



## County of Los Angeles Health and Mental Health Services

FESIA A. DAVENPORT  
Chief Executive Officer

**DATE:** Wednesday, August 31, 2022  
**TIME:** 10:30 a.m.

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

**TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:**

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

**CONFERENCE ID: 322130288#**

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

### **AGENDA**

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

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

- I. Call to order
- II. **Discussion Item(s):**
  - a. **DMH/DPH:** 988 Update and Suicide Prevention Awareness
  - b. **DPH:** Diabetes Prevention & Management Program
- III. **Information Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):
  - a. **DPH:** Authorization to Accept and Implement a Forthcoming Award and Future Awards and/or Amendments from the Conrad Hilton Foundation to Support Home Visiting and Early Care and Education (#06493)
  - b. **DPH:** Authorization to Accept and Sign a Future of Public Health Funding Award, Agreement Number FOPH-021, Future Awards and Related Amendments from the California Department of Public Health to Support Local Health Jurisdictions and Strengthen Local Infrastructure (#06486)

- c. **DHS:** Approval of Amendment No. 15 to Sole Source Agreement No. 77540 with 3M Health Information Systems, Inc. for Transcription Information Technology Software Systems and Related Medical and Radiology Reports Transcription Services

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

- a. **DHS:** Approval of Measure B Rate Increase
- b. **AHI:** Delegate Authority to the Departments of Health Services, Mental Health and Public Health to Accept Behavioral Health Continuum Infrastructure Program Grant Funding and to Execute Related Grant and Service Contracts
- c. **DMH:** Request Delegated Authority to Amend an Existing Contract with The Regents of The University of California, Los Angeles, to Increase the Maximum Contract Amount for Fiscal Year 2022-23
- d. **DPH:** Authorization to Accept and Implement a Forthcoming Award and Future Awards and/or Amendments from the California Department of Health Care Services for Medi-Cal Health Enrollment Navigators Project and Execute 18 Renewal Contracts as Sole Source For Children's Health Outreach, Enrollment, Utilization and Retention Services (#06461)

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

# UPDATES ON SUICIDE PREVENTION AND 988 SUICIDE & CRISIS LIFELINE

Health and Mental Health Services Meeting

August 31, 2022



# SUICIDE PREVENTION

Department of Mental Health (DMH), Department of Public Health (DPH) and Office of Violence Prevention (OVP)





# Crisis Line Data

## Didi Hirsch Crisis Line

January 2022-July 2022 15,504 call, chat, text (January 2021-July 2021 11,690 call, chat, text)

### 2022 Demographic reported information includes:

Calls: 4,285 female, 4146 Male

Chats/Texts: 811 female; 356 male

### Call Concerns – Year to Date

- Suicidal Desire 51%
- Relationship Concerns 49%
- Anxiety/Stress 43%
- Depression 38%
- Past Suicidal Ideation/Attempt 33%

### Chats/Texts Concerns – Year to Date

- Depression 38%
- Relationship Concerns 24%
- Self-Injury/Cutting 22%
- Health Concerns 17%
- Suicidal Desire 12%

# Suicide Prevention Data - DMH

Suicide Prevention Trainings		
FY 2020-2021		
DMH Promotores de Salud Mental and United Mental Health Promoters Program	414 Suicide Prevention Workshops (in Spanish, English)	3,172 participants
Partners in Suicide Prevention (PSP)	101 (English, Spanish)	2,313 participants
We RISE	7,381,154 reached by We Rise virtual and socially distanced events and social media campaign	

[TheHeroInUs.ReportCard 2021.7 \(lasuicidepreventionnetwork.org\)](https://theheroins.us/reportcard/2021.7)

\*The annual report card for 2022 will be completed and published this September. This past year the DMH Promotores de Salud Mental and United Mental Health Promoters Program under the Anti-Racism, Diversity and Inclusion Division has increased presentation capacity to Spanish, English, Korean, Khmer and Arabic.

# Public Health-Data

**Age-Adjusted Rates of Suicide Deaths and Suicide Attempts Treated in Hospitals and Emergency Departments by Year, 2016-2020**

		2016	2017	2018	2019	2020				
Death	Number	843	891	947	865	853				
	Rate per 100,000	8.0	8.4	8.8	8.1	8.0				
Hospitalization	Number	1989	2029	1964	1861	1593				
	Rate per 100,000	19.0	19.3	18.6	17.8	15.4				
ED Visit	Number	2696	2527	2511	2246	1806				
	Rate per 100,000	26.2	24.6	24.8	22.3	18.1				

**Numbers and Age-Adjusted Rates of Suicide Attempts Treated in Emergency Departments by SPA**

**Data for 2016-2020: Total Numbers for 5 Year Period and Average Annual Rates**

		SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA7	SPA 8
ED Visit	Number	1564	2234	1645	1227	656	1451	1121	1835
	Rate per 100,000	77.0	20.7	19.0	21.7	21.8	25.3	16.4	23.8

\*Note: ED visits that could not be assigned to a SPA are not included in this table

# DMH – SUICIDE PREVENTION

## Suicide Prevention Trainings Offered:

- **Suicide Prevention Training for Professionals/Service Providers (6-hour training)**  
Presentation and video addresses general risk factors, risk assessment, prevention (strengths-based) and interventions.
- **Question, Persuade, Refer (QPR) Gatekeeper Training (3-hour training)**  
Suicide First Aid for gatekeepers. Audience will learn how to Question, Persuade and Refer someone to get help.
- **Connect Suicide Prevention: A Framework for Suicide Postvention for Individuals, Families and Communities (Coming Fall 2022)**



# DMH – SUICIDE PREVENTION

## Suicide Prevention Trainings Offered (Continued):

- **Assessing and Managing Suicide Risk (AMSR) (6.5-hour training; Clinicians only)**  
Knowledge-based training that covers 24 competencies required for effective clinical assessment and management of individuals at risk for suicide.
- **Assessing and Managing Suicide Risk (AMSR) Substance Use Disorder (SUD) Clinicians only, coming Winter 2023)**
- **Safety Planning**  
Stanley-Brown Safety Planning

# DMH – SUICIDE PREVENTION/ ANTI-STIGMA

## Anti-Stigma Trainings Offered:

- **Self-Care for Individuals and Caregivers (2-hour training)**
- **Youth Mental Health First Aid (YMHFA) (6-hour training)**
- **Mental Health First Aid (MHFA) (6-hour training)**
- **Educate, Equip, Support (EES)**
- **Anti-Bullying**
- **Stigma throughout the Lifespan (2.5-hour training)**

Training explores stigma and the discrimination that occurs related to mental health and help seeking behaviors.

# DMH – SUICIDE PREVENTION/ ANTI-STIGMA

## Anti-Stigma Trainings Offered (Continued):

- **Self-Care for Individuals and Caregivers (2-hour training)**  
Training addresses best practices, protective factors, and supportive strategies as well as resources for nurturing self-care.
- **Implicit Bias (1.5-hour training)**  
Session is interactive, collaboration is highly encouraged to facilitate conversation around bias, racism, discrimination and prejudice. Video and discussion on how young children experience, learn and are impacted by implicit bias is facilitated.
- **Talk Saves Lives (1.5-hour training)**  
A community-based presentation that covers the general scope of suicide, the research on prevention, and what people can do to fight suicide.
- **Know the 5 Signs (1.5-hour training)**  
Training provides a common language to identify when someone is suffering, connecting to help, and how to stay emotionally healthy.

# SUICIDE PREVENTION OUTREACH IN LA COUNTY

- Clergy/Faith-Based
- Communities
  - Accessibility
- Organizations
  - County/Community Partners
  - LASPN
- Schools
  - Partners in Suicide Prevention
  - Los Angeles Suicide Prevention Network (LASPN)
  - School-Based Community Access Point (SBCAP)



# SUICIDE PREVENTION OUTREACH IN LA COUNTY

- School Based Community Access Point (SBCAP)

**During the last 2 school years SBCAP partnered with 10 School Districts to deliver:**

- *Six Tailored workshop:*
  - Understanding Pupil Suicide Prevention: Breaking the Cycle Through Awareness
  - Let's Talk! Suicide Awareness
  - Black and African American Youth and Suicide Prevention
  - Mental Health and Suicide: The Importance of Awareness & Support
  - Safe Talk



# SUICIDE PREVENTION PILOT PROGRAMMING

- Veterans Suicide Review Team (VSRT)
  - Co-Leads: DMH, DPH, Veteran's Affairs (VA), LA County Medical Examiner-Coroner's Office
  - Representation from every county department
  - Community partner involvement
- LACDMH Directly-Operated Clinics
- Building Out Postvention
  - Loss Support Groups
  - Loss Teams

# LOS ANGELES SUICIDE PREVENTION NETWORK (LASPN)

**The Hero In Each of Us**



[www.LASuicidePreventionNetwork.org](http://www.LASuicidePreventionNetwork.org)

The Los Angeles County Suicide Prevention Network (LASPN) is a group of mental health professionals, advocates, survivors, providers, researchers, and representatives from various agencies and organizations working together to decrease the numbers of suicides in Los Angeles County.

Our mission is to promote public and professional awareness, education, training, and engagement regarding suicide and suicide prevention, intervention, and postvention in Los Angeles County.



# DPH – OFFICE OF VIOLENCE PREVENTION (OVP)

## STRATEGIC PLAN PRIORITIES

- **Data & Surveillance**
  - Provides updated data on suicide deaths and attempts, homicides, assaults, and more to community partners.
  - Publishes reports and briefs about suicide deaths, attempts, and self-harm in LA County; publishes both as lead author and in partnership with other county departments and organizations.
- **California Violent Death Reporting System**
  - Collects data on violent deaths as a part of the National Violent Death Reporting System; combines info about multiple deaths from one single violent incident (sources: death certificates, coroner data, LASD/LAPD).
  - Used to support OVP programs and planning, develop reports/briefs, and respond to external data requests.
- **\*Coming Soon\* Veterans Suicide Review Team (VSRT)**
  - Works with other co-chairs (DMH and Veteran's Administration) to implement a review team for veteran suicide deaths. DPH will collect case review data at VSRT meetings and will

# DPH OVP – SUICIDE PREVENTION RESOURCES

## SUICIDE PREVENTION RESOURCES

- **\*New\* Suicide Prevention Website** (<http://www.publichealth.lacounty.gov/ovp/SuicidePrevention.htm>)
  - Get HELP: Dozens of hotlines and resources (including for unique identities and cultural groups).
  - Get EDUCATED: Learning resources – suicide/self-harm definitions, warning signs, lethal means disposal guidance, webinars, trainings, and more.
  - Get DATA: Current data and updated research publications.
- **\*New\* Trauma Informed Care Website** (<http://www.publichealth.lacounty.gov/ovp/TraumaInformedCare.htm>)
  - Learning resources and training modules – Trauma terms glossary, best practices for Trauma informed meetings, grounding techniques.
- **Violence Prevention Data Package** ([OVP Data Package](#))
  - Comprehensive data available per SPA (demographics, self-inflicted and interpersonal injuries/deaths, children and youth, mental and physical health, community resources).
- ***\*Coming Soon\** Community Accessible Data Portal**

# 988 CALL CENTER



# ELEMENTS OF 988 CALL CENTER

- Emotional support via telephone, text or chat
- Crisis intervention and de-escalation
- Risk assessment
- Suicide prevention and intervention
- Psycho-social support
- Referral to local area resources
- Follow up
- Mobile crisis response deployment



# STATUS OF IMPLEMENTATION

- Solicitation issued on March 31, 2022
- Didi Hirsch Mental Health Center selected and contract executed on July 15, 2022
- 988 services began on July 16, 2022

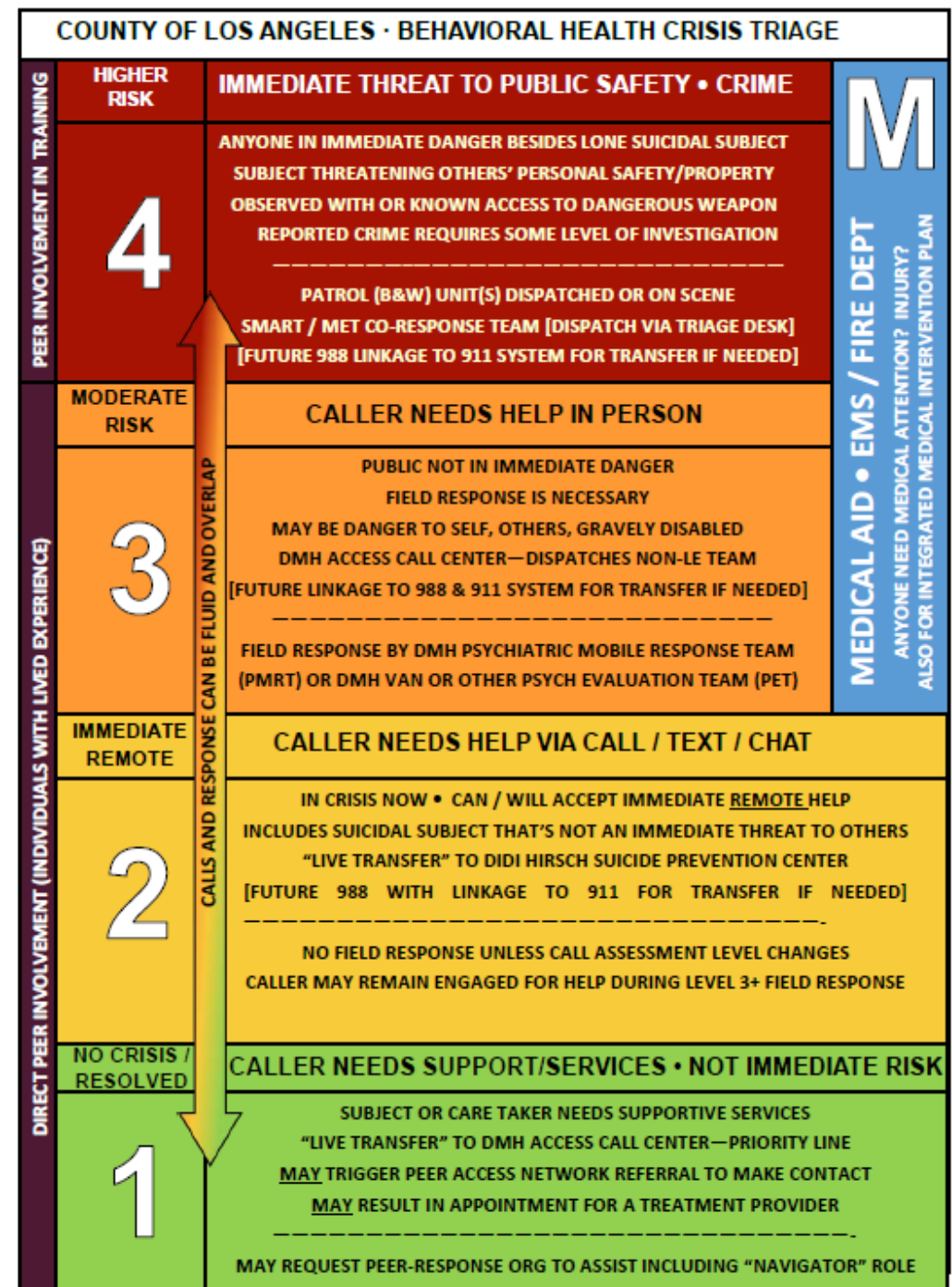




# ALTERNATIVE CRISIS RESPONSE: THE ROLE OF 988

- 988 Call Center
  - Involve law enforcement and 911 only when needed to ensure public or personal safety
  - The “front door” to crisis intervention
    - 988
    - Mobile crisis response expansion to 24/7
    - Urgent Care Centers as non-emergency department alternatives
    - DMH ACCESS Center- Information and Referral 1-800-854-7771

# DMH – SUICIDE PREVENTION





# Diabetes and Prediabetes

HMHS Cluster Meeting  
Wednesday, August 31, 2022

Division of Chronic Disease and Injury Prevention  
Los Angeles County Department of Public Health





# Leading Causes of Death in the United States

## Number of deaths (2019)

- Heart disease: 659,041
- Cancer: 599,601
- Accidents (unintentional injuries): 173,040
- Chronic lower respiratory diseases: 156,979
- Stroke (cerebrovascular diseases): 150,005
- Alzheimer's disease: 121,499
- **Diabetes: 87,647**
- Nephritis, nephrotic syndrome, and nephrosis: 51,565
- Influenza and Pneumonia: 49,783
- Intentional self-harm (suicide): 47,511

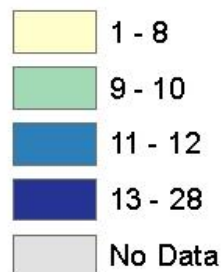
Source: [Mortality in the United States, 2019, data table for Figure 2](#)

## Type 2 Diabetes Among Adults by Census Tract, Los Angeles County, 2018/2019



### Type 2 Diabetes

#### Crude Prevalence (%)



#### DATA SOURCES:

##### TYPE 2 DIABETES:

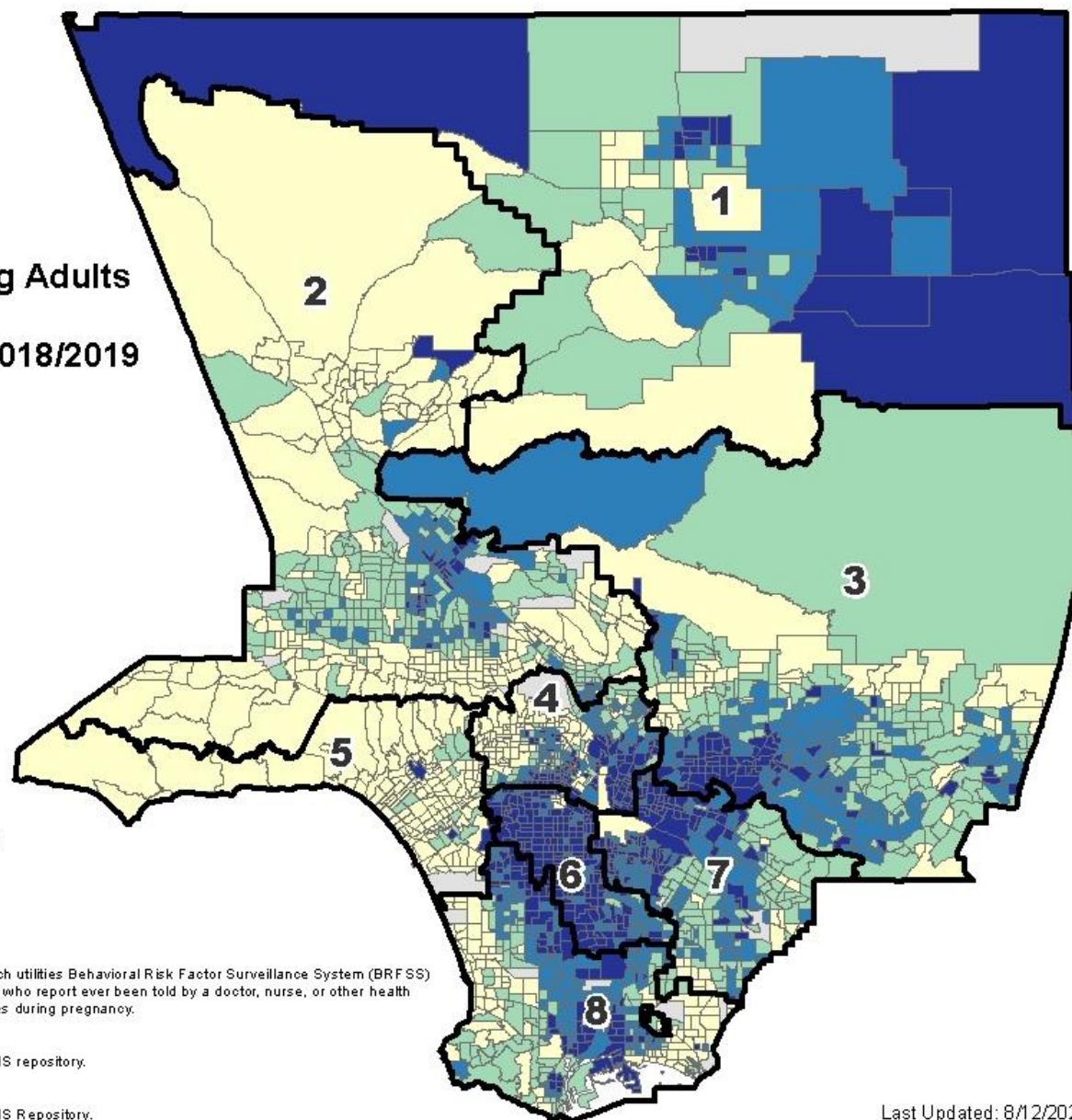
Data obtained from CDC PLACES (release 2021), which utilizes Behavioral Risk Factor Surveillance System (BRFSS) from 2018 and 2019. Percent of adults aged  $\geq 18$  years who report ever been told by a doctor, nurse, or other health professional that they have diabetes other than diabetes during pregnancy.

##### CENSUS TRACT:

2010 boundaries obtained from Los Angeles County GIS repository.

