.	
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: Board Priority #2 Alliance for Health Integration (AHI) – In accordance with AHI's focus on reducing health inequities, the AAIMM Initiative seeks to establish a coordinated, equitable, high quality system of perinatal care for African American women to reduce disparities in infant mortality and birth outcomes. Board Priority #3 Care First, Jails Last – The AAIMM Doula Program is	

	exclusive to African American pregnant persons, both those at particular risk for adverse birth outcomes and those at risk due only to lifelong exposure to systemic racism. The program currently offers doula services for pregnant individuals, and with new CFCI funding, will expand to the county women's jail, workforce development, stakeholder engagement, and data collection and analysis.
DEPARTMENTAL CONTACTS	<p>Program Contact: Genaro Sandoval, Senior Staff Analyst, (213) 639-6400, gsandoval@ph.lacounty.gov</p> <p>County Counsel: Craig Kirkwood, Jr., Deputy County Counsel, (213) 974-1751, ckirkwood@counsel.lacounty.gov</p> <p>Board Liaison: Joshua Bobrowsky, Public Health Director Government Affairs, (213) 288-7871, jbobrowsk@ph.lacounty.gov</p>



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

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

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

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

www.publichealth.lacounty.gov



BOARD OF SUPERVISORS

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

DRAFT

June 14, 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:

**APPROVAL TO EXECUTE A MASTER AGREEMENT WORK ORDER
FOR THE PROVISION OF AS-NEEDED TEMPORARY PERSONNEL SERVICES
TO SUPPORT THE AFRICAN AMERICAN INFANT AND MATERNAL MORTALITY
PREVENTION INITIATIVE
FOR THE PERIOD OF JULY 1, 2022 THROUGH JUNE 30, 2023
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

Request approval to execute a Master Agreement Work Order for As-Needed Temporary Personnel Services to support the African American Infant and Maternal Mortality Prevention Initiative by the Department of Public Health, Division of Maternal, Child, and Adolescent Health.

IT IS RECOMMENDED THAT THE BOARD:

1. Authorize and instruct the Director of the Department of Public Health (Public Health), or designee, to execute a competitively solicited Master Agreement Work Order (MAWO), substantially similar to Exhibit I, with Public Health Foundation Enterprises, Inc. dba Heluna Health, for the provision of as-needed temporary personnel services to support Public Health's Division of Maternal, Child, and

Adolescent Health (MCAH) African American Infant and Maternal Mortality (AAIMM) Prevention Initiative, effective July 1, 2022, through June 30, 2023, at a total maximum obligation not to exceed \$902,842; fully offset by funding from the California Department of Public Health (CDPH) California Perinatal Health Initiative (CPEI) and California Home Visiting Program (CHVP) State General Fund (SGF) innovative home visiting project, Pritzker Children's Initiative Community Innovation Grant, and Care First Community Investment (CFCI).

2. Delegate authority to the Director of Public Health, or designee, to execute an amendment to the MAWO that extends the term for one additional year through June 30, 2024, at an annual maximum obligation not to exceed \$902,842, contingent upon the availability of funding and contractor performance, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of Recommendation 1 will allow Public Health to execute a MAWO with Public Health Foundation Enterprises, Inc. dba Heluna Health, as a result of a competitive Work Order Solicitation (WOS) process, to provide up to nine temporary personnel to fulfill the positions needed to implement the AAIMM Prevention Initiative activities. These personnel will provide assistance with the AAIMM Initiative efforts to reduce disparities in infant mortality and birth outcomes in Los Angeles County (LAC).

The AAIMM Initiative launched in 2018 as a coalition of various County departments, community organizations, mental/ health care providers, as well as community members to address the disparities in African American infant and maternal mortality in LAC. The Perinatal Equity Initiative (PEI) and the AAIMM Doula Program are major components of the AAIMM Initiative.

CDPH established CPEI to expand the scope of interventions provided under the Black Infant Health (BIH) Program to promote the use of interventions designed to fill gaps in current BIH program services. PEI activities include countywide and regional community engagement, provider training, research, public awareness, and multiple clinical and community interventions.

As part of the broader AAIMM Initiative, the AAIMM Doula Program began as a Whole Person Care-funded pilot project to reduce stress on pregnant people and improve birth outcomes. Doulas are trained professionals who provide physical, emotional, and information support to a laboring person before, during, and after childbirth. Now funded by CHVP innovative home visiting project funding, the AAIMM Doula Program is exclusive to African American pregnant persons, both those at particular risk for adverse birth outcomes and those at risk due only to lifelong exposure to systemic racism. The program includes doula-client pairing and doula payment, public awareness, and professional development opportunities.

The eight full-time and one part-time temporary personnel will implement objectives related to the AAIMM Prevention Initiative overall, PEI and CHVP innovative home visiting activities, and the expansion of the AAIMM Doula Program to the LAC women's jail.

Approval of Recommendation 2 will allow Public Health to execute an amendment to the MAWO to extend the term for one additional year through June 30, 2024, if necessary.