##### SERVICE PLANNING AREA:

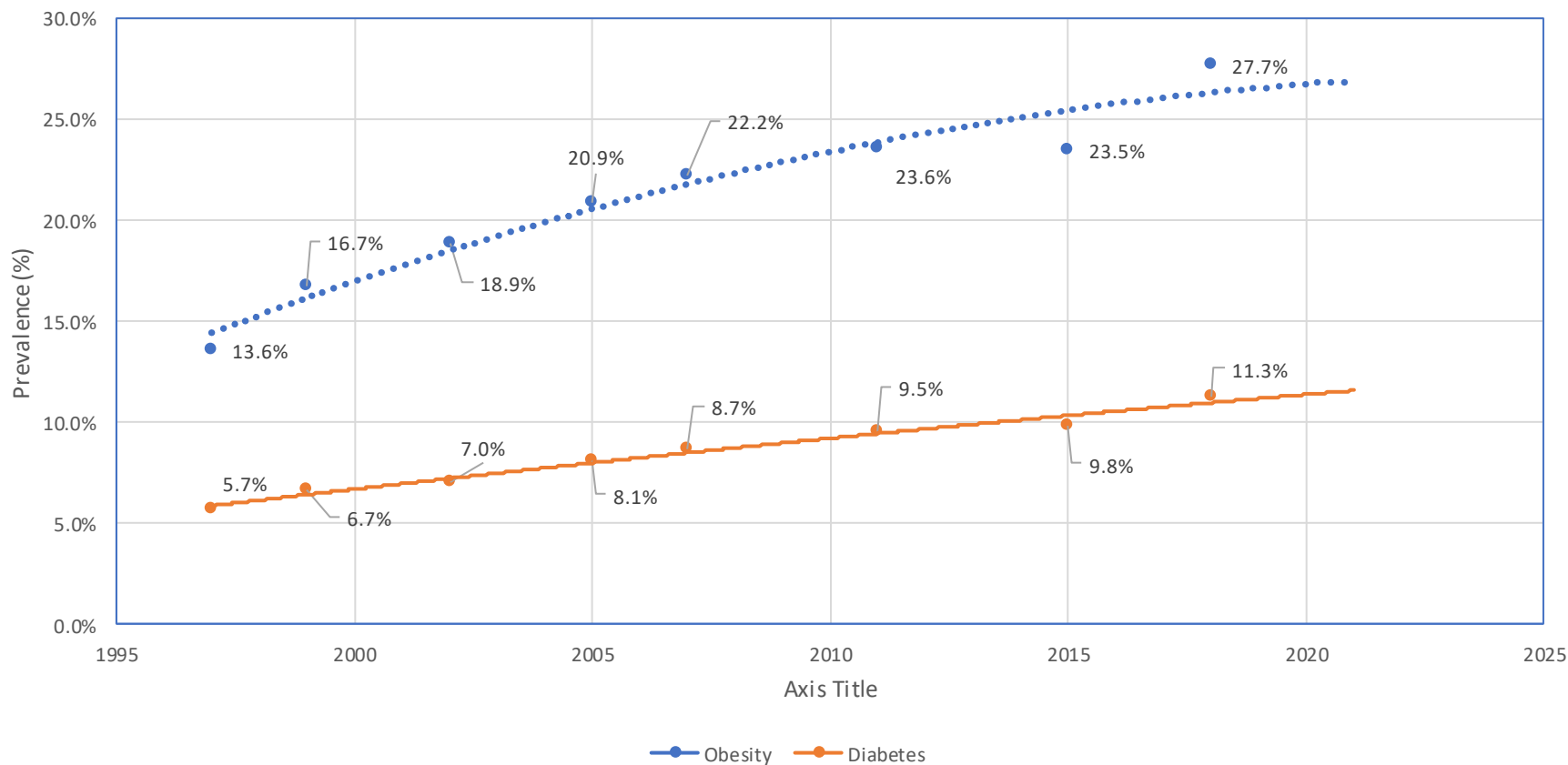
2022 boundaries obtained from Los Angeles County GIS Repository.





# Adult Obesity and Diabetes in Los Angeles County

Prevalence of obesity and diabetes among adults,  
Los Angeles County, 1997-2018



# Diabetes

- In Los Angeles County, the overall prevalence of diabetes is about 11% and the prevalence increases with age.

<i>County</i>	<i>18-39</i>	<i>40-49</i>	<i>50-59</i>	<i>60-64</i>	<i>65+</i>	<i>All Adults</i>
Los Angeles	7.8%	10.1%	17.4%	22.6%	23.3%	11.3%

- Prevalence is high across most regions of the county.  
Range is 6.3% (West) to 14.7% (South) in the Service Planning Areas; average is around 11% for most SPA's
- Diabetes disproportionately affects certain groups.  
Asian, 8.2%, 14.4% African-American, 13.6% Latino, White 8.8%, 13.1% Other.





## Prediabetes

- Nearly half of California adults on path to diabetes
- In Los Angeles County, the overall prevalence of prediabetes is about 44% and the prevalence increases with age.

<i>County</i>	<i>18-39</i>	<i>40-54</i>	<i>55-69</i>	<i>70+</i>	<i>All Adults</i>
Los Angeles	33%	48%	57%	56%	44%

- Prevalence is high across most regions of the county.  
Range is 42% to 46% in the Service Planning Areas (SPA's 1-8)
- Prediabetes disproportionately affects certain racial and ethnic groups.  
55% Pacific Islander, 51% American Indian, 50% African-American, 44% Latino, White 48%



# Public Health's Diabetes Prevention Efforts

- Improving knowledge and awareness of healthy eating and physical activity
  - Nutrition education provided by community-based organizations (CBOs)
- Enhancing clinical care
  - Behavior modifications for patients with diabetes or prediabetes through programs such as DSMES or the National Diabetes Prevention Program
  - “Food as Medicine” interventions in clinic settings
- Policy and systems change strategies
  - Participating in coalitions that assist various sectors, CBOs, and other entities to improve the food environment, increase access to physical activity opportunities, and address other determinants of health

## Goal

Establish healthy eating habits and a physically active lifestyle; primary prevention of nutrition-related chronic diseases.

## Partners

Early childhood education centers, school districts, health care, food banks, community-based orgs

## Strategies

Nutrition education and physical activity classes, Access to Healthy Food Behavioral Economics, Daily Quality Physical Activity



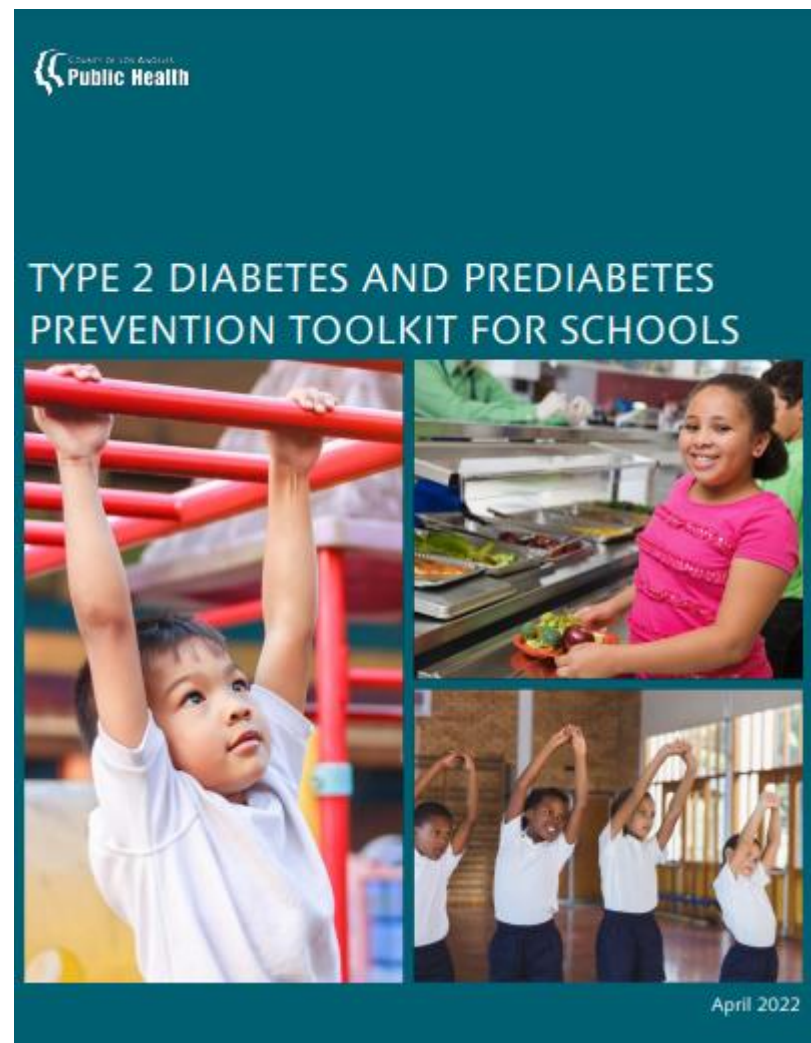
Since October 2020:

- 940 free produce distributions conducted
- 4,472,844 pounds of produce redistributed
- 361,448 people + reached





- Supports existing education codes that require schools to provide type 2 diabetes information to students
- Includes low and no-cost resources for schools to create a healthy school environment and sample communication to parents and students about healthy eating and active living
- Disseminated to LACOE and community-based organizations



# Produce Prescription Project



## GOAL

To increase fruit and vegetable consumption, improve household food security, and reduce the risk of developing diet-related chronic diseases and their complications

## PARTNERS

Northeast Valley Health Corporation,  
Venice Family Clinic, Asian Pacific  
Healthcare Venture

## PATIENT ELIGIBILITY

Diagnosis of type 2 diabetes or prediabetes  
Positive screening for food insecurity  
Enrollment in MediCal



<https://peironeproduce.com/news/food-safety/produce-prescriptions/>

<https://abc7.com/12142281/>



Increasing National Diabetes Prevention Program (DPP) and Diabetes Self-Management Education and Support (DSMES) Programs

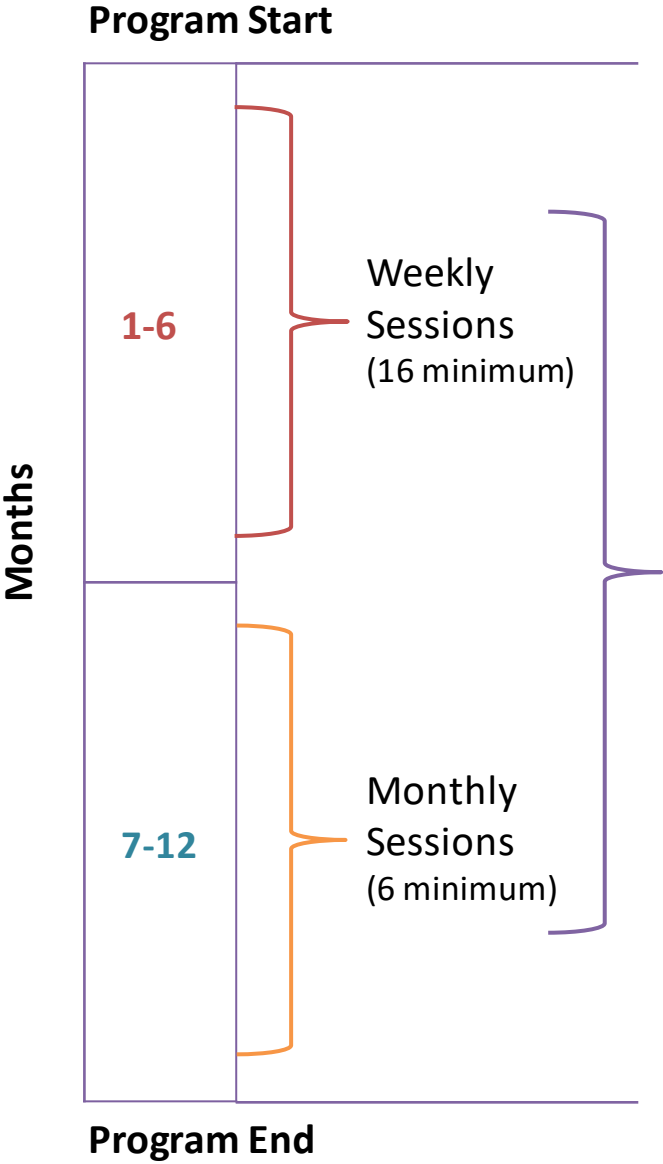


Creating sustainable National DPP and DSMES Programs



Increase Awareness of National DPP and DSMES Programs



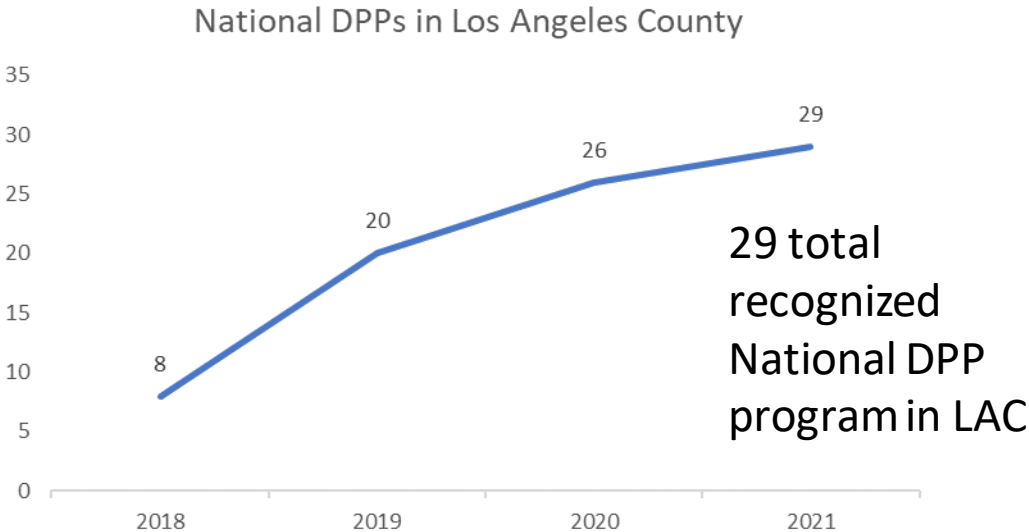


**PROGRAM GOAL:** Help participants make lasting behavior changes such as eating healthier, increasing physical activity, and improving problem-solving skills.

**Example modules covered in core curriculum:**

- Eat Well to Prevent T2
- Burn More Calories Than You Take In
- Keep Your Heart Healthy

**Sessions facilitated by a trained lifestyle coach**





**PROGRAM GOAL:** To help persons with diabetes navigate the daily self care decisions/activities to improve health outcomes.

**Program Benefits:**

- Reduction in:
  - A1C
  - Hospital and emergency room visits
  - Healthcare cost
- Healthy eating and coping
- Problem-solving and behavior change strategies

**Sessions facilitated by Diabetes Educators, RDNs, PharmDs, CDEs.**

**PROGRAM LENGTH: VARIES, PATIENT CENTERED**



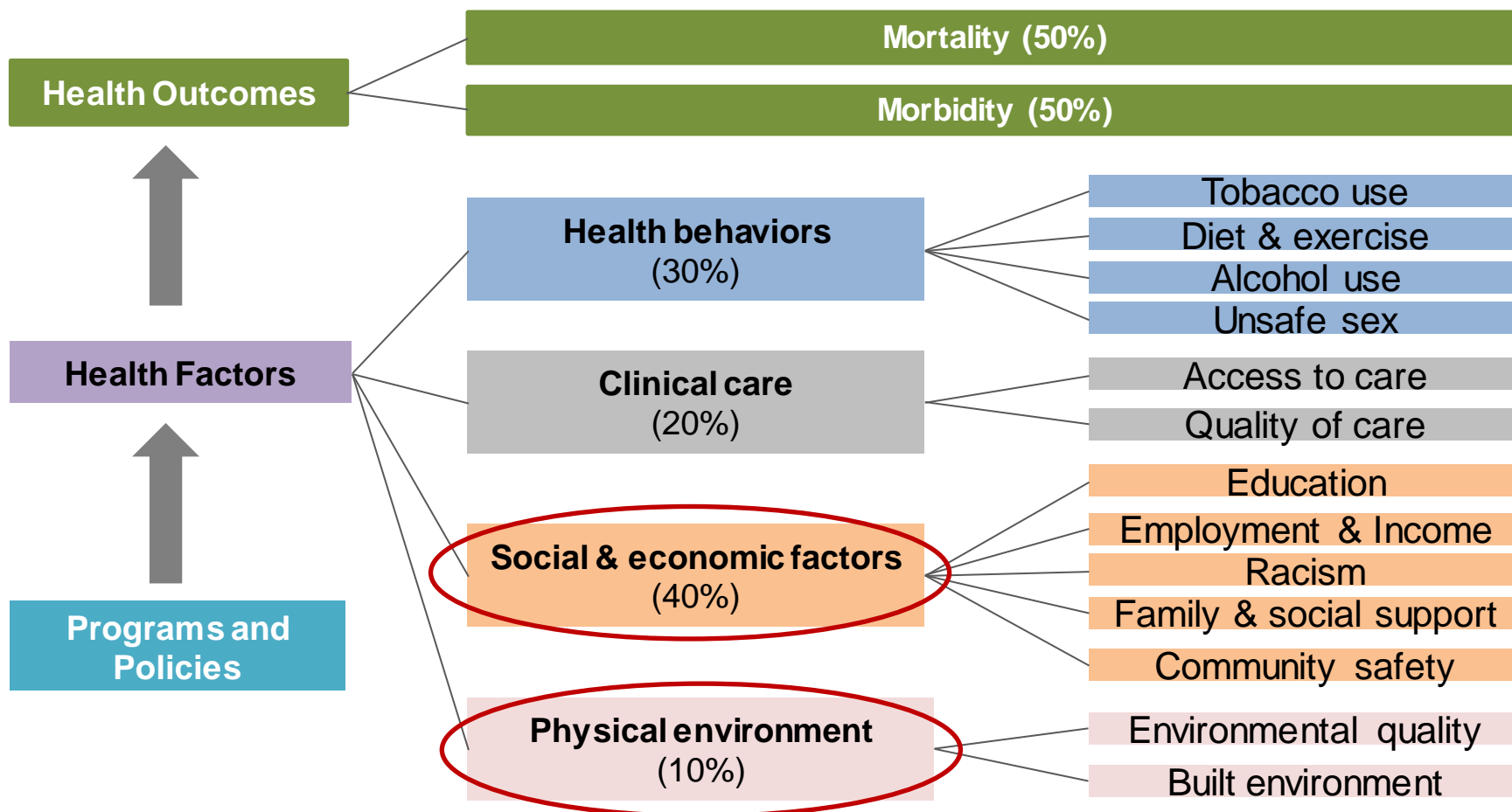


## Highlights

- Coalition members reported enrolling in 2021:
  - Los Angeles County and San Diego County combined to serve 45,699 participants in 2021
  - 969 patients into the Diabetes Self-Management and Education Support (DSMES) program in 2021



# Factors that impact health outcomes



# Addressing Broader Social Issues

- Public Health Prevention Task Force
- Food Equity Roundtable





# QUESTIONS

# BOARD LETTER/MEMO CLUSTER FACT SHEET

# DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

<b>CLUSTER AGENDA REVIEW DATE</b>	8/31/2022	
<b>BOARD MEETING DATE</b>	9/13/2022	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>	
<b>DEPARTMENT(S)</b>	Public Health	
<b>SUBJECT</b>	Authorization to a) accept and implement a forthcoming award and future awards and/or amendments from the California Department of Health Care Services (CDHCS) for the Medi-Cal Health Enrollment Navigators project (Navigators Project); and, b) execute 18 renewal contracts as sole source for the continued provision of Children's Health Outreach, Enrollment, Utilization and Retention (CHOEUR) Services.	
<b>PROGRAM</b>	Maternal, Child, and Adolescent Health Division	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain why: The current Navigators Project funding award and the CHOEUR service contracts are scheduled to end on September 30, 2022. With additional funding anticipated to be effective October 1, 2022, the execution of 18 renewal contracts as sole source is necessary for the continued provision of services to support uninsured children, families, and individuals in Los Angeles County who may be eligible for Medi-Cal and other no/low-cost health coverage programs. Of the 18 renewal CHOEUR service contracts, four are currently sole source contracts.	
<b>DEADLINES/ TIME CONSTRAINTS</b>	Once funding amount is approved by CDHCS, the grant period is anticipated to be effective October 1, 2022, through June 30, 2026, with reflects three years of project implementation by the 18 service contracts and one year of administrative close-out.	
<b>COST &amp; FUNDING</b>	Total cost: (estimate) Contract cost to be determined upon confirmation of final award from CDHCS	Funding source: CDHCS (AB74)  TERMS (if applicable): 10/1/22 through 6/30/26 for the 18 service contracts.  Explanation: Forthcoming CDHCS award will support Public Health personnel, operating, contractual costs, and indirect costs.
<b>PURPOSE OF REQUEST</b>	Acceptance of forthcoming award and approval of the renewal of 18 CHOEUR service contracts will allow for the continued provision of comprehensive and coordinated health coverage outreach, enrollment, utilization, and retention services to improve health access for low-income families in Los Angeles County.	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	California Assembly Bill 74 (AB 74) authorizes CDHCS to manage and fund Navigators projects focused on providing Medi-Cal outreach, enrollment, retention, and troubleshooting services to underserved Californians. The primary objective of the funds is to connect uninsured residents to healthcare and provide assistance with navigating the healthcare system. Since 2003, Public Health has contracted with community agencies to conduct health care navigation services. These services are currently funded by AB 74 for the Navigators Project, and previously by local and State grants. The current funding and the CHOEUR service contracts are scheduled to end on September 30, 2022. CDHCS	

	announced additional AB 74 Navigators Project funding on May 13, 2022, with an anticipated effective date of October 1, 2022.
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: Current contracted community agencies ensure comprehensive outreach, enrollment, utilization, and retention services for health coverage programs and other low and no-cost programs; offer referral assistance to clients experiencing mental health disorders, substance use disorders, and homelessness; and support clients with navigating California's complex healthcare system.
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: Board Priority #6: Immigration – Forthcoming award will provide continued support to Medi-Cal navigation services and enable Public Health to expand the target population to all eligible adults 50 years of age and older, regardless of immigration status.
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email: Joshua Bobrowsky, Public Health Director Government Affairs, (213) 288-7871 <a href="mailto:jbobrowsky@ph.lacounty.gov">jbobrowsky@ph.lacounty.gov</a> Genaro Sandoval, Senior Staff Analyst 213-639-6400, <a href="mailto:gsandoval@ph.lacounty.gov">gsandoval@ph.lacounty.gov</a> Craig L. Kirkwood, Jr., Deputy County Counsel, (213) 974-1751 <a href="mailto:CKirkwood@counsel.lacounty.gov">CKirkwood@counsel.lacounty.gov</a>