Implementation of Strategic Plan Goals

The recommended actions support Strategy I.1, Increase Our Focus on Prevention Initiatives and Strategy II.2, Support the Wellness of our Communities, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total maximum obligation of this MAWO is estimated not to exceed \$902,842 for the period of July 1, 2022, through June 30, 2023; fully offset by funding from CDPH PEI and CHVP SGF innovative home visiting project, Pritzker Children's Initiative Community Innovation Grant, and CFCI. If extended, the maximum obligation of this MAWO is estimated not to exceed \$902,842 for the period of July 1, 2023, through June 30, 2024, and is contingent upon the availability of funding and contractor performance, subject to review and approval by County Counsel, and notification to your Board and the CEO.

There is no net County cost associated with this action. Funding is included in Public Health's Recommended Budget for fiscal year (FY) 2022-23 and will be included in future FYs as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Public Health seeks to reduce disparities in infant mortality and birth outcomes in Los Angeles County through the continued and expanding implementation of the AAIMM Initiative and its sub-programs, including the AAIMM Doula Program, funded by CHVP and CFCI and PEI. The AAIMM Initiative seeks to establish a coordinated, equitable, high quality system of perinatal care. The AAIMM Doula Program offers doula services for pregnant individuals, with new CFCI funding to expand to the county women's jail, workforce development, stakeholder engagement, and data collection and analysis. PEI includes countywide and regional community engagement, provider training, research, public awareness, and multiple clinical and community interventions.

Public Health received approval from County CEO as of October 2021 to plan and implement an expansion of the AAIMM Doula Program into the Century Regional Detention Facility using CFCI funds.

On November 2, 2021, your Board approved the execution of Master Agreements with nine agencies for the provision of as-needed temporary personnel services and delegated authority to the Director of Public Health, or designee, to execute MAWOs under the Master Agreement with the following criteria for each MAWO: a) if \$699,999 or less

annually, Public Health will notify your Board of the MAWO once approved by County Counsel; and, b) if \$700,000 or more annually, Public Health will return to your Board for approval.

Subsequently, Public Health exercised delegated authority to execute one additional Master Agreement for the provision of as-needed temporary personnel services with a vendor who had been identified and selected through the Request for Statement of Qualifications process, increasing the pool of qualified vendors to 10.

County Counsel has reviewed and approved Exhibit I as to form and use.

CONTRACTING PROCESS

On March 24, 2022, Public Health released an As-Needed Temporary Personnel Services WOS for AAIMM Prevention Initiative Services (TEMP-WOS-136) to the 10 Public Health As-Needed Temporary Personnel Master Agreement Contractors qualified to provide temporary personnel services. Responses to the WOS were due to Public Health on April 25, 2022.

Requests for Solicitations Requirements Review (SRR) were due by April 14, 2022, and Bidder's questions were due by April 14, 2022. There were no requests for an SRR.

Public Health received three bids by the submission deadline. No bids were received late or disqualified. The successful bidder, Public Health Foundation Enterprises, Inc. dba Heluna Health, met all the requirements and submitted the lowest cost responsive bid.

Two bidders requested the Local Small Business Enterprise preference program consideration, and one bidder requested a Social Enterprise preference. Each met the required criteria and was granted the preference.

No transmittal to request a Proposed Contractor Selection Review were received by the deadline. On May 18, 2022, the selected bidder was notified.

IMPACT ON CURRENT SERVICES

Approval of the recommended actions will allow Public Health to continue the provision and expansion of AAIMM Prevention Initiative activities throughout LAC.

Respectfully submitted,

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

BF:mel

The Honorable Board of Supervisors
June 14, 2022
Page 5

#06284

Enclosure

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



MHSA ANNUAL UPDATE

Fiscal Year 2022-23

WELLNESS • RECOVERY • RESILIENCE

Board Deputies Agenda Review June 1, 2022



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

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

MENTAL HEALTH SERVICES ACT AND THE PURPOSE OF THE ANNUAL UPDATE

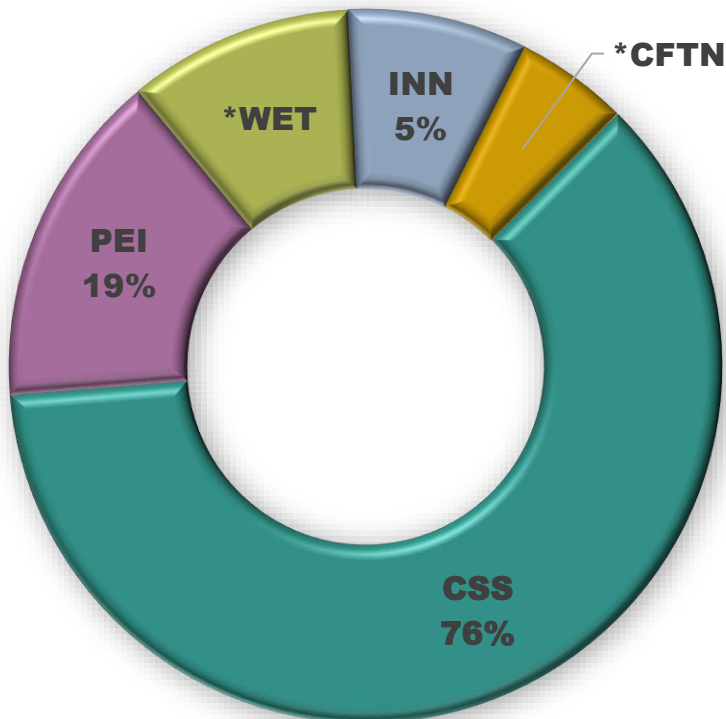


- In November 2004, California voters supported Proposition 63 and passed the Mental Health Services Act (MHSA) that imposes a 1% income tax on personal income in excess of \$1 million.
- The Act provides the significant funding to expand, improve and transform public mental health systems to improve the quality of life for individuals living with a mental illness.
- Welfare and Institutions Code (WIC) Section 5847 requires county mental health programs prepare and submit a Three-Year Program and Expenditure Plan followed by Annual Plan Updates for MHSA programs and expenditures.
- The Plan provides an opportunity for counties to
 - Review its existing MHSA programs and services to evaluate their effectiveness; and
 - Propose and incorporate any new programs from what was described in the MHSA Three-Year Program and Expenditure Plan
- It is through this Community Planning Process that important feedback is gathered from stakeholders.
- The MHSA Three-Year Plan for Fiscal Years 2021-2024 was adopted by the County Board of Supervisors on June 22, 2021.

MHSA OVERVIEW BY COMPONENTS



- CSS, PEI and INN percent of total annual MHSA allocations shown below
- *WET and CFTN allocations are funded by transfers from CSS



COMMUNITY SERVICES AND SUPPORTS (CSS)

PREVENTION AND EARLY INTERVENTION (PEI)

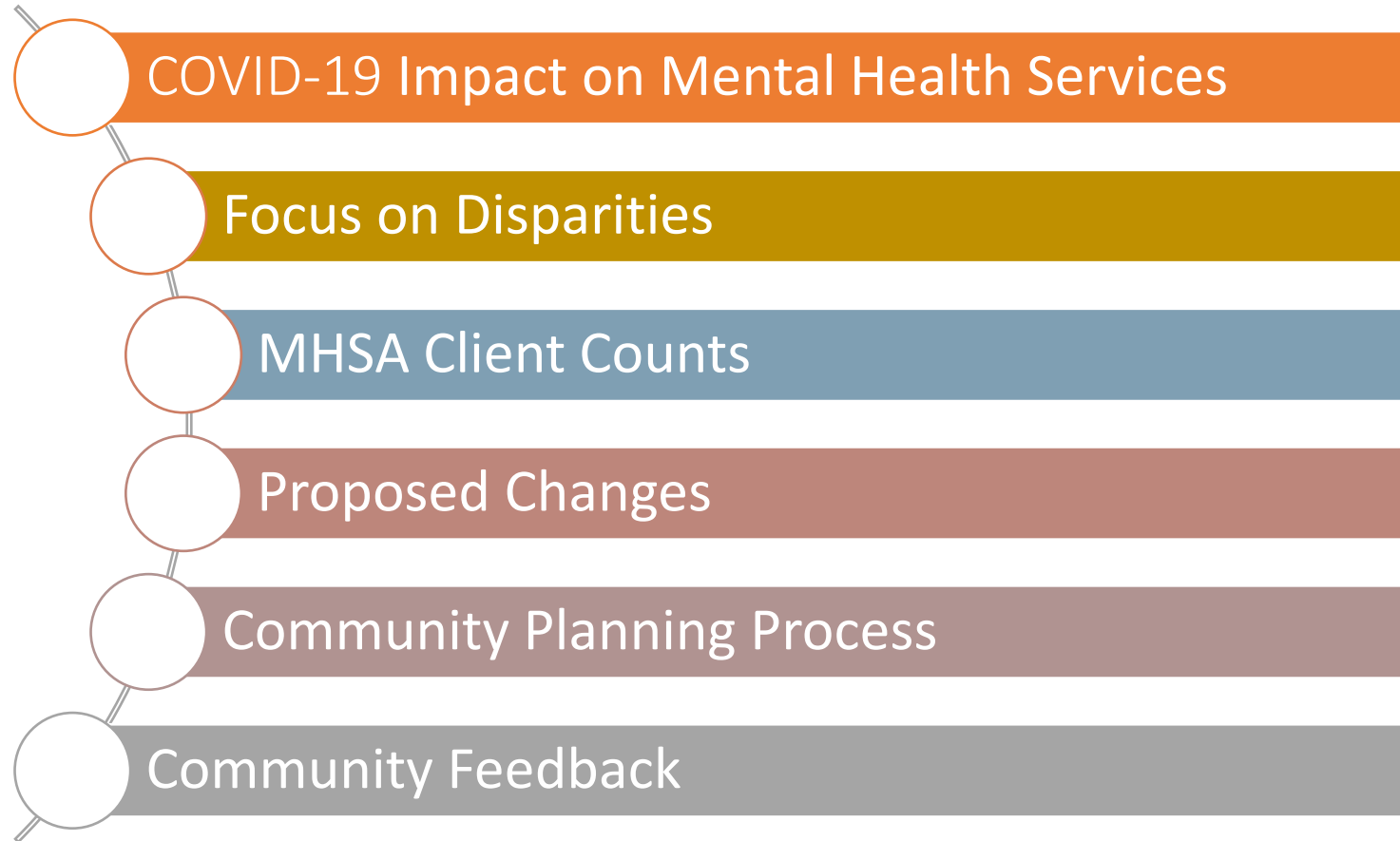
WORKFORCE EDUCATION AND TRAINING (WET)