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Director

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County Health Officer

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

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[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

DRAFT



**BOARD OF SUPERVISORS**

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First District

**Holly J. Mitchell**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

September 13, 2022

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

Dear Supervisors:

**AUTHORIZATION TO ACCEPT AND IMPLEMENT A FORTHCOMING AWARD  
AND FUTURE AWARDS AND/OR AMENDMENTS FROM THE CALIFORNIA  
DEPARTMENT OF HEALTH CARE SERVICES FOR MEDI-CAL HEALTH  
ENROLLMENT NAVIGATORS PROJECT AND EXECUTE 18 RENEWAL  
CONTRACTS AS SOLE SOURCE FOR CHILDREN'S HEALTH OUTREACH,  
ENROLLMENT, UTILIZATION AND RETENTION SERVICES  
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**SUBJECT**

Provide authorization to: a) accept and implement a forthcoming award and future awards and/or amendments from the California Department of Health Care Services for the Medi-Cal Health Enrollment Navigators project; and, b) execute 18 renewal contracts as sole source and future amendments and change notices, as appropriate, to reflect funding adjustments, and other necessary modifications to the contracts for the continued provision of Children's Health Outreach, Enrollment, Utilization and Retention Services.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Delegate authority to the Director of the Department of Public Health (Public Health), or designee, to accept and implement a forthcoming award from the California Department of Health Care Services (CDHCS), to support the Medi-Cal Health Enrollment Navigators Project (Navigators Project) at an estimated amount of \$18,000,000, for the anticipated period of October 1, 2022, through June 30, 2026, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).
2. Delegate authority to the Director of Public Health, or designee, to accept future awards and/or amendments that are consistent with the requirements of the forthcoming award that extend the funding periods, at amounts to be determined by CDHCS; reflect revisions to the award's terms and conditions to include but not be limited to the rollover of unspent funds, redirection of funds, and/or an increase or decrease in funding, subject to review and approval by County Counsel, and notification to your Board and the CEO.
3. Delegate authority to the Director of Public Health, or designee, to execute 18 renewal contracts as sole source with the contractors listed in Attachment A, for the continued provision of Children's Health Outreach, Enrollment, Utilization and Retention (CHOEUR) services, effective upon date of execution for the term of October 1, 2022, through June 30, 2025, at amounts determined by Public Health based on the CDHCS forthcoming award for the Navigators Project, subject to review and approval by County Counsel, and notification to your Board and the CEO.
4. Delegate authority to the Director of Public Health, or designee, to execute amendments to the CHOEUR contracts that: a) extend the term beyond June 30, 2025, at amounts to be determined by Public Health based on the CDHCS forthcoming award for the Navigators Project; b), adjust the term based on the CDHCS forthcoming award for the Navigators Project to allow completion of services/activities; c), allow the rollover of unspent contract funds; d), provide an increase or decrease in funding up to 10 percent above or below each term's annual base maximum obligation, and/or, e) reflect other necessary modifications to the contract to meet Public Health, County, and/or, CDHCS forthcoming award for the Navigators Project requirements, effective upon amendment execution or at the beginning of the applicable contract term, and make corresponding service adjustments, as necessary, subject to review and approval by County Counsel, and notification to your Board and the CEO.
5. Delegate authority to the Director of Public Health, or designee, to execute change notices to the CHOEUR contracts that authorize modifications to or within budget categories within each budget, and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or corrections of errors in the contract's terms and conditions.



6. Delegate authority to the Director of Public Health, or designee, to immediately suspend any CHOEUR contract upon issuing a written notice to contractors that fail to fully comply with program requirements; to terminate CHOEUR contracts for convenience by providing 30- calendar day advance written notice to contractors; and to accept voluntary contract termination notices from CHOEUR contractors.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Approval of Recommendation 1 will allow Public Health to accept a forthcoming award from CDHCS for the Navigators Project, which supports the Medi-Cal outreach, enrollment, and retention services project in Los Angeles County (LAC).

California Assembly Bill 74 (AB 74) was enacted on June 27, 2019, and authorizes CDHCS to manage and fund the Health Enrollment Navigators project, focused on providing Medi-Cal outreach, enrollment, retention, and troubleshooting services to underserved Californians. The primary objective of AB 74 funds is to connect uninsured residents to healthcare and provide assistance with navigating the healthcare system.

Currently, Public Health conducts Medi-Cal navigation services in LAC through 18 CHOEUR service contracts with community-based organizations, cities, and schools. These CHOEUR agencies ensure comprehensive outreach, enrollment, utilization, and retention services for health coverage programs and other low and no-cost programs; offer referral assistance to clients experiencing mental health disorders, substance use disorders, and homelessness; and support clients with navigating California's complex healthcare system. The current Navigators Project AB 74 funding award and the CHOEUR service contracts are scheduled to end on September 30, 2022.

The forthcoming award will provide continued support to Medi-Cal navigation services currently provided by CHOEUR contracted agencies and enable Public Health to expand the target population to all eligible adults 50 years of age and older, regardless of immigration status. Expansion will also include project tasks with emphasis on public health emergency related activities to help beneficiaries retain their Medi-Cal coverage.

Approval of Recommendation 2 will allow Public Health to accept future awards and/or amendments from CDHCS that extend the funding periods at amounts determined by CDHCS and reflect revisions to the award's terms and conditions to include but not limited to the rollover of unspent funds, redirect of funds, and/or increase or decrease in 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 3 will allow Public Health to execute 18 renewal CHOEUR as sole source contracts to continue providing support to uninsured children, families, and individuals in Los Angeles County (LAC) who may be eligible for Medi-Cal, Covered California, My Health LA, and other no/low-cost health coverage programs. Of the 18

renewal CHOEUR service contracts, four are currently sole source contracts. These contracts are with the Los Angeles Unified School District (LAUSD), Los Angeles County Office of Education (LACOE), City of Long Beach (CLB), and City of Pasadena (COP).

Renewal of the CHOEUR service contract with LAUSD will allow school-based outreach, enrollment, utilization, and retention services for uninsured students and families eligible for low-cost health programs such as Medi-Cal, Healthy Kids, and Children's Health Access and Medical Programs.

Renewal of the CHOEUR service contract with LACOE will allow LACOE to continue to coordinate and implement the Health Outreach Program (HOP), a school-based outreach and enrollment program for uninsured students and families. HOP consists of Public Health CHOEUR contractors, state Certified Enrollment Entities, Certified Enrollment Counselors, and Certified Educators. Participation by Public Health CHOEUR contractors in HOP provides access to non-LAUSD public schools and districts, Special Education Schools, County Community Schools, Cal SAFE Schools, Los Angeles County Juvenile Detention Centers, and Probation Camps in LAC.

COP and CLB are cities within Los Angeles County that have their own public health department and provide outreach and enrollment services to the uninsured populations in their respective cities. COP and CLB have incorporated outreach and enrollment services into other programs including the Pasadena/Altadena Health Partnership, Young and Healthy, the Black Infant Health Program, the Comprehensive Perinatal Services Program, and the Child Health and Disability Prevention Program. Extension of the sole source contracts with COP and CLB will allow these cities to continue to provide CHOEUR services to uninsured children and families in their cities.

Approval of Recommendation 4 will allow Public Health to execute amendments to the contracts to extend and/or adjust the term of the contracts, rollover unspent funds, provide an increase or decrease in funding up to 10 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 make corresponding service adjustments, as necessary. This recommended action will enable Public Health to amend the contracts to adjust the term for a period of up to one year beyond the anticipated 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 5 will allow Public Health to execute change notices to the contracts that authorize modifications to or within budget categories within each budget, and corresponding service adjustments, as necessary, changes to hours of operation and/or service locations; and/or corrections of errors in the contract's terms and conditions.

Approval of Recommendation 6 will allow Public Health to immediately suspend contracts with contractors who fail to perform and/or fully comply with requirements, to terminate contracts for convenience by providing 30-calendar day advance written termination notice to contractors, and to accept notices from contractors who voluntarily request to terminate their contract(s).

### **Implementation of Strategic Plan Goals**

The recommended actions support Strategy II.2, Support the Wellness of our Communities, of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

Public Health will accept a forthcoming award from CDHCS for the Navigators Project for the anticipated period of October 1, 2022, through June 30, 2026, in the estimated amount of \$18,000,000. Final funding amounts are subject to CDHCS approval. Funds will support Public Health personnel, operating, contractual costs and indirect costs.

The total cost for the 18 recommended contract extensions for the period effective October 1, 2022, through June 30, 2025, will be contingent upon the forthcoming award from CDHCS for the Navigators Project.

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

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Since 2003, Public Health has contracted with community agencies to conduct health care navigation services utilizing a County-developed model of outreach, enrollment, utilization, and retention to support underserved communities with obtaining and utilizing health care benefits and services. CHOEUR services were previously funded by local and State grants including the Los Angeles County Children and Families First – Proposition 10, AB 82 for Medi-Cal Outreach and Enrollment, Senate Bill (SB) 18 for Medi-Cal Renewal Assistance, and SB 75 for Full Scope Medi-Cal for All Children. These services are currently funded by AB 74 for the Navigators Project.

On May 13, 2022, CDHCS released Bulletin 2022-003 informing of its proposal for additional funding in the Governor's budget in order to continue support for activities associated to the Navigators Project. These funds would be available for new allocations, from July 1, 2022, through June 30, 2026.

On June 2, 2022, CDHCS released the Medi-Cal Health Enrollment Navigators Project survey to counties and other entities. The purpose of the survey was to measure the level of interest and need for funding and to apply for allocations to support the project locally.

Public Health responded to the survey to provide information on current services provided in LAC as well as funding needs.

Subsequently on June 21, 2022, CDHCS released the application for the Navigators Project. On July 1, 2022, Public Health responded to the funding opportunity by submitting an application with a requested project period of October 1, 2022, through June 30, 2026.

As required by Board Policy 5.100, your Board was notified on X-X-XX of Public Health's intent to request approval to extend the term of 18 CHOEUR services contracts as sole source contracts.

Attachment A identifies the 18 contractors. Attachment B is the Sole Source checklist.

### **CONTRACTING PROCESS**

On June 4, 2013, your Board authorized Public Health to execute 18 new CHOEUR service contracts, effective July 1, 2013, through June 30, 2015, and delegated authority to extend the contract term for two additional one-year terms. Fourteen of these contracts resulted from a competitive solicitation process conducted by Public Health and four were non-competitively bid (sole source).

On June 16, 2015, your Board delegated authority to Public Health to execute amendments to the CHOEUR contracts to extend the term through December 31, 2018.

Subsequently, Public Health exercised delegated authority and amended the contracts to extend the term through June 30, 2018.

On May 29, 2018, your Board authorized Public Health to execute 18 CHOEUR service contract amendments, effective July 1, 2018, through June 30, 2019, and delegated authority to extend the contract term for two additional one-year terms through June 30, 2021. Public Health exercised delegated authority and extended the contracts through June 30, 2021.

On March 30, 2021, your Board delegated authority to the Departments of Health Services and Public Health to amend the contracts slated to expire by September 30, 2021, to extend their term on a month-to-month basis until the end of the month of the six-month anniversary following the date on which the COVID-19 Health Emergency Proclamation is lifted by the Board. This authority was used to extend the current 18 CHOEUR contracts from July 1, 2021, through March 31, 2022; from April 1, 2022, through June 30, 2022, and, from July 1, 2022, through September 30, 2022.

**IMPACT ON CURRENT SERVICES**

Approval of the recommended actions will allow Public Health to accept awards from CDHCS and to continue contracting with the current CHOEUR providers for the continued provision of comprehensive and coordinated health coverage outreach, enrollment, utilization, and retention services to improve health access for low-income families in LAC.

Respectfully submitted,

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

BF:at  
#06461:at

Enclosures (2)

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

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH**  
**CHILDREN'S HEALTH OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION SERVICES CONTRACTS**  
**MEDI-CAL HEALTH NAVIGATORS PROJECT (NAVIGATORS PROJECT)**  
**FUNDING PERIOD: OCTOBER 1, 2022 THROUGH JUNE 30, 2025**

	CURRENT CONTRACT NUMBER	CONTRACTOR	SD SERVED*	SPA SERVED**
1	PH-002506	Asian Pacific Health Care Venture, Inc.	1, 3	3, 4
2	PH-002497	Child and Family Guidance Center	3	2
3	PH-002508	City of Long Beach	4	8
4	PH-002516	City of Pasadena	5	3
5	PH-002496	Community Health Councils, Inc.	2	6
6	PH-002503	Crystal Stairs Inc.	2	6
7	PH-002498	Dignity Community Care	1	4
8	PH-002495	Emanate Health	5	3
9	PH-002494	Human Services Association	1	7
10	PH-002513	Los Angeles County Office of Education	All	Schools
11	PH-002507	Los Angeles Unified School District	All	Schools
12	PH-002499	Maternal and Child Health Access #1 (outreach & enrollment)	1, 2	4, 6
13	PH-002500	Maternal and Child Health Access #2 (training)	All	All
14	PH-002501	Northeast Valley Health Corporation	3, 5	2
15	PH-002509	Prime Healthcare Services - St. Francis, LLC.	2	6
16	PH-002514	Tarzana Treatment Center	5	1
17	PH-002502	Valley Community Healthcare	3	2
18	PH-002515	Venice Family Clinic	2, 3	5

\* Supervisorial District

\*\* Service Planning Area

BL#06461:at

## SOLE SOURCE CHECKLIST

Department Name: Department of Public Health (DPH)

☒ New Sole Source Contract **Children's Health Outreach, Enrollment, Utilization and Retention Services Contracts (CHOEUR) (14)**

☒ Existing Sole Source Contract Date Sole Source Contract Approved: May 29, 2018 (4)

Check (v)	<b>JUSTIFICATION FOR SOLE SOURCE CONTRACTS</b> Identify applicable justification and provide documentation for each checked item.
	➤ Only one bona fide source (monopoly) for the service exists; performance and prices competition are not available. <i>A monopoly is an "Exclusive control of the supply of any service in a given market. If more than one source in a given market exists, a monopoly does not exist."</i>
	➤ Compliance with applicable statutory and/or regulatory provisions.
	➤ Compliance with State and/or federal programmatic requirements.
	➤ Services provided by other public or County-related entities.
v	➤ Services are needed to address an emergent or related time-sensitive need. Current State California Department of Health Care Services (DHCS) Medi-Cal Health Enrollment Navigators Project (Navigators Project) funding award and the CHOEUR service contracts are scheduled to end on 9/30/22. CDHCS announced additional Navigators Project funding on 5/13/22, and is anticipated to be effective 10/01/22.
	➤ The service provider(s) is required under the provisions of a grant or regulatory requirement.
v	➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider. Same as justification above.
	➤ Services are needed during the time period required to complete a solicitation for replacement services; provided services are needed for no more than 12 months from the expiration of an existing contract with has no available option periods.
	➤ Maintenance and support services are needed for an existing solution/system during the time to complete a solicitation for a new replacement solution/system; provided the services are needed for no more than 24 months from the expiration of an existing maintenance and support contract which has no available options periods.
	➤ Maintenance and service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
	➤ It is more cost-effective to obtain services by exercising an option under an existing contract.
	➤ It is in the best economic interest of the County (e.g., significant costs to replace an existing system or infrastructure, administrative cost savings and excessive learning curve for a new service provider, etc.) In such cases, departments must demonstrate due diligence in qualifying the cost-savings or cost-avoidance associated with the best economic interest of the County.

Erika Bonilla  
Chief Executive Office

8/12/2022  
Date

**BOARD LETTER/MEMO  
CLUSTER FACT SHEET**

**DRAFT**

☒ Board Letter

☐ Board Memo

☐ Other

<b>CLUSTER AGENDA REVIEW DATE</b>	8/31/2022	
<b>BOARD MEETING DATE</b>	9/13/2022	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>	
<b>DEPARTMENT(S)</b>	Department of Public Health	
<b>SUBJECT</b>	AUTHORIZATION TO ACCEPT AND SIGN FUTURE OF PUBLIC HEALTH FUNDING AWARD, AGREEMENT NUMBER FOPH-021 AND FUTURE AWARDS AND RELATED AMENDMENTS FROM CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TO SUPPORT LOCAL HEALTH JURISDICTIONS AND STRENGTHEN LOCAL INFRASTRUCTURE (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)	
<b>PROGRAM</b>	Executive Office	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>DEADLINES/ TIME CONSTRAINTS</b>	Award term July 1, 2022 – June 30, 2023	
<b>COST &amp; FUNDING</b>	Total cost: \$47,328,331	Funding source: California Department of Public Health
	TERMS (if applicable): July 1, 2022 – June 30, 2023	
	Explanation:	
<b>PURPOSE OF REQUEST</b>	Requesting authorization to accept and sign Future of Public Health Funding Award, Agreement Number FoPH-021 from the California Department of Public Health issued on June 30, 2022 to support local health jurisdictions and strengthen local infrastructure for the period of July 1, 2022 through June 30, 2023 in the amount of \$47,328,331.	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	The Budget Act of 2020 from budget year 2022-2023 provides \$200,400,000 annually to local health jurisdictions for public health workforce and infrastructure. CDPH is allocating \$47,328,331 to County of Los Angeles. This Award is part of the State's ongoing annual investment in State and local health departments to address public health priorities and build vital infrastructure.	
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: (3) Authentically engage residents, organizations, and other community stakeholders to inform and determine interventions and investments, (4) Seek to improve long-term outcomes both intergenerationally and multigenerationally, (5) Use data to effectively assess and communicate equity needs and support timely assessment of progress, (8) Act urgently and boldly to achieve tangible results, (9) Align policies, processes, practices to effectively address equity challenges throughout County's workforce, and (10) Intervene early and emphasize long-term prevention.	
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: #5: Environmental Health Oversight and Monitoring; DPH will hire permanent environmental health staff to address environmental justice health issues in Los Angeles County, and #7: Sustainability; This	



	<p>funding will allow DPH to expand and improve our workforce with external annual funds from the State. Additionally DPH will create economic and workforce development in communities by contracting with partners to create community public health teams in their community based organizations.</p>
<p><b>DEPARTMENTAL CONTACTS</b></p>	<p>Name, Title, Phone # &amp; Email:</p> <p>Joshua Bobrowsky, Director Government Affairs, Public Health (213) 288-7871,  <a href="mailto:jbobrowsky@ph.lacounty.gov">jbobrowsky@ph.lacounty.gov</a></p> <p>Ava Cato-Werhane, Senior Staff Analyst, (323) 400-1350,  <a href="mailto:acato-werhane@ph.lacounty.gov">acato-werhane@ph.lacounty.gov</a></p> <p>Emily Issa, Senior Deputy County Counsel, (213) 974-1827,  <a href="mailto:Elssa@counsel.lacounty.gov">Elssa@counsel.lacounty.gov</a></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

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**DRAFT**



**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

September 13, 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:

**AUTHORIZATION TO ACCEPT AND SIGN A FUTURE OF PUBLIC HEALTH  
FUNDING AWARD, AGREEMENT NUMBER FOPH-021, FUTURE AWARDS AND  
RELATED AMENDMENTS FROM THE CALIFORNIA DEPARTMENT OF PUBLIC  
HEALTH TO SUPPORT LOCAL HEALTH JURISDICTIONS AND STRENGTHEN  
LOCAL INFRASTRUCTURE  
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**SUBJECT**

Provide authorization to accept and sign a Future of Public Health Funding Award, Agreement Number FoPH-021, from the California Department of Public Health, and delegate authority to accept and implement future allocation awards and related amendments.

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Authorize and instruct the Director of the Department of Public Health (Public Health), or designee, to accept and sign Future of Public Health Funding Award, Agreement Number FoPH-021, from the California Department of Public Health (CDPH), issued on June 30, 2022, to support local health jurisdictions and strengthen local infrastructure for the period of July 1, 2022 through June 30, 2023 in the amount of \$47,328,331.

2. Delegate authority to the Director of Public Health, or designee, to accept future awards that are consistent with the provisions and requirements of the allocation award in Recommendation 1 and/or amendments that extend the funding periods at amounts to be determined by CDPH; reflect revisions to the award's terms and conditions to include but not be limited to the rollover of unspent funds, redirection of funds, and/or an increase or decrease in funding, subject to review and approval by County Counsel, and notification to your Board and the CEO.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Approval of Recommendation 1 will allow Public Health to accept the Future of Public Health Funding Award, Agreement Number FoPH-021, from CDPH to support public health workforce and infrastructure.

This funding will allow Public Health to hire additional permanent County personnel throughout the various programs within Public Health in order to build and retain the County's public health workforce and respond to public health related mandates, emergencies, priorities and issues. This ongoing funding is intended to increase public health workforce capacity and retention through permanent positions such as, but not limited to, field, clinical, professional, data, administrative, and surveillance staff. Additionally, this funding will allow Public Health to build other infrastructure and operational capacities in the department, including but not limited to: 1) translation software to expand our capacity to translate braille; and 2) contracting with Community Based Organizations (CBO) and healthcare centers to provide coordinated public health services in under-served communities.