INNOVATIONS (INN)

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

Fiscal Year 2022-23

MHSA Annual Update Presentation Overview



COVID-19 IMPACT ON MENTAL HEALTH SERVICES



- LACDMH MHSA 3-Year Plan shed light on the significant impact the COVID-19 outbreak had on County residents and communities:
 - Increased demand for critical mental health services due to increased stress and isolation across populations
 - Increased housing and economic disparities for communities of color
 - Significant capacity/staff shortages for the mental health and health safety nets to meet the needs of those most vulnerable
 - Widespread rising COVID infection rates prompting the need for temporary and/or permanent business and clinic closures
- This third year of the pandemic, especially after the Delta and Omicron variants, has shown improvements in the County's ability to control infection rates, hospitalizations, and to provide social services and economic help to those in need

COVID-19 IMPACT ON MENTAL HEALTH SERVICES



LACDMH has developed and executed several strategies to continue to adapt to the new normal, including:

- Increased use of technology, including telehealth and telepsychiatry, virtual groups and celebrations to ensure clients have access to care
- Regular phone check in with clients and/or their families
- Implementation of a peer/volunteer run warm line for those seeking to reach out by phone to stay connected
- Video clinical team meetings, case conferencing, and clinical supervision to ensure best clinical practice and team cohesion
- WebEx court hearings when possible for clients involved in the justice system
- Continued street outreach to clients experiencing homelessness
- Resuming outreach and engagement teams with increased COVID-19 safety measures

FOCUS ON DISPARITIES

Proposed Actions to Address Racial/Ethnic Mental Health Care Disparities



MULTI-COUNTY LEARNING COLLABORATIVE

During the first quarter of 2022, LACDMH will begin participating in a multi-county learning collaborative, informed by the outstanding work of Solano County and comprised of training from the University of California, Davis (UC Davis) Center for Reducing Disparities on applying the Culturally and Linguistically Appropriate Standards (CLAS) to populations that we specify and to utilize quality improvement approaches to reduce disparities. This opportunity is a vehicle for the disparities reduction efforts and as a way to strengthen community voice.

SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI)

The County has finalized data collection fields for gender identity and sexual orientation. LACDMH has been working to ensure that recent federal requirements are consistent with County reporting prior to modifying its electronic health record and requiring that of contractors. The Department's subject matter expert on SOGI has developed training materials for staff on collecting this information and will finalize once data fields are finalized.

SERVICES FOR CLIENTS WITH DISABILITIES

- The number of clients who report their primary language as American Sign Language (ASL) will now be reported. Current data has clients who report their primary language as ASL is .03% of clients served.
- The ACCESS Center Help Line is in the process of transitioning to 711, the California Relay Service, to assist callers who are deaf or hard of hearing. This will replace the antiquated TTY-TTD system. Informational materials will be disseminated upon adoption of 711.

MHSA CLIENT COUNTS

Community Services and Supports



- Largest MHSA component with 76% of the total MHSA allocation
- For clients with a diagnosed serious mental illness

CSS Programs	UNIQUE CLIENTS SERVED	NEW CLIENTS WITH NO PREVIOUS MHSA SERVICE
<ul style="list-style-type: none">• Full Service Partnership• Outpatient Care Services• Alternative Crisis Services• Housing• Linkage• Planning, Outreach and Engagement	<p>In FY 2020-21, 135,232 unique clients received a direct service.</p> <p><u>Ethnicity</u></p> <ul style="list-style-type: none">• 37% Hispanic• 20% African American• 18% White• 5% Asian/Pacific Islander• 1% Native American <p><u>Primary Language</u></p> <ul style="list-style-type: none">• 79% English• 14% Spanish	<p>35,499 new clients were served with no previous MHSA service.</p> <p><u>Ethnicity</u></p> <ul style="list-style-type: none">• 36% Hispanic• 14% African American• 16% White• 3% Asian/Pacific Islander• 0.48% Native American <p><u>Primary Language</u></p> <ul style="list-style-type: none">• 77% English• 14% Spanish