Approval of Recommendation 2 will allow Public Health to accept future awards and/or amendments that are consistent with the requirements of the Funding Award referenced in Recommendation 1 that extend the funding period at amounts to be determined by CDPH and reflect revisions to the award's terms and conditions to include but not be limited to the rollover of unspent funds, redirection of funds, and/or increase or decrease in 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.

### **Implementation of Strategic Goals**

The recommended actions support Strategy II.2, Support the Wellness of Our Communities, of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

Public Health will accept the Future of Public Health Funding Award, Agreement Number FoPH-021, from CDPH in the amount of \$47,328,331. These ongoing funds will be used to support Public Health personnel costs, operating costs, and contractual costs.

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

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

The Budget Act of 2022 for budget year 2022-2023 [Health and Safety Code 101320, 101320.3, and 101320.5] provides \$200,400,000 annually to local health jurisdictions for public health workforce and infrastructure. CDPH is allocating \$47,328,331 to the County of Los Angeles. This will be ongoing funding every year as a result of the State budget's new line item.

This Award is part of the State's ongoing annual investment in State and local health departments to address public health priorities and build vital public health infrastructure. Public Health must dedicate at least 70 percent of the funds to support the hiring of permanent County staff, including benefits and training. The remaining funds, not to exceed 30 percent, may be allocated to fund contractors or used for equipment, supplies, and other administrative purposes such as facility space, furnishings, and travel. Temporary staff will transition into permanent County positions once they become available. The allocated funds may only be used to supplement, rather than supplant, existing levels of services provided by the Local Health Jurisdiction.

### **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Approval of the recommended actions will allow Public Health to accept the award from CDPH to support and strengthen the County's Public Health workforce and infrastructure.

Respectfully submitted,

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

BF:kg  
BL #06486

Enclosure

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



TOMÁS J. ARAGÓN, M.D., Dr.P.H.  
Director and State Public Health Officer

State of California—Health and Human Services Agency  
**California Department of Public Health**



GAVIN NEWSOM  
Governor

June 30, 2022

Dr. Muntu Davis, Health Officer  
County of Los Angeles  
313 North Figueroa Street, Suite 808  
Los Angeles, CA 90012

Barbara Ferrer, Health Director  
County of Los Angeles  
313 N. Figueroa Street, Room 780  
Los Angeles, CA 90012

**Future of Public Health Funding**  
**Award Number FoPH-021**  
**County of Los Angeles**

**Authority:**

*Budget Act of 2022 for budget year 2022-2023, H&S Code 101321, 101320.3 and 101320.5*

Dear Dr. Muntu Davis, Barbara Ferrer:

The Budget Act of 2022 for budget year 2022-2023 [Health and Safety Code 101320, 101320.3, and 101320.5] provides \$200,400,000 annually to local health jurisdictions for public health workforce and infrastructure, referred to in this letter as the Future of Public Health Funding. These funds are considered ongoing funds and part of the ongoing baseline state budget. The California Department of Public Health (CDPH) is allocating **\$47,328,331** to **County of Los Angeles**.

As a condition of the funding, each local health jurisdiction shall, by Dec 30, 2023 and every three years thereafter, be required to submit a public health plan to CDPH pursuant to the requirements.

This letter provides submission requirements for the period of **July 1, 2022 to June 30, 2023**. Funds allocated for this period are available for encumbrance or expenditure until June 30, 2024 to support local health jurisdictions and strengthen local infrastructure.

**Funding:**

For the period of July 1, 2022 to June 30, 2023. CDPH will evaluate spending at the local level in January 2023. CDPH, in consultation with the California Conference of Local Health Officers, the California Health Executives Association of California, and the



Service Employees International Union (SEIU), will consider options for possible redirection of funds at that time.

The methodology for allocating these funds as set by statute are as follows:

1. Each Local Health Jurisdiction will receive a base funding amount of \$350,000 per year.
2. The remaining balance of the appropriation will be provided to Local Health Jurisdiction proportionally as follows:
  - a. 50 percent based on 2019, or most recent, population data
  - b. 25 percent based on 2019, or most recent, poverty data
  - c. 25 percent based on 2019, or most recent, the share of the population that is Black/African-American/Latinx/or Native Hawaiian/Pacific Islander.

Allocations to Local Health Jurisdictions are included in Attachment 1.

### **Funding Requirement:**

#### **Non-Supplantation**

The funds allocated to each Local Health Jurisdiction may only be used to supplement, rather than supplant, existing levels of services provided by the Local Health Jurisdiction.

Each Local Health Jurisdiction receiving funds shall annually certify to the department that its portion of this funding shall be used to supplement and not supplant all other specific local city, county, or city and county funds including, but not limited to, 1991 health local realignment and city, county, or city and county general fund resources utilized for Local Health Jurisdiction purposes, and excluding federal funds in this determination. See Attachment 2 for certification form.

#### **Required Use of Funding**

1. Each Local Health Jurisdiction must dedicate at least 70 percent of funds to support the hiring of permanent city or county staff, including benefits and training.
2. Remaining funds, not to exceed 30 percent, may be used for equipment, supplies, and other administrative purposes such as facility space, furnishings, and travel.

#### **Workplan/Spend Plan Requirements**

1. Each Workplan should be informed by a Community Health Assessment, Community Health Improvement Plan, and/or local Strategic Plan.
2. If a current Community Health Assessment and Community Health Improvement Plan has not yet been completed by your Local Health Jurisdiction, the state fiscal year 2022-2023 Workplan should describe how the Local Health Jurisdiction will identify and address relevant community health issues and provide a plan and target date for completion of a Community Health Assessment and Community Health Improvement Plan. A Community Health Assessment and Community Health Plan should be completed by December 30, 2023. Local Health Jurisdictions should

describe in the Workplan and Spend Plan what positions your Agency plans to hire and how it will support your local objectives in which you have direct influence in achieving.

3. The Workplan should include an evaluation plan and metrics.
4. All Local Health Jurisdictions will be required to measure and evaluate the process and outcome of hiring permanent staff.

### **Redirection of Funding**

A Local Health Jurisdiction may direct a portion of their funds to another local health jurisdiction in support of regional capacity. The Local Health Jurisdiction should submit a letter of support to CDPH from the Local Health Jurisdiction in which these funds are directed to, along with a description of the regional capacity the funds will support. The letter should be included as an additional attachment to the submission package.

### **Submission Requirements:**

1. Complete a Workplan and Spend Plan by September 15, 2022 and submit to CDPH at: [FoPHfunding@cdph.ca.gov](mailto:FoPHfunding@cdph.ca.gov). See *Attachments 3 and 4*. Your Agency should consider the following when developing your Workplan and Spend Plan:
  - It is recommended that your Agency fund an administrative position to ensure fiscal accountability and reporting requirements of the various Future of Public Health funds. At least seventy (70%) percent of your Agency funds must go towards the hiring of permanent city or county staff. Your agency must complete the table in Attachment 3 (Workplan and Reporting) to indicate how many positions in each type of classification across the listed public health areas your Agency plans to hire.
  - Your Agency may dedicate up to 30% of the allocated funding to fund partners and/or contractors, or used for equipment, supplies and other administrative purposes such as current staff compensation, staff development, facility space, furnishings, and travel.
  - Your Agency is encouraged to recruit and give hiring preference to unemployed workers, underemployed workers, and a diversity of applicants from local communities who are qualified to perform the work. In addition, you are encouraged to work with applicants from your community.
  - Your Agency is encouraged to explore transitioning limited-term or contracted staff/positions previously funded through limited term federal funding into permanent positions for the city; county; or city and county
  - If your Agency will be dedicating a portion of your funds to another Local Health Jurisdiction to increase regional capacity, your Agency should submit a letter of support from the Local Health Jurisdiction receiving those funds. Adjustments should be reflected in the workplan and spend plan that is

submitted to CDPH for review and approval. The letter should be included as an additional attachment to the submission package.

2. Your Agency must also meet the following minimum requirements for these funds and include descriptions in your Agency's Workplan:
  - i. A description of how your Agency will achieve 24/7 health officer coverage.
  - ii. A description of how your Agency will meet your Community Health Assessment (CHA)/Community Health Improvement plan (CHIP) and/or local Strategic plan goals. How do you plan to measure/evaluate the impact of these funds? Please either attach a copy or provide links to your CHA, CHIP, and Strategic Plan or provide a date when these will become available.
  - iii. A description of how your Agency will use these funds to meet your local Health Jurisdiction equity goals.
  - iv. A description of how your Agency will use these funds to become or sustain capacity as a learning organization including continuous quality improvement and Results-Based Accountability/evaluation.
  - v. Commit to Health Officer and Health Director participation in Regional Public Health Office monthly or quarterly meetings as determined by the Region and CDPH
3. In advance of the Workplan and Spend Plan due date, your Agency should respond to CDPH acknowledging that you accept the allocation funds outlined in this letter.

### **Reporting Requirements:**

As a recipient of the Future of Public Health Funding, the following reporting documents will be required:

For your convenience, your Contract Manager will issue reminders as these dates get closer.

1. Submit quarterly progress reports on hiring progress to CDPH following the schedule below. Starting with the quarter 2 progress report, provide status of timelines, goals, and objectives outlined in your workplan. See *Attachment 3*. Note, if your workplan is under review by CDPH and has not been approved by the progress report due date, you are still required to submit your progress report to CDPH.



Year/Quarter	Reporting Period	Due Date
Year 1/Q1	July 1, 2022 – September 30, 2022	October 30, 2022
Year 1/Q2	October 1, 2022 – December 31, 2022	January 30, 2023
Year 1/Q3	January 1, 2023 – March 31, 2023	April 30, 2023
Final	April 1, 2023 – June 30, 2023	July 30, 2023

2. Submit quarterly expenditure reports to CDPH following the schedule below. Expenditure reporting should be completed within your Spend Plan. Note, if your spend plan is under review by CDPH and has not been approved by the reporting due date, you are still required to submit your expenditure report to CDPH. See Attachment 4.

Year/Quarter	Reporting Period	Due Date
Year 1/Q1	July 1, 2022 – September 30, 2022	October 30, 2022
Year 1/Q2	October 1, 2022 – December 31, 2022	January 30, 2023
Year 1/Q3	January 1, 2023 – March 31, 2023	April 30, 2023
Final	April 1, 2023 – June 30, 2023	July 30, 2023

3. CDPH will provide a template to use to facilitate the reporting of these data metrics.

#### **Reimbursement/Invoicing:**

CDPH will reimburse your Agency upon receipt of invoice. In order to receive your reimbursements, please complete and submit your invoice(s) to:

[FOPHfunding@cdph.ca.gov](mailto:FOPHfunding@cdph.ca.gov). See Attachment 5.

1. First Quarter Payment: CDPH will issue a warrant (check) to your Agency for 25% of your total allocation, this will be issued as an advance payment.
2. Future payments will be based on reimbursement of expenditures once the 25% advance payment has been fully expended. In order to receive future payments, your Agency must complete and submit reporting documentation within Attachments 3 and 4 following the due dates above within Reporting Requirements.
3. Your Agency must maintain supporting documentation for any expenditures invoiced to CDPH against this source of funding. Documentation should be readily available in the event of an audit or upon request from CDPH. Documentation should be maintained onsite for five years.

Thank you for the time your Agency has invested to strengthen public health capacity and preparedness to respond to future emergencies throughout California communities. We are hopeful that this funding will collectively achieve the goal of developing and strengthening California's public health workforce. CDPH is hosting a webinar on **July 14, 2022 from 11:00 AM – 12:00 PM** to go over the requirements and activities of this funding. If you have any questions or need further clarification, please reach out to [FoPHfunding@cdph.ca.gov](mailto:FoPHfunding@cdph.ca.gov).

Sincerely,

A handwritten signature in blue ink that reads "Susan Fanelli". The signature is written in a cursive, flowing style.

Susan Fanelli  
Chief Deputy Director  
California Department of Public Health

### **Acknowledgement of Allocation Letter**

**Instruction: Please check one statement below, sign, and return to**  
[FoPHfunding@cdph.ca.gov](mailto:FoPHfunding@cdph.ca.gov)

☐ **County of Los Angeles** acknowledges receipt of this Allocation letter and accepts the funds to be used as outlined under the Submission Requirements section.

☐ **County of Los Angeles** acknowledges receipt of this Allocation letter and does not accept the funds. **County of Los Angeles** understands that these funds cannot be delegated to another Agency and CDPH will redistribute funds.

**Name of Local Health Jurisdiction designated signee(s):** \_\_\_\_\_

**Title/Role:** \_\_\_\_\_

**Signature of Local Health Jurisdiction designee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Attachments**

Attachment 1: Local Allocations Table  
Attachment 2: Certification Form  
Attachment 3: Workplan and Reporting  
Attachment 4: Spend Plan  
Attachment 5: Invoice

# BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

<b>CLUSTER AGENDA REVIEW DATE</b>	8/31/2022	
<b>BOARD MEETING DATE</b>	9/13/2022	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>	
<b>DEPARTMENT(S)</b>	Department of Health Services (DHS)	
<b>SUBJECT</b>	Approval of amendment to sole source Proposition A (Prop A) Agreement with 3M Health Information Systems, Inc. (3M) for transcription Information Technology software systems and related medical and radiology reports transcription services	
<b>PROGRAM</b>	N/A	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain why: It is in the best economic interest to extend the 3M Agreement as they have a comprehensive understanding of DHS's complex needs and has established an excellent working relationship with DHS. Further, if the Agreement is not extended and DHS selects a new contractor through a solicitation, the change in applications would result in an excessive implementation learning curve for the new contractor and DHS/Department of Public Health (DPH) staff, as well as an administrative burden while DHS/DPH continue to contend with the COVID-19 pandemic.	
<b>DEADLINES/ TIME CONSTRAINTS</b>	The current Agreement expires on September 30, 2022.	
<b>COST &amp; FUNDING</b>	Total cost: The estimated annual cost for transcription IT software systems and related medical and radiology reports transcription services is \$661,000. The estimated Total Contract Sum is \$12,982,247 for the period of July 1, 2011 through September 30, 2025.	Funding source: Funding is included in the DHS Fiscal Year 2022-23 Adopted Budget and will be requested in future fiscal years as continuing appropriation. There is no net impact to County cost.
	TERMS (if applicable): October 1, 2022 through September 30, 2025	
	Explanation:	
<b>PURPOSE OF REQUEST</b>	To allow for the continued provision of transcription IT software systems and related medical and radiology reports transcription services, which are of critical use to physicians/radiologists at DHS/DPH facilities to complete patient medical records.	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	The Agreement was approved on June 14, 2011, for a term of 5 years, including options, through June 30, 2016 after Medquist Transcriptions Ltd. (later known as MModal Services, Ltd. and now known as 3M) was selected by DHS pursuant to a Prop A competitive solicitation. The Agreement allowed DHS to consolidate individual hospital agreements into a comprehensive single agreement, enabling the County to benefit from economies of scale to achieve the best possible pricing for medical and radiology reports transcription services. The Agreement also contemplated a gradual transition from traditional labor-intensive transcription services and aligned with the healthcare industry's accelerated adoption of speech recognition software technology. Via subsequent delegations of authority, the Agreement has been amended periodically to extend the term, expand the statement of work to implement 3M's Fluency Critical Test Results and Fluency Peer Review applications and include a Fluency for Imaging (FFI) interface with the County's Radimetrics System and implement FFI at DPH clinics.	
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:	
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:	
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email: -Christopher J. Rodriguez, HIM Director, (323) 986-2200, <a href="mailto:chrodriquez@dhs.lacounty.gov">chrodriquez@dhs.lacounty.gov</a> -Rick Nguyen, Enterprise Clinical Imaging, (424) 306-8613, <a href="mailto:nguyen@dhs.lacounty.gov">nguyen@dhs.lacounty.gov</a> -Kevin Lynch, CIO, (213) 288-8128, <a href="mailto:KLynch@dhs.lacounty.gov">KLynch@dhs.lacounty.gov</a> -Julio Alvarado, Dir. of Cont. Admin. & Mntr., (213) 288-7819, <a href="mailto:jalvarado@dhs.lacounty.gov">jalvarado@dhs.lacounty.gov</a> -Truc Moore, Prin. Dep. County Counsel, (213) 972-5719, <a href="mailto:tmoore@counsel.lacounty.gov">tmoore@counsel.lacounty.gov</a>	

September 13, 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:

**APPROVAL OF AMENDMENT NO. 15 TO SOLE SOURCE  
AGREEMENT NO. 77540 WITH 3M HEALTH INFORMATION SYSTEMS, INC.  
FOR TRANSCRIPTION INFORMATION TECHNOLOGY SOFTWARE SYSTEMS  
AND RELATED MEDICAL AND RADIOLOGY REPORTS TRANSCRIPTION  
SERVICES  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

**CIO RECOMMENDATION: APPROVE (X)**

**SUBJECT**

Request approval of Amendment No. 15 to the existing Sole Source Proposition A Agreement No. 77540 with 3M Health Information Systems, Inc. for the continued provision of transcription Information Technology (IT) software systems and related medical and radiology reports transcription services at Department of Health Services facilities and Department of Public Health clinics to extend the term, increase the Agreement Sum, and update Agreement terms and conditions commensurate with the services provided to the County of Los Angeles.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Make a finding pursuant to Los Angeles County Code Section 2.121.420 that medical transcription services, as described herein, can be performed more economically by an independent contractor.
2. Approve and Authorize the Director of Health Services (Director), or designee, to execute Amendment No. 15 (Amendment) to Agreement No. 77540 (Agreement) with 3M Health Information Systems, Inc. (3M), effective upon execution, to: (a) extend the term of the Agreement from October 1, 2022 through September 30, 2025; (b) increase the Agreement Sum by a total annual estimated cost of \$661,000, comprised of \$104,000 for medical transcription service and \$557,000 for the radiology transcription solution, for an estimated Total Contract Sum of \$12,982,247 from July 1, 2011 through September 30, 2025; (c) include Pool Dollars for Optional Work in an

amount not to exceed the current maximum amount of \$492,000 that are roll over funds from the previous term; (d) increase the rates and fees under the Agreement in compliance with the Living Wage Ordinance (LWO) governed by Los Angeles County Code Chapter 2.201; and (e) provide for other changes as set forth herein.

3. Delegate authority to the Director, or designee, to execute future amendments to the Agreement to: (a) add, delete, and/or change certain terms and conditions as mandated by Federal or State law or regulation, County policy, the County Board of Supervisors (Board) and/or Chief Executive Office (CEO); (b) modify the Statement of Work (SOW) to reflect County standards and business needs, including but not limited to business and administrative workflows, protocols and policies, and the addition/removal of County facilities; and (c) reduce scope of services; with all such actions subject to review and approval by County Counsel.
4. Delegate authority to the Director, or designee, to execute: (a) Change Notices to the Agreement for changes that do not incur additional costs or expenses, nor substantially affect any Agreement terms or conditions; and (b) Change Orders or Amendments using up to \$492,000 in Pool Dollars to acquire Optional Work, such as additional software and professional services as requested by County, subject to review and approval by County Counsel.

## **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS**

### **Background**

3M provides transcription IT software systems and related Proposition A (Prop A) medical and radiology reports transcription services used throughout the Department of Health Services (DHS) facilities, and at the Department of Public Health (DPH) clinics. There is a distinction between the transcription software and the work performed by transcriptionists who abstract the information from the recording dictated by the provider. The current Agreement was approved by the Board on June 14, 2011, for a term of five years, including options, through June 30, 2016 after Medquist Transcriptions Ltd. (Medquist) (later known as MModal Services, Ltd. (MModal) and now known as 3M) was selected by DHS pursuant to a Prop A compliant competitive solicitation process as the recommended contractor. The Agreement allowed DHS to consolidate individual hospital agreements for the aforementioned services into a comprehensive single agreement, enabling the County to benefit from economies of scale to achieve the best possible pricing for both medical and radiology reports transcription services. The Agreement also contemplated a gradual transition from traditional labor-intensive transcription services and aligned with the healthcare industry's accelerated adoption of speech recognition software technology.

Via delegations of authority subsequently approved by the Board, the Agreement has been amended periodically to extend the term, expand the SOW to implement 3M's

Fluency Critical Test Results (FCTR) and Fluency Peer Review (FPR) applications and include a Fluency for Imaging (FFI) interface with the County's Radimetrics System, and implement FFI at DPH clinics. A three-year extension of the Agreement at this juncture will ensure the uninterrupted continuation of transcription IT software systems and related medical and radiology reports transcription services.

DHS believes that it is in the best economic interest of the County to extend the Agreement with 3M, currently slated to expire September 30, 2022, as they have attained a comprehensive understanding of DHS's complex needs and has established an excellent working relationship with DHS. If the Agreement is not extended and DHS was to select a new contractor through a new solicitation to replace the existing applications, the change in applications would result in an excessive implementation learning curve for both the new contractor and DHS/DPH staff who are well acclimated with the current applications, as well as administrative burden while these frontline departments continue to contend with the COVID-19 pandemic.

On February 4, 2022, DHS notified the Board via Attachment A of our intent to commence negotiations with 3M for the sole source Agreement extension in accordance with the revised Board Policy No. 5.100, Sole Source Contracts. The Sole Source checklist is attached as Attachment B in compliance with this Board Policy.