MHSA CLIENT COUNTS

Community Services and Supports



CLIENT DATA BY SERVICE AREA

Service Area	Number of Clients Served	Number of New Clients
SA1 – Antelope Valley	9,098	2,410
SA2 – San Fernando Valley	22,613	5,886
SA3 – San Gabriel Valley	19,146	5,952
SA4 – Metro	25,458	6,801
SA5 – West	7,837	1,918
SA6 – South	21,682	4,727
SA7 – East	12,465	2,953
SA8 – South Bay	27,189	6,940

MHSA CLIENT COUNTS

Prevention and Early Intervention



- Second largest MHSA component with 19% of the total MHSA allocation
- Focus on providing preventative and early intervention strategies, education, support and outreach to those at risk of developing mental illness or experiencing early symptoms.

PEI PROGRAMS

- Prevention
- Early Intervention
- Suicide Prevention
- Stigma and Discrimination Reduction

UNIQUE CLIENTS SERVED

In FY 2019-20, **42,784** unique clients received a direct service.

Ethnicity

- 45% Hispanic
- 9% African American
- 9% White
- 2% Asian/Pacific Islander
- 1% Native American

Primary Language

- 76% English
- 21% Spanish

NEW CLIENTS WITH NO PREVIOUS MHSA

23,277 new clients were served with no previous MHSA service

Ethnicity

- 42% Hispanic
- 9% African American
- 9% White
- 2% Asian/Pacific Islander
- 0.64% Native American

Primary Language

- 76% English
- 21% Spanish

MHSA CLIENT COUNTS

Prevention and Early Intervention



CLIENT DATA BY SERVICE AREA

Service Area	Number of Clients Served	Number of New Clients
SA1 – Antelope Valley	3,410	2,990
SA2 – San Fernando Valley	7,596	5,840
SA3 – San Gabriel Valley	8,494	6,414
SA4 – Metro	6,329	5,388
SA5 – West	1,828	1,685
SA6 – South	6,049	5,163
SA7 – East	6,720	5,892
SA8 – South Bay	7,923	6,846

PROPOSED CHANGE

Innovation 2: Community Capacity Building to Prevent and Address Trauma



Innovation 2– Requesting to continue programming using Prevention and Early Intervention funding with an annual budget of \$29,520,000.

This project centers on building the capacity of the community to identify and support community members at risk of trauma or experiencing trauma. The project aims to utilize the assets of the community to test strategies that allow local communities to work together in ways that will ultimately lead to better mental health and reductions in trauma, through the building of shared community values, leadership development and community member empowerment. In June 2020, LACDMH integrated community mental health workers (community ambassadors) into the INN 2 project.

OUTCOMES

- 8,077 registered participants, with 68% (5,499) of all participants were enrolled in INN 2 during the pandemic.
- Through nearly 10,700 community events, outreach and social media posts, 560,268 community members were reached, 18,000 meals provided, 9,865 individuals vaccinated for COVID-19 and PPE provided to nearly 14,000 individuals.
- CAN Participants demonstrated a stronger understanding of the relationship between trauma and mental health, significant improvements in resilience, and improved ability to cope with stress.
- Over the past year, 93% of the 29,587 linkages to community resources and supports were successful. Despite the impact of the COVID-19 pandemic, linkages increased substantially from the prior year.
- Through Learning Sessions, partners learned how to engage a wider net of at-risk community members to provide support.
- Participants enrolled in INN 2 during the COVID-19 pandemic, reported feeling significantly more connected with the community, and utilized more approach coping skills after three months of INN 2 activities.

PROPOSED CHANGE

Innovation: Hollywood 2.0



A new comprehensive approach to serve people with Serious and Persistent Mental Illness, including those experiencing homelessness, with or without a substance abuse disorder.

KEY CHARACTERISTICS:

Holistic

Human Centered

Hospitality-oriented

Care in Community

HOW DOES IT DIFFER FROM TRIESTE?

- Optimizes funds through the full Federal match
- Avoids the use of fiscal/administrative intermediary
- Expedites community planning processes by actively exploring available resources through philanthropy
- Avoids unnecessary technological/EMR investments

KEY COMPONENTS

- Full Service Partnership
- HOME Team
- Intensive Outpatient Services: Team Based
- Peer Resource Center/Clubhouse
- Alternative Crisis Response
- Housing: Interim, Permanent Supportive, Congregate and Enhanced Residential (Board and care)

WHY HOLLYWOOD?

- Large concentration of unhoused individuals suffering from serious brain illnesses
- Strong coalition of local neighborhood business and faith leaders, government and health care providers and law enforcement (i.e. Hollywood 4WRD)

PROPOSED CHANGE

Capital Facilities



Requesting \$5 million dollars for future improvement projects.

Capital Facilities component funds will be utilized to increase and improve existing capital facilities infrastructure to accommodate the needs of current and expanded MHSA programs. The additional funds will address the current and anticipated needs of both public mental health service facilities and administrative space. Space utilization at all facilities is currently at maximum capacity.

To the extent possible, DMH will utilize these funds to continue to modernize and develop welcoming facilities that will move its mental health system toward the goals of wellness, recovery, and resiliency; and will also help to expand the opportunities for accessible community-based services for clients and their families, promoting the reduction in disparities in underserved groups.

RECOMMENDED CHANGE

Expansion of Diversion Related Services



- Recommended motion by Mental Health Commission dated April 28, 2022, to dedicate MHSA funding to expand community-based mental health treatment options for increase jail diversion efforts for individuals with mental health conditions
- Funding will support the Los Angeles County Department of Health Services' Office of Diversion and Re-entry (ODR) to expand diversion services beyond its 2,200-bed capacity based on ODRs demonstrated success in reducing the number of incarcerated mentally ill individuals
- Expanded Diversion services seeks to address racial and ethnic disparities reflected in the jail population in LA County
- Recommended change will allocate \$25 Million ongoing MHSA funding annually beginning FY July 2022
- Requires a 30-day public posting and comment period (est. May 15-June 15, 2022)

FY 2022-23 BUDGET PROJECTION CHANGES



Summary by Program

MHSA Program	Original Projections as of June 2021 ----- (Amounts approved in Three Year Plan)	Updated Projections as of March 2022 ----- (Amounts reflected in Annual Update)	Change
CSS	\$ 1,188,145,468	\$ 1,154,359,375	\$ (33,786,093)
PEI	\$ 287,944,203	\$ 315,514,026	\$ 27,569,823
INN	\$ 30,227,878	\$ 14,861,609	\$ (15,366,269)
WET	\$ 20,431,958	\$ 20,201,184	\$ (230,774)
CFTN	\$ 3,850,000	\$ 10,650,000	\$ 6,800,000
TOTAL	\$ 1,530,599,507	\$ 1,515,586,193	\$ (15,013,313)

FY 2022-23 BUDGET PROJECTION CHANGES



Community Services and Supports (CSS)

CSS Program	Original Projections as of June 2021	Updated Projections as of March 2022	Change	Notes
Full Service Partnership	\$ 302,391,232	\$ 299,567,466	\$ (2,823,767)	(1) Overall reduction in services due to the pandemic and difficulties to retain staff offset by funds allocated to maintain the Flexible Housing Subsidies Pool for housing vouchers provided to mental health clients for rent.
Outpatient Care Services	\$ 636,564,407	\$ 569,476,324	\$ (67,088,083)	(2) Overall reduction in services due to the pandemic and difficulties in retaining staff.
Alternative Crisis Services	\$ 139,819,715	\$ 165,520,546	\$ 25,700,832	Reflects the operating cost for the new Crisis Residential Treatment Programs (CRTP) at the Restorative Villages.
Planning Outreach and Engagement	\$ 7,108,451	\$ 6,464,668	\$ (643,783)	Same as (2) above
Linkage Services	\$ 28,322,985	\$ 34,901,893	\$ 6,578,907	Reflects projection of additional Linkage services based on current utilization.
Housing	\$ 35,073,361	\$ 35,144,049	\$ 70,688	Same as (1) above
CSS Administration	\$ 38,865,316	\$ 43,284,429	\$ 4,419,113	Same as (2) above
TOTAL	\$ 1,188,145,468	\$ 1,154,359,375	\$ (33,786,093)	

FY 2022-23 BUDGET PROJECTION CHANGES



Prevention and Early Intervention (PEI)

Program	Original Projections as of June 2021		Updated Projections as of March 2022		Change	Description
Suicide Prevention	\$	22,302,998	\$	22,302,998	\$ -	No Change
Stigma & Discrimination Reduction	\$	366,250	\$	366,250	\$ -	No Change
Prevention	\$	43,564,826	\$	50,513,488	\$ 6,948,662	Primarily reflects the addition of 311 positions for community promoters to provide outreach and education, as well as the one-time extension of the My Health LA Agreement with the Department of Health Services (DHS) for mental health prevention services provided in a primary care setting.
Early Intervention	\$	198,997,562	\$	188,002,410	\$ (10,995,152)	Reflects the overall reduction in services due to the pandemic and difficulties in retaining staff.
Outreach for Increasing Recognition of Early Signs of Mental Illness Program	\$	8,368,989	\$	38,688,869	\$ 30,319,880	Primarily reflects continuation of funding for the Los Angeles Unified School District (LAUSD) and Los Angeles County Office of Education (LACOE) for Community School Initiatives (CSI) and the transition of the Innovation Community Capacity Building project.
PEI Administration	\$	14,343,578	\$	15,640,011	\$ 1,296,433	Reflects the change in administrative costs based on the projected cost of the projects.
TOTAL	\$	287,944,203	\$	315,514,026	\$ 27,569,823	

FY 2022-23 BUDGET PROJECTION CHANGES



Innovation (INN)