## **Recommendations**

Approval of the first recommendation is necessary to comply with Los Angeles County Code Section 2.121.420. Pursuant to Prop A requirements, DHS determined contracting to be cost-effective for the provision of \$104,000 annually for the medical transcription services of this Agreement based on the Cost Analysis that was conducted by the Contracts and Grants Division. Also, in accordance with the Fiscal Manual Section 12.2.2, further review and approval of the Cost Analysis was not performed by the Auditor-Controller because the estimated annual Agreement amount did not meet the threshold for their review. Attachment C provides the Cost Analysis Summary.

Approval of the second recommendation will allow for the continued provision of critical transcription IT software systems and related medical and radiology reports transcription services, as these applications and services are of critical use to physicians and radiologists at DHS facilities and DPH clinics in order to complete patient medical records.

Approval of the third recommendation will allow the Department to add, delete, and/or change certain terms and conditions, as required under Federal or State law or regulation, County policy, Board and/or CEO, modify the SOW to reflect County standards and business needs, account for additional ongoing fees, such as increases in the projected transcription report volumes and addition or removal of County facilities, subject to available funding, and reduce the Agreement's scope of services, as necessary. All such actions will be subject to County Counsel's review and approval.



Approval of the fourth recommendation will allow the Director, or designee, to execute Change Notices that do not authorize additional costs, nor substantially affect Agreement terms or conditions; and execute Change Orders or Amendments using existing maximum amount of \$492,000 in Pool Dollars to acquire Optional Work during the remaining term of the Agreement, including but not limited to acquisition of new software and professional services and training, upon the County's request. All such actions will be subject to County Counsel's review and approval.

### **Implementation of Strategic Plan Goals**

The recommended actions support Goal 1 – Make Investments That Transform Lives and Goal 3 – Realize Tomorrow's Government Today.

### **FISCAL IMPACT/FINANCING**

The estimated annual cost for transcription IT software systems and related medical and radiology reports transcription services is \$661,000.

Funding is included in the DHS Fiscal Year 2022-23 Adopted Budget and will be requested in future fiscal years as continuing appropriation. There is no net impact to County cost.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

County Counsel has approved Exhibit I as to form.

In compliance with Board Policy 6.020 "Chief Information Office Board Letter", the Office of the Chief Information Officer (OCIO) reviewed the IT components of this request and recommends approval of Amendment No. 15. The OCIO determined that this recommended action does not include any new IT items that would necessitate a formal written CIO analysis. The OCIO previously completed a formal written CIO analysis in December 2016, and the scope of services and contract has not materially changed since that time.

The Agreement may be terminated for convenience by the County or 3M upon 120 days prior written notice. The Agreement includes all Board-required provisions, including the most recent provisions – COVID-19 Vaccinations of County Contractor Personnel.

The provision of medical transcription services by the Contractor under the current Agreement is subject to Prop A guidelines, which include the Living Wage Program set forth in Los Angeles County Code Chapter 2.201. The LWO requires contractors to pay employees an hourly rate of no less than \$18.49, effective January 1, 2023.

## **CONTRACTING PROCESS**

DHS released a Prop A compliant Request for Statement of Information (RFSI) in August 2009, to identify the most qualified proposers for the transcription services. Following a comprehensive evaluation and selection process of eleven (11) RFSI responses, DHS began concurrently negotiating with the top three contending respondents, and determined that MModal, formerly known as Medquist, was the best fit for the County's business and technology needs. MModal has since been acquired in 2019 by 3M.

## **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Prop A requires that departments assess any potential impact of the recommended Agreement. There is no risk exposure to the County since the Prop A requirements remain the same with the recommended Amendment. The award of this Amendment will not infringe on the role of the County in its relationship to its residents, and the County's ability to respond to emergencies will not be impaired. The Agreement will not result in reduced services, and there is no employee impact as a result of this Agreement since services are currently being provided under an Agreement.

Approval of the recommendations will ensure the continuation of existing transcription IT software systems and related medical and radiology reports transcription services that are essential to patient care provided by physicians and radiologists at DHS facilities and DPH clinics.

Respectfully submitted,

Reviewed by:

Christina R. Ghaly, M.D.  
Director

Peter Loo  
Acting Chief Information Officer

CRG:PL:aa

Enclosures

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



**Health Services**  
LOS ANGELES COUNTY

Attachment A

February 4, 2022

**Los Angeles County  
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

**Christina R. Ghaly, M.D.**  
Director

**Hal F. Yee, Jr., M.D., Ph.D.**  
Chief Deputy Director, Clinical Affairs

**Nina J. Park, M.D.**  
Chief Deputy Director, Population Health

**Elizabeth M. Jacobi, J.D.**  
Administrative Deputy

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213) 288-8050  
Fax: (213) 481-0503

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

*"To advance the health of our  
patients and our  
communities by  
providing extraordinary  
care"*



[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

TO: Supervisor Holly J. Mitchell, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

FROM: Christina R Ghaly, M.D.   
Director

SUBJECT: **ADVANCE NOTIFICATION OF INTENT TO  
NEGOTIATE AN EXTENSION OF SOLE SOURCE  
AGREEMENT NO. 77540 OR A SUCCESSOR  
AGREEMENT, WITH 3M HEALTH INFORMATION  
SYSTEMS, INC. FOR TRANSCRIPTION IT SOFTWARE  
SYSTEMS AND RELATED MEDICAL AND  
RADIOLOGY REPORTS TRANSCRIPTION SERVICES**

This is to advise the Board of Supervisors (Board) that the Department of Health Services (DHS) intends to enter into sole source contract negotiations and if successful, request approval of either a three-year extension to the existing Sole Source Proposition A (Prop A) Agreement No. 77540 (Agreement) with 3M Health Information Systems, Inc. (3M; formerly MModal Services, Ltd.) or a successor agreement with 3M, for the continued provision of transcription IT software systems and related medical and radiology reports transcription services used at DHS medical centers, rehabilitation centers, ambulatory care centers, and Department of Public Health (DPH) clinics. DHS has determined that the continuity of this Agreement is essential to physicians and radiologists at DHS and DPH and in the best economic interest of the Los Angeles County (LA County) to extend the Agreement term or a successor agreement.

Board Policy No. 5.100 requires written notice of a department's intent to enter into sole source negotiations for extension of a Board-approved agreement or a successor agreement at least six months prior to the current Agreement's expiration date. The Agreement will expire on June 30, 2022.

**Background**

The current Prop A Agreement for medical and radiology reports transcription services was approved by the Board on June 14, 2011, for an initial term of July 1, 2011 through June 30, 2014 with two one-year extension options through June 30, 2016 and an estimated cost

\$15,204,110, after Medquist Transcriptions Ltd. (later known as MModal Services, Ltd. and now known as 3M) was selected by DHS as the recommended contractor for such services. The Agreement allowed DHS to consolidate individual hospital agreements for such services into a comprehensive single agreement, enabling LA County to benefit from economies of scale to achieve the best possible pricing for both medical and radiology reports transcription services. The Agreement also contemplated a gradual transition from traditional labor-intensive transcription services. This technology shift is aligned with the healthcare industry's accelerated adoption of speech recognition technology.

The Agreement has been amended various times since it was first approved by the Board to extend the term of the Agreement through June 30, 2022, and increase the ongoing Agreement cost, expand the Statement of Work to implement 3M's Fluency Critical Test Results (FCTR) and Fluency Peer Review (FPR) applications and include a Fluency for Imaging (FFI) interface with LA County's Radimetrics system, and implement FFI at DPH clinics. DHS has now exhausted its delegated authority from the Board to extend the Agreement. Therefore, a three-year extension or a successor Sole Source Prop A Agreement will ensure the uninterrupted continuation of transcription IT software systems and related medical and radiology reports transcription services.

### **Justification**

3M has provided medical and radiology reports transcription services to DHS for over 10 years, and in doing so, it has established itself as a reliable contractor for such services. The medical transcription services that 3M provides are vital to the documentation process of patients' medical history, physical and operative reports, discharge, transfer and death summaries, consultations, and progress and treatment notes. 3M provides transcription IT software systems solutions through its subscription to FFI, FCTR, and FPR systems. 3M's FFI application for DHS's radiology centers provides an advanced clinical documentation solution that uses 3M's speech-understanding technology, which transforms physicians' dictation regarding radiology exams into electronic documents that are structured, clinically encoded, searchable, and shareable. Also, 3M's FCTR application allows radiologists to accurately capture, document, and communicate critical test results to address the requirements of both LA County and the Joint Commission. 3M's FPR application automates the peer review process for radiologists using FFI, which facilitates improved quality of patient care and continuing physician and improvement, in accordance with the American College of Radiology's (ACR's) radiology reporting requirements and accreditation, which mandates provider organizations to participate in a physician peer review program. The peer review process delivers significant workflow efficiencies helping radiologists reduce turnaround time, enabling radiologists to evaluate prior reports while viewing and interpreting images via automated prompting or manual invocation using the ACR standardized four-point rating scale with clinical significance indicators. Therefore, these applications are of critical use to physicians and radiologists at DHS and DPH facilities in order to complete patient medical records.

3M has attained a comprehensive understanding of DHS's complex needs and has established an excellent working relationship with DHS. If the Agreement is not extended or a successor agreement is entered into and DHS were to select a new contractor through a new solicitation to replace the existing FFI, FCTR, and FPR applications, the change in applications would result in an excessive implementation learning curve for both the new contractor and DHS/DPH staff during the middle of a pandemic, who are well acclimated with the current applications, as well as the administrative burden. Therefore, DHS has determined that it is in the best economic interest of LA County to pursue negotiations for a successor Sole Source Prop A Agreement with 3M.

### **Conclusion**

DHS has determined that 3M is uniquely positioned to continue providing transcription IT software systems and related medical and radiology reports transcription services used at DHS medical centers, rehabilitation centers, ambulatory care centers, and DPH clinics. DHS will commence negotiations for the Agreement's extension or a successor agreement no earlier four weeks from date of this notification unless otherwise instructed by the Board.

If you have any questions, you may contact me or your staff may contact Christopher Jay Rodriguez, Enterprise HIM Director, at (323) 986-2200 or at via email at [cjrodriguez@dhs.lacounty.gov](mailto:cjrodriguez@dhs.lacounty.gov).

CRG:aa

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

**SOLE SOURCE CHECKLIST**

Department Name: \_\_\_\_\_

- ☐ New Sole Source Contract
- ☐ Sole Source Amendment to Existing Contract
- Date Existing Contract First Approved: \_\_\_\_\_

Check (✓)	<b>JUSTIFICATION FOR SOLE SOURCE CONTRACTS AND AMENDMENTS</b> Identify applicable justification and provide documentation for each checked item.
	➤ Only one bona fide source (monopoly) for the service exists; performance and price competition are not available. A monopoly is an <i>“Exclusive control of the supply of any service in a given market. If more than one source in a given market exists, a monopoly does not exist.”</i>
	➤ Compliance with applicable statutory and/or regulatory provisions.
	➤ Compliance with State and/or federal programmatic requirements.
	➤ Services provided by other public or County-related entities.
	➤ Services are needed to address an emergent or related time-sensitive need.
	➤ The service provider(s) is required under the provisions of a grant or regulatory requirement.
	➤ Services are needed during the time period required to complete a solicitation for replacement services; provided services are needed for no more than 12 months from the expiration of an existing contract which has no available option periods.
	➤ Maintenance and support services are needed for an existing solution/system during the time to complete a solicitation for a new replacement solution/system; provided the services are needed for no more than 24 months from the expiration of an existing maintenance and support contract which has no available option periods.
	➤ Maintenance service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
	➤ It is more cost-effective to obtain services by exercising an option under an existing contract.
	➤ It is in the best economic interest of the County (e.g., significant costs and time to replace an existing system or infrastructure, administrative cost and time savings and excessive learning curve for a new service provider, etc.). In such cases, departments must demonstrate due diligence in qualifying the cost-savings or cost-avoidance associated with the best economic interest of the County.

Erika Bonilla  
Chief Executive Office

\_\_\_\_\_  
Date

**Department of Health Services  
 Proposition A – Medical Transcription Services  
 Annual Cost Analysis Summary**

<b>CONTRACT GROUP</b>				
<b>FACILITIES:</b> Harbor-UCLA Medical Center, Long Beach Comprehensive Health Center (CHC), High Desert RHC, LAC+USC Medical Center, El Monte CHC, H. Claude Hudson CHC, Edward R. Roybal CHC, Martin Luther King, Jr. Outpatient Center, Hubert Humphrey CHC, Olive View-UCLA Medical Center, and Rancho Los Amigos National Rehabilitation Center.				
<b>Annual Total</b>	<b>Minimum Estimated Avoidable Costs</b>	<b>Total Contract Price (Estimated)</b>	<b>Estimated Savings From Contracting</b>	<b>Percentage Savings</b>
	<b>\$357,193.38</b>	<b>\$104,000</b>	<b>\$253,193.38</b>	<b>70.88%</b>

# BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

<b>CLUSTER AGENDA REVIEW DATE</b>	8/31/2022	
<b>BOARD MEETING DATE</b>	9/27/2022	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>	
<b>DEPARTMENT(S)</b>	Department of Health Services Department of Mental Health Department of Public Health	
<b>SUBJECT</b>	<b>DELEGATE AUTHORITY TO THE DEPARTMENTS OF MENTAL HEALTH, PUBLIC HEALTH AND HEALTH SERVICES TO ACCEPT BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM GRANT FUNDING AND TO EXECUTE SUBSEQUENT CONTRACTS</b>	
<b>PROGRAM</b>	Behavioral Health Community Infrastructure Program (BHCIP)	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why:	
<b>DEADLINES/ TIME CONSTRAINTS</b>	Estimate September 2022 DHS and DMH will receive BCHIP Round 3 Launch Ready Grant Contracts.	
<b>COST &amp; FUNDING</b>	Total funding: \$45.3M	Funding source: BHCIP is providing \$39.8M for LAC+USC DHS project and \$5.5M for MLK DMH project.
	TERMS (if applicable): BHCIP Round 3 contract term is pending contract negotiations	
	Explanation: Round 3: Launch Ready Grant funds: Accept the total funding of \$45.3M from the Round 3: Launch Ready Grant for DHS and DMH departments providing \$39.8M for LAC+USC DHS Adult and Adolescent Acute Inpatient Hospital project and \$5.5M for MLK DMH Jacqueline Avant Children and Family Center (CFWC) – Pediatric OPS and CSU project. Future BHCIP funding: TBD.	
<b>PURPOSE OF REQUEST</b>	The purpose of the Board Letter is to: <ol style="list-style-type: none"> <li>1) Request authority for the Departments of Health Services (DHS) and Mental Health (DMH) to accept Round 3 Behavioral Health Continuum Infrastructural Program (BHCIP) grant funding.</li> <li>2) Request authority for DHS, DMH, and Department of Public Health (DPH) to accept future BHCIP grant awards for Rounds 4, 5 and 6 funding.</li> <li>3) Request authority for the Directors or their designees, to execute contract agreements from the California Department of Health Care Services (DHCS) via Advocates for Human Potential (AHP), the State's grant and fiscal administrator.</li> </ol>	
<b>BACKGROUND (include internal/external issues that may exist)</b>	The California Department of Health Care Services (DHCS) was authorized through 2021 <a href="#">legislation</a> to establish BHCIP and award approximately \$2.1 billion to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to	



<p><b>including any related motions)</b></p>	<p>behavioral health. BHCIP is comprised of six competitive funding rounds that are open to cities, counties, tribal entities, non-profit and for-profit organizations. The rounds are:</p> <p>Round 1: Crisis Care Mobile Units (Released 2021)</p> <ul style="list-style-type: none"> <li>- County Award = DMH \$51.8M for 50 new mobile crisis teams</li> </ul> <p>Round 2: County and Tribal Planning grants (2021)</p> <ul style="list-style-type: none"> <li>- County Award = DPH &amp; DMH \$300K for BHCIP planning activities</li> </ul> <p>Round 3: Launch Ready infrastructure projects (March 2022)</p> <ul style="list-style-type: none"> <li>- DHS &amp; DMH Conditional Award letters issued 6/20/22. DHS=\$39.8M and DMH \$5.5M</li> </ul> <p>Round 4: Children and Youth (June 2022)</p> <ul style="list-style-type: none"> <li>- Request for Application is due August 31, 2022. The Los Angeles regional allocation = \$127.9M.</li> </ul> <p>Round 5: Crisis Continuum (October 2022)</p> <ul style="list-style-type: none"> <li>- Statewide Allocation = \$480M</li> </ul> <p>Round 6: TBD (December 2022)</p> <ul style="list-style-type: none"> <li>- Statewide Allocation = \$480M</li> </ul> <p>The intention of this funding is to add beds to the behavioral health network to address the critical shortage of mental health and substance use disorder services statewide. The County has mobilized a cross departmental workgroup to create a unified countywide BHCIP Strategy to inform and maximize this unprecedented funding opportunity. The Board already authorized receipt of funds for Round 1 and 2. The request for this Board Letter that encompasses BHCIP rounds 3, 4, 5 and 6, allows the Health Departments to be responsive to this opportunity within the very compressed timeline.</p>
<p><b>EQUITY INDEX OR LENS WAS UTILIZED</b></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please explain how:</p> <p>BHCIP specifically addresses two Countywide Equity Guiding Principles:</p> <ol style="list-style-type: none"> <li>1) Develop and implement strategies that identify, prioritize and effectively support the most disadvantaged geographies and populations</li> <li>2) Work collaboratively and intentionally across departments as well as across leadership levels and decision-makers</li> </ol> <p>BHCIP grant criteria include the State's Priorities and how BHCIP projects target and address these priorities:</p> <ul style="list-style-type: none"> <li>• Invest in behavioral health and community care options that advance racial equity</li> <li>• Seek geographic equity of behavioral health and community care options</li> <li>• Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth</li> <li>• Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization</li> <li>• Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement</li> <li>• Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy</li> <li>• Leverage county and Medi-Cal investments to support ongoing sustainability</li> <li>• Leverage the historic state investments in housing and homelessness</li> </ul> <p>All BHCIP applicants are required to demonstrate how proposed projects will advance racial equity and are required to certify that they will not exclude populations, including those who are justice involved, unless required by state law. The BHCIP funding model ensures that applicants within each region will compete against other applicants in that same region, thereby supporting geographic equity and funding disbursement across the state.</p>

	<p>Additionally, the County's BHCIP provider engagement strategy included a survey and scoring rubric that resulted in letters of support that were granted based on identified gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, children, and youth. Projects were selected that leveraged Medi-Cal and other funding streams to support ongoing sustainability.</p>
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If Yes, please state which one(s) and explain how:</p> <p>Board Priority #2: Health Integration  BHCIP provides funding to expand the behavioral health continuum of treatment and service resources in settings serving Medicaid beneficiaries. Increasing behavioral health bed capacity is a priority for all health departments. In anticipation of BHCIP, the County initiated a multi-departmental BHCIP Workgroup to develop an integrated, countywide strategy for leveraging this unprecedented infrastructure program for all County departments as well as County contracted provider networks.</p>
<b>DEPARTMENTAL CONTACTS</b>	<p>Name, Title, Phone # &amp; Email:</p> <p><b>DHS:</b> Clemens Hong, Acting Director, Community Programs,  <a href="mailto:CHong@dhs.lacounty.gov">CHong@dhs.lacounty.gov</a>, (213) 288-8488</p> <p><b>DHS:</b> Amy Naamani, Principal Deputy County Counsel,  <a href="mailto:ANaamani@counsel.lacounty.gov">ANaamani@counsel.lacounty.gov</a>, (213) 974-0687</p> <p><b>DMH:</b> Amanda Ruiz, Supervising Mental Health Psychiatrist,  <a href="mailto:amaruiz@dmh.lacounty.gov">amaruiz@dmh.lacounty.gov</a>, (213) 943-8745 and JoAnn Yanagimoto-Pinedo,  Supervisor's Deputy IV, <a href="mailto:jyanagimotopinedo@dmh.lacounty.gov">jyanagimotopinedo@dmh.lacounty.gov</a>, (213) 947-6672</p> <p><b>DMH:</b> Emily Issa, Deputy County Counsel, <a href="mailto:eissa@counsel.lacounty.gov">eissa@counsel.lacounty.gov</a>, (213) 974-1827</p> <p><b>DPH:</b> Michelle Gibson, Deputy Director of Treatment, <a href="mailto:migibson@ph.lacounty.gov">migibson@ph.lacounty.gov</a>, (626) 299-3244</p> <p><b>DPH:</b> Craig Kirkwood, Deputy County Counsel, <a href="mailto:ckirkwood@counsel.lacounty.gov">ckirkwood@counsel.lacounty.gov</a>, (213) 974-1751</p>



**Los Angeles County  
Board of Supervisors**

**Hilda L. Solis**  
First District

**Holly J. Mitchell (Chair)**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

**Jaclyn Baucum**  
Chief Operating Officer  
Alliance for Health Integration

**Christina R. Ghaly, M.D.**  
Director, Department of Health Services

**Lisa H. Wong, Psy.D.**  
Acting Director, Department of Mental Health

**Barbara Ferrer, Ph.D., M.P.H., M.Ed.**  
Director, Department of Public Health

313 N. Figueroa Street, Suite 1014  
Los Angeles, CA 90012

*"To improve the health and well-being of Los Angeles County residents by aligning and efficiently implementing Board-approved prevention, treatment, and healing initiatives that require the collaborative contributions of the three health departments."*

September 27, 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:

**DELEGATE AUTHORITY TO THE DEPARTMENTS OF HEALTH  
SERVICES, MENTAL HEALTH AND PUBLIC HEALTH  
TO ACCEPT BEHAVIORAL HEALTH CONTINUUM  
INFRASTRUCTURE PROGRAM GRANT FUNDING AND TO  
EXECUTE RELATED GRANT AND SERVICE CONTRACTS  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

**SUBJECT**

Los Angeles County (County) Departments of Mental Health (DMH), Health Services (DHS), and Public Health (DPH), together referred to as Health Departments, are seeking authority to accept Behavioral Health Continuum Infrastructure Program (BHCIP) grant funding and to execute, amend and terminate grant subcontract agreements (Contract) from the California Department of Health Care Services (DHCS) via Advocates for Human Potential (AHP), the State's grant and fiscal administrator.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Delegate authority to the Acting Director of DMH and Director of DPH, or their designees, to each negotiate and execute a Contract to expand regional planning efforts for the acquisition and expansion of behavioral health infrastructure in the County through Round 2 BHCIP grant funds in the amount of \$150,000 for each department, subject to review and approval as to form by County Counsel.
2. Delegate authority to the Acting Director of DMH and the Director of DHS, or their designees, to accept BHCIP grant funds awarded to the



County by AHP for BHCIP Round 3 Launch Ready Grant and each negotiate and execute a Contract to support investment in the expansion of the County behavioral health system at an anticipated amount of \$39,611,397 to DHS for LAC-USC Adult and Adolescent Acute Psychiatric Inpatient project and \$5,518,214 to DMH for MLK Jacqueline Avant Children and Family Center Pediatric Outpatient Clinic and Crisis Stabilization Unit projects, subject to review and approval as to form by County Counsel.

3. Delegate authority to the Acting Director of DMH, and the Directors of DHS and DPH (Directors), or their designees, to accept BHCIP grant funds awarded to the County by AHP for each future funding round (Rounds 4, 5, and 6), if awarded, through the entirety of the BHCIP, and negotiate and execute Contracts with AHP for BHCIP Rounds 4, 5, and 6 funding to construct, acquire, and expand properties, and invest in expansion of the County behavioral health system subject to review and approval as to form by County Counsel with notification to the Board and Chief Executive Office (CEO).
4. Delegate authority to the Directors, or their designees, to amend the Contracts described in recommendations 1, 2, and 3 as needed, including extending the term; adding, deleting, modifying, or replacing Statements of Work; modifying the grant amount; and/or rolling over unspent funds, subject to prior review and approval by County Counsel with notification to the Board and CEO.
5. Delegate authority to the Directors, or their designees, to terminate the Contracts or funded programs in existing Contracts described in Recommendation 4, in accordance with the termination provisions. The Directors, or their designees, will notify the Board and CEO, in writing, of such termination action.

#### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

As a result of the January 22, 2019, Board motion entitled, "*Addressing the Shortage of Mental Health Hospital Beds*," the Health Departments, Alliance for Health Integration (AHI) and CEO including Alternatives to Incarceration (ATI) and Capital Programs, partnered to form the BHCIP Workgroup, which created a County and system-wide strategy to pursue DHCS BHCIP State grant funding.

DHCS released the BHCIP Request for Applications (RFA), which included six rounds of funding with release dates between July 2021 and December 2022. This effort aims to reduce homelessness, incarceration, unnecessary hospitalizations, inpatient days, and improve outcomes for people with behavioral health conditions by expanding capacity to

short-term crisis stabilization, acute and sub-acute care, crisis residential treatment, community-based mental health residential treatment, substance use disorder (SUD) residential treatment, peer respite, mobile crisis, community and outpatient behavioral health services, and other clinically enriched longer-term treatment and rehabilitation opportunities. BHCIP represents the largest such provision of resources for infrastructure in the State's history, and provides an unprecedented opportunity to effect meaningful, sustainable change in the behavioral health and long-term care continuums in California and the County.

The recommendations included in this Board Letter allow the Health Departments to accept BHCIP grant funds allocated to the County for each funding round through the entirety of the BHCIP and negotiate and execute Contracts with AHP for BHCIP Rounds, amend Contracts, and execute the authority to terminate the Contract or funded program in existing Contracts. In the event the County is awarded a BHCIP grant for any of the subsequent funding rounds, the Board will be notified by Board memorandum when the County exercises the authority to accept grant funds.

### **IMPLEMENTATION OF STRATEGIC PLAN GOALS**

The recommended actions are consistent with the County's Strategic Plan Goal I, Make Investments that Transform Lives, Strategy I.1 – Increase Our Focus on Prevention Initiatives, Strategy I.2 – Enhance Our Delivery of Comprehensive Interventions, Strategy I.3 – Reform Service Delivery Within Our Justice Systems; Goal II, Foster Vibrant and Resilient Communities, Strategy II.2 – Support the Wellness of our Communities; and Goal III, Realize Tomorrow's Government Today, Strategy III.2.3 – Prioritize and Implement Technology Initiatives That Enhance Service Delivery and Increase Efficiency, and Strategy III.3 – Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability.

### **FISCAL IMPACT/FINANCING**

The Health Departments anticipate no increase in net County cost as a result of the recommended actions. Grants awarded to each Health Department may fully or partially contribute to the cost of various projects and programs and will be included in each department's Operating Budget or Capital Project Budget through the annual budget process or a budget adjustment, as appropriate.

Operational funding for future fiscal years will be included in the Health Departments' annual budget request process and funded with existing resources from the impacted departments for a zero net County cost impact.

## **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

BHCIP grants and Contracts will be administered by AHP, the DHCS administrative entity.

## **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Securing these funding investments will ensure that care can be provided in the least restrictive settings by creating a wide range of options including, but not limited to, outpatient alternatives, urgent care, peer respite, wellness centers, and social rehabilitation models. A variety of care placements can provide a vital off-ramp from intensive behavioral health service settings and transition individuals (including the most vulnerable and those experiencing or at risk of homelessness) to safe, sustainable community living.

BHCIP is designed to address the following State Priorities:

- Invest in behavioral health and community care options that advance racial equity
- Seek geographic equity of behavioral health and community care options
- Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth
- Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization
- Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement
- Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy
- Leverage County and Medi-Cal investments to support ongoing sustainability
- Leverage the historic State investments in housing and homelessness

## **CONCLUSION**

Any questions regarding this Board Letter may be directed to Jaclyn Baucum, AHI Chief Operating Officer, at [jbaucum@ahi.lacounty.gov](mailto:jbaucum@ahi.lacounty.gov).

The Honorable Board of Supervisors  
September 27, 2022  
**Error! Reference source not found.**Page 5

Respectfully submitted,

CHRISTINA R. GHALY, M.D.  
Director  
Department of Health Services

LISA H. WONG, Psy.D.  
Acting Director  
Department of Mental Health

BARBARA FERRER, Ph.D., M.P.H., M.Ed.  
Director  
Department of Public Health

JACLYN BAUCUM  
Chief Operating Officer  
Alliance for Health Integration

JB:ln

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

# HEALTH AND MENTAL HEALTH SERVICES CLUSTER

AUGUST 31, 2022

## DRAFT BOARD LETTER:

DELEGATE AUTHORITY TO THE DEPARTMENTS OF MENTAL  
HEALTH, PUBLIC HEALTH, AND HEALTH SERVICES TO  
ACCEPT BEHAVIORAL HEALTH CONTINUUM  
INFRASTRUCTURE PROGRAM AND GRANT FUNDING AND  
TO EXECUTE SUBSEQUENT CONTRACTS



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





## PURPOSE / JUSTIFICATION

- The 2019 Board motion entitled, “*Addressing the Shortage of Mental Health Hospital Beds*,” resulted in the formation of a cross-departmental BHCIP Workgroup to establish a County- and system-wide strategy to pursue BHCIP grant funding.
- CA Department of Health Care Services (DHCS) was authorized to establish BHCIP and award \$2.2B in competitive grants to construct, acquire and expand properties related to behavioral health.\*
- DHCS is releasing funds through six grant rounds targeting various gaps in the state’s behavioral health facility infrastructure.

BHCIP Statewide Funding Rounds	County Awards
Round 1: Mobile Crisis \$205M	County award = \$51.8M
Round 2: County Tribal and County Planning Grants = \$16M	County awards = \$300K
Round 3: Launch Ready = \$518.5M	County conditional award phase (amounts forthcoming following budget verification)
Round 4: Children & Youth = \$480.5M	TBD
Round 5: Crisis Continuum = \$480M	TBD
Round 6: Behavioral health needs assessment = \$480M	TBD

\* Source: [BHCIP-and-CCE-Infrastructure-Funds-Status-Legislative-Update-April-2022-Update.pdf](#) (build

## OVERVIEW OF RECOMMENDATIONS

1

### Negotiate & execute Round 2 Contracts

- Delegate authority to the Acting Director of DMH and Director of DPH, or their designees, to negotiate and execute Contracts for grant funds in the amount of \$150,000 for each department.

Subject to review and approval as to form by County Counsel.

2

### Accept Round 3 grant funds and negotiate and execute Contracts

- Delegate authority to the Acting Director of DMH and the Director of DHS to accept grant funds and negotiate and execute Contracts in anticipated amounts of \$39,611,397 to DHS and \$5,518,214 to DMH.

3

### Accept Rounds 4-6 grant funds and negotiate and execute Contracts

- Delegate authority to the Acting Director of DMH, and the Directors of DHS and DPH to accept BHCIP grant funds for Rounds 4, 5, and 6 and negotiate and execute Contracts in amounts to be determined, with notification to the Board and Chief Executive Office (CEO).

Subject to prior review and approval by County Counsel with notification to the Board and CEO.

4 & 5

### Amend and terminate Contracts

- Delegate authority to the Directors to amend and terminate Contracts or funded programs in existing Contracts in accordance with the termination provisions.
- The Directors, or their designees, will notify the Board and CEO, in writing, of such termination action.

# BOARD LETTER OVERVIEW

## IMPACT ON CURRENT SERVICES

- Opportunity to address urgent gaps in the care continuum for people with behavioral health conditions;
- Seek to meet the needs of vulnerable populations;
- Prioritize racial and geographic equity;
- Care can be provided in the least restrictive settings by creating a wide range of care placement options.

## FISCAL IMPACT

- No increase to net County costs (NCC) anticipated;
- Operational funding for future fiscal years will be included in the Health Departments' annual budget request process and funded with existing resources from the impacted departments for a zero net County cost impact.

# BOARD LETTER/MEMO CLUSTER FACT SHEET

**DRAFT**

☒ Board Letter

☐ Board Memo

☐ Other

<b>CLUSTER AGENDA REVIEW DATE</b>	8/31/2022	
<b>BOARD MEETING DATE</b>	9/13/2022	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input type="checkbox"/> All <input checked="" type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input checked="" type="checkbox"/> 5 <sup>th</sup>	
<b>DEPARTMENT(S)</b>	Mental Health	
<b>SUBJECT</b>	Increase the Maximum Contract Amount for the Contract with The Regents of the University of California, Los Angeles, for Fiscal Year 2022-23	
<b>PROGRAM</b>	Mental Health Services Act (MHSA)	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  	
<b>DEADLINES/ TIME CONSTRAINTS</b>	September 13, 2022	
<b>COST &amp; FUNDING</b>	Total cost: \$1,786,600	Funding source: MHSA Prevention and Early Intervention (PEI) and Outpatient Care Services (OCS)
	TERMS (if applicable): Upon execution to June 30, 2023	
	Explanation:	
<b>PURPOSE OF REQUEST</b>	The purpose of this request is to increase the Maximum Contract Amount (MCA) of The Regents of the University of California, Los Angeles (The Regents) Legal Entity (LE) Contract for FY 2022-23 as they have reached their previous board approved 25% delegated authority for FY 2022-23.	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	On June 8, 2021, the Board approved the execution of a LE Contract with The Regents for the provision of specialty mental health services. The increase of funds will expand MHSA OCS and PEI services for children in Supervisorial District (SD) 5 at the Department of Health Services High Desert Regional Health Center, and young adults and adults in SD 1 that are enrolled at the East Los Angeles College, Screening and Treatment for Anxiety and Depression program.	
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:	
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how:  This Board Letter supports the following Board Priority: Alliance for Health Integration with a priority on integration and developing prevention, treatment, and healing services. Specifically, the increase in funding allows The Regents to provide direct services to community college students that are presenting suicidal ideations, which would be identified through a screening process that is linked to evidence-based telehealth therapy services.	
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email: Terri Boykins, Deputy Director, (213) 943-8890, <a href="mailto:tboykins@dmh.lacounty.gov">tboykins@dmh.lacounty.gov</a> Emily Issa, Senior Deputy County Counsel, (213) 974-1827, <a href="mailto:Elssa@counsel.lacounty.gov">Elssa@counsel.lacounty.gov</a>	



# DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

LISA H. WONG, Psy.D.  
Acting Director

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

Connie D. Draxler, MPA  
Acting Chief Deputy Director

September 13, 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:

**REQUEST DELEGATED AUTHORITY TO AMEND AN EXISTING CONTRACT WITH  
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES, TO  
INCREASE THE MAXIMUM CONTRACT AMOUNT FOR FISCAL YEAR 2022-23  
(SUPERVISORIAL DISTRICTS 1 AND 5)  
(3 VOTES)**

**SUBJECT**

Request approval to amend the existing Department of Mental Health Legal Entity Contract with The Regents of the University of California, Los Angeles, to increase the Maximum Contract Amount for Fiscal Year 2022-23 for the continued provision of specialty mental health services.

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Approve and authorize the Acting Director of Mental Health (Director), or her designee, to prepare, sign, and execute an amendment (Attachment I) to the existing Department of Mental Health (DMH) Legal Entity (LE) Contract with The Regents of the University of California, Los Angeles (The Regents), to increase the Maximum Contract Amount (MCA) for Fiscal Year (FY) 2022-23 by \$1,786,600, fully funded by Mental Health Services Act (MHSA) and effective upon Board approval.
2. Delegate authority to the Director, or her designee, to prepare, sign, and execute future amendments to the Contract in Recommendation 1 to revise the boilerplate language; revise the annual MCA; add, delete, modify, or replace the Service Exhibits and/or Statements of Work; and/or reflect federal, State, and County regulatory and/or policy changes provided that: 1) the County's total payment will not exceed 25 percent of the Board-approved MCA in Recommendation 1; and 2) sufficient funds are available. This

amendment will be subject to prior review and approval as to form by County Counsel, with written notice to the Board and Chief Executive Office (CEO).

3. Delegate authority to the Director, or her designee, to terminate the Contract described in Recommendation 1 in accordance with the termination provisions, including Termination for Convenience. The Director, or her designee, will provide written notification to your Board and CEO of such termination action.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Board approval of Recommendation 1 will allow DMH to amend the existing LE Contract with The Regents for the continued provision of specialty mental health services (SMHS) since the Contract has reached its previous Board-approved 25 percent delegated authority for FY 2022-23.

Board approval of Recommendation 2 will allow DMH to amend the LE Contract in Recommendation 1 in a timely manner, as necessary, for the continued provision and expansion of SMHS without interruption to clients in need of these services.

Board approval of Recommendation 3 will allow DMH to terminate the LE Contract in accordance with the LE Contract's termination provisions, including Termination for Convenience, in a timely manner, as necessary.

### **Implementation of Strategic Plan Goals**

The recommended action is consistent with the County's Strategic Plan Goal I, Make Investments that Transform Lives, specifically Strategy I.1- Increase Our Focus on Prevention Initiatives, and Strategy I.2- Enhance Our Delivery of Comprehensive Interventions.

### **FISCAL IMPACT/FINANCING**

For FY 2022-23, the increase for The Regents is \$1,786,600, fully funded by Mental Health Services Act revenue.

Funding for future fiscal years will be requested through DMH's annual budget process.

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

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

On June 8, 2021, your Board authorized the Director to execute new LE Contracts for the provision of SMHS, one of which was a contract with The Regents.

DMH is seeking your Board's authority to amend the existing LE Contract with The Regents to increase the MCA. The LE Contract with The Regents has reached its 25 percent delegated authority for FY 2022-23. The increase of funds will specifically expand MHSA Outpatient Care Services (OCS) and Prevention and Early Intervention (PEI)

services for children in Supervisorial District (SD) 5 at the Department of Health Services High Desert Regional Health Center, and young adults and adults in SD 1 that are enrolled at the East Los Angeles College, Screening and Treatment for Anxiety and Depression program.

Attachment I, the amendment to the existing Contract with The Regents, has been approved as to form by County Counsel.

In accordance with Board Policy No. 5.120, Authority to Approve Increases to Board-Approved Contract Amounts requirement, DMH notified your Board on August 22, 2022 (Attachment II), of its intent to request delegated authority of more than ten percent.

Under Board Policy No. 5.100 (Sole Source Contracts), DMH is required to notify your Board six months in advance of amendments to existing contracts when DMH does not have delegated authority to increase the maximum amount of the current contract. On July 14, 2020 (Attachment III) DMH notified your Board requesting an exemption to the six-month advance notification as LE Contractors provide a federal entitlement to Medi-Cal beneficiaries and the need to amend expeditiously as possible is essential to ensure continuous specialty mental health services. DMH considers this request approved, as we did not hear otherwise.

As mandated by you Board, the performance of all contractors is evaluated by DMH on an annual basis to ensure the contractor's compliance with all contract terms and performance standards.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Board approval of the recommended actions will allow The Regents to increase their service provision in high demand areas by delivering MHSA OCS and PEI services to children, young adults, and adults.

Respectfully submitted,

LISA H. WONG, Psy.D.  
Acting Director

LHW:CDD:SK  
RLR:ZW:atm

Attachments (3)

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

CONTRACT NO. MH122261AMENDMENT NO. 4

THIS AMENDMENT is made and entered into this \_\_\_\_ day of September, 2022, by and between the COUNTY OF LOS ANGELES (hereafter "County") and The Regents of the University of California, Los Angeles (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "Department of Mental Health Legal Entity Contract", dated July 1, 2021, and further identified as County Contract No. MH122261, and any amendments thereto (hereafter collectively "Contract"); and

WHEREAS, on September 30, 2022, the County Board of Supervisors delegated authority to the Director of Mental Health, or designee, to execute amendments to the Contract to increase the annual Maximum Contract Amount (MCA) for the continued provision of mental health services for Fiscal Years (FY) 2022-23 and 2023-24; and

WHEREAS, said Contract provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties; and

WHEREAS, County and Contractor intend to amend the Contract to increase: Mental Health Services Act (MHSA) Outpatient Care Services (OCS) Non-Medi-Cal (Non-MC) Funded Program funds, MHSA OCS Medi-Cal (MC) Funded Program funds, MHSA Prevention & Early Intervention (PEI) Non-MC Funded Program funds, and MHSA PEI MC Funded Program funds; and



WHEREAS, for FYs 2022-23 and 2023-24, as a result of the above changes in Funded Program funds, the MCAs will increase; and

WHEREAS, Contractor warrants that it continues to possess the competence, expertise, and personnel necessary to provide services consistent with the requirements of the Contract, and consistent with the professional standard of care for these services.

NOW, THEREFORE, County and Contractor agree as follows:

1. This amendment is effective upon execution for FYs 2022-23 and 2023-24.
2. MHSA OCS Non-MC Funded Program funds are increased by \$22,332 from \$5,869 to \$28,201.
3. MHSA OCS MC Funded Program funds are increased by \$424,318, from \$788,668 to \$1,212,986.
4. MHSA PEI Non-MC Funded Program funds are increased by \$66,997 from \$17,607 to \$84,604.
5. MHSA PEI MC Funded Program funds are increased by \$1,272,953 from \$443,701 to \$1,716,654.
6. For FYs 2022-23 and 2023-24, there is a net increase to the MCAs of \$1,786,600, from \$2,347,541 to \$4,134,141, respectively.
7. Financial Exhibit A (FINANCIAL PROVISIONS), Paragraph D (REIMBURSEMENT IF CONTRACT IS AUTOMATICALLY RENEWED), subparagraphs (1) and (2), shall be deleted in their entirety and replaced as follows:

“(1) Reimbursement For First Automatic Renewal Period: The MCA for the First Automatic Renewal Period of the Contract as described in Paragraph 4 (TERM OF CONTRACT) of the DMH Legal Entity Contract shall not exceed

FOUR, MILLION ONE HUNDRED THIRTY-FOUR THOUSAND, ONE HUNDRED FORTY-ONE DOLLARS (\$4,134,141) and shall consist of Funded Programs as shown in Exhibit B, Financial Summary.

(2) Reimbursement For Second Automatic Renewal Period: The MCA for the Second Automatic Renewal Period of the Contract as described in Paragraph 4 (TERM OF CONTRACT) of the DMH Legal Entity Contract shall not exceed FOUR, MILLION ONE HUNDRED THIRTY-FOUR THOUSAND, ONE HUNDRED FORTY-ONE DOLLARS (\$4,134,141) and shall consist of Funded Programs as shown in Exhibit B, Financial Summary.”

8. Financial Summary (Exhibit B) – 3 for FY 2022-23, shall be deleted in its entirety and replaced with Financial Summary (Exhibit B) – 4 for FY 2022-23, attached hereto and incorporated by reference. All references in the Contract to Financial Summary (Exhibit B) – 3 for FY 2022-23, shall be deemed amended to state “Financial Summary (Exhibit B) – 4 for FY 2022-23.”
9. Financial Summary (Exhibit B) – 3 for FY 2023-24, shall be deleted in its entirety and replaced with Financial Summary (Exhibit B) – 4 for FY 2023-24, attached hereto and incorporated by reference. All references in the Contract to Financial Summary (Exhibit B) – 3 for FY 2023-24, shall be deemed amended to state “Financial Summary (Exhibit B) – 4 for FY 2023-24.”
10. Contractor shall provide services in accordance with Contractor’s FY 2022-23 Service Delivery Plan for the Contract, and any addenda thereto approved in writing by the County’s Director of Mental Health or designee.
11. Except as provided in this amendment, all other terms and conditions of the Contract shall remain in full force and effect.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused the amendment to be subscribed by County's Director of Mental Health or designee, and Contractor has caused the amendment to be subscribed on its behalf by its duly authorized officer, on the day, month, and year first above written.