Program	Original Projections as of June 2021	Updated Projections as of March 2022	Change	Description
Inn #2 – Community Capacity Building	\$ 14,700,000	\$ -	\$ (14,700,000)	Continuation of CANS programming with PEI funding.
INN # 3 – Technology Suite	\$ 6,321,028	\$ -	\$ (6,321,028)	Reflects the completion of the project. LACDMH is currently in discussions with the California Mental Health Services Authority (CalMHSA) for additional services that may be provided.
Inn # 4 – Transcranial Magnetic Stimulation Center	\$ 1,150,726	\$ 1,150,726	\$ -	Reflects the continuation of this project in FY 2022-23.
Inn #7 – Therapeutic Transportation	\$ 3,387,415	\$ 5,467,999	\$ 2,080,584	Reflects the expansion of teams in partnership with Los Angeles City Fire Department.
Inn # 8 – Early Psychosis Learning Health Care Network	\$ 492,709	\$ 492,709	\$ -	Reflects the continuation of this project in FY 2022-23.
Hollywood 2.0 Project (formally known Trieste)	\$ -	\$ 5,439,504	\$ 5,439,504	Reflects the implementation of the Hollywood 2.0 Project (formerly known as the True Recovery Innovation Embraces Systems That Empower - TRIESTE)
INN - Administration	\$ 4,176,000	\$ 2,310,671	\$ (1,865,329)	Reflects the change in administrative costs based on the projected cost of the projects
TOTAL	\$ 30,227,878	\$ 14,861,609	\$ (15,366,269)	

FY 2022-23 BUDGET PROJECTION CHANGES



Workforce Education and Training (WET)

Program	Original Projections as of June 2021	Updated Projections as of March 2022	Change	Description
UCLA Affiliation Agreement	\$ 7,135,501	\$ 6,417,864	\$ (717,637)	Reflects scheduled reduction of one-time services.
Financial Incentive Programs	\$ 3,873,084	\$ 3,873,084	\$ -	No Change
Stipend Program for MSWs, MFTs, AND NPs	\$ 3,063,600	\$ 3,063,600	\$ -	No Change
Charles R. Drew Affiliation Agreement	\$ 2,011,394	\$ 2,309,058	\$ 297,664	Reflects an increase in the services provided in the residency program.
Funds Assistant Behavioral Sciences Consultants (6 FTEs), for Post-Docs at Harbor-UCLA	\$ 510,000	\$ -	\$ (510,000)	Reflects the elimination of this funding as the fellows being funding with a different funding source, as they provide direct mental health services.
Intensive MH Recovery Specialist Core Training Program	\$ 440,000	\$ 440,000	\$ -	No Change
Interpreter Training Program	\$ 80,000	\$ 80,000	\$ -	No Change
Learning Net System 2.0	\$ 250,000	\$ 250,000	\$ -	No Change

FY 2022-23 BUDGET PROJECTION CHANGES



Workforce Education and Training (WET)

Program	Original Projections as of June 2021	Updated Projections as of March 2022	Change	Description
Navigators (Health and Housing)	\$ 200,000	\$ 400,000	\$ 200,000	Reflects an expansion in the Health Navigation training program.
Continuum of Care Reform / Staff and Resource Parents Training	\$ 500,000	\$ 500,000	\$ -	No Change
Parent Partner Training and Parent Volunteers Project	\$ 320,000	\$ 320,000	\$ -	No Change
Peer Focused Training	\$ -	\$ 400,000	\$ 400,000	Reflects funding for Peer focused training.
Med. School Affiliation at Harbor	\$ 260,000	\$ 260,000	\$ -	No Change
UCLA Medical School Affiliation Agreement (MSAA)	\$ 126,000	\$ 136,000	\$ 10,000	Reflects an increase in cost for services provided by UCLA.
Licensure Preparation Program (MSW, MFT, PSY)	\$ 250,000	\$ 250,000	\$ -	No Change
Administrative Overhead	\$ 1,412,379	\$ 1,501,578	\$ 89,199	Reflects the change in administrative costs based on the projected cost of the projects.
TOTAL	\$ 20,431,958	\$ 20,201,184	\$ (230,774)	

FY 2022-23 BUDGET PROJECTION CHANGES



Capital Facilities/Technological Needs (CFTN)

Program	Original Projections as of June 2021	Updated Projections as of March 2022	Change	Description
Tenant Improvement / Capital Facilities		\$ 5,000,000	\$ 5,000,000	Reflects funding for new and/or existing facilities to continue to modernize and develop welcoming building to meet the goals of the mental health services delivered in Los Angeles County.
Modern Call Center	\$ 3,500,000	\$ 3,500,000	\$ -	Reflects the continuation of this project in FY 2022-23.
CFTN - Administration	\$ 350,000	\$ 2,150,000	\$ 1,800,000	Reflects the change in administrative costs based on the projected cost of the projects
TOTAL	\$ 3,850,000	\$ 10,650,000	\$ 6,800,000	

COMMUNITY PLANNING PROCESS (CPP)



CPP Activities and Meeting Dates for Current Plan and Update

[March 4, 2022]

An Executive Summary of the MHSA Annual Update was posted to the DMH website for review.