COUNTY OF LOS ANGELES

By \_\_\_\_\_  
LISA H. WONG, Psy.D.  
Acting Director  
County of Los Angeles  
Department of Mental Health

The Regents of the University of  
California, Los Angeles \_\_\_\_\_

CONTRACTOR

By \_\_\_\_\_

Name Anna Lau

Title Contract & Grant Officer  
Office of Contract and Grand  
Administration

(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:  
OFFICE OF THE COUNTY COUNSEL

By: Emily D. Issa  
Senior Deputy County Counsel

**Financial Summary (Exhibit B)**

LE Name: The Regents of the University of California, Los Angeles  
LE No: 00984

Amendment No.:  
Fiscal Year: 2022-23

3 Agreement No: MH122261  
Fin Sum No: 4

A	B	C	D	E
Rank	Funded Programs	Medi-Cal Reimbursable <sup>1</sup>	Local Match Funds	Funded Program Amount (Gross)
<b>Categorically Funded Programs</b>				
1	Family Preservation Program Non-Medi-Cal (Non-MC)	N		-
2	Family Preservation Program Medi-Cal (MC)	Y	-	-
3	Specialized Foster Care - DCFS MAT Non-MC	N		-
4	Specialized Foster Care Enhanced Mental Health Svcs MC	Y	4,746	505,997
5	Specialized Foster Care MAT MC	Y	-	-
6	Specialized Foster Care TFC MC	Y	-	-
7	Specialized Foster Care Wraparound Non-MC	N		-
8	Specialized Foster Care Wraparound Invoice	N		-
9	Specialized Foster Care Wraparound MC	Y	-	-
10	DCFS Medical Hub Non-MC	N		-
11	DCFS PHF MC	Y	-	-
12	Comprehensive SOC Program (SAMHSA, CFDA #93.958) Non-MC	N		-
13	Comprehensive SOC Program (SAMHSA, CFDA #93.958) Invoice	N		-
14	Juvenile Justice Program (STOP) Non-MC	N		-
15	Juvenile Justice Program (JJCPA - MHSAT) Non-MC	N		-
16	Juvenile Justice Program (JJCPA - MST) Non-MC	N		-
17	Juvenile Justice Program (JJCPA - MST) MC	Y	-	-
18	Juvenile Justice Program (JJCPA - New Directions) Non-MC	N		-
19	Juvenile Justice Program (JJCPA - New Directions) MC	Y	-	-
20	Juvenile Justice Program (COD) Non-MC	N		-
21	Juvenile Day Reporting Center Non-MC	N		-
22	CalWORKs MHS Non-MC	N		-
23	CalWORKs Coordinated Entry System Invoice	N		-
24	GROW Non-MC	N		-
25	Post-Release Community Supervision-Community Reintegration Prog Non-MC	N		-
26	Post-Release Community Supervision-Community Reintegration Prog Invoice	N		-
27	Post-Release Community Supervision-Community Reintegration Prog MC	Y	-	-
28	DPH Dual Diagnosis Non-MC	N		-
29	DCSS Forensic Center Services Invoice	N		-
30	DHS EPIC Program Non-MC	N		-
31	DHS EPIC Program MC	Y	-	-
35	Measure H Housing Supportive Services Program Non-MC	N		-
36	Measure H Housing Supportive Services Program Invoice	N		-
37	Measure H Housing Supportive Services Program MC	Y	-	-
38	Children's Outreach & Triage Team (COTT) Non-MC	N		-
39	Children's Outreach & Triage Team (COTT) Invoice	N		-
40	Children's Outreach & Triage Team (COTT) MC	Y	-	-
41	Outreach & Triage Team (OTT) Non-MC	N		-
42	Outreach & Triage Team (OTT) Invoice	N		-
43	Outreach & Triage Team (OTT) MC	Y	-	-
<b>Federal/State Revenue</b>				
44	Federal/State Revenue MC	Y		-
<b>Realignment Funded Programs</b>				
45	DMH Mental Health Services Non-MC	N		-
46	DMH Mental Health Services Invoice	N		-
47	DMH Mental Health Services MC	Y	10,663	568,374
48	DMH IMD Step Down Non-MC	N		-
49	DMH IMD Step Down Invoice	N		-
50	DMH IMD Step Down MC	Y	-	-
<b>MHSA Funded Programs</b>				
51	MHSA Full Service Partnership Non-MC	N		-
52	MHSA Full Service Partnership Invoice	N		-
53	MHSA Adult Full Service Partnership Incentives Invoice	N		-
54	MHSA Child Full Service Partnership Incentives Invoice	N		-
55	MHSA Full Service Partnership MC	Y	-	-
56	MHSA Outpatient Care Services Non-MC	N		28,201
57	MHSA Outpatient Care Services Invoice	N		-
58	MHSA Outpatient Care Services MC	Y	15,242	1,212,986
59	MHSA Alternative Crisis Services Non-MC	N		-
60	MHSA Alternative Crisis Services Invoice	N		-
61	MHSA Alternative Crisis Services Startup Fund Invoice	N		-
62	MHSA Alternative Crisis Services MC	Y	-	-
63	MHSA Housing Supportive Services Program Non-MC	N		-
64	MHSA Housing Supportive Services Program Invoice	N		-
65	MHSA Housing Supportive Services Program MC	Y	-	-
66	MHSA Linkage Services Invoice	N		-
67	MHSA Planning, Outreach, & Engagement Non-MC	N		-
68	MHSA Prevention & Early Intervention (PEI) Non-MC	N		84,604
69	MHSA PEI Invoice	N		17,325
70	MHSA PEI MC	Y	29,744	1,716,654
<b>Maximum Contract Amount (MCA)</b>				<b>\$ 4,134,141</b>

<sup>1</sup>Medi-Cal reimbursable (Y/N) reflects DMH program guidelines in addition to applicable state and federal regulations.

**Financial Summary (Exhibit B)**

LE Name: The Regents of the University of California, Los Angeles  
LE No: 00984

Amendment No.:  
Fiscal Year: 2023-24

3 Agreement No: MH122261  
Fin Sum No: 4

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Rank	Funded Programs	Medi-Cal Reimbursable <sup>1</sup>	Local Match Funds	Funded Program Amount (Gross)
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70	MHSA PEI MC	Y	29,744	1,716,654
<b>Maximum Contract Amount (MCA)</b>				<b>\$ 4,134,141</b>

<sup>1</sup>Medi-Cal reimbursable (Y/N) reflects DMH program guidelines in addition to applicable state and federal regulations.

V4/28/22



## DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

LISA H. WONG, Psy.D.  
Acting Director

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

Connie D. Draxler, MPA  
Acting Chief Deputy Director

August 22, 2022

TO: Supervisor Holly J. Mitchell, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

FROM: Lisa H. Wong, Psy.D.  
Acting Director

SUBJECT: **NOTICE OF INTENT TO REQUEST DELEGATED AUTHORITY FOR  
A PERCENTAGE INCREASE EXCEEDING TEN PERCENT OF THE  
MAXIMUM CONTRACT AMOUNT FOR A DEPARTMENT OF MENTAL  
HEALTH LEGAL ENTITY CONTRACT**

In accordance with the Los Angeles County Board of Supervisors' (Board) Policy No. 5.120, the Department of Mental Health (DMH) is notifying your Board of our Department's intent to request delegated authority of a percentage increase exceeding ten percent for the Maximum Contract Amount (MCA) for The Regents of the University of California, Los Angeles (The Regents).

### **JUSTIFICATION**

On September 13, 2022, DMH will present to your Board a letter for approval to amend an existing Legal Entity (LE) contract to increase the MCA for the continued provision of specialty mental health services for Fiscal Year (FY) 2022-23, as The Regents, the LE Contractor has reached their previous Board-approved 25 percent delegated authority for FY 2022-23.

The authority to increase the percentage exceeding ten percent allows DMH to amend the LE Contract in a timely manner for the expansion of Mental Health Services Act (MHSA) Outpatient Care Services and Prevention and Early Intervention services for children in Supervisorial District (SD) 5 at the Department of Health Services High Desert

Each Supervisor  
August 22, 2022  
Page 2

Regional Health Center and also, young adults and adults in SD 1, enrolled at the East Los Angeles College, Screening and Treatment for Anxiety and Depression program. Approval of this Board letter will prevent the interruption of MHSA services to these high need clients in SDs 1 and 5.

### **NOTIFICATION TIMELINE**

Board Policy No. 5.120 requires departments to provide written notice to your Board, with a copy to the Chief Executive Officer, at least two weeks prior to the Board Meeting at which the request to exceed ten percent of the MCA will be presented. In compliance with this policy, DMH is notifying your Board of our intent to request delegated authority up to 25 percent of the MCA through a Board letter to be presented at the September 13, 2022 Board Meeting.

If you have any questions or require additional information, please contact me by email at [LWong@dmh.lacounty.gov](mailto:LWong@dmh.lacounty.gov) or at (213) 738-4601, or your staff may contact Stella Krikorian, Division Manager, Contracts Development and Administration Division, at [SKrikorian@dmh.lacounty.gov](mailto:SKrikorian@dmh.lacounty.gov) or at (213) 943-9146.

LHW:CDD:CD  
SK:ZW:atm

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





## 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

July 14, 2020

TO: Supervisor Kathryn Barger, Chair  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn

FROM: Jonathan E. Sherin, M.D., Ph.D.

SUBJECT: **REQUEST AN EXEMPTION OF NOTIFICATION REQUIREMENT  
UNDER BOARD POLICY NO. 5.100 - SOLE SOURCE CONTRACTS  
FOR DEPARTMENTAL LEGAL ENTITY CONTRACTS THAT PROVIDE  
MENTAL HEALTH SERVICES TO MEDI-CAL ELIGIBLE  
BENEFICIARIES**

In accordance with Los Angeles County Board of Supervisors' (Board) Policy No. 5.100, the Department of Mental Health (DMH) is required to notify your Board six months in advance of amendments to existing contracts when DMH does not have delegated authority to "increase the maximum amount of the current contract."

This memo is to request an exemption to the notification requirement under Policy No. 5.100, for Legal Entity (LE) Contracts for the provision of specialty mental health service and programs which Medi-Cal eligible beneficiaries are entitled to receive.

### **JUSTIFICATION**

Welfare and Institutions (W&I) Code Section 14712 directs the State of California (State) to implement and administer the Managed Mental Health Care for Medi-Cal eligible residents for the State. This W&I Code section requires a contractual agreement between the State and the County to operate as the Mental Health Plan (MHP) responsible for the delivery of specialty mental health services to the County's eligible Medi-Cal beneficiaries. Through the MHP Agreement, DMH agrees to operate the MHP for the County. The MHP Agreement sets comprehensive requirements for DMH to provide or arrange for the provision of all covered, medically necessary Specialty Mental Health Services (SMHS) to Medi-Cal beneficiaries in the County. As such, DMH provides such SMHS services



Each Supervisor  
July 14, 2020  
Page 2

through its directly-operated clinics as well as contractors through its numerous LE Contracts.

On March 30, 2016, the Centers of Medicare and Medicaid Services (CMS) issued the Parity Rule in the Federal Register to strengthen access to mental health and substance use disorder services for Medi-Cal beneficiaries. The Parity Rule mandates that MPHs ensure access to care through an adequate provider network without unreasonable limitations to the scope or duration of mental health benefits. In order to comply with these requirements, DMH must ensure that an adequate network of providers and services are available throughout the County.

On June 6, 2018, the Board authorized the Director of DMH to execute new Legal Entity Contracts with its community-based providers. Additionally, the Board granted the Director of DMH the authority to amend the LE Contracts and increase the approved Maximum Contract Amounts (MCA) by 25 percent. However, from time-to-time, these LE Contracts require an amendment to increase the MCA beyond the initial 25 percent authority. This happens for various reasons, including LE Contractors providing services to new beneficiaries; providing additional services to existing beneficiaries; and/or expanding the scope of existing services. Additionally, this could happen at any time during the fiscal year, therefore, necessitating DMH to amend LE Contracts throughout a given fiscal year.

Under the revised Sole Source Policy No. 5.100, DMH is now required to give the Board a six-month advance notification. Since these LE Contractors provide a federal entitlement to beneficiaries, the need to amend as expeditiously as possible is essential. Although DMH has to obtain Board approval when it exceeds its delegated authority, seeking an additional six-month advance notification to the Board is an unnecessary layer of bureaucracy that may delay federally entitled services and expose the department to liability. Therefore, DMH is requesting that your Board make an exception to the six-month advance notification requirement for these contracts only.

If you have any questions or concerns, please contact me at (213) 738-4601, or your staff may contact Stella Krikorian, Division Manager, Contracts Development and Administration Division, at (213) 738-4023.

JES:GP:ES:sk

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

Gregory Polk  
Edgar Soto  
Stella Krikorian

# BOARD LETTER/MEMO CLUSTER FACT SHEET

# DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

<b>CLUSTER AGENDA REVIEW DATE</b>	9/21/2022							
<b>BOARD MEETING DATE</b>	10/4/2022							
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>							
<b>DEPARTMENT(S)</b>	Public Health							
<b>SUBJECT</b>	Authorization to accept and implement a forthcoming award and future awards and/or amendments from the Conrad Hilton Foundation to support Home Visiting and Early Care and Education							
<b>PROGRAM</b>	Maternal, Child, and Adolescent Health Division (MCAH); Office for the Advancement of Early Care and Education (OAECE)							
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why:							
<b>DEADLINES/ TIME CONSTRAINTS</b>	Anticipated period of the award is October 1, 2022, through September 30, 2025							
<b>COST &amp; FUNDING</b>	<table border="1"> <tr> <td>Total cost: Estimated \$3,626,291</td> <td>Funding source: Conrad Hilton Foundation (Foundation)</td> </tr> <tr> <td colspan="2">TERMS (if applicable): Anticipated as October 1, 2022, through September 30, 2025</td> </tr> <tr> <td colspan="2">Explanation: Forthcoming Foundation award will support Home Visiting and Early Care and Education</td> </tr> </table>		Total cost: Estimated \$3,626,291	Funding source: Conrad Hilton Foundation (Foundation)	TERMS (if applicable): Anticipated as October 1, 2022, through September 30, 2025		Explanation: Forthcoming Foundation award will support Home Visiting and Early Care and Education	
Total cost: Estimated \$3,626,291	Funding source: Conrad Hilton Foundation (Foundation)							
TERMS (if applicable): Anticipated as October 1, 2022, through September 30, 2025								
Explanation: Forthcoming Foundation award will support Home Visiting and Early Care and Education								
<b>PURPOSE OF REQUEST</b>	Acceptance of the forthcoming award will allow MCAH and OAECE to partner for a system's level development of a centralized and integrated home visiting billing system for use with contracted agencies; and to develop training to support early child education centers and family childcare homes in increasing their licensed capacity to serve infants and toddlers.							
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	MCAH and OAECE submitted a joint request for funding to Conrad Hilton Foundation on June 7, 2022, with an anticipated start date of October 1, 2022, if awarded. The aim of the funding is to 1) improve Public Health's systems for home visiting invoicing integration for maximum efficiency, and 2) develop and deliver trainings to support early child education centers and family childcare homes in increasing their licensed capacity to serve infants and toddlers.							
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: The development and delivery of trainings to support early child education centers and family childcare homes authentically engages community stakeholders to inform and implement interventions to increase capacity to serve infants and toddlers.							
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: Board Priority #2 The improvement of Public Health's systems for home visiting invoicing supports the streamlining of billing and data integration as part of improving organizational effectiveness under the Alliance of Health Integration. Board Priority #9 Capacity building of early child education centers and family childcare homes supports the expansion of access to basic supports by							

	expanding child care and after school options within the County school districts under the strategic planning for the Poverty Alleviation Initiative.
<b>DEPARTMENTAL CONTACTS</b>	<p>Name, Title, Phone # &amp; Email:</p> <p>Joshua Bobrowsky, Public Health Director Government Affairs, (213) 288-7871, <a href="mailto:jbobrowsky@ph.lacounty.gov">jbobrowsky@ph.lacounty.gov</a></p> <p>Genaro Sandoval, Senior Staff Analyst, MCAH 213-639-6400, <a href="mailto:gsandoval@ph.lacounty.gov">gsandoval@ph.lacounty.gov</a></p> <p>Debra Colman, Director, OAECE 213-639-6415, <a href="mailto:dcolman@ph.lacounty.gov">dcolman@ph.lacounty.gov</a></p> <p>Craig L. Kirkwood, Jr., Deputy County Counsel, (213) 974-1751 <a href="mailto:CKirkwood@counsel.lacounty.gov">CKirkwood@counsel.lacounty.gov</a></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

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DRAFT



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

September 13, 2022

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

Dear Supervisors:

**AUTHORIZATION TO ACCEPT AND IMPLEMENT A FORTHCOMING AWARD AND  
FUTURE AWARDS AND/OR AMENDMENTS FROM THE CONRAD HILTON  
FOUNDATION TO SUPPORT HOME VISITING AND EARLY CARE AND  
EDUCATION  
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**SUBJECT**

Provide authorization to accept and implement a forthcoming award and future awards and/or amendments from the Conrad Hilton Foundation to support home visiting and early care and education.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Delegate authority to the Director of the Department of Public Health (Public Health), or designee, to accept and implement a forthcoming award from the Conrad Hilton Foundation (Foundation), to support home visiting and early care and education at an estimated amount of \$3,626,291, for the anticipated period of October 1, 2022, through September 30, 2025, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).

2. Delegate authority to the Director of Public Health, or designee, to accept future awards and/or amendments that are consistent with the requirements of the forthcoming award that extend the funding periods, at amounts to be determined by the Foundation; reflect revisions to the award's terms and conditions to include but not limited to the rollover of unspent funds, redirection of funds, and/or increase or decrease in funding, subject to review and approval by County Counsel, and notification to your Board and the CEO.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Public Health's Maternal, Child and Adolescent Health Division (MCAH) and the Office for the Advancement of Early Care and Education (OAECE) are partnering for a system's level development of an integrated home visiting billing system, thereby increasing the capacity of early care and education centers, as well as family childcare homes, in order to better serve infants and toddlers.

Approval of Recommendation 1 will allow Public Health to accept a forthcoming award from the Conrad Hilton Foundation. Public Health's MCAH and OAECE are partnering in the submission of one application to the Foundation for: 1) system's level development for an integrated home visiting billing system that Public Health can utilize with contracted agencies; and, 2) developing and implementing a capacity building strategy for early care and education centers, as well as family childcare homes in order to better support infant and toddler services. Both projects are one-time, investments only projects to improve systems and capacity. This integrated billing system will help community-based agencies generate more funding as they are able to implement programs with multiple funding sources. Under the capacity building strategy, OAECE will train and assist early care and education centers and family childcare homes to increase their capacity to serve infants and toddlers. The approach will focus on both facility development and training for early educators who support infants and toddlers.

Approval of Recommendation 2 will allow Public Health to accept future awards and/or amendments from the Foundation that extend the funding periods at amounts to be determined by the Foundation and reflect revisions to the award's terms and conditions to include but not limited to the rollover of unspent funds, redirection of funds, and/or increase or decrease in 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.

### **Implementation of Strategic Plan Goals**

The recommended actions support Strategy I.1 – Increase Our Focus on Prevention Initiative; Objective I.1.6, Increase Home Visitation Capacity, and Strategy II.1.3 Coordinate Workforce Development of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**



Public Health will accept a forthcoming award from the Foundation for the anticipated period of October 1, 2022, through September 30, 2025, in the estimated amount of \$3,626,291. Final funding amounts are subject to the Foundation's approval. Funds will support expenditures associated with personnel, contractual costs, consultant, and operational costs.

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

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Public Health submitted a request for funding to Conrad Hilton Foundation on June 7, 2022, with an anticipated start date of October 1, 2022, if awarded.

The aim of the funding is to improve Public Health's systems for home visiting invoicing integration for maximum efficiency, and to increase the capacity of early care and education centers, as well as family childcare homes, in order to better serve infants and toddlers.

### **IMPACT ON CURRENT SERVICES**

Approval of the recommended actions will allow Public Health to accept funds from the Foundation to support Home Visiting and Early Care and Education.

Respectfully submitted,

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

BF:mk  
#06493

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

# BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

<b>CLUSTER AGENDA REVIEW DATE</b>	8/31/2022		
<b>BOARD MEETING DATE</b>	9/13/2022		
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>		
<b>DEPARTMENT(S)</b>	Department of Health Services		
<b>SUBJECT</b>	APPROVAL OF MEASURE B RATE INCREASE		
<b>PROGRAM</b>			
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>SOLE SOURCE CONTRACT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please explain why:  Recommendation No. 9 provides delegated authority to the Director of Health Services to enter into agreements with the City of Long Beach and the City of Pasadena to transfer new allocations of Measure B funding to each city, both of which maintain their own independent public health departments.  Undertaking a solicitation would be impractical, as the department is recommending direct allocations to other local government agencies.		
<b>DEADLINES/ TIME CONSTRAINTS</b>	The Board's approval is needed no later than September 13, 2022, to provide sufficient time to incorporate the rate increase into the FY 2022-23 property tax bills to ensure the increase in revenue can be collected.		
<b>COST &amp; FUNDING</b>	Total cost: \$50.181 million (approx.)	Funding source: Measure B Trauma, Emergency, and Bioterrorism Response property assessment revenue (Property Tax)	
	TERMS (if applicable):		
	Explanation:  See below.		
<b>PURPOSE OF REQUEST</b>	<p>DHS requests approval to increase the Measure B Trauma, Emergency, and Bioterrorism Response property assessment rate from 4.24 cents per square foot to 5.00 cents per square foot, or 0.76 cents, as authorized under the provisions of Measure B, approved by Los Angeles County (County) voters on November 5, 2002.</p> <p>Based on a 1,500 square foot home, the proposed annual Measure B assessment will increase from \$63.60 to \$75.00, an increase of \$11.40, or 17.92%.</p> <p>Approval of the recommendations will:</p> <ul style="list-style-type: none"> <li>- Authorize the Director of Health Services (Director) to submit the proposed assessment rate change resolution to the Auditor-Controller, to increase the Measure B assessment rate and to increase Measure B property tax collections by approximately \$50.181 million in FY 22-23.</li> </ul>		

	<ul style="list-style-type: none"> <li>- Authorize the Director to allocate funds to support DHS hospitals, Non-County Trauma Hospitals (including Pediatric Trauma Hospitals), the Department of Public Health, the City of Long Beach, the City of Pasadena and the County Human Relations Commission. Details below.</li> <li>- Authorize the Director to submit an IGT to draw down federal matching funds for eligible portions of the allocations to Non-County Trauma Hospitals.</li> <li>- Authorize the Director to enter into agreements, subject to review by County Counsel, to transfer the allocated amounts to the City of Long Beach and the City of Pasadena.</li> </ul>
<b>BACKGROUND</b> <b>(include internal/external</b> <b>issues that may exist</b> <b>including any related</b> <b>motions)</b>	<p>Measure B is a special parcel tax on building improvements, excluding parking, to support the countywide system of trauma centers, emergency medical services and bioterrorism response activities.</p> <p>The provisions of Measure B specifically allow for the adjustment of property assessment rates based on increases to the medical component of the Western Urban Consumer Price Index. The proposed increase is approximately one-half (53.90%) of the increase in the medical component of the Western Urban Consumer Price Index / CPI, from July 1, 2012 (the date of the most recent Measure B increase) to March 31, 2022.</p> <p>Approval of the recommendations will provide approximately \$50.181 million in additional annual funding, beginning in FY 2022-23, to fund programs and activities that meet Measure B's provisions, including trauma centers and emergency medical services for County and non-county hospitals; and trauma and violence prevention activities performed by the Department of Public Health (DPH) and the County Commission on Human Relations; and emergency medical services, bioterrorism and violence prevention activities performed by the City of Long Beach and the City of Pasadena.</p> <p>Measure B provides substantial benefits to the County hospitals, non-County hospitals, and physicians. In FY 2021-22, unreimbursed trauma and emergency costs at County hospitals totaled an estimated \$322.328 million. Measure B funding to County hospitals covered approximately 65 percent of the unreimbursed trauma and emergency costs. Additional need exists for trauma and violence prevention activities at DPH and elsewhere.</p> <p>Allocations of new ongoing revenue include:</p> <ul style="list-style-type: none"> <li>- \$33.879 million to DHS, to support the County's trauma and emergency medical services system.</li> <li>- \$8.957 million to non-County Trauma Hospitals, including \$3.000 million to participating Pediatric Trauma Hospitals.</li> <li>- \$5.000 million to DPH, to support trauma and violence prevention activities.</li> <li>- \$1.000 million to the City of Long Beach, to support emergency medical services, bioterrorism and violence prevention activities.</li> <li>- \$0.300 million to the City of Pasadena, to support emergency medical services, bioterrorism and violence prevention activities.</li> <li>- \$1.045 million to the County Commission on Human Relations, to support trauma and violence prevention activities at the LA vs. Hate campaign.</li> </ul> <p>The recommendations include delegated authority to utilize up to \$8.957 million to be used as an Intergovernmental Transfer (IGT) to the California Department of Health Care Services to draw down federal matching dollars for supplemental Medi-Cal payments to eligible non-County trauma centers, which, if fully matched, will generate up to \$8.819 million in matching dollars, which will be allocated to eligible Non-County Trauma Hospitals.</p>



	<p>The Board has the option to approve the requested increase of seventy-six hundredths of one cent (\$0.0076), or any increment up to a maximum of one hundred forty-one hundredths cents (\$0.0141). The requested increase is approximately 53.90% of the escalation in Measure B CPI from July 1, 2012, to March 31, 2022.</p> <p>Los Angeles County (County) voters approved the initial rate of 3.00 cents per square foot for FY 2003-04. The Board of Supervisors (Board) adjusted the Measure B assessment rate to 3.72 cents in 2008, to 3.99 cents in 2010 and 4.24 cents in 2012.</p> <p>The associated revenue increase for FY 2022-23 would be lost if the recommended rate increase is not approved and implemented in the FY 2022-23 property tax bills. Accordingly, the Board's approval is needed no later than September 13, 2022, to provide sufficient time to incorporate the rate increase into the FY 2022-23 property tax bills to ensure the increase in revenue can be collected.</p>
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:
<b>DEPARTMENTAL CONTACTS</b>	<p>Name, Title, Phone # &amp; Email:</p> <p>1. Kieu-Anh King, Special Projects Manager, (626) 525-6276, <a href="mailto:kking@dhs.lacounty.gov">kking@dhs.lacounty.gov</a>.</p>



September 13, 2022

**Los Angeles County  
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

**Christina R. Ghaly, M.D.**  
Director

**Hal F. Yee, Jr., M.D., Ph.D.**  
Chief Deputy Director, Clinical Affairs

**Nina J. Park, M.D.**  
Chief Deputy Director, Population Health

**Elizabeth M. Jacobi, J.D.**  
Administrative Deputy

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patients and our communities by  
providing extraordinary care"*



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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 OF MEASURE B RATE INCREASE  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

**SUBJECT**

Request approval to increase the Measure B Trauma, Emergency, and Bioterrorism Response property assessment rate as authorized under the provisions of Measure B, approved by Los Angeles County voters on November 5, 2002.

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Authorize the Director of Health Services (Director), or designee, to implement a rate adjustment to increase the Measure B Trauma, Emergency, and Bioterrorism Response (Measure B) property assessment rate by seventy-six hundredths of one cent (\$0.0076) per improved square foot, for a total assessment of \$0.0500 per improved square foot, effective July 1, 2022, to take into account approximately one-half of the cumulative increase in the medical component of the prescribed Consumer Price Index (CPI) from July 1, 2012, through March 31, 2022. This action will generate approximately \$50.181 million in annual ongoing Measure B revenue.
2. Approve and authorize the Director, or designee, to allocate \$33.879 million (approximately 67.51% of the new annual ongoing revenue generated in Fiscal Year (FY) 2022-23) to the Department of Health Services (DHS), to support Los Angeles

County's (County's) trauma and emergency medical services system, as allowed under the provisions of Measure B.

3. Approve and authorize the Director, or designee, to allocate \$5.957 million (approximately 11.87% of the new annual ongoing revenue generated) in FY 2022-23 to participating non-County Trauma Hospitals, to support ongoing investments in additional staffing, technology and capital improvements to maintain and/or expand the regional trauma care system, as allowed under the provisions of Measure B.
4. Approve and authorize the Director, or designee, to allocate \$3.000 million (approximately 5.98% of the new annual ongoing revenue generated) in FY 2022-23 to participating Pediatric Trauma Hospitals, to support ongoing investments in additional staffing, technology and capital improvements to support pediatric trauma care, as allowed under the provisions of Measure B.
5. Approve and authorize the Director, or designee, to utilize funds allocated in Recommendation No. 3 and No. 4 of up to a maximum of \$8.957 million of the annual ongoing Measure B funds in FY 2022-23 to be used as an Intergovernmental Transfer (IGT) to the California Department of Health Care Services to draw down federal matching dollars for supplemental Medi-Cal payments to eligible non-County trauma centers.
6. Approve and authorize the Director, or designee, to allocate \$5.000 million (approximately 9.96% of the new annual ongoing revenue generated) in FY 2022-23 to the Department of Public Health, to support ongoing violence and trauma prevention initiatives and programming, as allowed under the provisions of Measure B.
7. Approve and authorize the Director, or designee, to allocate \$1.000 million (approximately 1.99% of the new annual ongoing revenue generated) in FY 2022-23 to the City of Long Beach, to support ongoing Emergency Medical Services, Bioterrorism and Trauma and Violence Prevention programs, as allowed under the provisions of Measure B.
8. Approve and authorize the Director, or designee, to allocate \$0.300 million (approximately 0.60% of the new annual ongoing revenue generated) in FY 2022-23 to the City of Pasadena, to support ongoing Emergency Medical Services, Bioterrorism and Trauma and Violence Prevention programs, as allowed under the provisions of Measure B.
9. Provide delegated authority to the Director, or designee, to enter into agreements, subject to prior County Counsel review and approval, with the City of Long Beach and the City of Pasadena to provide Measure B funding and to fulfill the provisions of Recommendations No. 7 and No. 8 above.
10. Approve and authorize the Director, or designee, to allocate \$1.045 million (approximately 2.08% of the new annual ongoing revenue generated) in FY 2022-

23 to support trauma and injury prevention activities for the Anti-Hate Initiative (*LA vs. Hate Campaign*) at the County Commission on Human Relations, as allowed under the provisions of Measure B.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Measure B was approved by County voters in November 2002 to provide revenue to support the countywide system of trauma centers, emergency medical services and bioterrorism response activities. The provisions of Measure B specifically allow for the adjustment of property assessment rates based on increases to the medical component of the Western Urban Consumer Price Index. The Board of Supervisors (Board) adjusted the Measure B assessment rate in 2008, 2010 and 2012.

Under the current Measure B rate of 4.24 cents per square foot of improved property, the owner of a 1,500 square foot home pays \$63.60 per year. Under the proposed rate, the same homeowner would pay 5.00 cents per square foot, or \$75.00, an increase of \$11.40, or 17.92%.

Approval of the recommendations will provide additional annual funding in FY 2022-23 to fund programs and activities that meet Measure B's provisions, including trauma centers and emergency medical services for County and non-County hospitals; trauma and violence prevention activities performed by the Department of Public Health (DPH); and the County Commission on Human Relations; and emergency medical services, bioterrorism and violence prevention activities performed by the City of Long Beach and the City of Pasadena. Measure B provides substantial benefits to the County hospitals, non-County hospitals, and physicians. Uncompensated costs will remain within the trauma and emergency network. Additional need exists for trauma and violence prevention activities at DPH and elsewhere.

### **Allocation to County Hospitals**

In FY 2021-22, unreimbursed trauma and emergency costs at County hospitals totaled an estimated \$322.328 million. Measure B funding to County hospitals covered approximately 65 percent of the unreimbursed trauma and emergency costs. DHS hospital enterprise funds were used to balance the budget shortfalls, including funding gaps for unreimbursed trauma and emergency costs.

Recommendation No. 2 will provide approximately \$33.879 million in ongoing Measure B revenue to DHS in FY 2022-23, to support the maintenance of the County's trauma and emergency medical services system, as allowed under the provisions of Measure B.

Of this amount, DHS proposes to use the amount of funds necessary to meet the County's current obligation to fund the annual Intergovernmental Transfer (IGT) payment in support Martin Luther King, Jr. Community Hospital under the MLK-LA lease agreement.

This new allocation will also enable DHS to better support its existing trauma and emergency system, as well as other permissible uses under Measure B, including, potentially, additional support to MLK Medical Campus emergency services.

A portion of the remaining revenue will be used to support interim operating expenses for the County's Mobile Stroke Unit (MSU), pending submission by DHS of the report requested by the Board on June 22, 2021, and further direction from the Board. The MSU provides advanced prehospital stroke care throughout the county by utilizing a specialized mobile stroke ambulance.

### **Allocation to Non-County Trauma Hospitals**

Recommendations No. 3 and No. 5 provide \$5.957 million in additional Measure B funds in FY 2022-23, plus an estimated \$5.957 million in Federal match available to eligible non-County trauma hospitals, subject to final reconciliation. These funds will assist in offsetting a portion of the growing cost of trauma and emergency care provided by the non-county trauma hospitals.

Recommendations No. 4 and No. 5 provide \$3.000 million in additional Measure B funds in FY 2022-23, plus an estimated \$2.862 million in Federal match available to eligible non-County trauma hospitals, subject to final reconciliation. These funds will assist in offsetting a portion of the growing cost of trauma and emergency care provided by the non-County pediatric trauma hospitals. Five of the participating Measure B non-County Trauma Hospitals operate pediatric trauma centers, including Cedars-Sinai Medical Center, Children's Hospital Los Angeles, MemorialCare Long Beach Medical Center, Northridge Hospital Medical Center, and Ronald Reagan UCLA Medical Center.

The last rate increase under Measure B was approved by the Board in 2012. Over the last ten years, costs to operate and maintain trauma centers have increased significantly. Trauma admissions require resource-intensive levels of care, and adequate and stable funding to support the trauma network is vital.

In 2014, the Medicaid coverage expansion, which was made available through the Affordable Care Act (ACA), became effective in California with the federal government paying almost all costs for the first three years for the Medicaid Coverage Expansion population. The expansion of Medi-Cal eligibility resulted in a substantial increase in the number of people who became Medi-Cal eligible, and there was a reduction in the number of uninsured, with a corresponding reduction in uninsured claims for trauma services provided by non-County trauma systems. Although there are relatively more people covered by Medi-Cal than prior to the ACA expansion, the costs of providing services for the remaining uninsured have increased on a per case basis through the intervening years.

Additionally, in March 2017, Pomona Valley Hospital was designated as a Level II Trauma Center and was verified by the American College of Surgeons in September

2018. Additional Measure B funds would assist in strengthening the overall trauma network in Los Angeles County, including Pomona Valley Hospital.

On June 14, 2022, the Board approved an amendment to extend the term of the Trauma Center Provisions for Reimbursement (TCPR) Memorandum of Agreements through June 30, 2023, and approved the funding methodology and allocation of TCPR funding for FY 2021-22.

In accordance with the TCPR and based on the recommended rate increase, the 13 non-County trauma hospitals will receive an increase of approximately \$8.957 million of Measure B funding in their annual contract maximum, and Medi-Cal matching funds (for eligible non-County trauma centers) of an estimated \$8.819 million, subject to final reconciliation. If matched fully, this will provide total additional annual funding of \$17.776 million for FY 2022-23.

### **Allocation to Department of Public Health**

In recognition of the impact of violence on individuals, families, and communities, on February 19, 2019, the Board approved the establishment of the Office of Violence Prevention (OVP) within DPH. OVP is included in the County's overall Trauma Plan. The mission of OVP is to strengthen coordination between county and community partners, build capacity to address and prevent violence through the provision of resources, training and technical assistance, and creating partnerships among county and community entities.

The OVP has been funded through one-time Measure B since FY 2019-20 and, as noted in DPH's June 2, 2021 memo to the Board, the funding allocated was one-time and intended to cover the first two years of operations. Recommendation No. 6 provides \$5.000 million in ongoing annual revenue in FY 2022-23 to support core operating expenses at the OVP and expansion of the Trauma Prevention Initiative, which provides trauma and violence prevention services in communities with a high incidence of trauma.

### **Allocation to Long Beach and Pasadena**

Recommendations No. 7 and No. 8 provide the first direct ongoing Measure B allocations to support the City of Long Beach (\$1.000 million in FY 2022-23) and the City of Pasadena (\$0.300 million in FY 2022-23), both of which operate and maintain their own public health departments.

This new allocation will support the provision of Emergency Medical Services, Bioterrorism and Trauma and Violence Prevention programs, as allowed under the provisions of Measure B.

Recommendation No. 9 provides delegated authority to the Director, designee, to enter into agreements, subject to prior review and approval by County Counsel, with the City

of Long Beach and the City of Pasadena to fulfill the provisions of Recommendations No. 7 and No. 8, in FY 2022-23.

### **Allocation to Los Angeles County Commission on Human Relations**

In 2018, the Board created the anti-hate campaign that has become the *LA vs. Hate* program, which is under the Los Angeles County Commission on Human Relations (HRC). The *LA vs. Hate* program is a collaboration among County and community organizations to support residents of the County with a focus on developing programming to reduce and prevent hate crimes and related violent trauma incidents throughout the County. HRC's tracking and reporting data indicate 68% of hate acts/crimes reported to *LA vs. Hate* reporting line implicate some trauma, and the types of crimes reported to 211-LA include bias motivated physical assault/battery at 17%; burglary/robbery, 4.5%; sexual assault, 4%; attempted murder, 3%; and bomb threat/actual bombing, <1%.

A component of the *LA vs. Hate* program is to expand practices for preventing hate-motivated violence in Los Angeles County. Recommendation No. 10 will provide \$1.045 million in new ongoing revenue in FY 2022-23 to support trauma, injury and violence prevention activities at the *LA vs. Hate* program, including services provided through community-based service providers such as prevention messaging and other interventions.

### **Implementation of Strategic Plan Goals**

The recommended actions support Strategy I. 1, "Increase our focus on Prevention initiatives" and Strategy III.3, "Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability;" of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

The Measure B rate increase will generate additional annual ongoing revenue of approximately \$50.181 million beginning in FY 2022-23, allocated as follows, to fund services and programming in FY 2022-23 as provided for in the Measure B Initiative:

- \$33.879 million to DHS, to support the County's trauma and emergency medical services system.
- \$8.957 million to non-County Trauma Hospitals, including \$3.000 million to participating Pediatric Trauma Hospitals.
- \$5.000 million to DPH, to support trauma and violence prevention activities.
- \$1.000 million to the City of Long Beach, to support emergency medical services, bioterrorism and violence prevention activities.
- \$0.300 million to the City of Pasadena, to support emergency medical services, bioterrorism and violence prevention activities.
- \$1.045 million to the County Commission on Human Relations, to support trauma and violence prevention activities at the *LA vs. Hate* campaign.

DHS will work with Chief Executive Office to include this additional funding and appropriation in the recommendations for the Board's consideration during the FY 2022-23 Supplemental Budget Resolution process. There is no net cost to the County.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

On November 5, 2002, County voters approved the Measure B Trauma Property Tax Assessment, a special parcel tax on building improvements of three cents (\$0.0300) per square foot, excluding parking, to provide revenue to support trauma and emergency services and bioterrorism preparedness efforts Countywide. Measure B allows the Board to increase the rate of three cents (\$0.0300) per improved square foot annually, as adjusted by the cumulative increase to the medical component of the Western Urban CPI since July 1, 2003.

On August 12, 2008, the Board approved a rate adjustment to increase the initial Measure B property assessment rate from three cents (\$0.0300) per improved square foot to three hundred seventy-two hundredths cents (\$0.0372) per improved square foot. The rate was adjusted by the cumulative increase to the medical component of the Western Urban CPI from July 1, 2003, to May 30, 2008. This action provided an additional \$45.2 million in annual ongoing revenue beginning in FY 2008-09 and additional funding for the Countywide system of trauma centers, emergency medical services, and bioterrorism response activities.

On August 24, 2010, the Board approved a rate adjustment to increase the Measure B property assessment rate from three hundred seventy-two hundredths cents (\$0.0372) per improved square foot to three hundred ninety-nine hundredths cents (\$0.0399) per improved square foot. The rate was adjusted by the cumulative increase in the medical component of the Western Urban CPI from June 1, 2008, to June 30, 2010. This action provided an additional \$17.5 million in annual ongoing revenue beginning in FY 2010-11 and additional funding for the Countywide system of trauma centers, emergency medical services, and bioterrorism response activities.

On August 21, 2012, the Board approved a rate adjustment to increase the Measure B property assessment rate from three hundred ninety-nine hundredths cents (\$0.0399) per improved square foot to four hundred twenty-four hundredths cents (\$0.0424) per improved square foot. The rate was adjusted by the cumulative increase in the medical component of the Western Urban CPI from July 1, 2010, to June 30, 2012. This action provided an additional \$15.7 million in annual ongoing revenue beginning in FY 2012-13, and additional funding for the Countywide system of trauma centers, emergency medical services, and bioterrorism response.

In 2014, the Medicaid coverage expansion, which was made available through the Affordable Care Act (ACA), became effective in California with the federal government paying almost all costs for the first three years for the Medicaid Coverage Expansion population. The expansion of Medi-Cal eligibility resulted in a substantial increase in the



number of people who became Medi-Cal eligible, and there was a reduction in the number of uninsured, with a corresponding reduction in uninsured claims for trauma services provided by non-County trauma systems. Although there are relatively more people covered by Medi-Cal than prior to the ACA expansion, the costs of providing services for the remaining uninsured have increased on a per case basis through the intervening years.

The Board has the option to approve the requested increase of seventy-six hundredths of one cent (\$0.0076), or any increment up to a maximum of one hundred forty-one hundredths cents (\$0.0141). The requested increase is approximately 53.90% of the escalation in the medical component of the Western Urban CPI from July 1, 2012, to March 31, 2022.

The associated revenue increase for FY 2022-23 would be lost if the recommended rate increase is not approved and implemented in the FY 2022-23 property tax bills. Accordingly, the Board's approval is needed no later than September 13, 2022, to provide sufficient time to incorporate the rate increase into the FY 2022-23 property tax bills to ensure the increase in revenue can be collected.

### **CONTRACTING PROCESS**

Not applicable.

### **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Approval of the recommended Measure B rate increase will provide additional funding to support to the trauma hospital network, DPH programs, and other related and allowable activities.

Respectfully submitted,

Christina R. Ghaly, M.D.  
Director

CRG:AW

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors  
Auditor-Controller  
Department of Public Health