[March 8, 2022]

- A Spanish version of the Executive Summary of the MHSA Annual Update was posted to the DMH website for review.
- The full version of the draft MHSA Annual Update was posted on the DMH website to allow for the 30-day public review and comment period.

[March 9, 2022]

A Summary of the Plan, including a Focus on Disparities and proposed changes was presented at the full Mental Health Commission meeting attended by CLT, UsCCs and SALTs for input and feedback

[March 10, 2022]

A Summary of the Plan was presented to the Executive Committee of the Mental Health Commission (MHC) for input and feedback.

[April 26, 2022]

MHSA Annual Update briefing for the Board of Supervisors Health Deputies.

[April 28, 2022]

The draft MHSA Annual Update is presented today at the Public Hearing.

[May – June 2022]

Final MHSA Annual Update will be presented to the Board of Supervisors for approval.

STAKEHOLDER FEEDBACK



Methods for gathering and documenting stakeholder feedback

- 45 day public comment period (required 30 days, extended for an additional 15 days) with Online Survey (Open March 3-April 19, 2022)
 - 66 Survey responses were received, 65 in English and 1 in Spanish.
 - 9 survey questions. Not all respondents answered all the questions.
 - Of those surveyed:

Self Identified Affiliation

- 21% of the respondents are clients/consumers
- 7% of the respondents are peers
- 13% of the respondents are advocates
- 14% of the respondents are family members of a client/consumer
- 5% of the respondents are other government employees
- 6% of the respondents are LACDMH staff/employees
- 17% of the respondents are mental health service provider
- 16% of the respondents indicated Other

Reported Ethnicity

- 14% reported African American
- 8% reported Asian
- 24% reported Caucasian
- 26% reported Latin/Latina/Latinx
- 4% reported Mixed/multi-ethnic
- 10% reported Native American / American Indian/ Alaskan Native
- 14% reported Other

- Transcripts from discussion portion of stakeholder meetings (i.e. CLT, MHC, etc.)
- Emails/correspondences received

STAKEHOLDER FEEDBACK



Summary of Feedback for Survey Questions

Highlights of Current Plan	Opportunities to Improve Plan
<ul style="list-style-type: none">• Plan written so that it is easily understandable to stakeholders and the general public• Access to services to communities in need expanded through regular phone calls with clients and family members• Focuses on objectives to expand mental health services to ethnic and underserved communities• Very data driven• Continuation of FSP• Additional information on budget and spending provided to stakeholders	<ul style="list-style-type: none">• Provide additional focus on Individuals with serious mental illness/gravely disabled, dually diagnosed/those suffering from opioid crisis• Finding more treatment beds or facilities.• Advocacy, family support or engagement• Continued support for CANs program seems to be the bridge in making sure the community members have access to the needed resources.• Opening grant opportunities and open bid solicitations with limited restrictions directly targeting innovative approaches expanding direct mental health services.• Treatment services are not identified for mental health disorders like Rape Trauma Syndrome (PTSD), Intermittent Explosive Disorder in Children and Teens, Adjustment Disorder, Autism with Behavioral Disorders.• Increase time for sharing plan information and making follow up contact information available• Increase size of font for presentation slide content

STAKEHOLDER FEEDBACK



DMH Strategies for Addressing Feedback Received

Strategies

- DMH will continue to expand outreach efforts through multiple outlets to ensure the general public and specific stakeholder groups are aware of MHSA funded programs and activities and how to participate in CPPP
- DMH will continue to streamline docs to provide tables and summaries similar to current annual update presentation. Information will be distributed through monthly meetings with CLTS, UsCCs, SALTs and the MH Commission
- Actions to address COVID-19 delays and barriers will continue to be outlined in Annual Updates and 3-year plan presentations
- DMH will provide monthly MHSA 101 trainings to identified stakeholder groups, including SALTs, UsCCs, CLTs and the Mental Health Commission. DMH will also provide training for the general public as requested, Mental Health Providers, County Departments staff, and DMH employees and staff
- DMH is currently exploring funding opportunities through the Incubation Academy and other grant opportunities for CBOs
- DMH has entered into agreement with NAMI for 3 additional years to provide expanded training for family members across the County
- DMH will provide hard copies to stakeholder groups and the general public for all 3-Year Plans and Annual Updates
- DMH is updating its communication follow up process including its resolution process and having a MHSA mailbox to receive input and communication year-around

NEXT STEPS



1. Complete the Public Hearing: April 28, 2022
2. Receive Mental Health Commission Feedback and Recommendation: May 4, 2022
3. Sent Response to Commission Recommendations: May 27, 2022
4. Presentation to Board Deputies: June 1, 2022
5. Estimated Board Hearing Date: June 28, 2022

CONTACT INFORMATION



For questions or more information on the Los Angeles County MHSA Annual Update, email:

mhsaadmin@dmh.lacounty.gov



QUESTIONS/COMMENTS